Evans Care Limited

Crowborough Lodge Residential Care Home

Inspection report

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Date of inspection visit:
15 December 2016
21 December 2016

Date of publication:
27 February 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Crowborough Lodge Residential Home provides care and support for up to 31 older people with care needs associated with age. The needs of people varied, some people were mainly independent, others had low physical and health needs and others had mild dementia and memory loss. The care home provided some respite care and could meet more complex care needs with the support of community nurses, which had included end of life care.

Although the service had a registered manager this person had not worked in the home since August 2016 when they resigned. A senior carer had been appointed as the acting manager and confirmed they were in the process of applying for their registration with the CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Crowborough Lodge Residential Home was inspected in August 2015. We found the provider was in breach of a Regulation. Improvements were required to make sure risks to people's safety were properly assessed and action taken to mitigate any risks identified.

This inspection took place 15 and 21 December 2016 and was unannounced. At the time of this inspection, 27 people were living in the home. This was a full comprehensive inspection to see what improvements the provider had made to ensure they had met regulatory requirements. We found improvements had been made. However, the provider had not identified, assessed and responded to all risks in the service, or ensured all health and safety legislation had been adhered to.
Thorough environmental and individual risk assessments were not in place and the provider had not fully responded to health and safety legislation to ensure the health and safety of people using the service. Risks to people's safety were found in the service that included hot electric radiators, hot blow heaters and a fall hazard. Hoists used in the service had not been checked in accordance with health and safety legislation.

The recruitment process followed did not ensure all staff working in the service unsupervised had their character and suitability to work checked. This did not protect people from the risk of unsuitable people working with them.

Systems for effective management had not been fully established. The quality monitoring did not ensure safe and best practice was followed in all areas. The provider had not ensured the service's policies and procedures were followed and embedded into practice. For example, the recruitment procedure had not been followed to ensure all the required checks were completed before a staff member worked unsupervised. The provider had not established clear lines of accountability within the service. People and staff had not been provided with up to date information on the management of the service and staff were not always provided with job descriptions and terms and conditions of employment to clarify roles and responsibilities.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service, and the approach of the staff. Visiting professionals were positive about the care and support provided. They told us staff worked with them to improve people's health.

People told us they felt they were safe and well cared for at Crowborough Lodge Residential Home. People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff had been trained on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The acting manager and deputy manager had an understanding of both and followed correct procedures to protect people's rights. People's Medicines were stored, administered and disposed of safely by staff who were suitably trained. People had the opportunity to take part in a variety of activities in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported ton maintain their own friendships and relationships.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the acting manager and provider. On call arrangements were in place to provide suitable management cover.

People were very complementary about the food and the choices available. People needed minimal support with eating and staff were positive in their approach to promoting people's independence. People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the pleasant staff and visible acting manager and provider. Staff enjoyed working at the home and felt supported. Systems for receiving feedback from people and staff were in place and were being used to improve the service. People were encouraged to share their views though 'residents meetings' and satisfaction surveys.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider had not ensured the service had suitable environmental risk assessments and measures put in place to ensure people's safety.

Recruitment practice did not ensure all the required checks on staff had been completed before they worked unsupervised.

There were enough staff to meet people's personal care needs.

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any an allegation or suspicion of abuse to protect people.

Medicines were stored appropriately and there were systems in place to manage medicines safely.

Is the service effective?

Good

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences and were given choices to select from.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People told us they were able to make individual and everyday choices and staff supported people to do this.

People had the opportunity to engage in a variety of activity and staff supported people to participate if they wanted to.

People said they would make a complaint if they needed to and a complaints procedure was available.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality monitoring systems that included ensuring the service's policies and procedures were followed and embedded into everyday practice. .

The acting manager and provider were seen as approachable and supportive. The culture in the home was open and relaxed.

People and staff were consulted about the service and information gained was used to improve the service.

Crowborough Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 21 December 2016 and was unannounced. This was undertaken by two inspectors. Before our inspection we reviewed the information we held about the service. We considered information which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we spoke with the local authority who commissioned care for people from the service. During the inspection we were able to talk with seven people who use the service and three relatives. We spoke with three staff members, the new manager, deputy manager, and the provider. We also spoke to two visiting specialist nurses including a district nurse who were attending to people in the service.

We reviewed a variety of documents which included three people's care plans and associated risk and individual need assessments. This included 'pathway tracking' three people living at the service. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records, policies and procedures, systems for recording complaints, accidents and incidents and quality

assurance records.

Requires Improvement

Is the service safe?

Our findings

People felt they were safe living at Crowborough Lodge Residential Care Home. They told us staff were available when needed and responded to their needs. They trusted the staff and felt safe with them. One person said "I do not know or understand the medicines that I am on but I trust the staff to give me the ones I need." Another said "I just feel safe, nobody can get in and they look after you well." Relatives told us they believed people were safe and they could relax in this knowledge. Visiting health professionals were positive about the standard of care provided and said staff communicated well with them which helped to ensure people received safe care. For example, staff asked for advice on skin damage at an early stage to ensure safe care was provided.

At our last inspection in August 2015 the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not assessed the risks to people's health and safety or taken action to reduce risks which had been identified.

At this inspection we found although a number of risks had been identified and reduced, including the installation of window restrictors, some risks remained and had not been regularly assessed and responded to. Therefore the provider remained in in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Thorough environmental and individual risk assessments were not in place to ensure the health and safety of people. For example, we found an electric heater in one room that was very hot to touch. There was no risk assessment in place to ensure the safety of the person in this room who walked past the heater when using their en-suite toilet. Another electric blower heater was found in a communal lounge there was no risk assessment to ensure the safety of people in the service or the risk of fire.

Although some radiators had been guarded since the last inspection we found bedrooms and communal areas, including bathrooms, with radiators that had not been guarded and could pose a risk to people from hot surfaces that could burn. We also found towel rails that were very hot to touch and could burn people. The risks associated with hot towel rails had not been assessed and evidence of on-going risk assessment and review for unguarded radiators was not available.

We found other areas of the service that posed a risk to people. For example, the laundry door was left propped open with a wooden pole directly off a corridor where people walked. The laundry room had a step down to it and posed a trip hazard to people. This risk was identified to the manager to address. Records confirmed that the bath hoists used in the service were regularly serviced. However there was no evidence that a safety check as required under health and safety legislation had been completed. This meant the provider was not ensuring health and safety legislation was being followed in all areas to ensure the safety of people and staff.

These issues meant that the provider had not ensured care and treatment was provided in a safe way. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 201.

Following the inspection the provider confirmed in writing that all radiators that posed a risk to people had been guarded and all towel rails had been adapted to ensure they did not reach a temperature that could pose a risk to people. Other areas of risk management in the service were well managed. Staff assessed risks associated with people's health needs and responded to them. These assessments were completed routinely and included risk associated with falls, skin damage, and nutrition and moving and handling. People had equipment to reduce any risk of falls and to maintain independent mobility which included walking frames and sensor mats that alerted staff when people were mobilising on their own at night.

People were not fully protected by the recruitment practice followed in the service. We found one member of staff was working without a DBS. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. Following the inspection the provider demonstrated that a DBS had been issued for this staff member on the day following the inspection visit. For other staff working in the service we found recruitment records were full and included a DBS and references to demonstrate their suitable character and experience. The provider had not ensured all persons employed were of good character and suitable to provide care and treatment to people. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were systems in place to protect people in case of an emergency including a fire. Staff had guidance to follow in the event of a fire or other emergencies that affected the home with relevant contact numbers for staff to contact. Each person had personal evacuation and emergency plan in place and these were kept centrally for easy access in the event of a fire. The service was staffed day and night with enough staff to respond to an emergency. An on call arrangement was in place that ensured senior staff were available to provide advice and guidance if required.

All staff received training on safeguarding adults and understood their individual responsibilities to safeguard people. Staff were able to talk about the types of abuse, and what action they would take to respond to allegations or suspicions of abuse. Staff said they would report any concerns to the acting manager or deputy manager. They knew the correct reporting procedures and said they would report directly themselves if they needed to. Both the acting manager and deputy manager had a good working knowledge of the local safeguarding procedures.

People's medicines were managed safely. People told us they received their medicines when they needed them. For example, one person told us; "I have my pain killers when I need them." People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. For example, ensuring people were able to identify what medicines they were taking safely.

People's medicines were safely stored. Medicines that needed refrigerating were locked in an allocated fridge. People received their medicines from staff who had completed training and had their competency to administer medicines safely checked. When staff administered medicines, they followed best practice guidelines. For example, people's medicines were administered individually, and their Medicines Administration Record (MAR) chart was only signed by staff when the person had taken their medicine. Staff ensured people had a drink and asked people what medicines they needed. The supplying pharmacist undertook an audit of the medicine management in the service and recently confirmed medicines were being well managed.

Some people were on variable dose medicines and medicines that needed to be given at specific times, and these were all well managed. For example, some people had health needs which required their blood to be monitored. These tests were completed by staff and shared with the community nurses who administered the required injection.

People told us they thought there were enough staff working in the home to meet all their needs during the night as well as the day. One person said; "There is staff to help you when you need them." There were enough staff to provide safe care. Care workers confirmed there was enough staff to meet people's needs and minimum staffing levels were always maintained, this included three to four staff during the day and three waking staff at night. The staffing arrangements took account of the people's individual needs and the physical layout of the service. This ensured staff were available to attend to people when they needed support. Staff told us additional staff were provided when individual needs were high for example, when people were receiving end of life care.

Good

Is the service effective?

Our findings

People told us the staff were suitably trained and were considerate in their approach. People had confidence that staff had the skills to care for them well. People said they could do as they wished and were not restricted by routines and rules. One person said "We can we do what we want when we want here." Relatives were satisfied with the staff and their skills. One told us "The staff are very good they are adaptable in how they provide care." Visiting health care professionals were positive about the skills and competence of the staff, saying they recognised when they needed to contact other health care professionals.

Staff had allocated roles and responsibilities and had the skills, knowledge and experience to support people. New staff received an induction programme that included working alongside senior staff in a shadowing role and the completion of essential training and competency assessments. Agency staff were not used and staff covered any shortages between them. This ensured all staff working in the service knew the people well.

Staff and training records confirmed that a programme of training had been established and staff were completing essential training throughout the year. This included health and safety, infection control, food hygiene, safe moving and handling, dementia awareness and safeguarding. Staff training was co-ordinated and reviewed by the acting manager who monitored the training schedule to ensure all staff completed relevant training as required. Staff received supervision and were able to raise any issue and to discuss individual training needs and development. Supervision sessions were documented and confirmed regular contact with a senior member of staff.

Additional skills training was available to staff and included specific training to help staff meet the needs of people who had a specific need, such as, end of life care or depression. The training programme was varied and reflected the needs of people living in the service and ensured staff had the skills to care for people. One staff member had completed a course on diabetes to ensure suitable meals were provided to people living with this disease. Systems were in place to support and develop staff. Staff told us that they felt very well supported and had the opportunity to develop their knowledge and skills. The provider ensured additional training for staff throughout the work force. One staff member told us they had been assisted in completing a diploma in health and social care. The acting manager was confident any training they wanted to complete would be supported by the provider. Another staff member told us further specific training on diabetes was being sourced for staff wishing to attend, as a number of people lived with diabetes and staff were interested in extending their knowledge.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. There were relevant guidelines in the office for staff to follow and all staff understood the principle of gaining consent before any care or support was provided. The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were asked for their consent and were given choices throughout the day. For example, staff asked people what they wanted to wear and what they wanted to do with their day. People were able to spend time where and with whoever they wanted to.

Everyone living in the home had capacity to make decisions about their care and daily life. The senior staff understood that mental capacity assessments would need to be completed if there was any concern around people's capacity to make decisions. They were aware any decisions made for people who lacked capacity had to be made in their best interests and would include appropriate representation for the person concerned.

People were supported to maintain good health and received on-going healthcare support. People could see the GP when they wanted to and were supported to attend any health appointment. A member of staff recently attended a hospital appointment with a person for an eye examination. Community health care professionals visited the service regularly responding to requests and for routine monitoring and assessment. Health professionals told us staff made regular contact with them and provided them with relevant observations and information about people. For example, staff had monitored one person's blood glucose levels in order to provide up to date information to the district nurses for them to use to promote best health outcomes.

People were supported to have enough to eat and drink. People gave us positive feedback about food. . People said "The food is excellent" and "The food is very good I like backed potatoes and they always get this especially for me."
People could eat their meals where they wanted to with most people eating in the dining area. People were able to sit in small groups in the dining room and tables were set attractively with napkins and condiments. Lunchtime was a pleasant social event with people chatting with each other and staff. Staff were available and supported people if they needed assistance, but encouraged people to eat independently and at the speed that suited them. For example, checking if people needed any support and offering something different to eat or extra portions.

A varied and nutritious menu was provided with individual references and needs being responded to. Staff were knowledgeable about special diets required by people which included gluten free allergy specific, vegetarian and people living with diabetes. People's needs and preferences were assessed and recorded and the catering staff were informed of special needs. For example one person who was a vegetarian but did not like beans or tomatoes. Risk assessments were used to identify people who needed close monitoring or additional support to make sure they ate enough. Nutritional risk assessments were used routinely for people, and staff monitored people's weights regularly to inform this risk assessment.

Good

Is the service caring?

Our findings

People were supported by staff who were caring, kind and compassionate. Feedback from people and their relatives about the staff was very positive. They told us staff understood them, were friendly in their approach and prompted a caring, warm environment. One person said "The staff are lovely to you here they are always asking if there is anything they can do for you." Another said "Brilliant staff they are all brilliant, nothing too much trouble for them." A relative told us "The feeling promoted in the home is one of genuine care." Visiting professionals were also positive about staff approach saying they were kind and respectful.

Staff were attentive to people and used positive encouragement to promote independence. Maintaining people's independence was important to people and promoted the feeling of control over their life's. Staff showed a genuine concern for people's welfare and approached them with a pleasant manner. When staff spoke with people it was meaningful and staff made it an important interaction and staff were interested in what people were saying. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to assist if required. For example, one staff member walked alongside a person who was using a walking aide. They gave encouragement and waited with them when they needed a rest to catch their breath.

Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. Staff took time to know people and who and what was important to them. Staff were able to tell us about people's past lives, personal interests and who they liked to spend time with. For example, one person enjoyed watching a particular sport and staff talked about this with them and ensured they could watch it as they wished. Each person had a named keyworker and this encouraged a close caring relationship between people and staff. A key worker is a designated member of staff with special responsibilities for making sure that a person has what they need and takes a specific interest in their individual care and support needs.

People's individual identity was promoted. People were called by their preferred name and this was recorded within individual care records. The service had a regular hairdresser who attended to people who wanted to have an appointment and people were given the choice of using their own hairdresser if they wanted to. People were supported to wear the clothes they wished and laundry was completed and returned to people quickly and in a good condition. One person said "The laundry is done every day and back with you very quickly."

Staff respected people's privacy and promoted their dignity. People's bedrooms were seen as people's own personal area and private to them with staff only entering with permission. People's rooms were individual and contained items that made the room as homely as possible. This included items of furniture, pictures and photographs. People said they liked their rooms, they appreciated their en-suite toilets and some people benefitted from a sea view and direct access to the garden. We found some privacy locks were missing from a communal toilet and the acting manager ensured these were replaced to ensure people's privacy was maintained.

People treated Crowborough Lodge Residential Care Home as their own home and enjoyed living there. One person said, "This is like a hotel here with a bell." Another said, "It is home from home here." A relative told us they were happy as their relative was happy living in the service. Their relative had said to them, "It's good to be home" when returning from a visits to a health professional.

People could make their own decisions and were treated with dignity and respect. They told us they could have a bath and shower when they wanted to, and these were completed in a way that promoted their privacy. Visiting professionals told us staff were mindful of people's privacy and ensured any consultations were completed in private.

Staff understood the importance of an individual and caring approach and understood the key principles of dignity. The acting manager and deputy manager were sympathetic and demonstrated a very caring approach to people and directed staff on the approach required. There was a dignity board which included information about what dignity was and how people could expect to be treated. This reminded staff on how to treat people.

Good

Is the service responsive?

Our findings

People were confident that the care they received was focussed on them as an individual and reflected their individual choices and preferences. Everyone was treated in a person centred way that promoted their individuality. One person told us they liked their own company but also liked their door open so they 'could see what was going on.' Staff had responded to this wish while ensuring the safety of people. People told us they were not bored and had plenty to keep themselves busy.
The acting manager carried out an assessment before people moved into the service which included a meeting with the person and their representatives. This assessment was used to ensure the service could meet the persons identified needs. This assessment was used in developing the person's care plan. The acting manager was in the process of updating all care records to ensure person centred care plans.

As part of the assessment, people were asked about their likes and dislikes, beliefs important to them and how they would like their care provided. Staff knew about the care people wanted and required and this were reflected in the care documentation. Communication between staff was maintained and promoted the sharing of information across the staff team. These included regular discussion between staff and a formal handover between staff when changing shifts. The handover focussed on care and support provided and planned and ensured staff were responsive to people's changing needs. For example, one person had a chest infection and had been prescribed anti biotics. Staff shared information on this person's health and other people who were showing signs of becoming ill with chest problems.

Visiting professionals told us staff were knowledgeable about people's health care needs and responded to any advice given. For example, staff responded to people who were living with diabetes, monitoring them and working jointly with the district nursing team to meet their needs. This demonstrated staff responded effectively to people's changing needs in consultation with health care professionals.

People were able to take part in a range of activities. Staff helped people to be involved in activities that interested them and there was allocated activity staff working within the service. People told us they were not bored and had plenty to do either with staff other people living in the service or on their own. Some people preferred to spend time in their own company others liked individual time with staff to chat or read newspapers. We found that staff spent time with people in communal areas and in their own rooms. One person said "I know there are up to five activities a week but I prefer to stay in room. There is plenty to do." Another said "I just need to say hello to the staff passing and they always pop in here for a chat".

Outings and group activity were provided and included trips to local attractions and garden centres. There were designated staff that facilitated the activities and entertainment in the home and a different activity was provided each day. Activity in the home included discussing the news and different quizzes and group games including bingo. People were supported and encouraged to engage with these activities with enthusiasm. Seasonal celebrations were important and new Christmas decorations had been purchased this year to support this. People's birthdays were remembered and celebrated as people wanted. For example, one person told us they had recently been given a bunch of flowers for their birthday.

People were supported to maintain links with relatives and friends as both played an important part in people's lives. Visiting was not restricted and visitors came to the home at various times and in groups. One person told us how she loved having visitors and told us "My family visit a lot sometimes in the evening before I go to bed. I love seeing them." Visitors and relatives told us they
could visit at any time and were always made to feel welcome. One said, "We never feel in the way." Another said, "I come from Sheffield about every 6 months and I bring the children. I am always made to feel welcome."

People said that they would have no problem in raising any concern or complaint if they needed to. They would talk to the acting manager or deputy manager who they knew well. They felt they would be listened to with a concern being dealt with. There was a complaints procedure in place which was accessible to people. When complaints had been raised in the past there was evidence to confirm that formal complaints were investigated and responded to effectively.
The acting manager and deputy manager maintained regular contact with people and their relatives and often sought them out to gain individual feedback. Compliments cards were filed for staff to read. This ensured staff could access positive feedback from people using the service when received.

Requires Improvement

Is the service well-led?

Our findings

People and relatives were positive about the management of the service. People told us they were happy living at Crowborough Lodge Residential Care Home. They were confident the acting manager had a good overview of people's needs and the service and managed it well. The provider visited the home regularly and was known to people as well as the staff. People and relatives said they were listened to and the culture of the home was open and relaxed with a pleasant atmosphere.

Whilst feedback about the management was positive, we found the leadership of the service was not effective in all areas. Management systems that included quality monitoring did not always ensure safe and best practice was followed in all areas. The provider had not established systems that identified and responded to risks throughout the service. We found a number of risks to people that had not been identified and responded to. This included the use of electric heaters that posed a risk of burning people and causing a fire. The provider had not ensured the required checks on equipment had been carried out in line with health and safety legislation. In addition the provider had not ensured the services recruitment policy had been followed and that required checks on staff had been completed before they worked unsupervised. These areas were raised with the acting manager and provider for improvement and demonstrated quality systems and the policies and procedures had not been embedded into practice.

The registered manager had not worked in the service since August 2016. The provider had recently promoted a senior carer as the acting manager who was applying to register with the CQC. However the provider had not established clear lines of accountability within the service. We found the health and safety policy displayed in the home had the registered manager's name despite her not working in the service for four months. It was therefore unclear who was taken responsibility for the health and safety of people living and working in the service. The complaints procedure and statement of purpose were out of date and did not provide people with up to date information on the service or how it was managed. The acting manager had not been provided with a job description until the second day of the inspection. There was no evidence that other staff had been given job descriptions and terms and conditions of employment. Systems had not been fully established to ensure all staff had a clear understanding of their roles and responsibilities. These areas were identified to the provider and acting manager as areas for improvement.

The acting manager was supported by a deputy manager who worked opposite day shifts throughout the week. Communication systems between staff were well developed and included a communication book and regular verbal handovers. Staff told us the new management structure was good and all the staff worked as a 'team'. Staff said the acting manager, deputy manager and provider were always available and were able to contact one of them in the event of an emergency or any concerns. All were approachable and were readily available to staff and anyone wanting to talk to them. There was an on call arrangement to ensure advice and guidance was available every day and at night if required. All staff were aware of the whistleblowing procedure and said they would use it if they needed to. The provider had started supervision sessions with the acting manager and was reviewing the number of management hours required to fulfil all their management responsibilities. Quality monitoring systems including audits were being established and needed to be fully established and maintained.

People, their relatives and the staff were involved in developing and improving the service. People were asked to complete satisfaction surveys each year and to provide feedback at 'residents meetings'. Satisfaction surveys had been returned and the acting manager confirmed they were to be reported on so that all information provided was used effectively. Meantime any individual concern raised had been dealt with on an individual basis. For example one person had problems with their en-suite facilities and they had been moved to another more suitable room. This demonstrated that the service responded to feedback from people in a positive way.

Information on the aims and objectives of the service, care and people's rights were recorded within the 'resident's guide' which was available to people, staff and visitors. The ethos of the home was to promote dignified happy lives with people being self-reliant and as independent as possible. Staff followed this philosophy and worked together to promote people's independence and level of wellbeing and happiness in the service.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The acting manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a lack of risk assessment and action to mitigate any risks to people's health and safety. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used the service were not protected against the risks associated with unsafe or unsuitable staff as effective recruitment and selection procedures were not followed and thorough checks were not undertaken before staff worked in the service unsupervised. Regulation 19(1)(a)(2)(a)(3)(a)