

MGL Healthcare Limited

Mont Calm Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was carried out on 12 January 2016 and was unannounced.

Mont Calm provides accommodation and personal care for up to 39 older people, some of whom are living with dementia. There were 17 people living in the service when we inspected.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was enough improvement to take the provider out of special measures.

At our previous inspection on 27 and 28 April 2015 we found breaches of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and placed the service into special measures. The provider was required to make improvements. We placed a condition on their registration which related to the carrying out of the regulated activity:

The Registered Provider must limit the number of service users living at Mont Calm Residential Home to 22 and not admit any service users into the home should any of the 22 service users leave the home. The Registered Provider must not admit any new service users into Mont Calm Residential Home, without the prior written agreement of the Commission. This condition also applies to service users requiring respite care.

We required the provider to make improvements in relation to meeting nutritional and hydration needs, good governance, having sufficient qualified, competent, skilled staff to meet peoples' needs, safe care and treatment, need for consent, person centred care, safeguarding service users from abuse and improper treatment and dignity and respect. We found that improvements had been made; however, the provider remained in breach of three regulations.

There was a manager employed at the service who had applied to the Care Quality Commission to become the registered manager. Their application was in progress at the time of the inspection. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the previous registered manager had applied for DoLS authorisations for some people living at the service. However, the principles of the Mental Capacity Act 2005 had not been applied prior to the applications being made. Mental capacity assessments had not been completed and decisions had not been made in people's best interests. The current manager and staff were aware of their responsibilities under the MCA 2005 and DoLS. The manager planned to complete the MCA assessments with people's representatives.

There were enough staff on duty with the right skills to meet people's needs. Staff had been trained to meet people's needs. Recruitment files did not always contain the required information under schedule 3 of the Health and Social Care Act 2008 (Regulated Activities). Full employment histories had not been requested nor gaps in employment checked or explored at interview. Other checks had been carried out to ensure staff were safe to work with people.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. However, some staff required refresher training in this subject. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

People were not encouraged to participate in activities that took place and activities were not specific to meet people's needs.

The premises were maintained and checked to help ensure people's safety. Health and safety risk assessment relating to staff had not been completed. For example, manual handling loads.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

People had access to the food that they enjoyed and were able to access drinks with the support of staff if required. People's nutrition and hydration needs had been assessed and recorded.

Staff had received the training they required to meet people's needs including their specialist needs. However, staff had not always completed refresher training as per the providers training requirements.

Staff told us they felt supported by the manager and staff team. Staff told us the manager was approachable and they were confident to raise any concerns they had with her. Staff received supervision and support to fulfil their role.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. Care and support was planned with people and reviewed to make sure people continued to have the support they needed. People were encouraged to be as independent as possible. Detailed guidance was provided to staff about how to provide all areas of the care and support people needed.

People's health was monitored and when it was necessary, health care professionals were involved to make sure people remained as healthy as possible.

Accurate records were kept about the care and support people received and about the day to day running of the service. These provided staff with the information they needed to provide safe and consistent care and support to people.

Systems were in place to monitor the quality of the service being provided to people. People and their representatives were asked for their feedback to develop the service.

We found 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?

Recruitment practices did not always follow recommended good practice.

Potential risks to staff regarding their role had not been assessed. Risks to people in their everyday lives had been assessed.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

There was enough staff to provide people with the support they required.

Medicine management was safe. People received their medicines as prescribed by their GP.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People's capacity to consent had not been assessed prior to a DoLS authorisation being completed.

Staff were trained and supported to provide the care people needed. However annual refresher training had not always been arranged.

Staff ensured people's health needs were met. Referrals were made to health and social care professionals when needed.

People were provided with a suitable range of nutritious food and drink.

Requires Improvement ●

Is the service caring?

The service was caring.

People said the staff were kind, friendly and helpful.

People's privacy, dignity and independence were protected.

Good ●

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Records were up to date and held securely.

Is the service responsive?

The service was not always responsive.

People's choice of activities to participate in was limited and not always specific to their needs.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

People were supported to maintain relationships with people that mattered to them.

Requires Improvement ●

Is the service well-led?

The service was well-led.

There was not a registered manager in place at the time of inspection, however the manager had applied to become registered.

There was an open and transparent culture, where people and staff could contribute ideas about the service.

Checks on the quality of the service were regularly completed. People, their relatives and staff were asked for their experiences of the service.

The manager understood their role and responsibility to provide quality care and support to people.

Requires Improvement ●

Mont Calm Residential 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 12 January 2016 and was unannounced. The inspection team consisted of two inspectors. A previous inspection took place on 27 April 2015 when the service was placed into 'Special measures'. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.

This inspection was to follow up on the actions we asked the provider to take and to determine whether the service is taken out of special measures.

We spoke with three people about their experience of the service and two visiting relatives. We spoke with three care staff, the cook, the manager and the provider to gain their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at three people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our last inspection on 27 and 28 April 2015, we identified breaches of Regulation 13, the provider had not taken steps to prevent abuse before it occurred, Regulation 18, there were not sufficient staff to meet people's needs and Regulation 12, People medicines were not being managed safely. This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and required the provider to make improvements. They sent us an action plan stating they would meet the requirements of the regulations by January 2016. They also sent us the updates we asked for at regular intervals to show their progress. At this inspection we found that improvements had been made. However, they remained in breach of regulations relating to the safe recruitment of staff.

People we spoke with told us they felt safe at the service. One person said "I feel very safe, there are no problems here." A relative said "I feel absolutely safe that he is here, I have no concerns at all leaving him."

Recruitment files kept at the service did not contain the information required under schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Of the five files we checked three people did not have a full employment history. Gaps in employment had not been explored and recorded by the manager. One did not have a reference from their last employer. Checks were carried out to make sure staff were suitable to work with people who needed care and support. Staff recruitment checks had been completed before they started work at the service. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service.

Recruitment information was not available in relation to each person employed. The examples above were a breach of Regulation 19 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prospective staff were interviewed by the manager with a record being kept of their performance. The service asked potential staff to complete a health questionnaire before joining the service, this was to confirm the person was fit to carry out the role they had applied for.

At the previous inspection the provider had failed to report incidents involving people to the local authority safeguarding team. Staff did not have the information they needed to report any concerns they had about people. At this inspection the manager and provider had taken steps to protect people from the risk of abuse. There was an up to date safeguarding policy in place which informed staff how to protect people and included the contact details of the local safeguarding team. Staff were aware of the policy and followed this to protect people and take action if they suspected abuse. Staff received annual training about safeguarding people from harm and abuse, although records showed that some staff were due to attend a refresher course. This was confirmed on the staff training plan which showed that seven staff were overdue a refresher course. Staff we spoke with told us that they had received training within the past year which was followed by a competency check to test their knowledge and understanding.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the manager to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they would report any concerns to the senior, manager, local authority safeguarding team or the Care Quality Commission.

At the previous inspection there were not enough staff deployed in the communal areas to protect people from harm or meet their needs. At this inspection there were enough trained staff on duty to meet people's needs. Staffing was planned around people's needs, activities and appointments so the staffing levels were adjusted depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. For example, a review of people's needs using a dependency tool took place in December 2015. The care hours were calculated for each person and the staffing planned to meet people's needs. The manager was available at the service offering additional support if this was required. The manager used permanent staff or bank staff who knew the people and service to cover any gaps in the rota due to sickness or annual leave.

At the previous inspection we found one person's medicine had not been received. There was a discrepancy between the medicine stock book and the medicines in the cupboard. At this inspection medicines were managed safely and staff followed a medicines policy. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicine that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely.

Staff were trained in how to manage medicines safely, although on the day of our inspection the member of staff who was administering medicines was overdue their refresher training. Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person, in their care plan and within the medicine files, who needed 'when required' medicines. This gave people assurance that their medicine would be given when it was needed. People we spoke with told us they received pain relieving medicines when they needed it. Medicines audits were carried out on a daily basis by staff.

Health and safety risk assessments relating to staff had not been completed for example manual handling loads, visitors and the use of personal protective equipment (PPE) that staff would need when supporting people with care and support tasks. Staff did not have suitable information and guidance to safely work with people.

We recommend that the provider completes risk assessments relating to the staff whilst working at the service.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. The manager carried out daily health and safety checks of the environment and equipment. Procedures were in place for reporting repairs and records were kept of maintenance jobs, which were completed promptly after they were reported. Records showed that people's hoists, portable electrical appliances and firefighting equipment were properly maintained. Regular checks were carried out on the fire alarm and emergency lighting to make sure it was in good working order.

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to manual handling, their health and

environment. Each risk had been assessed in relation to the impact that it had on each person. Measures were in place to reduce risks and guidance was in place for staff to follow about the action they needed to take to protect people from harm. Risk assessments were kept under constant review by the manager.

People had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded. An additional copy of people's PEEP was kept within a metal file by the front door in case of an emergency.

Accidents and incidents involving people were recorded. The manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, the person's doctor had been called for advice and it was recorded if people's family had been informed. The manager reviewed the dependency tool for each person on a monthly basis and made changes if they were required. There were four staff on duty during the day which included a senior member of staff. Records we saw showed that there were always a minimum of four care staff on duty.

Is the service effective?

Our findings

At our last inspection in April 2015, we identified breaches of Regulation 11, people's consent to care and treatment had not always been sought, Regulation 14, the provider had failed to protect people from the risk of malnutrition and dehydration and Regulation 18(2), the provider had not provided staff with training to meet people's needs. This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at Mont Calm were happy with the service provided. One person told us "The staff are very kind and friendly, they are a delight." A relative said "The staff are really dedicated and take their time to get to know people."

At the previous inspection the provider did not have clear procedures or guidance in place in relation to the Mental Capacity Act 2005. At this inspection we found the manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff explained how they supported people to make choices. One member of staff said "We always assume people have capacity and promote independence and choice of what to wear." Staff had been trained to understand and use these in practice. Staff asked people for their consent before they offered support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Some people living at the service were constantly supervised by staff to keep them safe. Because of this, the previous manager had applied to local authorities to grant DoLS authorisations. The applications had been considered, checked and granted ensuring that the constant supervision was lawful. However people's capacity to consent to care and support had not been assessed prior to applications being made to deprive people of their liberty. People were not able to leave the service without the support and supervision from staff.

The examples above were a breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection the provider had failed to protect people who were at risk of malnutrition or dehydration. A menu was not available to inform people of their meal choice. Food was not made available to people at other times if they were asleep or declined their meal. At this inspection we found that people who had additional needs relating to their nutrition and hydration had assessments in place. Nutritional risk screening tools had been completed with actions taken recorded. For example, a score of three was a low risk and stated to monitor the persons weight monthly. Records showed that people's weight had been regularly checked and monitored. People's food and fluid intake had been recorded on a daily basis. These processes alerted staff to any potential concerns people were experiencing.

People spoke highly of the food and told us they were always offered plenty to eat and drink. The provider

used an outside company to supply a nutritionally balanced hot meal daily. There was a four week menu in place which included two hot options and dessert. The company catered for people who required a specific diet for example, a soft food or pureed meal. On the day of our inspection people were offered a choice of chicken lasagne or moroccan lamb. A menu board was on display in the lounge informing people of the choices. Staff were observed explaining the choices to people and offering additional choices if people wanted. For example, one person declined both lunchtime options and requested cheese on toast which was accommodated. People were offered a choice of drinks and condiments with their meal.

Lunchtime was a relaxed enjoyable experience for people. People chose where to eat their meal which included the dining room or in the lounge. Staff were observed asking people if they were sitting comfortably and offered seconds of the meal before having a pudding. Staff were observant throughout the meal and noticed when people were not eating. Staff offered additional support and encouragement for people to eat more. Some people required support from staff to eat their meal; this was done in a calm relaxed way. Staff were observed asking if the person was enjoying their meal and if they were ready for more.

At the previous inspection the provider had not trained staff to meet people's specific needs. At this inspection we found that staff were trained to meet people's specialist needs such as dementia, diabetes care, Parkinson's disease and strokes. Some staff were booked onto a challenging behaviour course in January 2016 which was being delivered by the local mental health team. Some staff had recently attended a psychosis in dementia course which the staff said was "Very interesting."

Staff told us they were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member told us, "We are able to request additional training as the manager believes in the staff bettering themselves." Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. However, records we saw showed that there were a number of staff who required refresher training in a number of subjects such as, safeguarding vulnerable adults, medication and moving and handling.

We recommend that the provider seeks, an appropriate training provider to ensure staff receive up to date training and refresher training to meet people's assessed needs.

Annual appraisals had not been carried out with staff. The manager told us that they had not carried these out because they had only worked at the service for six months and they felt they had not worked with the staff long enough to give them a fair appraisal. The manager had planned to complete appraisals with staff during 2016. Staff had not taken part in an annual development review with the manager or provider which would inform future training and development opportunities

Staff told us they received an induction when they started working at the service, which included working alongside more experienced staff to get to know people before working unsupervised. They also spent time reading the care plans and completing training sessions.

Staff told us they felt supported by the management team and the staff. Staff told us the manager was "Approachable" and they felt comfortable talking to the manager about any concerns or additional support they required. Staff received regular supervision meetings with the manager. These meetings provided opportunities for staff to discuss their performance, development and training needs. We saw that a member of staff had requested training in activities which was being sourced by the manager.

Staff had information to support people to manage behaviours which could challenge themselves or others. People who required support had a behaviour action plan in place which gave staff information and guidance. It included the following information, known causes of behaviours, signs to look for, actions to take to minimise behaviour and the action staff should take to support people if behaviour occurred. Staff had received training in how to support people with behaviour that challenged.

People's health needs were recorded in detail in their individual care files. People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as doctors, district nurses, opticians, dentists and chiropodists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly. For example, on the day of our inspection the manager had contacted the doctor regarding a person's medicines.

Is the service caring?

Our findings

People told us the staff were kind, friendly, helpful. One person said "The staff are very kind, they are a delight." A relative said "The staff are really dedicated and take their time to get to know people." Another said "The staff are very kind and patient."

Throughout our inspection we saw that people were treated with respect and that the staff took appropriate action to protect people's privacy and dignity. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity. People, if they needed it, were given support with washing and dressing. All personal care and support was given to people in the privacy of their own room or bathroom. People told us and we observed staff knocking on bedroom doors and waiting for a response before entering.

Staff were observed to be patient and explained things to people before any support was offered. For example, one person was sitting in the lounge in their dressing gown. Staff asked if they were comfortable or whether they wanted to change into something else. A person was distressed and worried about their children, staff sat with the person and spoke about their children and grandchildren which appeared to calm and reassure them.

People's care plan's contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Some people had a "This is me document" which contained information about people's personal histories. Staff we spoke with were aware of people's personal histories. We observed staff talking to people about things that were important to them which had been recorded in their "This is me document." Staff were in close contact with people's family and friends who were all involved in helping people to write their care plans. Records we saw were up to date, held securely and were located quickly when needed.

When people were at home they could choose whether they wanted to spend time in the communal areas or time in the privacy of their bedroom. We observed people choosing to spend time in their bedroom and in the lounge which was respected by staff. People could have visitors when they wanted to and there were no restrictions on what times visitors could call. People were supported to have as much contact with their friends and family as they wanted to. Relatives told us they were kept fully informed about their relative and were welcomed when they visited. People had numerous visitors during our inspection.

People were actively involved in making decisions about the service and their support at resident meetings and review meetings. Information was presented in ways that people could understand which helped them to make choices and have some control over making decisions. The manager had developed an accessible complaints procedure which contained pictures. This was on the agenda to discuss at a forth coming residents meeting. People were asked for their views and whether they wanted to change anything about the service. People were confident that their views would be listened to and acted on.

Some people had spoken to staff about the care and treatment they wanted at the end of their life. Some people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR) decisions in place which staff knew about. These forms were at the front of care plans so would be accessible in an emergency. Records showed that emergency health care plans had been developed with people and their representatives. Personal, confidential information about people and their needs was kept safe and secure.

Is the service responsive?

Our findings

At our last inspection in April 2015, we identified a breach of Regulation 9, activities were not available to meet people's needs. This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to stay in contact with their loved ones. Visitors were made to feel welcome, a visitor told us that they came daily and were always made welcome by the staff. Another said "I had concerns with the previous manager but things are so much better now, the staff are so accommodating."

At the previous inspection the provider had not provided people living with dementia any meaningful activities. People's interests had not been taken into account to develop a meaningful activities programme. At this inspection we found that people had a social and leisure assessment in place which detailed the activities people enjoyed participating in. These activities included knitting, singing, board games and films. Records showed that people were not given an opportunity to participate in a range of activities. Of 11 daily log sheets we checked, four were blank, three had recorded the person had watched television, one recorded the hairdresser had visited and one as an activity taking place with the coordinator. An activities coordinator was employed by the service who worked two mornings a week. People told us they enjoyed the music group who usually visited the service every five weeks. The manager told us they had been concerned regarding the lack of activities and had met with the activities coordinator to create a development plan.

Failure to provide activities to meet people's individual needs was a breach of Regulation 9 (1) (a), (b), (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives were given an annual quality assurance questionnaire to complete. The questionnaire asked for feedback in the following areas, resident care, management and staff, premises and any suggestions on improvements that could be made. The results from questionnaires that had been returned in September 2015 had not yet been collated. Action had not been taken following feedback from the recent questionnaires. We looked at four of the returned questionnaires from family members. The feedback was positive with relatives commenting that the staff were friendly and helpful, the service was homely and had good links with the GP's. Areas for improvement were recorded in three of the questionnaires as a lack of social activities for people.

People told us they were confident to raise any concerns or worries they had with the manager, provider or staff. They said that the manager was always available if they wished to make a complaint or a suggestion. A process to respond to and resolve complaints was in place. Information about how to make a complaint was available to people and their representatives. There had been one complaint that had been fully investigated and responded to in line with the provider's policy. A visiting relative told us "I often speak to the provider and manager and am happy to raise any concerns with them." Another said when talking about the service "I can't fault it and would recommend the home to anyone."

People's care plans had been developed with them and their families. Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, social needs, health condition support and any behaviour support information. Staff knew about people's needs and their backgrounds and the care and support they required. Relatives told us they had been involved in the planning of their family member's care and support.

People's care plans were reviewed with them on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People if able, were fully involved in the development and review of their care plans.

Is the service well-led?

Our findings

At our last inspection in April 2015, we identified a breach of Regulation 17, systems were not in place to monitor the quality of the service and records relating to people were not kept up to date. This was to meet the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection the provider did not have effective systems in place to monitor the quality of the service being provided to people. At this inspection we found systems were in place to regularly monitor the quality of the service being provided. The manager completed daily checks of the outside of the service as well as room checks. Comments were recorded if any hazards were found and action was taken. For example, on 4 January 2016 it was identified that the light was not working in the medication room. The check on 5 January 2016 showed that the light had been repaired. Weekly fire and escape route checks were carried out as well as monthly audits, including infection control, people's needs assessments and care hours. The audits were carried out by the manager with any actions taken being recorded.

At the last inspection records relating to people were not kept up to date or adequately maintained. At this inspection, records relating to people were updated regularly, maintained and stored securely.

A new manager had been employed since the last inspection and they commenced employment in June 2015, however, they did not apply to be the registered manager until August 2015. The manager became registered with the Care Quality Commission two days following our inspection.

The manager was supported by a deputy manager and two team leaders. Between them they managed the care staff. Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people. People were able to approach the manager when they wanted to and we observed people laughing and chatting to the manager. Relatives spoke highly of the manager and said, "I am happy to discuss any concerns I have with (the manager) who is very approachable."

Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff were at ease talking with the manager who was available during the inspection. Staff told us "The manager is very supportive and approachable."

The manager had been in post since June 2015 following the service being placed into 'Special measures'. An action plan had been put into place to improve the service following the last inspection. This had been regularly updated with the progress and actions completed recorded. The manager had a clear vision of how they wanted the service to run "My vision for the service is for it to be homely, being open, and people being fully involved within their home." The manager told us they felt very supported by the provider and staff team.

The manager made sure that staff were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and gain some mentoring and

coaching. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs. Team leader meetings were also held to discuss any management issues.

People and their relatives had a say about how the service was run. People were asked for their views by the staff at resident's meetings and at more formal review meetings, which peoples' families attended. Annual questionnaires were sent to people and their relatives to complete. A survey had been sent out to relatives in September 2015, the results had not been collated and published so people were not aware of any actions which had been taken as a result.

The manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had an accident. All notifiable incidents had been reported correctly. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Failure to provide activities to meet people's individual needs was a breach of Regulation 9 (1) (a), (b), (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's capacity had not been assessed this was a breach of Regulation 11 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment information was not available in relation to each person employed. The examples above were a breach of Regulation 19 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.