

Four Seasons Homes No.4 Limited

North Court Care Home

Inspection report

108 Northgate Street
Bury St Edmunds
Suffolk
IP33 1HS

Tel: 01284763621
Website: www.fshc.co.uk

Date of inspection visit:
18 July 2018

Date of publication:
06 September 2018

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?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

North Court Care Home provides accommodation, nursing and personal care for up to 65 older people some of whom may be living with dementia. At the time of our inspection there were 57 people using the service. The service is situated in the town of Bury St Edmunds in Suffolk. The home was arranged over two floors and offered nursing care based on people's particular needs and requirements.

North Court Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. This comprehensive inspection took place on 18 July 2018 and was unannounced.

There was a registered manager in post at the time of our 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.

At our last comprehensive inspection in August 2017 we rated the home 'Requires Improvement' overall with three breaches of the Health and Social Care Act. We were concerned at that inspection that people who were living at the home were not protected because control measures identified in risk assessments were not consistently in place for people. We were also concerned that health interventions in relation to catheter care, wound management, diabetes and bowel monitoring were not best practice and not always safe and effective. Additionally, we had concerns about fire safety, the effectiveness of the call bell system and the management oversight to ensure compliance.

We recognised at this inspection that whilst improvements had been made some of these were ongoing and not yet fully implemented, sustained and embedded into practice. The recently recruited registered manager had made progress in a number of areas and was committed to improving standards across the home. We have rated the home 'Requires Improvement' overall again, however there were no breaches of the regulations at this inspection and the key question of 'is the service Responsive?' has improved to a 'Good' rating.

Risks to individuals were assessed but measures to mitigate risk were not always in place. For example; there was not effective monitoring of people's fluid intake to protect them from the risk of dehydration.

Whilst there were sufficient staff to meet people's needs there were not enough permanent staff working in the home, which meant there was a reliance on agency staff who were not always familiar with people's needs. We have recommended the provider continue to closely monitor staffing levels.

There was mixed feedback about the food available however there was a consultation under way to make changes. Staff said people had access to health care professionals and there was evidence of the

management of people's care between the staff and external professionals.

Staff received ongoing training to ensure they were able to meet people's needs safely. They understood their roles and responsibilities to protect people from the risk of avoidable harm, and people said they felt safe living at the home. Staff followed the provider's policies and procedures to ensure people were protected from the risks of infection.

At this inspection we found they had met their legal requirements. With the basic principles of the Mental Capacity Act 2005 had been followed to ensure people's rights were upheld. Deprivation of Liberty Safeguards applications had been made and the registered manager kept these under review. People's interests and preferences were identified and recorded.

Staff interactions with people were kind and caring. Staff spoke kindly and sensitively with people when supporting them with their needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Risks to individuals were assessed but measures to mitigate risk were not always in place and monitored.

Safe recruitment processes were followed.

There was a reliance on agency staff to cover vacant staff hours.

Staff knew how to protect people from the risk of abuse and how to report any concerns.

People received support to take their medicines safely.

Requires Improvement ●

Is the service effective?

The service was not always effective

Staff were provided with supervision and had received all of the relevant training to support them in their roles.

There was a lack of consistency to ensure people received sufficient fluids to meet their needs

Requires Improvement ●

Is the service caring?

The service was caring

Staff were kind and compassionate.

People's privacy and dignity were respected.

Good ●

Is the service responsive?

The service was responsive

People were involved in a range of activities according to their preferences and interests.

There was a procedure to record and respond to any concerns or complaints about the service.

Good ●

Is the service well-led?

The service was well-led

The new registered manager had begun implementing improvements.

People, their relatives and staff felt the service was well-led since the current registered manager commenced employment.

The provider and registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Good 

North Court 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 18 July 2018 and was unannounced. The inspection team consisted of two inspectors who were accompanied by a specialised advisor who was a nurse and an 'expert by experience'. An 'expert-by-experience' is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we requested that the provider 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. This was received from the provider.

We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We found that we had not been notified of a number of incidents at the home. We also sought views from commissioners who funded the care for some people and the local authority Provider Support Team.

We looked at the care records of six people in detail to check they were receiving their care as planned. We also looked at other records including staff recruitment files, training records, meeting minutes, medication records and quality assurance records. We spoke with five people who live at the home, four members of care staff, two nurses, the activities co-ordinator, the chef, the regional manager, the deputy manager and the registered manager. We spoke with relatives of eight people currently living in the home. We also had contact with one healthcare professionals.

Is the service safe?

Our findings

At our last comprehensive inspection in August 2017 we rated this key question 'Requires Improvement'. We had concerns that risks to individuals were assessed but measures to mitigate risk were not always in place. We were also concerned that fire safety within the home was not systematically robust and medicines were not consistently managed safely. These concerns were a breach of Regulation 12 of the Health and Social Care Act Regulations 2014. At this inspection we found that some improvements had been made however there was still further work to do to fully embed the changes into practice and sustain the improvements.

We continued to have concerns that measures to mitigate risks associated with the risk of dehydration and any specific healthcare needs were not always in place and robust. We found there was insufficient guidance and care plans in place for staff to follow.

People who had a nutritional risk assessment relating to their hydration needs did not all have the necessary monitoring of their care. We checked three people's fluid intake charts and found these were partially completed and had not been totalled up at the end of the day meaning that staff could not be assured how much fluid the person had consumed. We observed people being offered fluids throughout our visit however records in place were not completed to reflect this.

Due to the reliance on agency staff who may not be familiar with people's needs we were concerned this increased the risk of people not receiving the care they needed. The registered manager told us, "Completion of recording charts is improving but it's not where needs to be yet. We ask questions and follow up with staff. We also monitor that people are having fluid."

We did however also see improvements in the management of risk. At our last inspection we found a systematic failure to protect a person from developing further pressure ulcers. At this inspection we found that a person who had moved to the home with a serious pressure ulcer and at risk of further skin compromise had begun to make a good recovery since being under the care of the staff at North Court. The person's care plan clearly showed the improvements and healing taking place, specialist equipment such as pressure relieving mattresses were in place and correctly set up.

The provider had addressed the concerns we found at the last inspection regarding fire safety. For example, we found at our last inspection a lack of fire drills taking place and fire doors held open with furniture which would have prevented the doors closing in the event of a fire. At this inspection improvements had been made. We checked all fire doors on arrival at the home and none were being held open by any furniture. The registered manager told us he checked for fire safety during his daily 'walk abouts' of the home. Intermittent fire drills had also taken place to ensure staff were clear on the procedures in the event of a fire.

People and their relatives told us they felt safe living in the home. One person told us, "I feel safe as staff know what to do in case of fire and also evacuation." A relative said, "I have no concerns about [family members] safety, they are well looked after. No matter what they need staff know what to do. I don't think anybody could ask for a better place to be."

The service had a safeguarding policy and procedure in place and guidance on how to report concerns was on display in the home. Staff had undertaken safeguarding training and were aware of how to report any concerns they had. Those we asked were aware of the whistleblowing policy and we were told they felt comfortable discussing concerns, should they have any, with the registered manager. The service had co-operated and worked with safeguarding teams when concerns had been referred to them to investigate.

Some people and relative's told us that their support needs were not always being met in a timely manner. For instance, one person told us, ""You can wait a while for your alarm [call bell] to be answered." Another person's relative commented, "Overall the care here is really good, the staff are lovely but it's obvious to me they are very understaffed, very busy and tired."

We also received comments that were positive about the levels of staffing. One person said, "I do feel safe here, if I ring my alarm three [staff] are here very quickly." A relative said, "On my first visit I got locked in as I didn't have a [door] code, so I ended up ringing [person's] buzzer and they [staff] came very quickly."

Most care staff we spoke with confirmed staffing levels were sufficient to meet people's needs however it was the staff vacancies and the use of agency staff that was challenging at times. One member of staff told us, "We're not badly staffed, we just have to rely on agency staff. If they all come in, it's okay and it's manageable."

The registered manager used a dependency tool, which was frequently reviewed and updated, to calculate and determine the staffing levels needed at the home. Recruitment of care staff was a challenge but one that the registered manager told us was improving. They also told us they had managed to recruit a nurse and two further care staff and in the meantime, they were sourcing agency staff to cover vacant hours and any existing staff illness wherever possible.

During our visit, we saw that there were sufficient numbers of staff on shift to spend time with people and that call bells were mostly answered promptly. The lunchtime meal was busy and people waited at times for their food however we concluded that this was down to staff co-ordination at that time as opposed to a shortage of staff.

We recommend that the provider continues closely monitoring and reviewing staffing levels using an effective tool and through communication with staff to ensure people's needs continue to be met in a timely manner.

Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or were barred from working with vulnerable people. Suitable references were obtained and any gaps in recruitment history were thoroughly explored.

People were receiving their medicines from staff that had been suitably trained in the safe management of medicines. Policies were in place to guide staff on the safe administration of medication and guidelines were in place to advise staff on when people should be offered any PRN (as required) medication.

Medicines administration records (MAR) were checked and had been completed appropriately, with no errors or omissions noted. Detail was included to help staff know how the person liked to take their medicine such as their preference of what drink to have and whether they liked to take one tablet at a time or not. Medicines were stored securely in locked trolleys within a locked air-conditioned room and checks

made on temperatures to keep a check of whether the medicines were stored at the optimum temperatures. We undertook a stock take of medicines and found them to be accurate.

Systems were in place to help reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) and regular hand washing by staff. Staff received training in infection control and when supporting people with their care needs gloves and aprons were available for staff use. There was one specific area where there was a noticeable malodour. We spoke with a nurse on duty and the registered manager who told us this was a specific and isolated issue which they were trying to address with increased cleaning and disinfecting of the area.

Is the service effective?

Our findings

At our last inspection in August 2017 we rated the key question of effective requires improvement. We were concerned that people were not supported to maintain good health based upon good clinical practice. We were concerned that a person's catheter had not been changed regularly as needed. We also had concerns that for two people who had diabetes, systems in place did not safely and effectively manage their condition. At this inspection we found some improvements had been made however there was further to be made and sustained. We have rated this key question 'Requires Improvement' again.

Care plans for people who had a catheter were not in place, however the registered manager had implemented a system of monitoring when catheters required changing. A board on the wall within the manager's office detailed people's initials and dates of the last catheter change. We also found that nursing staff had been supplied with details of when catheters required changing. We checked records and found that this was taking place as planned. We looked at the records of two people who had a catheter in place and found there was no care plan and risk management plan or associated guidance for staff to know how to provide the necessary care and to help with lessening the risk of any infection.

Improvements had been made to support people who had diabetes, however there was still further needed. Detail in one person's care plan needed amending to be clear what type of diabetes they had as there was conflicting information available. The registered manager told us that work was continuing regarding the records and following a recent diabetes study day further records were being implemented.

People and their relatives told us staff helped people to access healthcare services when they needed to. We saw evidence of the involvement of community healthcare professionals in people's care records. People and their relatives told us that their health care needs were met. One person said, "[Family member] is prone to getting chest infections, you hear their chest rattle. Staff are always good at responding and calling the doctor."

The registered manager or one of the nursing team met with people and their relatives prior to them moving to the home. They used this information to complete a pre-admission assessment which was in line with current legislation and good practice guidance. This enabled them to identify people's care and nursing support needs.

People living at the home and their relatives told us that overall, they felt staff had the skills needed to support their needs. One relative said, "The majority of staff seem to know what they are doing."

Staff told us they followed an induction process when they first came to work at the home and that they received a period of time shadowing experienced staff and also induction training which had made them feel supported and gave them the knowledge they needed to fulfil their role. A training matrix was in place which showed staff received on-going training in areas such as moving and handling, safeguarding people and infection control. The matrix indicated the majority of staff were up to date with their training requirements and where they weren't this had been identified and training courses arranged. The provider

organisation operated an internal 'dementia care framework' with the aim of providing staff with additional dementia training. Initial training for staff at North Court had been arranged with a view to them undertaking the extra learning.

At our last inspection we found that staff supervisions had been very infrequent and not in line with the providers' policy. Since the current registered manager had been in post staff told us this had improved and they were now receiving more frequent supervision. The registered manager explained, "I have a supervision matrix and I 'traffic light' the ones due. Our policy is for supervision to happen every two months. This wasn't in place before, one staff member didn't know what supervision was when I arrived." A member of staff told us, "I feel well supported now."

We observed the lunchtime meal and found a lack of consistency in people's experience. There were staff available but there was a lack of co-ordination and delay in staff responding to people when they needed assistance. Some people had food in front of them for up to 40 minutes untouched before staff recognised this and started to assist and prompt them, this resulted in people being helped with cold food, which on this day included mashed potatoes and cauliflower cheese. Some people who refused to eat their main course which had gone cold had this removed and replaced with a dessert instead. This meant that people didn't always get the support they required to meet their nutritional needs.

We received mixed feedback from people and relatives about the quality and choice of food. One person told us, "The food is not very nutritious, not much choice." One person's relative told us, "[Family member] has pureed food and I'm always complaining about the consistency, about how sloppy it is. They are not offered an option and get the same in the evening. It's the only thing [family member] has to look forward to." Another person's relative said, "I've noticed things have changed with the meals, they still get choices but they rush through the options, so [people] don't have time to process it. When it comes to meal choices they could use visual prompts to help."

We also received some positive feedback, one person told us, "I think the food we receive here is excellent, we are given a choice of cereals. Then there is the second course, a fried breakfast! They have excellent nutrition."

We spoke with the chef who told us communication was not always effective within the home. They told us there was often a delay in people's nutritional requirements and preferences reaching the kitchen which meant there was a possibility people may be served foods they couldn't have.

We fed back to the registered manager our observations and what we had been told about the food. The registered manager had also received feedback on the choice and variety of food and had recently commenced a discussion with people living at the home and their relatives about the menus which included modified diets. They told us that based on the feedback, a draft menu had been developed, shared with people and put out to consultation prior to implementation. They told us that it had since been agreed and that the chef was finalising the information on any allergens before putting the menu in place.

Staff used the Malnutrition Universal Screening Tool (MUST) to assess if people were at risk of weight loss. People's weights were recorded monthly and if there were concerns of potential weight loss then this was increased. The registered manager told us the home's weighing scales had been broken for a period of time however they had taken action to try and get these repaired and had since ordered new ones. They said they had borrowed some temporarily but as a result of the broken scales some people had not been weighed as usual over the past two weeks. People who were assessed as being at high risk of malnutrition received nutritional supplements and were monitored and referred to their GP or a dietician if needed.

We looked at how people's needs were reflected in the adaptation, design and decoration of the premises. Accommodation was provided over two floors and a passenger lift provided access to the first floor. There was a large lounge/dining area downstairs which many people frequented during our visit. The ground floor had an enclosed garden area with seating and shaded areas that was easily accessible to people and their visitors. We saw people sitting out in the garden enjoying the sunshine and a musical activity during the afternoon of our visit. The registered manager had recognised that further improvements were needed and had submitted plans to the provider to increase level access to another smaller garden in the grounds of the home to enable people to go outside independently more often.

There was a communal café area on the ground floor of the home as well as items on the walls to make the environment dementia friendly, these included sensory and reminiscence items. The trainer commencing the additional provider dementia accreditation training told us there were also plans to make environmental improvements with areas such as the décor, signage, lighting and fixtures and fitting. All with the aim of making the environment easier for people living with dementia to navigate around.

The Mental Capacity Act 2005 (MCA) 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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

Staff had some understanding of the MCA and we observed staff seeking consent from people using simple questions and giving them time to respond. People or their representative had signed to agree their consent to the care being provided whenever possible. Where people did not have the capacity to consent, a decision specific mental capacity assessment had been completed and best interest decisions were recorded. Staff told us how they sought people's consent before they provided care for people. Staff respected people's choice, staff said they presumed a person has capacity and would always ask before providing care; they also respected people right to refuse.

A log of DoLS applications and renewal dates was held and monitored in the service. This demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes.

Is the service caring?

Our findings

At our last inspection in August 2017, we rated this key question 'Good'. At this inspection we found that the home had sustained this rating.

People told us staff were kind and caring and our observations confirmed this. One person said, "I would safely say they [staff] are respectful and caring." Relatives were also complimentary about the caring nature of staff. One relative told us, "I would safely say they [staff] are respectful and caring." Another relative said, "[Family member] is settling in, they have been very caring. They seem very friendly and willing to please. [Family member] always looks presentable, they are generally quite happy."

People were treated with respect and had clearly been well supported with their personal care needs. People had been supported to maintain their appearance. A relative said, "[Family member] always looks clean. Clean clothes and bed well made. They are very careful to reposition [family member] regularly. [Family member] would let me know if they were unhappy."

We listened to and observed staff interacting with people around the communal areas of the home. It was clear that staff knew people well and knew what they liked and what their care needs were. Staff chatted to people with mutually and well received banter and joviality. During the afternoon of our visit we observed some lovely caring interactions between people and staff during a musical activity.

People continued to be supported to maintain their individuality by staff who offered choices and sought people's views and involvement in their care. People chose when they went to bed and when they got up in the morning for example. Prior to our visit we were contacted anonymously to make us aware that people were being assisted up in the morning very early to aid with staffing levels and not according to their individual preferences. People however told us that the choice was theirs. One person said, "They [staff] always try and get me washed first which I like as I wake early." Staff we spoke with confirmed that people had a choice. One staff member said, "When I arrive for 7am nobody is up then." Another staff member commented, "People get up and go to bed whenever they want, which is how it should be."

Staff described how they maintained people's privacy and dignity, for example closing the door and curtains when assisting with personal care and knocking on the person's door and waiting for a reply before entering. We saw this during our observations, staff were respectful in their approach. One person's relative told us, "To my knowledge [family member] gets dignity, they close the door and curtains when they come to see them."

Is the service responsive?

Our findings

At our last inspection in August 2017 this key question was rated requires improvement. We had concerns that whilst there were systems in place to respond to concerns and complaints, these needed to be further developed as an opportunity to learn and improve the service. At this inspection we found that the necessary improvements had been put in place. This key question has been rated as Good.

People living at the home and relatives we spoke with said they knew how they could complain, if they needed to. Information and posters were displayed throughout the home explaining how people or their relatives could raise a concern or make a complaint. One person's relative told us, "[Registered manager] is very responsive. I had a concern, as soon as I got home I emailed [registered manager]. He replied back like a shot. It was a misunderstanding but his response was as quick as a flash!" Another relative told us, "Sometimes people had the same [drinking] glass for four to five days, the water ended up grey. We mentioned that to the manager yesterday and today they are clean."

We found any concerns or complaints had been listened to and responded to. The registered manager told us about the process they followed, which was in line with the providers' complaints policy. We saw that any concerns that had been raised had been investigated and outcomes communicated to the relevant parties.

People had their needs assessed before they moved into the home. This meant that the registered manager and staff were confident that they were able to meet people's needs before care commenced. People had care plans in place which were detailed and person centred and were reviewed monthly. One person's relative told us that on arrival at the home people were further asked about their preferences, "As soon as [family member] arrived a nurse came in with a clipboard and asked about their likes and dislikes and if [family member] wanted any furniture moved around [so the room was to their liking and preferences]."

People told us they received their care as they wanted it. One person said, "I go for a body wash, they do offer the choice of a shower, but the choice is mine." Most people's relatives told us that staff were very responsive to their family members needs and that their care was delivered in the way they wanted to the benefit of their health and wellbeing. One relative told us, "The staff all deserve medals. They come in here every hour and check on [persons personal care needs], make sure they are comfortable. Person had [pressure ulcers] and they have cured that, they are marvellous." We were also made aware by another relative that they were unhappy with their family members care and as such had raised concerns with the registered manager which were being considered and investigated at the time of our visit.

People continued to be supported and encouraged to have active lifestyles and access a range of activities both within the home and in the community. One person told us, "I do things here. A lot of writing, I certainly like the activities, we had animals come, lots of owls, it was fantastic." During our visit we saw a pre-planned external singer and entertainer perform for people. This event, due to the sunny weather, was held out in the garden. We observed for a while and noted the smiles, laughter and genuine happiness as people danced and sang with their relatives, with one another and also in some cases with staff as well. It was clear people were really enjoying this occasion. People who didn't wish to take part in this activity had their decision

respected and were supported to be elsewhere in the home. One person told us, "I'm a reserved type, I went to the dining room today. I do crosswords, I like to listen to music on the radio or TV. I don't get bored or lonely."

We spent time talking with the activities co-ordinator at the home who was clearly enthusiastic about working there and about the people who lived at North Court. Part of the activities role was to support people with developing a 'Living my choices' document which each person kept in their bedroom and outlined people's life histories and what was important to them. The activities co-ordinator also told us about some of the activities that took place such as the 'Gentleman's' and 'Ladies' lunches in the 'Tea Room'.

We looked at how the registered manager and staff cared for people who were nearing the end of their life. The provider had clear guidance in place for staff to follow to optimise the support that people received. At the time of our visit we were told there was no one who was receiving end of life care however we saw care plans included information about people's wishes and preferences for care at this time. Some people had Do Not Attempt Cardiopulmonary Resuscitation plans (DNACPR) in place. We saw that these had been completed appropriately, either with the person's involvement or as a best interest's decision by relevant people such as the GP, people's next of kin or power of attorney.

Is the service well-led?

Our findings

At our last inspection in August 2017 this key question was rated 'Requires Improvement'. We found that the service had not been consistently well-led. The management team at the time needed to be more responsive to matters arising and take action to deal with any concerns or issues in a more timely manner. We also found at that inspection that whilst the manager at that time had systems in place to monitor the quality of the service the systems were not effective as concerns we found had not been identified. At this inspection we found there were improvements that had been achieved since the current registered manager commenced working at the home. We discussed with the registered manager the need to continue to maintain and build upon the improvements that had been made. We have rated this key question 'Good' at this inspection.

The current registered manager had been in post since February 2018 and registered with CQC in June 2018. People living at the home, their relatives and staff were positive about the changes and improvements the registered manager was making. One person told us, "The [registered] manager is first class, he listens to our problems and he acts on them." A person's relative commented, "Since the new [registered] manager has been here things have improved, you know you can go to him and talk if you need to." A second relative said, "We have seen [several] managers, when we first came in 2015 the standard was brilliant, you couldn't ask for more, everything was spot on. The [another] manager came, and the standards dropped to zero, it felt divided. Then the current [registered] manager came along and things are brightening again."

A member of staff said, "[Registered manager] is the right person for the job and we need him to stay. There has been a massive improvement but we know there is still loads to do. Things are better. He takes time for staff to change as they are so used to doing it their way." Another staff member said, "The current [registered] manager has listened and things are beginning to change."

The registered manager told us that in the short time they had been at the home they had a number of areas they were working and focussing on. They told us, "There have been lots of changes here, my priorities for the next six months are to continue the momentum we have started. My aim is to be proactive and preventative and develop a centre of excellence here." They also told us, "I have an open-door policy. I'm open with relatives."

A healthcare professional told us, "I have found the new [registered] manager welcoming and keen to discuss his plans to improve care standards for [people] at North Court, with a positive approach to staff. [I've found] staff open to discussions with visiting professionals to improve care and quality of life for [people]."

We found the registered manager had an honest approach and was professional. They listened to the feedback we provided throughout our visit and were receptive to our findings and keen to share their plans for developing the home further. As well as the change to registered manager there had also been a change to the regional manager. Staff told us that management of the service were now far more visible and approachable. The regional manager visited the service frequently and also held monthly clinical

governance meetings to look at trends and analysis in areas of the home such as accidents and incidents. This helped the service to learn from events.

The registered manager was supported in their role through a number of different forums. They told us about a conference call that was held every week with other home managers within the provider company as well as a monthly meeting with other managers to promote learning across the homes and to share updates and look at common themes and where improvements maybe needed.

There were regular audits undertaken to monitor the quality of service people received. In areas such as the safe management of medicines the audits were effective and the completion of the actions recorded within them contributed to the safe systems in place. In other areas such as the oversight and audit of people's records, further improvement was needed, such as the oversight of care records and daily recording charts where we noted gaps and inconsistent record keeping.

People were enabled and encouraged to express their views. The registered manager created opportunities to receive feedback from people and their relatives, an example being the consultation on changes to the menus based on feedback from people. Meetings were coordinated throughout the year during which people and their relatives were invited to attend. One person told us, "I have been to meetings, I found it useful, it reminded me of things I need to think about." Another person's relative said, "I always go to the meetings, you have the opportunity to bring up any issues you might have, and he [registered manager] keeps us informed of what's going on."

We saw policies and procedures were in place, which covered all aspects of the home. The policies seen had been reviewed and were up to date. This meant staff could be kept fully up to date with current legislation and guidance.

People benefited from staff that understood and were confident about using the provider's whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. They can do this anonymously if they choose to.

Providers are required to notify CQC of important events such as allegations of abuse, deaths or serious injuries. The registered manager demonstrated a good understanding of when to send notifications to CQC when we spoke with them.