Northway House Residential Home Limited

Northway House Residential Home

Inspection report

96-98 Kingston Road
Taunton
TA2 7SN
Tel: 01823253999
Website:

Date of inspection visit: 19 and 21 October 2015
Date of publication: 26/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was unannounced and took place on 19 and 21 October 2015. The inspection was carried out by an inspector and a pharmacy inspector. The last inspection of the home was carried out on 29 and 30 October 2014. At that time we found the service was not meeting the regulations in relation to the management of medicines, consent to care and treatment, and assessing and monitoring the quality of the service.

The service provides accommodation and personal care for up to 29 older people. At the time of the inspection there were 29 people living there. The home does not provide nursing care. This is provided by the local community nursing team. When vacancies allow, the home also offers a respite care service for older people who need a short period of care. They also provide a day care service for a small number of people. This service is not registered and therefore was not covered in this inspection.

Summary of findings

There was a manager in post who was not yet registered. An application for registration has been received by the Care Quality Commission and was being processed at the time of this 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.

Since the last inspection the home had gone through a period of change. A new manager and head of care had been appointed. The number of people living in the home had doubled in recent months. A core group of loyal staff have remained along with some recently recruited new staff. Most people we spoke with were positive about the changes and told us they were very happy living there, although a few people had found the changes a little challenging to cope with. Overall the comments were positive, for example, "I enjoy it here", "I am happy here" and "It's alright here". A few people were a little less positive, and one person told us, "Staff are caring but they are short of time." We saw the manager and staff team were working hard to help new people settle into the home and also supporting new staff settle into their jobs.

Relatives and professionals were very positive about the home and told us the changes had been positive. Comments included "I am delighted with the home – very good", "The care is always OK", "It's a nice home" and "There are some amazing staff here."

There were enough staff to meet people's needs safely. Staff appeared busy on the second day of our inspection but we saw people's needs were being met. Call bells were answered promptly. Staff told us they were confident that when the new staff had completed their induction and settled in they would be more effective in meeting people's needs without feeling rushed. Training had been given a high priority in the last six months and we found the staff team were knowledgeable, competent and positive.

People were protected from the risk of abuse and avoidable harm through appropriate policies, procedures and staff training. Staff understood how to recognise signs of abuse and how to report any concerns. They were confident any concerns or complaints they might raise with the manager or provider would be listened to, taken seriously and acted upon promptly and appropriately.

People who lived at Northway House had been involved and consulted in drawing up and agreeing a plan of their care and support needs. Risks to their health and safety had been assessed and people had been consulted and involved in drawing up measures to reduce the risks where possible. The care plans contained basic information on all areas of need. However, there were some areas that would benefit from greater detail. During the inspection the manager showed us new care planning documents they were going to introduce that will enable them to provide better information to staff on key areas of need

Overall the home was maintained to a good standard and appeared comfortable and homely. An improvement plan was in place. Equipment such as gas, electrics, water and fire alarms were regularly serviced and checked. The maintenance records showed repairs were carried out promptly and there was a plan in place to redecorate and improve some areas of the home where decorations were beginning to show signs of wear.

Medicines were securely stored and administered safely by staff who had been trained and were competent.

People participated in a variety of social activities within the home and in the community. Two activities organisers were employed, providing a wide range of activities to suit all individual and group interests. During our inspection we saw staff sitting and talking to people, giving nail care and hand massage, and providing group activities such as quizzes, singing, and arts and crafts. Some people went out for walks or to the shops. We also heard about parties and fetes held in the home. A regular newsletter kept people updated with news about past, present and future events.

People were supported to maintain good health. People had regular health checks and the service received good support from a wide range of healthcare professionals. Local health professionals visited the home when this was requested. Staff from the service supported people to attend hospital and community appointments when needed.

Summary of findings

The provider had a range of monitoring systems in place to ensure the home ran smoothly and to identify where improvements were needed. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. Regular resident's meetings were held and people told us they could speak out in these meetings. People were also asked to complete survey forms seeking their views on all aspects of the service. We saw evidence of formal complaints raised with the manager and these had been investigated and responded to.

Summary of findings

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 safe.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Good

Is the service effective?
The service was mostly effective. The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment. However, some agreements reached with people who had the capacity to make decisions about actions that may be restrictive had not been clearly recorded.

People received effective care and support from a well trained staff team.

People were supported to access healthcare professionals when needed.

Requires improvement

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect. The staff and management were caring and considerate.

People were supported to maintain family relationships and to avoid social isolation.

Good

Is the service responsive?
The service was responsive.

People and their relatives were involved as much as possible in the assessment and planning of their care. New care plans were about to be introduced providing greater detail about important areas of care.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

Good

Is the service well-led?
The service was well led.

The service promoted an open and caring culture centred on people's individual needs.

People were supported by a motivated and dedicated team of management and staff.

Good

Summary of findings

The service had good links with the local community for example through fetes and outings.	

Northway House 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 19 and 21 October 2015 and was unannounced. It was carried out by an adult social care inspector and a pharmacy inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 29 and 30 October 2014 the service was not meeting the regulations in relation to the management of medicines, consent to care and treatment, and assessing and monitoring the quality of the service.

During our inspection we spoke with the manager, one of the providers, a senior carer whose job title was Head of Care, and seven staff who worked at Northway House. We also spoke with ten people who lived at Northway House, three relatives and three health professionals who were visiting at the time of this inspection. We also observed staff providing care and support to people in the communal areas, for example at meal times.

We looked at records relating to the care of people living in the home, and at records relevant to the running of the home. This included staff recruitment files, training records, medication records, records of money held by the service on behalf of people who lived there, maintenance records, complaint and incident reports and performance monitoring reports.

Good

Is the service safe?

Our findings

Most people we spoke with told us they felt safe at the home and with the staff who supported them. They told us that they were confident people received good care from the staff team, and that there were usually enough staff to meet their needs safely. However, two people told us they did not feel safe when other people entered their bedroom by mistake. We spoke with the manager to find out what actions they had taken to prevent this happening again. They showed us signs they had put on bedroom doors to help people locate their own bedrooms more easily. Reviews had been carried out recently for some people whose memory loss was causing them difficulties finding their way around the home. These had included family members and health and social care professionals. Adjustments in their care and treatment had positive effects, with no recent incidents of people entering the wrong bedroom. During our inspection a senior member of staff suggested to people they may wish to lock their bedroom doors to prevent people entering their room by mistake. Some people agreed to this suggestion.

At the time of our inspection there were 29 people living in the home. When we arrived at the home there was a manager, a Head of Care, two senior care staff, two care staff, two cleaning staff, one activities organiser, one cook and one kitchen assistant on duty. Staffing rotas showed these were the usual staffing levels.

Staff appeared busy during our inspection, although we were assured they were able to meet people's individual needs. People told us staff were available when they needed assistance. One person said, "If staff are running late in the mornings they usually knock on the door and say they will be with me in 10 minutes". This gave them reassurance they had not been forgotten and staff would be with them shortly. They also said, "Staff do their best, they have a lot to cope with". Other people commented, "Staff are caring but they are short of time", "There is enough staff to my mind", and "Yes, there are enough staff. We seem to manage alright". People told us that if they pressed their call bell, staff came quickly. Call bells rang frequently throughout the day, although these were answered within a few minutes

Staff told us they were going through a period of change due to a recent increase in the number of people living in the home. They were beginning to get to know each new person and were settling into new routines to make sure their individual needs were being met. New staff had been recruited to meet the needs of the additional people living at the service. Some of the new staff were in the process of being inducted into their jobs and this placed additional pressures on the existing staff steam to monitor and support the new staff. Most staff were confident that when the new staff settled into their jobs the staffing levels would be satisfactory, although some staff said they would benefit from an additional member of staff on duty during busy periods in the morning.

Risks of abuse to people were minimised because the provider made sure prospective new staff were thoroughly checked to make sure they were suitable to work at the home. We looked at the recruitment files of four staff employed since the last inspection and these contained evidence of checks including references from previous employers and checks that showed job applicants were safe to work with vulnerable adults.

Staff told us, and records we saw confirmed, that all staff received training on how to recognise and report abuse. They told us that they were confident they could report any concerns to the manager or provider and these would be taken seriously. Actions would then be taken in line with current good practice. They knew how to contact the local authority safeguarding team and other relevant agencies.

Some people were supported by the service to manage cash for daily purchases such as toiletries and hairdressing. We saw that there were safe systems in place for handling and storing cash. Records were kept of all transactions, and balances were recorded. The service did not manage savings or incomes for any people living in the home. Suitable arrangements had been put in place to ensure this was managed safely by their next of kin, or a suitable financial representative such as the Court of Protection. Where relatives held Lasting Power of Attorney copies of these documents had been retained.

Care plans contained risk assessments on all aspects of each person's physical and mental health and their personal care needs. These included assessments and monthly reviews on risks such as malnutrition, weight loss, dehydration, choking, falls, and moving and handling. Where risks were identified actions were carried out to monitor, and where possible reduce, the risks.

Good

Is the service safe?

Physiotherapy input had been requested for one person who had been assessed as being at risk of falling. Staff had also liaised with other health professionals to review the person's health needs.

Fluid intake records had been completed for people who were at risk of dehydration. Where the records showed that daily intake levels had been low, staff told us about the actions they had taken to encourage people to drink more fluids. We spoke with a community nurse who was visiting the home. They told us they had seen drinks in people's rooms and they were confident people were offered sufficient fluids.

Although we were assured that staff understood the person's support needs, their care plan did not give clear guidance to staff on how this should be achieved, or what to do if they were concerned that the person was seriously dehydrated. The manager showed us an example of a new care plan they were about to introduce that would provide greater detail, and instructions to staff on how minimise areas of risk.

At our last inspection we found the service was not managing medicines safely. During this inspection we found improvements had been made and this meant they were no longer in breach of the regulations. We found all medicines were stored and administered safely. The records were clear and completed for both internal and external medicines. We also found medicines were administered when people need them

Staff training certificates were seen and these confirmed that staff had received training and updates on the safe administration of medicines. Checks and audits were carried out regularly to ensure staff had followed safe procedures when administering medicines. We did, however, note that where medicines were administered on a periodic basis by other professionals such as community nurses, there were no systems in place to record the dates when the medicines were next due to be administered. During the inspection they took immediate action to put systems in place to record the dates, and we saw this had been completed satisfactorily. .

The home was well maintained. Equipment such as gas, electrical, fire alarms and hoists had been regularly checked and maintained. A person was employed to carry out routine maintenance and checks. A routine fire alarm test was carried out during our inspection. Personal evacuation plans were in place for each person living in the home. Checks had been carried out on the premises on a regular basis and action plans had been drawn up to agree when repairs, redecoration and upgrading work would be completed.

A recent visit by the fire authority had identified some concerns relating to the maintenance of fire equipment and assessing the risk of fire. The providers had taken prompt action by employing a specialist in fire safety to carry out a fire risk assessment and give advice on the actions necessary to address the concerns. These had either been completed by the time of our inspection, or were in the process of being completed.

Two cleaning staff were employed. During our visit we found that all areas were clean and free from any odours. A member of staff told us they had received feedback from visitors, and prospective residents and their families, complementing the home on the cleanliness. This had given the staff team a sense of pride in their work, and confidence that they were maintaining a clean, safe and homely environment for the people who lived there.

We recommend that staffing levels are kept under review to ensure there are sufficient staff on duty at all times to meet the changing needs of people living in the home, and to meet the needs of new people moving into the home.

Requires improvement

Is the service effective?

Our findings

People's capacity to make decisions about important matters in their lives had been assessed. Where people were unable to make decisions about what care or treatment they received this had usually been agreed and recorded. However, some people who had capacity to make decisions had agreed informally to restrictions, for example, cigarettes and alcohol were held in the office for some people, and staff monitored their intake. However, there was no record to show how these agreements had been reached. We discussed this with the manager who took immediate action to draw up formal agreements. They intended to discuss these with people the following day. The agreements will provide a record of the person's choices, and how they wanted staff to support them to reduce any risks in relation to alcohol or cigarette consumption.

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us, "The staff are great. They are young. I think they have had good teaching. They know what to do".

All newly recruited staff had received induction training at the start of their employment to meet nationally recommended standards. Two staff who had recently been recruited were in the process of obtaining a qualification known as the Care Certificate. This is a new qualification which sets standards for the induction of health care support workers and adult social care workers. The induction programme gave new staff the basic skills to care for people safely and included a period of shadowing experienced staff. One member of staff told us that they were a strong and supportive staff team. When they began working there the other staff made them feel welcomed straight away. In turn they had made new staff feel welcomed in the same way. All new staff were encouraged to speak out and ask questions, or ask for support if they had any queries or concerns.

There was a training programme in place which showed all staff had received training and regular updates on all essential topics relating to health and safety and people's needs. There were also plans in place to provide a range of additional topics such as diet and nutrition, mental health awareness, record keeping and diabetes awareness in the coming year. The manager told us they used a variety of training methods including external training agencies. In-house training was provided by staff who specialised in certain topics, and had completed 'train the trainer' courses to ensure they were competent to provide training.

All staff had been encouraged and supported to gain relevant qualifications such National Vocational Qualifications (NVQs) or diplomas. They were also encouraged to gain higher levels of qualifications. For example, one member of staff told us they already held NVQs in level 2 and level 3 and they were just about to begin a qualification to level 5. The manager told us training was considered a very high priority and they encouraged staff to identify any courses of training they wanted to attend.

Staff had not received individual supervision in the six months prior to this inspection. A matrix was in place showing the dates the supervisions had been planned to take place. The previous head of care had left a few months earlier and a new Head of Care had recently been appointed. The manager told us they were about to begin providing regular supervisions for all staff every two months. The supervision matrix showed the dates these sessions were planned to take place. Staff told us they felt well supported and could ask for advice or supervision at any time. The manager and Head of Care were always available. Staff meetings had been held every two months and these gave staff an opportunity to speak up and ask questions. Comments included, "(The manager and head of care) will listen and taken on any concerns or suggestions we make".

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where people had specific dietary needs, for example due to diabetes, weight loss, or allergies, these were recorded in the care plans. We were assured that staff were aware of these needs and made sure they were offered suitable foods. For example, a person at risk of weight loss did not enjoy the fortified drinks prescribed by their GP. Staff had liaised with the GP, who had prescribed fortified puddings instead. The records showed the person had gained weight as a result of the actions taken by the staff to encourage them to eat more. A relative of another person told us the person had been losing weight and the staff had been liaising with the GP. "I am really grateful they are trying to

Requires improvement

Is the service effective?

sort it out. They are working on it." A doctor told us they were satisfied with the way the staff had monitored people's weight, and they said the staff's knowledge of each person's fluid and food intake needs was good.

Where people were at risk of choking we saw advice and guidance had been sought from the Speech and Language Therapy team (SALT) and this had been followed. People were offered pureed or soft food according to the advice they had been given.

People told us they enjoyed the meals. Comments included, "The food is good – definitely!", "The food is alright," and "The food is not too bad at all. I never go hungry. There is always two choices and if you don't like that you can always ask for something else such as soup. They are very kind in the kitchen".

Notice boards in the dining room showed the main meals on offer that day. For example, on the second day of our inspection the main meals offered were roast pork or savoury mince. The meals were attractively served and looked appetising. People were able to choose where they ate their meal. Most people chose to eat their meals in the dining room, while other people had chosen to eat in their bedrooms.

People were asked for their consent before staff assisted them with any tasks. For example, we saw staff assisting people to move safely using hoisting equipment. They asked people if they wanted assistance, and explained the process while they were assisting them. Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. They told us they had recently received training on the topic and understood the importance of consent and giving people choices. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant.

At the time of this inspection one person had been identified as being at risk of harm if they left the home without supervision, and legal authorisation had been obtained to ensure they remained safe. This showed the staff understood the need to obtain legal authorisation where necessary. However, during our visit another person showed signs of distress and wanted to leave the home unaccompanied, which may have placed them at risk. The manager told us this was the first time the person had acted in this way. During the inspection the manager acted promptly to complete the legal authorisation forms and we were given assurance these would be submitted within the next day. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

People were supported to see health care professionals promptly according to their individual needs. Hospital appointments were recorded in the diary and arrangements were put in place to make sure transport was in place and the person was accompanied where necessary. Healthcare professionals who provided feedback said the staff contacted them to discuss issues with individual's healthcare and acted on any advice given. A doctor who visited the home during our inspection told us, "I am very happy covering this home. They always refer patients quickly and take advice. They have some amazing staff here – well trained". We also spoke with a community nurse who was visiting the home, who told us the staff always rang for guidance or treatment when needed, and followed their advice. They also said the staff were pro-active in relation to skin problems and sought treatment such as dressings promptly.

We recommend that records should be improved to provide clear evidence of agreements reached with people about actions that may result in restrictions to their behaviours or activities.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person told us, “I think they are great. We have been very fortunate”. They described the manager as “empathetic.” Another person said, “it’s really nice , they are very kind”.

Healthcare professionals told us they found staff to be caring. A doctor told us “I am confident the staff are caring in their approach. I would recommend this home for my Mum.” A community nurse told us the staff always introduced them to the person they were visiting. They described staff as “friendly”.

Staff understood the importance of respecting people’s privacy and dignity. Each person who lived at the home had a single bedroom with en suite toilet facilities. Personal care was provided in the privacy of their own room. We saw staff offering support discreetly, and dignity was protected when using hoisting equipment to assist people to move. Staff gave people choices, asking, “Would you like..?”, and waited for a response before offering support.

We saw staff sitting and chatting with people, and people looked upon them as friends they could confide in. For example, while we were speaking with one person a member of staff came over to speak with them. They explained how the member of staff offered words of comfort and advice when they saw the person was upset.

Staff spoke with people in a caring and respectful manner. When people showed signs of being muddled or upset, staff gave people time to express their feelings, and showed they understood. They offered gentle advice, or suggested an activity the person might enjoy. They also respected people’s decisions about the things they did, or did not want to do. For example, if a person did not want to join in with an activity their choices were respected. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Staff told us there was a strong emphasis on caring for everyone in the home, including other staff members. They spoke with pride about the strong teamwork and how they all worked together to support each other during difficult periods. Comments included, “I love my job.” One member of staff described how a person with dementia was often disorientated and upset at certain times of the day. They told us how they reminded the person about their family, gave them reassurance, and saw that later in the day the person became settled and happy again.

There were ways for people to express their views about their care. Resident’s meeting were held regularly in the home and people told us this was an opportunity for everyone to speak out and make suggestions or raise concerns. They also told us that the manager, Head of Care and the providers went around and spoke individually with people on a regular basis, to seek their views and check they were happy with the care they received.

At the time of this inspection there were no people receiving end of life care. However, a member of staff told us about people who previously lived in the home and how they had cared for them at the end of their lives. They spoke with pride and compassion about the care the people had received. They recognised the importance of including and involving relatives, and giving relatives the reassurance that the person had received the best possible care at the end of their life. They had worked closely with the local health professionals who had provided advice, training and guidance to ensure that care was provided effectively. The manager told us they plan to provide training to all staff in the next year on end of life care.

Good

Is the service responsive?

Our findings

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet their needs and expectations. Information had been gathered from other agencies such as social services or hospitals about their current needs, and their family and support network. This information had been used to draw up a brief care plan which was reviewed a short while after moving in.

The home used pre-printed care plans that provided staff with information on all areas of each person's care and support needs. Most care plans contained sufficient information about the person's needs although sections could not be expanded and this meant a few areas lacked some important detail. We were assured by speaking with people and with staff that staff knew each person well and were knowledgeable about the detailed aspects of their individual needs. .For example, one care plan identified a person who was at risk of dehydration. The plan instructed staff to monitor fluid levels and encourage the person to drink. However, the plan did not go on to provide further information about the ideal daily fluid levels for the person, or what staff should do if the daily total was low. The care plan did not explain how staff might encourage the person to drink, for example by making sure they always had drinks they could reach easily and manage, or by sitting with the person for a while to encourage them to drink. However, when we spoke with staff we were given reassurance they had a good understanding of the ideal daily fluid levels and how to support the person to drink. They had contacted the person's doctor who had provided medical treatment promptly. This showed staff had responded appropriately to the person's changing needs. During our inspection the manager showed us new care plan forms they intend to introduce in the near future that will give sufficient space to provide full details of every aspect of people's needs. They also showed us an example of a care plan they had begun to draw up using the new forms.

The care plans contained useful information such as life histories, people important to them in their lives, and their medical history. They had been reviewed on a monthly basis to make sure staff had up-to-date information about each person's needs.

People were able to take part in a range of activities according to their interests. Two activities co-ordinators were employed and between them they provided activities every weekday. They spent time with each person either individually or in group activity sessions and had identified each person's interests and how they wished to occupy their day. Weekly activities were planned to meet every person's preferences. If people did not wish to join in group activities, their wishes were respected.

During our inspection we saw people enjoying a range of activities including group singing sessions, games and quizzes, and during these sessions there was laughter and friendly banter. Some people enjoyed handicrafts such as knitting, sewing or making greetings cards. There were books, games and jigsaws available for people to use. One person said they enjoyed reading and had found the selection of books was very good. We also heard about fetes and parties held in the home. During the summer months people had enjoyed sitting in the garden. They had also received visits from musical entertainers and from the donkey sanctuary. One person told us they would like to have more group outings and said they had raised this in a resident's meeting. During the inspection we heard about recent outings including cream teas. One person was looking forward to a trip to the garden centre later in the week.

People were supported to maintain contact with friends and family. During our inspection friends and relatives visited the home and were made welcome by staff. We also heard how staff supported people to keep in touch with friends and family by telephone.

Each person received a copy of the complaints policy when they moved into the home. People told us they would not hesitate to speak with the manager, staff or providers if they had any complaints. A record of complaints had been maintained and we saw these had been investigated, responded to and actions taken where necessary to prevent the problems happening again. We also heard the home had received many letters of thanks from grateful family and friends. During our inspection a relative gave the staff team a box of chocolates to thank them for the care they had given.

Good

Is the service well-led?

Our findings

People told us the home was well managed. Comments included, "Our manager is very nice. Yes, I think it's well managed", "There is good leadership – they know how to speak to their staff", "(The manager) is very helpful", "On the whole it's well managed" and "He's a lovely manager".

There was a manager in post who was not yet registered. An application for registration has been received by the Care Quality Commission and was being processed at the time of this 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 manager had been working in the home for approximately six months, and in that time there had been a number of changes and improvements. Staff said they felt the manager had an open door management style which meant staff did not hesitate to speak to the manager if they had any concerns or matters they wanted to raise.

In recent weeks there had also been a new Head of Care appointed who had responsibility as line manager for the care staff and senior care staff. Their role was also to support the manager and deputise in their absence. This meant there was a staffing structure in the home which provided clear lines of accountability and responsibility. People told us they had confidence in the Head of Care and would be happy to speak with them if they had any concerns. Comments included "(The Head of Care) is very good" and "If I had any complaints I would tell (the Head of Care)".

The registered manager had a clear vision for the home. They told us their main aim since their appointment had been to stabilise the staff team and address the issues noted in the last inspection. They recognised that a well-trained and stable staff group was crucial in achieving the best possible care for the people living there. They had systems in place to identify individual and group training needs and they had implemented a plan of training to ensure all staff were up to date with essential training topics. The plan also identified future training topics and qualifications for the staff team. In addition they talked about the importance of staff feeling well supported and taking a pride in their work.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. A quality audit had been carried out shortly after the manager began working in the home. A detailed report had been drawn up identifying the areas where improvements were needed, and an action plan had drawn up with timescales for completion. This included improvements to the decoration of the home and greater choice and seasonal variations in the menus. People were also involved and consulted about the home through regular resident's meetings. Newsletters were produced every three months and these provided photographs and information about recent events and future plans.

There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified, action had been taken to improve practice. The providers visited the home at least monthly and carried out their own checks and audits to make sure the home was well managed and people were receiving safe care. Reports were completed after each visit and an action plan drawn up to address any issues identified. For example, the report drawn up after the provider's visit on 28 July 2015 identified that staff had not received regular supervisions. They expected the recruitment of a new Head of Care would address this. During the inspection the manager told us that new staff had been appointed to fill all vacancies, including the Head of Care, and this meant the staff supervision plan was now a priority.

Most of the records retained in the home were stored securely to ensure confidentiality. When the manager or Head of Care were out of the office their office door was kept locked. However, care plans were stored on open shelves in an office area that was not locked when unoccupied. We discussed the confidentiality of the care plans with the manager and they took immediate action to provide locked doors on the shelves. This meant that the care plans were only accessible to staff who had authority to read them.

Good

Is the service well-led?

All accidents and incidents which occurred in the home were recorded and analysed. These were also checked by the provider during their visits. The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.