Care Quality Commission

Embrace (South West) Limited

Lake and Orchard Care Centre

Inspection report

Kelfield
York
YO19 6RE
Tel: 01757 248627
Website: www.embracegroup.co.uk

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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?	Good

Overall summary

This inspection took place on 16 April 2015 and was unannounced. We last inspected this service over two days on 22 July and 17 September 2014 where we found breaches of Regulations 9, 10, 12, 13 and 22. This was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action to make improvements to the care and welfare of people who used the service, medication management, infection control, the environment and quality assurance and the provider sent us an action plan telling us that all the actions would be completed by 28 February 2015.

Lake and Orchard Care Centre offers accommodation for up to 99 older people living with dementia and/or with a

Summary of findings

physical disability requiring nursing or rehabilitation services. The centre is divided into two units named Lake and Orchard. There were 54 people resident on the day of our inspection: 36 people in Orchard and 18 in Lake.

There was no registered manager at this service but there was a manager in post who had started the process of application to be a registered manager with the Care Quality Commission (CQC). The service had also decided to recruit a second manager so that each unit had its own registered manager. 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.

Staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. Staff had been recruited safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Although some areas of medicine management still required improvements staff administered medicines safely. The service had made major improvements in this area and was clear about what they needed to do.

The service was beginning to make the appropriate changes needed to the environment in order to support people living with dementia to be able to be as independent as possible but further work was necessary. There were plans in place for those improvements to be made.

Staff knew the people they cared for and were well trained in areas that related to the people they cared for. Staff worked within the principles of the Mental Capacity Act 2005.

The service was caring. From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect. Staff were at times task orientated but the majority of interactions we witnessed were friendly and supportive.

Although some people were offered and enjoyed activities throughout the day others were not stimulated by any activity which meant that there was a risk of social isolation for some people.

There was a quality assurance system in place which used audits in each area of the service so that there was a consistent approach to improvement.

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?

Requires improvement

This service was safe but required some improvement.

Staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. Staff had been recruited safely.

The risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service.

Although some areas of medicine management recording required improvements the service had made major improvements in this area and was clear about what they needed to do.

Is the service effective?

Requires improvement

This service was not effective. The service was beginning to make the appropriate changes needed to the environment in order to support people living with dementia to be able to be as independent as possible but further work was necessary. We have made a recommendation telling the provider to look at dementia friendly environments.

Staff knew the people they cared for and were well trained in areas that related to the people they cared for.

Staff worked within the principles of the Mental Capacity Act 2005. They had received training and were aware of how to apply for an authorisation for a person to be deprived of their liberty lawfully

Is the service caring?

Good

The service was caring. From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect. Staff were at times task orientated but the majority of interactions we witnessed were friendly and supportive.

We saw an example of a member of staff who showed care and compassion when dealing with a person who used the service.

Staff knocked on people's doors before entering.

Is the service responsive?

Requires improvement

This service was not always responsive. Although some people were offered and enjoyed activities throughout the day others were not stimulated by any activity which meant that there was a risk of social isolation for some people.

People's care and support needs had been assessed before they moved into this service.

There was a complaints policy and procedure which staff had followed when responding to formal complaints.

Summary of findings

Is the service well-led?

Good

The service was well led. There was a manager in post but they were not yet registered with CQC.

The management team had identified any areas needing improvement and had developed an action plan.

There was a quality assurance system in place which used audits in each area of the service so that there was a consistent approach to improvement.

Lake and Orchard Care Centre

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 16 April 2015 and was unannounced.

The inspection team was made up of an inspector, a pharmacy inspector, a specialist advisor who had experience of dementia nursing and two experts by experience who had experience of health and social care and dementia care. 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, the registered provider completed 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. We also looked at all notifications and contacts we had received from or about the service. We spoke with the local authority contracting team and quality assurance officer for this service and the NHS Infection control service.

During the inspection we looked at seven care and support plans, inspected seven staff recruitment files and training records, 11 medication administration records; we observed practice throughout the day and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We observed how medicine was managed and observed a lunchtime period in two dining rooms: one in Lake and one in Orchard. We analysed staff rotas for the previous six weeks, audits that had been completed, accident and incident reports and other documents which related to the running of this service.

We spoke with a manager, a human resources manager, the lead training facilitator and the manager working on the day of inspection, two registered nurses, the catering manager, the activities coordinator and seven care assistants. We also spoke with 12 people who used the service and observed a further nine people as they were unable to talk with us. Four relatives agreed to speak with us during the course of the day.

Requires improvement

Is the service safe?

Our findings

At the last inspection we found breaches of Regulations 12, 13 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulations 12 and 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

When asked, people who used the service told us they were safe. One person said, "There is no reason not to feel safe." Another person told us when asked why they felt safe, "I suppose it's having all these people around." A relative said, "My (relative) is safe here. I trust the people who look after her." They went on to give an example of how their relative was made safe following an accident.

One person told us that they had observed incidents when a person who used the service demonstrated behaviours that were challenging to staff and visitors. We discussed this with the manager who explained that staff had got to know more about the person over time and were using different techniques now to avoid any similar incidents. This meant that staff were monitoring the risks of behavioural challenges and managing those risks appropriately to ensure the safety of people who used the service.

Another relative told us that they had not witnessed any incidents or behaviours which would cause them to be concerned about the safety of their family member and a second relative said," I think people get on well here." We did not witness any incidents during the inspection and found the atmosphere of the service to be calm.

Staff understood what it meant to keep people safe and we saw that they had been trained in safeguarding adults. One member of staff told us that they were relatively new to the service and had not seen anything "alarming or worrying" and another told us that they would have no concerns about going to the manager and reporting any concerns they had about people's safety.

There had been 25 safeguarding concerns raised with CQC since the last inspection of which five needed to be referred to the local authority. All of these apart from one which was still being investigated had been taken out of the safeguarding process.

At our last inspection we found that the service did not meet the required standard for infection control. We saw at this inspection that new furniture and carpets had been purchased and that all areas of the service were clean and tidy with up-to-date cleaning records completed. This demonstrated that staff had taken note of the infection control audit carried out in September 2014 by the NHS Infection control nurse and shared with CQC, which ensured that infection control issues were minimised. One person who used the service told us, "It's kept ever so clean" and visitors told us that they had noticed an improvement. This meant that the risk of infection was minimised for people who used the service because staff were using appropriate measures to monitor and clean the service. This was confirmed by the infection control nurse who carried out an audit on 28 April 2015 following our inspection. They said in their report, "I am pleased to say it was evident that there has been some significant improvement in the environmental cleanliness of the home."

Staff employed by the service had been recruited safely. We looked at seven staff recruitment files and saw Disclosure and Barring Service (DBS) checks and two references for each person. DBS checks are used by employers to make sure that nothing is known about the people they employ which would mean they were unsuitable to work with vulnerable people. The company had a central recruitment team to advertise vacancies. When people had been recruited from other countries the correct processes had been followed and the correct immigration checks completed where necessary.

It was apparent that agency staff had been used on a regular basis at this service. The manager told us that they used the same agencies each time and the same staff wherever possible and we could see the same agency staff named on the rotas over the last six weeks. This enabled those staff to get to know people and their needs which therefore meant that their needs would be better met and that there was less risk to people. The manager told us that there was a problem recruiting nurses in particular and so the use of the same agency staff was particularly important as this was an on-going problem. The service had letters from the agencies confirming that the staff being used had been recruited safely and they all been checked through

Requires improvement

Is the service safe?

the DBS. This meant that the management team were doing all that they could to ensure that staff deployed were recruited safely which helped to protect people who used the service.

We looked at staff rotas and spoke with staff and visitors about staffing levels. We saw that where people were sick or on leave additional cover had been sought. Comments from people who used the service were mixed. One person told us, "There's enough staff, night time is OK too." But another person said, "There's not really enough staff; they always seem short; I never see them." A third person said, "I think there are enough staff. You can always find someone. There's not many staff at night." During the inspection we saw that staff responded quickly to people's needs and a person who used the service said, "There are always people around to help me when I need it."

We saw that the communal areas were supervised throughout the day although at lunchtime in Lake there were two short periods when there was no staff present. We were told by the manager that because of the current needs of people there were two nurses and six care assistants working on Orchard and five care assistants working on Lake. In addition there was a receptionist, two kitchen staff, an administrator, an activities coordinator and domestic staff working on the day of the inspection. A member of staff told us, "I have only been here for two weeks but I've not been on a shift when I've felt understaffed." There were sufficient staff to meet the needs of people who used the service and we saw that staff responded quickly when people expressed a need on Lake. On Orchard the staff did not always respond straight away when people expressed a need which meant that people who used the service became frustrated. There was a risk that by not responding immediately staff may not be aware of a particular risk.

At our previous visit in September 2014, we found serious concerns about the way medicines were handled within the service and we asked the provider to take swift action to make improvements. At this visit, we looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for seventeen people living in the home. We found that major improvements had been made.

Most medicines were supplied in blister packs with clear, pre-printed MARs and it was clear to see that the majority of these had been given correctly. There were minor errors in the accuracy of recording medicines received, carried forward or when medicines were given as required. However people were receiving their medicines safely.

We saw that the medicines ordering system was effective and people had adequate supplies available. The majority of medicines were stored securely in locked trolleys and cupboards within dedicated clinical rooms and the keys to these held safely. The temperature of the clinical rooms and fridges was monitored daily to ensure the medicines were kept in appropriate conditions. Most creams and external preparations were kept in people's private bedrooms and bathrooms. But the records for the use of creams were incomplete which meant that it was not possible to tell whether these products had been used as prescribed although we did not see any evidence that this had a negative impact on anyone at the service. Senior staff told us that they intended to introduce a new system for recording creams, but this had not yet been put in place.

Many people were prescribed medicines to be taken only 'when required'. These medicines needed to be given with regard to the individual needs and preferences of the person. There was not always clear, personalised information available for care workers to follow to enable them to support people to take these medicines correctly and consistently. We saw that one person frequently refused to take their medicines, however there was no care plan in place to inform staff how best to support this person or what to do if they continued to refuse their medicines. When we spoke with the manager about this they agreed that a management plan for this person would be put in place immediately. They explained that the person had only recently come to live at the service and staff were still assessing their needs and getting to know them. This was necessary in order to gain this persons trust and acceptance to ensure that they received the care and support they needed. The management of the situation was still been developed.

We saw policies and procedures for managing medicines safely and saw that audits had been completed. There had been major improvements in the management of medicines at this inspection but staff still had further improvements to make.

Requires improvement

Is the service safe?

We recommend that the provider look at guidance produced by the National Institute for Care and Clinical Excellence (NICE) around the administration and recording of medication.

Requires improvement

Is the service effective?

Our findings

When we asked people if the staff knew how to care for them one person told us, “Of course they know how to look after us.” A visitor told us, “I think they understand dementia.” ` A member of staff said, “We have new management now; for the better. There is more staff and good staff. The home is more organised, cleaner, more paperwork in place and we know what we are doing.”

We spoke with the lead training facilitator who showed us the staff training matrix and explained how staff were trained. We saw that staff were well trained in areas that related to the people they cared for. New staff received an induction over twelve weeks and during that time all training that they would need to carry out their role was completed. They worked alongside other, more experienced staff who provided supervision to new members of staff. The company used an online training system which staff could access to complete their training as well as face to face trainers for practical skills such as moving and handling. The new manager and overseas staff had received a two week induction away from the service. Overseas staff also received an orientation period away from the service. This meant they could learn about the country as well as their new roles and responsibilities.

Staff were able to work towards a qualifications framework at whatever level was appropriate to their role or for their development. The training facilitator told us that competency checks were linked to the training of staff. Members of staff were also issued with workbooks to reflect on their learning following the e-learning. These were checked by the trainer and the manager. The company figures on the day of the inspection showed that 86% of staff had completed all their planned training. The trainer can access a weekly report to show what staff had done. We saw records of training and weekly reports showing what staff had done to date.

One member of staff told us, “I have had my induction working beside the manager and feel supported. I know I can ask if necessary.” Another member of staff said, “I prefer the face to face training. It is good.” Staff told us that they were being given designated roles. One staff member in the residential unit, Lake, had been given the responsibility for ordering medication which helped to give staff a sense of responsibility. By investing effort in the training of staff the company were beginning to develop a workforce with knowledge and skills appropriate to their roles

Staff had received training around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The MCA sets out the legal requirements and guidance around how staff should ascertain people’s capacity to make decisions. The Deprivation of Liberty Safeguards protects people liberties and freedoms lawfully when they are unable to make their own decisions.

Applications had been made for deprivations of people’s liberty to be authorised where necessary and four had been approved whilst the remaining applications were awaiting a decision by the local authority. We heard and observed staff seek consent where residents required support with personal care. This demonstrated that staff were working within the principles of the MCA .

People who used the service told us that they liked the food that was provided. We observed a meal being served at lunchtime in both Lake and Orchard dining rooms. Tables had been set with tablecloths, placemats, cutlery and a typed menu was available on the table. There was a pictorial display depicting the menu for the day for those people who were unable to read the typed menu. People told us, “I like the food when I can have it.” This person chose and was given two separate main dishes before they finally decided on a third option. Staff provided the changes without question.

People were offered a choice of two main dishes and a pudding. The mealtime period was well paced and staff did chat to people. Unfortunately staff did not consistently provide appropriate assistance. For example we saw one person eating salad with their fingers and much of the meal had been pushed on to the table. No one approached the person to offer assistance. Staff did cut up people’s food for them but this was done without asking or giving any explanation. Other staff however made sure that people were supported in a caring way. One person had slumped forward in their chair and could not finish their drink. A member of staff noticed straight away and offered to help. This meant that the support that people received at mealtimes was varied which could impact on people’s wellbeing.

Requires improvement

Is the service effective?

There was a snack box in every lounge which contained fruit, crisps and biscuits for people to help themselves from between meals. Staff told us, "Residents can ask if they want something and residents can have a hot or cold drink any time outside the usual drinks rounds." In two lounges we saw kitchenettes being used by staff to make people drinks. We saw that when we walked through one lounge each person had a plate of fruit beside them. There were jugs of juice available although some people had advanced dementias and so this may not have been effective as a prompt for people to get their own drinks. People were offered juice before their meal and throughout the day hot and cold drinks were served.

People were weighed monthly and when weight loss was identified a tool was used to identify risk. They used the Malnutrition universal screening tool (MUST). Use of this tool enabled staff to identify the most appropriate action to take. We saw in care files that people had access to other professionals when they needed professional medical support such as district nurses, optician and speech and language therapist.

We noticed as we looked around the service that it was fresh and clean apart from a slight odour in one lounge but this was temporary. Alterations had been made to the environment and some areas had been reconfigured to make them more user friendly. There had been redecoration in lounges, dining areas and bedrooms and new carpets had been purchased. We were shown plans for the next phase of environmental improvements which were beginning on the 5 May 2015 which included the decoration of the corridors. We spoke with the manager about the environment being very neutral in colour and appearance and they told us that the planned improvements included the incorporation of different colours to help people living with dementia differentiate the different rooms and spaces. This meant that the service was beginning to take account of the needs of people who used the service when planning environmental changes.

We could see that environmental improvements had been made at the service. We saw signage for communal areas using large clear print supported by pictorial cues. The service was beginning to make the appropriate changes needed to the environment in order to support people living with dementia to be able to find areas of the service independently but further work was necessary.

We recommend that the provider continues to look at guidance around dementia friendly environments

Good

Is the service caring?

Our findings

People who used the service told us, “All the girls are lovely. If you’re stuck for anything they help; they’re not funny about helping” and “I think the staff are helpful and quite respectful.” Visitors were mainly concerned with what they perceived as a high turnover of staff. There had been a high number of new staff employed since the last inspection and we were told by the manager that staff recruitment was on-going to support the needs of the business.

From our observations during the day we saw that staff knew people well and saw that staff approached and spoke with people kindly and with respect. One member of staff cleaned the floor around a person when they were sat at the table after lunch telling them to ‘Lift their feet up’. This indicated to us that staff were at times task orientated but the majority of interactions we witnessed were friendly and supportive.

One relative told us that they had visited earlier in the year and found their relative dancing with a member of staff. They said, “I thought it was lovely. She used to love ballroom dancing.” Another relative told us “I come two to three times a week and they always explain what’s gone off and what my wife is like.” They went on to tell us, “I have given them advice about how to manage her and how to keep her calm.” Another relative said “I brought up with the manager about eating utensils. Too heavy cups and cutlery are not suitable for people who are not so ambidextrous and food gets spilled. They said they are organising new cutlery now.” This demonstrated that the service was listening to people’s relatives and using that information to benefit people who used the service.

We asked one person who used the service if they were treated with dignity and respect and they said “Of course.” A visitor told us they were happy that the staff were caring saying, “They (staff) are always kind and helpful. For example, the visitors lift was broken today so I went to the reception desk and a carer was called and brought me up and helped me get to where I wanted to go. They’re going to help me down again too.”

At lunch time a person who used the service was getting very anxious and starting to breathe very quickly and get upset. A member of staff approached them and crouched down at eye level. They gave reassurance saying to the person, “I’m not leaving you; I’m at your side.” The person calmed down as a result of the member of staff taking time to reassure them and was able to continue to continue eating their meal.

A person who used the service told me their brother and sister were free to visit at any time. When we spoke to a relative they told us that they could usually have lunch with their relative but some staff asked them to leave the dining room. This showed that some staff responses were inconsistent and not person centred. However our overall impression during the day of the inspection was that staff were caring.

One member of staff said that they thought the residents were treated with dignity and respect and given choices. They told us “There is no time restriction over getting up and personal care is always behind closed doors.” We saw that staff knocked on doors before entering. We noticed one person who used the service was wearing two collared shirts simultaneously underneath a jacket. A member of staff said “This was his choice” and they showed awareness of this persons’ preferences when we spoke with them which demonstrated that staff were careful to maintain peoples independence where it was possible.

Staff knew how to communicate with people effectively. All the staff observed communicated effectively using touch, ensuring they were at eye level with people who were seated and altering their tone of voice appropriately. At lunch time we observed a person who could not communicate being assisted with eating and drinking. The member of staff who was assisting this person explained to us that they could squeeze a finger to say yes and this was used to make sure they had some choice. Throughout the meal the member of staff made sure the person was holding their finger and at the same time the member of staff asked them direct questions about food and drink choices and whether or not they had eaten enough or had enough to drink. By using the persons preferred method of communication staff were ensuring that the person’s voice was heard and their needs met.

Requires improvement

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into this service. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their support plan.

People and their families had not been involved in discussions about their care and any associated risks and told us they would like to be involved. One person who used the service told us, "I've never been involved in my care plan and yes I would like to be." A relative commented "I have not read a care plan for my wife; I just assume its part and parcel of care." However, one relative told us "I come two to three times a week and they always explain what's gone off and what my wife is like."

Care plans were personalised and contained information about people's daily routines. This was presented in four sections morning, afternoon, evening and night time and was supported by a "This is me" profile which described preferences and likes and dislikes such as 'prefers a bath or shower,' brands of toiletries and favourite foods and routines. The presentation and structure of the records enabled us to find relevant information easily. Recent entries indicated that the care plans had been reviewed. This meant that although people who used the service and their relatives had not initially being involved in planning the care for each person there had been work done to remedy that omission. The use of "This is Me" profiles and reviews meant that staff had up to date information about people which helped inform their planning.

The manager told us people living in the home were offered a range of social activities and we spoke with the activities coordinator about those activities. They told us about the activities that were on offer. These included baking, music and dancing, entertainers, having fish and chips, trips out in the local and wider community and engagement with local events such as a pub Darby and Joan afternoon and a local amateur theatre group. They spoke enthusiastically about creating a programme tailored to the residents and told us that they wrote the 'This is me' section in the care plan. They said there was an activity committee made up of residents and family too. Some recent suggestions included a pamper day, a curry night and a Betty's tea party.

They were able to tell us about how activities had a positive impact on people's lives. They said "When we went to the seaside one lady had never seen candy floss, so we got her some to try. When we went to the circus we had a McDonald's on the way home as a treat. There is a lady who used to go to church but now doesn't leave her room, so I arranged for the vicar to go to her room when he comes. She was delighted." However, people who used the service and visitors were unable to tell us about any of the activities.

The activities organiser told us "I do a lot of one to one work; some people just like to hold hands for a while. It depends on the person." She told me that she had completed an e-learning package to help her understand the needs of people with dementia and said that the present senior managers were very supportive of their work. However the reality for people who used the service did not always reflect what we had been told.

In order to support people's spiritual needs the service had provided a prayer room. A representative of the Christian church offered a service to people monthly if they wished to attend. There was no one resident following other faiths at the time of our inspection and so no other religion was represented but we were told that would be addressed if a person who followed a different faith became resident at the service.

In Orchard the activities coordinator was present in the lounge talking to people. The television was tuned into a popular music station which may not be the usual choice of people who used the service. This was turned off later by the area manager who tuned into a classical music channel. The majority of people in the lounge were living with dementia but there were no activities to stimulate them such as rummage boxes, tactile items, drawing materials or other sources of stimulus. One person was walking and occasionally wiping the furniture with a handkerchief, but no one offered them a duster or brush to allow them to fulfil their obvious urge to clean and instead they walked around with no purpose.

In Lake however we saw a member of staff using a pictorial guide to help someone choose a film to watch and an activity in the downstairs lounge during the afternoon where some nostalgic music was playing and one person who used the service singing along happily to themselves. Later people chose dancing as an activity which involved each person being assisted to choose a colourful glittery

Requires improvement

Is the service responsive?

scarf and some coloured pom poms and then moving to the music alone or with a carer. The room came alive with smiles and banter from staff and residents. People were encouraged to join according to their ability. This meant that there was a lack of consistency across the service relating to the provision of activities.

Although some people were offered and enjoyed activities throughout the day others were not stimulated by any activity which meant that there was a risk of social isolation for some people. There was a proposed programme of activities but people were not always aware of what was on offer. When we discussed this with the manager they told us that there had been two activities coordinators until recently but one had taken on a different role within the service and so they were recruiting another coordinator. They told us that they believed that when that person was recruited there would be more consistency across the service around activities.

We recommend that the service look at providing meaningful activity programmes that meet the needs of all the people who use the service.

When we asked people who they would speak to if they wanted to make a complaint those who responded simply said “The staff’. No one could tell us about any complaint that they had made or wanted to make. Visitors could not tell us about any formal complaints procedure, but expressed no concerns about this and were clear about what they would do and who they would go to if they wished to complain. One visitor said “If I was unhappy about anything they would know.” There was a complaints policy and procedure which staff had followed when responding to formal complaints.

Good

Is the service well-led?

Our findings

Two managers had been brought in to work at the service since the last inspection by CQC to ensure that improvements were made. During that time the provider had decided to differentiate the two units so that one provided residential care and one nursing care. They had decided to employ a manager for each unit and register them separately with CQC. We were told that the applications for registration were about to be completed when we inspected on 16 April 2015 and a manager had been recruited who was in the process of registering with CQC.

The managers along with an area manager and a managing director had developed a robust action plan covering all the areas that required improvements. The action plans were updated as improvements were made and company ratings given to each item according to progress using red, amber and green to indicate the status of the action and these were sent to CQC each time they were updated.

We received positive comments about how the management of the service had improved under the leadership of the two managers. One person said, "Things have got better since (manager name) arrived," and "It's when they are here that things get motivated."

Staff told us, "We are more organised now, cleaner, with more paper work in place. We know what we are doing and can go to management when we want." Another member of staff told us that there was new management and it was for the better. They said "It feels more like a home now."

We met the newly recruited manager who told us about their induction and we asked about their understanding of the identified issues at the last inspection. They told us that the provider had been open and transparent with them and they had read the report. They highlighted areas where improvements were still needed and how they would be helping to improve the quality of the service. These areas were reflected on the latest action plan which demonstrated that the manager was aware of current issues.

A relative told us "I feel listened to". They told us they had had a problem with their relative's glasses but said, "I mentioned it to the manager who has just arrived. He had words and its better and I'm more satisfied." Another relative said, "This man in charge now seems more into it." The comments we received and observations we made demonstrated that the leadership of this service was effective and had resulted in improvements to the service. We asked what would happen when both quality managers left but we were told that one would remain at this service until two managers had been recruited and inducted which meant that the leadership and management would be consistent.

The management team were open and transparent during the inspection and were realistic about the improvements still needed in their discussions about the service with the inspector. They all shared a clear vision for the future of this service and were able to tell us what plans were in place. Since the last inspection meetings had been held with both staff and people who used the service and their families to inform them of the issues raised at the inspection in July and September 2014 and planned improvements. The meeting minutes we have seen show that the management team have shared any issues and discussed them with people which displays open and honest communication.

There was a quality assurance system in place which included audits for each area of the service. We looked at the audits and saw that any matters that were identified for improvement had been added to the main action plan and was monitored according to the internal rating system until it was rated green which showed the item was completed. The actions required to make sure the environment was suitable for people living with dementia had not yet being completed but we were shown the plan of works which were to start on 5 May 2015. This meant that the management team was able to clearly recognise where improvements were required and act upon that information.

We saw that audits had been completed for medication in February and also in March 2015 when the pharmacist used by the service had audited medication. The audits had identified if there were any problems and who was responsible for any actions. An example of this was the labelling of medicines where it had been identified that some medicines did not show clear enough instructions. This had been followed up by the manager to ensure that clear dosage and times were on the labels. Audits were also in place for infection control, the kitchen and the laundry

Good

Is the service well-led?

and had been completed in March 2015.A follow up audit of infection control was carried out by the NHS Infection control nurse on 28 April 2015 after our inspection and they found improvements had been made since their last visit.

The mealtime experience audit carried out on 4 March 2015 had identified that although menus were discussed in meetings there was no individual involvement by people who used the service in planning menus. We spoke to the newly appointed catering manager who told us that was one of the areas that they wished to develop. Accidents and incidents had been analysed in order to identify any trends.

Up to date policies and procedures were in place and staff had signed to say they had read them. We saw that the management team were now following the company procedure for quality assurance. We saw that this service was now following best practice guidance when planning for improvements. For instance we saw good care plans and risk assessments in place when bedrails were in use which followed National Institute for Care and Excellence guidance (NICE).

Since the last inspection staff from the service had worked in partnership with others to make improvements to the service. They had attended meetings with the local authority regularly and had made notifications to CQC appropriately as required by law.