

Four Seasons 2000 Limited

Marlborough Court

Inspection report

7 Copperfield Road
London
SE28 8QA

Tel: 02083108881
Website: www.fshc.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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 6 and 7 December 2016 and was unannounced. Marlborough Court provides care for up to 78 older people requiring residential or nursing care, some of whom may be living with dementia. The service is provided over three floors. Thames unit on the ground floor provides nursing care for 21 people, the Union Jack unit on the first floor provides residential care for 28 people who live with dementia and King George unit on the top floor provides residential care for 29 people. At the time of this inspection the home was providing care and support to 53 people.

At our previous inspection on 26, 27 and 28 April 2016 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that action had not always been taken to support people where risks to them had been identified. Staff did not assess risks to people using the service in a timely way following a fall. Staff were not updating some people's care plans to reflect their current or changing needs. Staff had not received the appropriate support, training and supervision to enable them to carry out their duties. Untrained staff were administering medicines to people using the service. Some staff were not aware of their responsibility to report abuse. Staff were not always aware of people's care needs. People using the service were not always treated in a dignified manner. The provider's systems for monitoring the quality of the service provided to people were not operating effectively as we found some issues with care plans and risk assessments that the provider had not identified.

Following that inspection we imposed urgent conditions on the provider's registration at the home. We told the provider to not admit any new people to the home without the prior written agreement of the Care Quality Commission. We told the provider to undertake audits of the training and supervision provided to all staff working at the home. We asked the provider to send CQC a report of the result of these audits and any action taken or to be taken as a result of the audit. We also placed the home in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months.

The provider had not admitted any new people to the home since the last inspection. They sent us reports from the result of the audits they carried out. They also sent us regular weekly updates regarding the training and supervision of all staff working at the home. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five key questions, it is no longer in special measures. We have removed the urgent conditions from the providers registration at the home as the Commission no longer feels they are necessary.

At this inspection we found that risks to people using the service were assessed, reviewed and managed appropriately. People's medicines were managed appropriately and they were receiving their medicines as prescribed by health care professionals. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks were being carried out before staff started working at the home and there were enough staff to meet people's needs.

All staff had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and, where appropriate, an annual appraisal of their work performance. The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. People were being supported to have a balanced diet and they had access to health care professionals when they needed them.

Staff had a good understanding of people's care and support needs. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. People using the service and their relatives were provided with appropriate information about the home in the form of a service user guide and people's privacy and dignity were respected.

People's care files had been reviewed and updated following our last inspection to make sure they accurately reflected their individual needs. Where people's needs had changed their care records were being updated to reflect these changes. Staff had a good understanding of people's care and support needs. People were provided with a range of appropriate social activities. The home had a complaints procedure in place.

The provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively. Although the home did not have a registered manager in post the current manager had applied to the CQC to become the registered manager for the home. The provider took into account the views of people using the service and their relatives through relatives meetings and surveys. Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements had been made to people's safety at the service.

Risks to people using the service were assessed, reviewed and managed appropriately.

People's medicines were managed appropriately and they were receiving their medicines as prescribed by health care professionals.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks were being carried out before staff started working at the home. There were enough staff to meet people's needs.

We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement ●

Is the service effective?

Improvements had been made to the effectiveness of the service.

Clinical and health care staff had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and, where appropriate, they had completed an annual appraisal of their work performance.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences and they were being supported to have a balanced diet.

Requires Improvement ●

People had access to health care professionals when they needed them.

We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service caring?

Good ●

Improvements had been made to the care that was being provided to people using the service.

Staff had a good understanding of people's care and support needs.

People's privacy and dignity was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People using the service and their relatives were provided with appropriate information about the home in the form of a service user guide.

We have revised and improved our rating for this key question to 'Good' this is because the provider has taken appropriate action to improve staff morale and ensure people using the service were treated with dignity and respect.

Is the service responsive?

Good ●

Improvements had been made in the responsiveness of the service.

People using the services care files had been reviewed and updated following our last inspection to make sure they accurately reflected their individual needs. Where people's needs had changed their care records were being updated to reflect these changes.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met.

Staff had a good understanding of peoples care and support needs.

People were provided with a range of appropriate social activities.

The home had a complaints procedure in place.

We have revised and improved our rating for this key question to 'Good' this is because the provider has taken appropriate action to improve the staffing arrangements and ensure people using the service were supported by staff that were familiar with their needs.

Is the service well-led?

Improvements had been made in well-led.

The provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively.

The home did not have a registered manager in post. The current manager had begun the process of applying to the CQC to become the registered manager for the home.

The provider took into account the views of people using the service and their relatives through relatives meetings and surveys.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Requires Improvement 

Marlborough Court

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 was 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. The inspection was also undertaken to check on concerns we had received in relation to safety.

This unannounced inspection was carried out on 6 and 7 December 2016. The inspection team on the first day consisted of an inspector 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. The inspection team on the second day consisted of two inspectors one of whom was a CQC pharmacist inspector and a specialist nurse advisor.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required by law to send us. We spent time observing the care and support being delivered. We spoke with fifteen people using the service, four visiting relatives, a friend, and fifteen members of staff including the chef, two activities coordinators, the deputy manager and the home manager. We looked at records relating to the management of the service including the care records of sixteen people using the service, medicine's records, staff training and supervision records, five new staff members' recruitment records and the homes systems for monitoring and improving the quality and safety of the services provided to people

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection on 26, 27 and 28 April 2016 we found that the provider had not taken action to support people where risks to them had been identified in relation to falls and moving and handling. This was in breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection on 6 and 7 December 2016, we found that the provider had taken action to support people where risks to them had been identified in relation to falls and moving and handling. We saw a falls protocol on each unit at the home. All of the staff we spoke with were aware of the protocol and the actions they needed to take if a person using the service had a fall. They were able to explain falls prevention strategies and when different strategies may be appropriate for example the use of falls mats, bed rails and lowering beds. Where people were at risk of falls there were falls risk assessments and moving and handling care plans in place to support them. We observed how people using the service were being supported by staff using hoists and to move around the home. The techniques used by staff were consistent with the methods detailed in people's moving and handling plans. Staff told us they had been trained on moving and handling procedures and using equipment such as hoists and wheelchairs. For example one member of staff told us they made sure brakes were applied to wheelchairs especially when not in use. They said this was important as there were some people using the service who had a tendency to want to steady themselves as they passed the wheelchairs on their way to lunch.

At our last inspection we found that medicines were not always managed safely. Some staff administering medicines to people using the service had not been trained or assessed as competent to do so. These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection we found that the provider had taken action to make sure medicines were managed safely. Nurses and senior care staff administered medicines to people using the service. We saw records confirming that all of these staff had received training and competency assessments on medicines administration. One member of staff told us, "I have had lots of training on administering medicines. A manager assessed me three times to make sure I knew what I was doing. I feel very confident and well supported with medicines."

We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for eleven people using the service. All medicines were stored securely in locked medicines trolleys and cabinets within locked clinical rooms. The rooms where medicines were stored were clean with hand washing facilities. Staff ensured that all prescribed medicines, including controlled drugs, were available and stored securely. A local pharmacy supplied medicines to the home each month. Staff kept records of the stock levels of medicines supplied in their original packaging. MAR charts had a picture of the person included to help staff identify people.

Where people using the services medicines are covertly given, for example hidden in food or drink without the knowledge of the person, we saw records of best interests decisions around the use of covert medicines

which included input from the persons GP, next of kin and a pharmacist. Staff demonstrated a good understanding of the management of covert medicines administration and had sought pharmacy advice detailing how to disguise the medicines.

Staff completed daily checks of the MAR charts to ensure that there were no gaps in administration. A clinical lead nurse conducted weekly checks to ensure that medicines were managed appropriately. An external pharmacist conducted a medicines audit every six months. We were told that this was due to change to every three months. Staff reported medicines incidents using an online system. We saw evidence of action taken as a result of medicines incidents that were reported.

At our last inspection we found that people using the service were at risk of abuse because some staff were not aware of their responsibilities to prevent, identify and report abuse. These issues are a breach of Regulation 13 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had taken action to make sure staff understood their responsibilities to prevent, identify and report abuse. Training records confirmed that all staff had received training on safeguarding adults from abuse. The home had a policy for safeguarding adults from abuse and a copy of the 'London Multi Agencies Procedures on Safeguarding Adults from Abuse'. The manager was the safeguarding lead for the home. All of the staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. All of the staff we spoke with told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to. One member of staff told us, "If I thought someone was being abused I would go straight to the manager, I would not think twice about it. I would also whistle blow if I saw a colleague mistreating any one here at the home." Another member of staff said, "I would report any safeguarding concerns to the manager. I would report to the regional manager, local authority safeguarding team or the CQC if I thought I needed to do so."

At the time of this inspection a safeguarding concern was being investigated by the local authority and the police. We cannot report on safeguarding investigation at the time of this inspection. The CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

People told us they felt safe and that staff treated them well. One person said, "I do feel safe where I am. It feels like home, all staff are doing a phenomenal job." Another person told us, "My family knows I am safe, so I am happy with that." A third person said, "I feel safe here, the staff make me feel safe." A relative said, "I think my relative is very safe here."

At our last inspection we found that staffing arrangements at the home required improvement because 23 staff had stopped working at the home since December 2015. The home was relying on agency staff and staff to cover shifts as overtime. The manager told us that 24 new members of staff had started working at the home since April 2016 and agency staff were rarely used at the home. People told us there were enough staff on duty to meet their needs. One person told us, "There are enough people working here, I think it is perfectly enough." Another person said, "There is enough staff here, this helps with the good care I am receiving."

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five new members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. We saw that checks

were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC). The manager told us that the organisation monitored each nurse's NMC registration to make sure they were able to practice as nurses. The manager monitored the on-going suitability of staff and took action in line with their policy in relation to concerns about staff suitability.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and we saw records confirming that regular fire drills were carried out at the home. We saw that where required call bells had been placed within peoples reach. We activated call bells on two floors at the home and staff responded quickly. One person using the service told us, "I don't use it much but when I do the staff are surprising quick at getting here." We looked at the homes maintenance records, these confirmed that equipment such as hoists, pressure mattresses, wheelchairs, call bells, the lift and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including legionella, and electrical and gas installation safety.

We found that the provider had addressed the breaches of and were compliant with Regulations 12 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service effective?

Our findings

At our last inspection on 26, 27 and 28 April 2016 we found that people were being placed at risk of receiving poor care and treatment because staff had not received the appropriate training and supervision to meet people's care and support needs. Some staff had not received training the provider considered mandatory. These issues were in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection on 6 and 7 December 2016, we found that access to training for staff had significantly improved at the home. We saw a training matrix that included training the provider considered mandatory for all staff according to their roles and responsibilities. Mandatory training included basic life support, medicines foundation, medications advanced, medication management, allergen awareness, child protection, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), dementia, equality and diversity, fire safety, fire warden, first aid, practical first aid, food safety, health and safety, infection control, information governance and safeguarding adults. The matrix confirmed that all clinical and health care staff had completed training the provider considered mandatory according to their roles and responsibilities.

People using the service told us the service was effective and met their needs. One person told us, "I think the staff are well trained and they do a very good job." Another person said, "The staff are doing a very good job, and I am pleased with their help."

All of the staff we spoke with told us training and supervision at the home had improved. One member of staff told us, "I've done lots of training in the last few months and I get regular supervision now." Another member of staff said, "When it comes to training, things are better than they ever were before. We are very well trained now." A third member of staff told us, "Everyone has received theory and practical training on moving and handling. I thought this training was particularly useful in helping me understand how I need to support people to move around. I don't think we were doing things the right way before but we all know what we are doing now." We spoke with three new staff who were completing their induction at the time of our inspection. One told us, "I have been here since September; I shadowed experienced staff for two days who showed me what to do. I was put on moving and handling training right away. I've done all my mandatory training and the manager is making sure everyone is well trained." Another told us, "I have been here three weeks. So far I have finished my training on safeguarding adults from abuse, moving and handling theory and practical and health and safety. The staff and managers are very understanding and have been helping me to learn about the people who live here." We saw records confirming that staff were receiving regular supervision from senior staff and managers and, where required, an annual appraisal of their work performance.

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 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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager demonstrated a good understanding of the MCA and DoLS. They said that most people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments and care plans for their nutritional needs, food likes and dislikes and allergies and the support they needed with eating and drinking. Care files also held advice from health care professionals where required. For example, we found speech and language therapist's advice had been sought for people with swallowing difficulties. Records were kept of people's fluid and dietary intake when they had been assessed at risk of malnutrition or dehydration. A senior member of staff told us that these records were reviewed by health care professionals who provided guidance for staff on how to support people to meet their nutritional needs. We spoke with the chef. They showed us documents that alerted kitchen staff to people's dietary risks, personal preferences and cultural and medical needs. The chef said they accommodated people's personal preferences by offering range of choices each meal time.

We observed how people were being supported and cared for at mealtimes. A daily pictorial menu was displayed on a notice board in the dining room in each unit for people to make their choices from. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required. Some people ate their meals in their rooms. We saw that they received hot meals and drinks in a timely manner. We saw that people were also provided with a choice of drinks and snacks throughout the day and these were available in the lounges on each unit. One person using the service told us, "I can't complain about the food here its lovely and we get good sized portions too." Another person said, "I get enough drinks during the day and the staff know exactly what food I like and don't like." A third person told us, "I like the food, they know what I like, I am so grateful."

People were supported to access care from a range of professionals for example, physiotherapists, chiropodists, dentists, opticians and specialist nurses when required. A GP visited the home twice a week or when required to attend to people's needs. We saw reports and advice from health care professionals were held in peoples care files. One person using the service told us, "I can see the doctor whenever I want to." Another person said, "If I needed to see a doctor the manager or the staff would sort everything out."

We found that the provider had addressed the breach of and were compliant with Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service caring?

Our findings

At our last inspection on 26, 27 and 28 April 2016 we observed some instances of undignified care from staff that did not appear to know how to support people appropriately. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 6 and 7 December 2016, we found that the provider had taken action to address this breach. A member of staff told us, "We get better training now and we know about lots of things we didn't know about before. We all get regular supervision from senior staff or the manager and the manager has put things in place to help us do our jobs right. Staff morale is high and we all feel more confident doing our jobs. The care people are receiving is better now that we have all been properly trained."

People and their relatives told us staff were kind and caring. One person told us, "I don't have any complaints; the staff look after me very well." Another person said, "The staff are really caring, I could not ask for anything else." A visitor said, "The staff appear to be very caring and helpful towards my friend." A relative told us, "We had noticed a decline in the quality of the service my mum was receiving around this time last year. Things slipped and staff didn't seem happy. But over the last three or four months things have gotten a lot better. The staff are settled, happier and more caring. They are making more of an effort to give better quality care."

We saw that staff ensured people's privacy by drawing curtains and shutting doors when providing people with personal care. A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said, "When I help people with personal care I always explain to them what I am doing. I cover them up to maintain their dignity and I make sure no one comes into their room." One person using the service told us, "The staff close the door when they help me to have a wash. They are respectful and they take their time with me." Another person said, "The staff respect my privacy and dignity, they are really patient too."

People using the service and their relatives had been involved in the care planning process. One person told us, "I know about my care plan but I have not read it, to be honest my family takes good care of that." A relative told us, "We attend mum's review meetings and can tell the home what she needs. They put everything in the care plan and as far as I can see the staff are doing all that they are supposed to." Another relative told us, "We are involved in planning for what my mum needs. The home's managers seem to be attentive to what we tell them. The home is clean and comfortable and we are more than happy with service mum gets here."

People using the service and their relatives were provided with appropriate information about the home in the form of a service user guide. This included the complaint's procedure and the services they provided and ensured people were aware of the standard of care they should expect. The deputy manager told us this was given to people and their relatives when they started using the service.

We found that the provider was compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Good' this is because the provider had taken appropriate action to improve staff morale and ensure people using the service were treated with dignity and respect.

Is the service responsive?

Our findings

At our last inspection on 26, 27 and 28 April 2016 we found that people's needs were assessed and care and treatment was planned however care was not always delivered in line with their individual care plans. Some people's care plans and risk assessments did not always reflect changes to their care and support needs. Some people were at risk of not having their needs met as staff were not aware of how they needed to support them. These issues were a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 6 and 7 December 2016, we found that the provider had taken action to make sure people received care and treatment in line with their individual care plans. People using the services care plans and risk assessments had been reviewed and updated following our last inspection to make sure they accurately reflected their individual needs. All of the care plans we looked at included detailed information and guidance to staff about how people's needs should be met. They described people's daily living activities, their communication methods, mobility needs and the support they required with personal and nursing care. People's care files also included the person's life history, personal preferences and capacity assessments. We saw that where people's needs had changed their care records had been updated to reflect these changes. For example where people using the service had had falls their care plans and risk assessments had been reviewed and updated.

At our last inspection some staff told us they had been working on units where they had not worked before and they were not fully aware of people's care and support needs. During that inspection the regional manager reverted back to the previous staffing arrangements for each unit so that people using the service could be supported by staff that knew them well. One member of staff told us, "I am back working on the unit I have worked on for years. I know the people very well and what I need to do for them. People's care plans are up to date and we all know what we are doing." We observed two members of staff preparing to support a person at lunch time to get into their chair using a hoist. One member of staff told us that this person sometimes felt sleepy and that when this occurred they tried to encourage them to wake up, but did not insist on moving them. We saw the person was not keen to move and we saw that a member of staff brought their lunch to them. These staff told us they were fully aware of this person's and all of the other people on the units needs because they had read their care plans and risk assessments. Staff showed that staff had a good understanding of people's care and support needs.

The manager and staff on each unit told us that meetings took place at 11am daily. These were attended by managers, nursing staff, senior health care assistants, activities coordinators, the maintenance man and the chef. The purpose of these meetings was to communicate the needs of people using the service for example, hospital appointments, and individual health issues such as pressure sores or weight loss any new admissions to the home. Information from these meetings was passed to staff on each unit. The manager also showed us the minutes from staff meetings. Issues discussed at the last staff meeting included recruitment, assessing people's care and support needs, infection control and feedback from people using the service and their relatives. Staff told us they found the information received from the 11am meetings and team meetings very useful. One member of staff said, "After the 11am meetings the senior staff tell us if there

is anything important that needs to be done. They make sure we all know what we are doing. The team meetings are good too. We can talk about the needs of people using the service and things that are important to us like training."

People were provided with a range of appropriate social activities. The home employed two activity coordinators. We saw an activities program that included bingo with volunteers, pampering sessions, arts and crafts, ball games, movies and popcorn, baking cakes, karaoke, sing-song and yoga sessions. During the inspection we observed many of these activities taking place. For example we saw an activities coordinator supporting people to make gingerbread houses and biscuits. We observed people partaking in a sing-along with staff who appeared to enjoy the activity too. We also saw people and an activities coordinator were hanging Christmas decorations around the home and in people's bedrooms. One person told us, "I am putting my tree up again this year, we have a good Christmas here, a good party and my relatives come to see me. I am looking forward to Christmas." Another person said, "I like the activities lady, she does a good job." A third person said, "I like to read and the sing-alongs, I don't think I get bored here." An activity coordinator told us they provided one to one activities for people nursed in bed or who liked to stay in their rooms. They gave people sensory hand massages and had sing-alongs. We saw them visit people in their rooms, with the mobile karaoke machine. They said that people nursed in bed were supported out to attend events and shows if they wanted to.

People using the service and relatives said they knew about the service's complaints procedure and they would tell staff or the manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. We saw copies of the complaints procedure displayed throughout the home. One person said, "I would tell the staff if I had something to complain about. I would tell my son and he would tell them too, but I don't have any complaints to make." A relative told us, "We have never had anything major to complain about. If we did we would just speak with the manager and I am sure they would sort it out." We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

We found that the provider was compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Good' this is because the provider had taken appropriate action to improve the staff arrangements and ensure people using the service were supported by staff that were familiar with their needs.

Is the service well-led?

Our findings

At our last inspection on 26, 27 and 28 April 2016 we found that effective systems were not in place to monitor and improve the quality and safety of the services provided to people. These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection on 6 and 7 December 2016, we found that the provider had taken action to make sure that the systems for monitoring and improving the quality and safety of the services provided to people were operating effectively. We saw reports from visits carried out by the provider's quality assurance team. The reports identified a number of areas for improvement. For example one person's mobility care plan required reviewing to be reflective of their needs. The manager's action plan recorded that the providers moving and handling trainer had visited the home and had reviewed all of the mobility care plans on that persons unit to ensure they were accurate. We saw that audits had been carried out on care records, staff training and supervision, health and safety, infection control and medicines management at the home. Action plans had been developed to address any of areas for improvement identified in the audits. For example the health and safety audit identified that fire drills needed to be completed and the home required more trained fire wardens. The action plan indicated that a fire drill had been carried out and five members of staff had received fire warden training. We also saw copies of the regional manager's monthly audits carried out at the home in October and November 2016. We found that action had been taken to address the issues identified by the regional manager. For example in October the regional manager recorded that there was no allergen file in place and this was being looked at by the chef. In the November report we saw that an allergen file was available and located in reception.

The manager showed us the providers system for monitoring and investigating incidents, accidents and complaints. The system raised email alerts with the manager which they took action to address. The manager told us that any incidents, accidents and complaints were monitored by the provider to identify any trends. If there were trends the regional manager and the manager discussed them and took action to reduce the likelihood of the issues occurring again.

The home did not have a registered manager in place. The previous manager resigned their post in July 2016. The current manager started working at the home following our last inspection and had recently applied to the CQC to become the registered manager for the home. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that notifications were submitted to the CQC as required.

People using the service and their relatives spoke positively about the staff and the managers. One person using the service told us, "I think it all runs well, I know the managers; they come round to see if we are alright." A relative told us, "The place is definitely well managed; the managers seem to have everything under control, the home is probably better managed now than it's ever been before."

All of the staff we spoke with told us the manager and the deputy manager were approachable and

supportive. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it. One member of staff said, "I love working here. We all look after each other and the managers look after the team. They make sure everything is working properly." A new member of staff told us, "The staff and the managers are friendly and supportive and the people who live here are amazing. They make me smile every day." A third member of staff told us, "The place has changed completely since the new manager came here. They listen to us and provide us with solutions to any problems. All of the staff are happier and I think that leads to the people living here getting better care. We have better relationships with relatives too and it's fun working here again."

The provider took into account the views of people using the service and their relatives through relatives' meetings and surveys. Minutes from the last relatives' meeting held in October 2016 indicated it was well attended by the relatives of people using the service. Items discussed at the meeting included recruiting a new manager to run the home, the CQC report, improvements made by the home with regards to staff training and supervision, activities for people using the service and the introduction of the dementia care framework. The deputy manager showed us an iPad in the reception area. They told us they used the iPad to obtain feedback from people using the service, their relatives and visiting health professionals. The iPad included a touch-screen questionnaire and space for additional comments. This information was transmitted in real time to the manager so they could quickly find and fix any care issues or consider any suggestions for improvements. The manager told us they also used the system to listen to the views and opinions of people using the service so that they could better understand how they need to support them.

We found that the provider had addressed the breach of and were compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.