

Smallwood Homes Limited

Cale Green Nursing Home

Inspection report

Adswood Lane West
Cale Green
Stockport
Greater Manchester
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Tel: 01614771980

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out this inspection on 28 June and 3 July 2017 and the first day of the inspection was unannounced. The service was previously inspected in January 2016 and again in October 2016. The overall rating for the inspection conducted in January 2016 was 'Inadequate' and the service was placed into 'special measures'. Services placed in special measures will be inspected again in six months from the date of the final report being sent to the provider. We again inspected the service in October 2016 to see if the provider had become compliant with those breaches of regulations identified at the inspection in January 2016.

At the inspection carried out in October 2016 we found that overall rating for the service was 'Requires improvement', with the well-led domain being rated 'Inadequate'. We found that the service should remain in 'special measures'. We do this when services have been rated as 'Inadequate' in any key domain over two consecutive comprehensive inspections. The purpose of special measures is to ensure the provider makes significant improvement to become compliant with the Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Cale Green Nursing Home is registered to provide 24 hour nursing care and support for up to 50 older people. The home is located in the Cale Green area of Stockport near Manchester.

At the time of our inspection, 21 people were living at Cale Green Nursing Home.

At the time of our inspection, a registered manager was in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of the service in October 2016, two breaches of regulations were identified and action was required to address those breaches. The breaches related to poor management of medicines (Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment, and, poor management of records (Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Good governance.

At this inspection we found that the service had improved and regulatory requirements previously breached at the inspection conducted in October 2016 had been satisfactorily addressed.

People living in the home told us they were happy with their care and felt safe when staff were supporting them with care.

Staff had been recruited safely and staffing levels were maintained at an appropriate level to meet people's changing needs.

Care plans were person centred and included risk assessments that provided staff with clear instructions to follow when supporting people with their care needs. Care records showed they were reviewed on a regular basis and any changes were recorded.

We found the building to be clean and well maintained although some areas, such as corridors and some bathrooms and bedrooms were showing signs of wear and tear.

We observed care staff accessing and wearing protective equipment such as disposable gloves and aprons when supporting people with care related tasks. This helps to minimise the risk of cross infections.

Medicines were safely managed and were administered to people by nurses and trained care staff.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). Staff understood how to support and help people to make day-to-day decisions and were also aware of their own responsibilities under the Mental Capacity Act (2005) and DoLS.

We saw that staff were receiving training appropriate to the jobs they are employed to carry out.

People's nutritional needs were assessed and appropriate support had been provided.

During our visit we saw people looked well cared for and we observed staff supporting and speaking with people in a caring and respectful manner. Staff demonstrated they knew people's individual likes, dislikes and their preferences around their individual daily routines for example, what time they liked to get up and go to bed.

End of life care was provided by care staff in a sensitive and compassionate way.

People who used the service and their relatives knew how to raise a concern or make a complaint.

The registered manager and senior management team had developed and utilised a variety of methods to assess and monitor the quality of the service. This included regular audits of the service and meetings held to seek the views of people using the service, their relatives and the staff team.

At the last inspection in October 2016 we rated the well-led domain as 'Inadequate' as we found the management of the service was not, at that time, well-led and staff lacked clear management leadership. At this inspection we found the provider had taken action and was now meeting regulatory requirements. Although we saw improvements had been made, we have not rated this key question as 'good', to improve the rating to 'good' would require a longer term track record of sustainable good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe living in the home.

Staff were employed using a safe and robust recruitment process.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff understood how to support and help people to make day-to-day decisions in relation to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (2005).

People were supported to maintain their health and access appropriate healthcare services, for example, general practitioners and speech and language therapists (SALT).

The home had received a five star rating from the food hygiene services.

Is the service caring?

Good ●

The service was caring.

We observed staff treating people with dignity and respect.

End of life care was provided in a caring and compassionate way.

People living at Cale Green and visiting relatives we asked spoke positively about the support and care received from staff.

Is the service responsive?

Good ●

The service was responsive.

Care plans had been reviewed and re-written to make sure people's care and support needs could be met in the best way.

Systems were in place for receiving, recording and responding to concerns and complaints.

People had an opportunity to participate in various activities.

Is the service well-led?

The service was well-led.

The management and leadership of the service had greatly improved since the last inspection of the service.

Systems to monitor the quality of service had improved since the last inspection and completed records were available to demonstrate this.

People spoke positively about the management team of the service.

Requires Improvement 

Cale Green Nursing 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 unannounced inspection took place on 28 June and 3 July 2017 and was carried out by one adult social care inspector, two experts by experience and one specialist advisor on day one of the inspection and by one adult social care inspector on day two. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist advisor had a background in nursing and governance, especially around the care planning process and management of medicines.

Before the inspection, the provider was not sent 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 reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also received feedback from the local authority. There had recently been some safeguarding concerns raised regarding two new admissions into the home and people's existing care plans required reviewing.

We also received feedback from Healthwatch Stockport. Healthwatch Stockport is an independent consumer champion for health and social care. They provided us with a copy of the report from their visit to the service in March 2017. Some recommendations had been made, with a conclusion that "positive changes are being made to improve facilities and procedures at Cale Green Care and Nursing Home."

At the time of the inspection there were 21 people receiving a service from Cale Green, with another two people receiving treatment in hospital. We spoke with the registered manager, the operational director, the clinical lead, the quality and training manager, five members of staff, ten people who used the service, three visiting relatives, the nurse in charge and a visiting social worker.

We spent some time looking at documents and records that related to people's care and support and the

management of the service. We looked at people's care and medicines records. We looked in detail at three care plans and associated documentation, three medicines records, and the recruitment records of five members of staff. We looked around the home including all of the communal areas and communal toilets and bathrooms.

Is the service safe?

Our findings

At the last inspection of the service in October 2016, we found that the way medicines were managed required improvement. We found that some nursing staff still required their competency to administer medicines re-assessing, that some nurses were not administering medicines in line with good practice and staff were not maintaining appropriate records of medicines to be given "as and when required". The provider in their action plan told us they would be compliant by 23 January 2017.

These findings resulted in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we checked what action had been taken for the service to become compliant with Regulation 12 Safe care and treatment.

The registered manager and clinical lead for the service had completed medication competency assessments on all staff with the responsibility for administering medicines in the home. This was to make sure nursing staff were now administering medicines in line with good practice and to ensure appropriate records were being kept for all medicines administered. The quality and training manager for the service had also sourced and booked further training to cover any gaps found in nurse competencies.

Most medicines were administered via a monitored dosage system supplied directly from a local pharmacy. Other medicines, not dispensed into the dosage system were supplied in individual boxes and cartons. We looked at how medicines were stored and the administration procedures that were in place to manage medicines. We found the storage in the downstairs clinic room to be spacious, clean and clutter free. There were two locked medicines trolleys and the controlled drugs cupboard was secured to the wall and locked, and provided appropriate storage for the amount and type of medicine in use. The medicines fridge and room temperatures were taken daily and recorded. This meant that good controls were being maintained to make sure medicines were kept properly and in line with manufacturer's guidance and instructions. The rooms containing the medicine cabinets and trolleys were locked when not in use. This meant that only people with the authority to administer medicines had access to medicines.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These are called 'controlled drugs'. Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependency. We saw that controlled drugs were stored securely in a locked metal cupboard. We checked two medication administration records (MARs) relating to prescribed controlled drugs and found they had been correctly recorded. Balances of the medicines we checked corresponded with the balances shown in the controlled drugs record.

We reviewed the medication administration records (MARs) for three people whose care plans we had also reviewed. We found the MARs corresponded to details in each person's care plan and had been clearly signed and dated. Prescribed creams and lotions were recorded on topical medicines records held in people's rooms. The administration of creams was delegated to care staff who were instructed to apply the

creams following daily washing and bathing.

We asked people if they got their medicines when they should and everyone spoken with thought the staff knew what they were doing and medicines were administered on time. People told us they could request analgesics if they needed them and one person said they did need pain relief sometimes and said, "Yes, the tablets they give me work." One visiting relative told us that the staff were quick to notice if their relative needed pain relief 'from their body language' and would then provide pain relief. Later in the afternoon, a visiting district nurse came to set up a syringe driver as part of the end of life care process for one person. They said they were pleased that the staff "were in and out (to the person) all through the weekend."

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

People living in the home told us they felt safe and well looked after. Comments made to us included, "I feel safe, that is another reason why I like living here; I was beginning to feel frightened living on my own", "Oh yes, I feel safe" and "Safe? Absolutely". Relatives we spoke with also told us they thought their relatives were kept safe and free from bullying, harassment, abuse and harm and "They [relative] were as safe as possible."

Staff spoken with and records seen confirmed that staff had received safeguarding vulnerable adults training. Procedures were in place to minimise the risk of abuse or unsafe care and staff we spoke with understood what types of abuse and examples of poor care could place people using the service at risk. We had recently been made aware of a significant safeguarding incident that had taken place in the home and were provided with details of the actions taken to resolve the matter.

One member of staff we spoke with told us that they had responsibility for monitoring and updating three people's care plans and confirmed that people were kept safe and "All have risk assessments in place." The member of staff was also knowledgeable about the whistleblowing policy and explained what they would do should they witness any abuse taking place. Another member of staff told us, "As a care team we look after residents well, there has been a big, big improvement, they are getting the best care they need."

We looked in detail at the care plans of three people. Each care plan linked to a range of risk assessments which clearly identified specific risks associated with people's individual care and support needs. Each risk assessment contained guidance for staff to help minimise the identified risk. Risk assessments included falls, nutrition and hydration, mobility and swallowing difficulties. We also noted that in the recent hot weather, risk assessments had been put in place for staff to check that if people went outside they wore sun cream suitable for their skin type, wore appropriate clothing, were provided with and encouraged to take extra fluids and to be closely monitored.

Accidents and incidents, which had occurred, had been recorded by the registered manager on a monthly basis. The analysis identified actions taken for example; care plan updated or increased observations. An incidents / accidents tracker was used to monitor such information, which helped to identify any recurring themes. We were aware of a recent accident involving a person using the service that had resulted in interventions being taken by the local authority and by the Care Quality Commission. In our discussion with the registered manager, it was confirmed that lessons had been learnt from this particular incident and that action had been taken to minimise the risk of such an occurrence happening again. The registered manager confirmed that open and honest conversations had been held with family member's of the person concerned and during our inspection we spoke with the family who confirmed they were "Pleased with the measures that had been implemented."

We found that staff had been recruited safely, appropriately trained and were being supported to further develop their knowledge and skills. The manager confirmed that appropriate levels of staffing were maintained on a day-to-day basis to meet people's assessed needs. Staffing rotas seen indicated that full staff cover was being maintained and our conversations with people who used the service, their relatives and staff confirmed that staffing levels were kept at an appropriate level to meet people's needs. Comments made to us included, "It's all right. The staff are always here. I just wait until someone comes" and "You don't wait too long but I've never needed any help really." One member of staff told us, "There are sufficient staff for the number of residents currently living at the home; it is manageable."

Policies and procedures were in place for staff to follow in order to reduce and minimise the risks of infection to people. There were hand washing facilities and suitable personal protective equipment (PPE) available, such as disposable gloves and aprons. Throughout the inspection, we observed care workers accessing and wearing PPE when supporting people with care related tasks, and when carrying out other duties when such equipment was required to be used. We saw evidence that the Health Protection Nurse from the local authority had carried out an infection control assessment of the home in January 2017 where improvements were required, and again in April 2017 where improvements were noted and all required actions had been addressed.

During the inspection, we undertook a tour of the home including viewing some bedrooms, communal toilets and bathrooms and all the communal areas of the home. The building was clean and well-maintained although some areas were beginning to show signs of wear and tear and in need of re-decoration, such as corridors and some bathrooms and bedrooms. The registered manager confirmed that a rolling programme of maintenance was being developed and would include the updating and re-decoration of such areas. Any items listed for repair were listed in a maintenance book and we saw that the maintenance person worked through the list in order of priority. Any areas used for storage for items such as cleaning materials were found to be locked. At the time of our inspection, maintenance work was on-going throughout parts of the home not in use until fully re-furbished.

Records were available to demonstrate that the provider had made sure all equipment and utilities, such as gas safety, electrical circuits, passenger lift, hoists and fire protection equipment were regularly maintained and serviced by an approved contractor. We also noted that each person requiring the use of a hoist had their own, individual sling(s) that had also been checked by an approved contractor.

We found that the fire alarm system was tested on a regular basis and the staff confirmed this. A business contingency plan was also in place. This included relevant information for staff to follow in the event the service should be disrupted or need to be evacuated from the premises in an emergency. Such pre-planning helped to make sure that all people and staff would be kept as safe as possible in the event of an emergency situation taking place.

Is the service effective?

Our findings

At the last inspection of the service in October 2016 we found that, since the previous inspection in January 2016, some improvements had been made regarding staff training, but further improvement were still required. Although we found staff training was taking place, this was not always up to date. The provider in their action plan told us that a new manager had been appointed who would receive support from a newly appointed quality and training manager. Between them they would carry out weekly and monthly personnel file audits to make sure staff were receiving supervision and training as required. The audits would start from 23 January 2017 and be on an on-going basis.

During this inspection we found that staff training, supervision and appraisals had taken place and were now on-going.

The training and quality manager provided us with a copy of the staff training matrix, which listed the training all staff had participated in to date. This training included moving and handling, safeguarding vulnerable adults, fire safety, medication management, dementia awareness and behaviour that challenges. Nursing staff training included catheter care, venepuncture, wound care and PEG feed training. Gastrostomy feeding (or PEG feeding) is a method of ensuring a person who is unable to take enough food and fluid by mouth gets all their nutritional needs met by having this administered directly into their stomach via a tube. We were also provided with a 'Training action plan' that identified further planned training with timescales for completion up to the end of September 2017.

Information was available to demonstrate that staff were receiving supervision on a regular basis and this was confirmed by those staff we spoke with and records seen and annual appraisals for all staff had been arranged to commence from July 2017.

As part of our inspection, we checked to see if people were being provided with a choice of nutritious and healthy foods that met their health care needs. To do this we observed the lunchtime meal dining experience. We found the dining room to be spacious and well-lit. Tables were set for four people, laid with a wipe clean, attractive patterned cloth, matching crockery and cutlery. Napkins were available and some people chose to wear a protective apron. The meal was nicely presented and some people had 'soft diets' or their food cut up for them. We saw that one person was provided with a blue coloured plastic plate for good visual contrast for those with poor eyesight; it also had a high rim, designed to facilitate loading a fork or spoon with food, thus enabling more people to feed themselves. Another person was drinking from a special mug with a built-in straw, so that they could drink without help which also promoted their independence.

We saw that people could eat where they wished, in the dining room, in the lounges or in their own rooms. At this mealtime there were only six people in the dining room. Others were in the main lounge or in their own rooms. There were always two staff helping people in the dining room, sometimes three and occasionally one person from the kitchen as well. Some people were assisted to eat by members of staff; the support they received was appropriate. Other people had their meal served by other members of the staff team. This meant people were supported to enjoy their mealtime experience.

We saw that people were offered drinks and snacks several times during the day. If they wished they could have drinks and snacks at any time, day or night, wherever they wish. There is a 'coffee corner' in the dining room where people were encouraged to take their visitors for some privacy and a complimentary hot or cold drink and biscuits or snacks were available.

We spoke with the chef who had knowledge of people's preferred or specialised requirements for their diets, such as soft or pureed foods to help ensure safe swallowing. There was also a good range of foods suitable for providing specialised diets such as diabetic, vegetarian or gluten free. Since our last inspection of the home, the service has received a five star rating from the food hygiene services.

People's healthcare needs were monitored and regular discussions took place with the person and or / their family member as part of the care planning process. Information was available to confirm that visits had taken place from General Practitioners (GP's) and other healthcare professionals, such as Speech and Language Therapists (SALT) and Social Workers.

All the people we spoke with said that they felt their health care needs were met efficiently and effectively. They also thought the staff knew how to look after people properly to give a good quality of life and respected their views and their relatives about the care and support being provided. Comments we received from people included, "They [staff] look after me well", "Yes, the staff know how to look after me. No complaints" and "Yes, I'm happy about my care. It's their duty. If they don't look after me I'd have something to say about it."

During our observations of the interactions between staff and people using the service we saw and heard staff asking for people's consent before they provided any care or support. We saw staff using a sensitive and patient approach with people, especially with those living with dementia. Staff knew people well and, where people were unable to verbalise their wants and needs, we saw staff responding to people's body language and facial expressions when offering any support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate and timely applications were being made to the authorising authority (Local Authority). The registered manager provided us with a file containing a list of all DoLS authorisations that had been requested and those that had been approved. A tracker was also in place to monitor applications made. The registered manager told us that there was still a big delay in receiving authorisations from the local authority and we were shown evidence that the manager had 'chased up' outstanding requests. We observed staff supporting people to make choices and take some control of their daily living activities and staff also had access to policies and procedures relating to MCA and DoLS.

Is the service caring?

Our findings

People who lived at Cale Green that we spoke with told us that the staff were caring, compassionate and kind. Comments made to us included, "Staff are lovely and they do what they can for us and we are well looked after", "I like the staff, the carers are brilliant with us, smashing", "I rarely see them [the staff] they're there if you need them. I have no complaints against them", "What's the best thing staff do? It's just being natural...good company. Just being nice. It's nice to be nice" and "Brilliant here; I was living at home on my own; staff are marvellous." One visiting relative stressed how kind the staff were to their relative.

We saw that people were supported to remain living in the home where possible as they near the end of life. This meant that people could continue to remain comfortable in their familiar surroundings, being supported by a familiar, caring and compassionate team of staff.

We spoke with one person whose relative was receiving end of life care. The relative had been at the home almost continually for five days and they said that they had been offered continuous refreshments and support by the staff. They told us, "The girls [staff] are fabulous, they really are, nothing is too much trouble. I'm very pleased with the care [my relative] receives. I have no complaints." They also said; "They [staff] also treat others who live at the home with dignity and respect; they always say goodnight to people which I think is a lovely touch."

In our discussion with staff, we found they knew people well, and could tell us about each person's likes, preferences and how people liked to spend their day. We observed the interactions between staff and people who lived at the home. We saw staff respond to people in a caring, kind and considerate manner and we saw staff enjoying a laugh and a joke with people, which created a warm and relaxed atmosphere. One member of staff told us, "We get to know people really well by talking with them and their family members. Also, all the care plans have just been reviewed and re-written by the manager and clinical lead, they contain much better detail about the person now." During the inspection, we observed staff addressing people and their friends and relatives by name, indicating that positive relationships had been developed.

People using the service told us they thought they were given sufficient privacy and treated with respect and dignity. One visitor felt both they and their relative were accorded respect and dignity. The visitor was touched that the staff would sometimes suggest they leave when they gave their relative certain care or treatment, to maintain privacy as well as to save the relatives feelings.

Care plans contained relevant information about people's individual preferences, likes, dislikes, preferred time to get up and go to bed, and also contained good evidence to demonstrate that the person and people who knew them well had been consulted when care plans were being developed and written.

At our last inspection of the service in October 2016, we saw people were not encouraged to utilise the shared facilities, such as the dining room. At this inspection, we saw that the dining room had been renovated, including part of the room being used as a bistro type café where people could eat their meals or just have a drink and snack with their relatives or other visitor's. We observed people freely using this area

during the daytime and some people enjoying a meal together at dinnertime.

Is the service responsive?

Our findings

Since our last inspection of the service in October 2016, a lot of work had taken place to improve the information in care plans and to make them more person centred. We tracked three particular care plan files and their contents. We found that the information in the care plans provided staff with background information to the person's previous lifestyle, current health status/diagnosis, mental capacity details and the best ways in which to provide personalised support and care to the person.

We saw people's care plans were reviewed regularly to make sure information was correct and any changes had been appropriately recorded. We also saw that people who knew the person best had been consulted when care plans had been reviewed. One relative we spoke with told us, "The clinical lead gave me the care file to read and I was able to respond to its contents." They told us, "I am satisfied with the care plan."

One person using the service told us, "I have heard of the care plan but I don't really know what it is." This was brought to the attention of a senior member of staff who said, "We are currently updating all care plans and it may well be that they have not yet been seen."

Staff spoken with told us that care plans were now detailed enough for them to provide person specific care, especially for those people who lacked capacity and were less independent. We spoke with the clinical lead for the service who told us that they and the registered manager had reviewed and re-written all care plans to make sure they were person specific and identified people's individual needs and wants clearly.

In those care files examined we saw records that indicated support and interventions had been provided by other healthcare professionals, for example, tissue viability nurses, speech and language therapists (SALT), general practitioners and social workers and commissioners of services. Such multi-disciplinary working helped people living in Cale Green to receive a service that met their needs and respected their choices and wishes.

One person using the service told us, "My skin is checked regularly by the staff and in the past a specialist nurse has been called; not necessary at the present."

During our inspection, we had the opportunity to speak with a visiting social worker who had come to carry out a review of a person using the service. They told us they had found the person's file and caring information to be up-to-date and had been regularly reviewed by the staff. They told us, "[name] is doing really well, the staff are weighing [name] monthly and the staff have worked really hard with [name] as [name] was non-compliant when in hospital." "[Name] is a totally different person, the staff are now really understanding to the person's needs. [Name] has really settled and the care side of things has seen a big improvement, all the records are up-to-date and I am very confident in the care [name] is receiving and I know [name] is safe." "[Name] the clinical lead is really 'on the ball' – got their finger on the pulse."

Activities were carried out by a care assistant who had a dual role in the home. Although there was a calendar of activities available, we were told that activities took place that people said they wanted to do,

not necessarily, what was planned on the calendar. Two people who used the service told us they attend bingo sessions whenever they were held which was usually at 2pm on Friday's. However, on the day of our inspection a bingo session took place, which was followed by a karaoke session. They also told us that there had been an Easter Parade within the home but that they did not attend.

People's links to the community were essentially via visitors according to the people we spoke with. Two people told us they had families but they all lived some distance away and rarely visited. Another person told us their friends visited them. We did learn that there were regular coffee mornings at the home and people could also go to a weekly coffee morning at a local church.

We found it difficult to establish how people occupied their time but none complained of boredom. One person said that a lady friend they had known since childhood regularly brought newspapers in for them to read. Another person said they liked to watch sport especially boxing and wrestling and a third person said they played bingo sometimes but they also 'had jobs to do' but was not specific.

People told us they knew how to complain and would complain if they needed to. None of the people using the service we spoke with had made any complaints. A complaints policy and procedure was in place that had been updated in October 2016. We saw that two complaints had been received since our last inspection of the service. Both complaints had been actioned appropriately and detailed responses had been sent to the complainant(s).

None of the people we spoke with could remember being asked to complete an opinion survey or questionnaire about the service. In our discussion with the quality and training manager we were told that a quarterly questionnaire had been introduced and these were given to all people using the service, their relatives and visiting healthcare professionals. Once the results had been analysed, feedback would be provided by way of meetings under the heading, "You said – We did." We saw evidence of the analysis of the latest survey displayed in the reception area of the home. We also saw that people had access to a post box in which they could place their completed survey forms, comments or complaints.

We found that many of the people living at Cale Green lived with varying degrees of dementia. Little evidence was available to demonstrate that the environment had been planned in a way to be more dementia friendly. There were a few suitable signs but orientation in the home could prove difficult for some people due to the lack of larger signs, both in words and pictures on doors, and personalising bedroom doors with reminiscence boxes, meaningful photographs and other such items. In our discussions with the manager we were told that plans were in hand to re-design the reception area of the home, corridors and communal areas to be more dementia friendly.

Is the service well-led?

Our findings

Cale Green was now managed by a manager who had been registered with the Care Quality Commission since 19 June 2017. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in October 2016, we rated this domain as 'Inadequate' as we found the management of the service was not well-led and staff lacked clear management leadership and support in order to carry out their job roles effectively and safely, which, at times, placed people using the service at risk of their needs not being satisfactorily or safely met. At this inspection we found the provider had taken action and was now meeting regulatory requirements. Although we saw improvements had been made, we have not rated this key question as 'good', to improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.

Two people using the service told us, "The owner was in the home yesterday but don't see them much". They went on to say, "The manager is very nice, very pleasant and they are hoping to organise a barbeque soon."

During the inspection, we observed both the registered manager and clinical lead interacting well with people and from interactions, it was apparent both managers' knew the best way to communicate with the people using the service, having knowledge of people's backgrounds and the positive relationships that had been developed.

Staff spoken with were very positive in their views about the overall management of the service and their comments included, "The new manager is a breath of fresh air" and "You can go to the clinical lead with anything and they will help." They also said, "You feel comfortable in discussing things with both the manager and clinical lead and they have been very supportive", "We have had two staff meetings since the new manager has been in post and a third is planned for the end of the week" and "Since the new manager started I thought; we have got something here."

Since the last inspection, the management of the service has been supported by an operations director from a consultancy company brought in by the provider (owner) of the service. As a management team, the registered manager, operations director, quality and training manager and the clinical lead had further developed systems to audit and monitor the quality of service being provided.

At our last inspection of the service in October 2016, there was no registered manager in post. At that time, the owner had taken up the role of acting home manager and started a recruitment drive to find a suitable new manager. We also found that some quality audits and records were not accurately maintained.

These findings resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 17 Good governance.

Medicines management was being audited on a monthly basis and we saw evidence of audits completed during May and June 2017. We were provided with the details of care plan audits that had taken place on a monthly basis. The registered manager told us that they, or the clinical lead, would fully audit six care plan files monthly, and evidence was available to demonstrate this was taking place. Other audits included weights, hoist and slings, meal service, infection control, mattress checks, kitchen checks and health and safety issues. All audits conducted were then overviewed by the operations director and any actions identified were dealt with via the management team.

These findings demonstrated that the breach of regulation found at the last inspection had been satisfactorily addressed.

We saw records that demonstrated meetings had been taking place for both people using the service and their relatives. We saw that six meetings had taken place between May and June 2017 for people using the service and two meetings for relatives. There had also been a meeting for both people and their relatives held jointly. We received the following comments from people using the service, "The meeting was mostly relatives talking about their parents who were living in the home so we didn't go again" and "The meetings are advertised on the notice board and we do not often go that far down the corridor so we missed the last one. We need someone to tell us."

Before the inspection, we checked the records we hold about the service and found that accidents and incidents that the Care Quality Commission needed to be informed about had been notified to us by the registered manager. This meant that we could check that any action taken by management was appropriate to make sure people using the service were kept safe.

The last Care Quality Commission rating of the service was prominently displayed in the reception area of the home, where people visiting the service could see it. At the time of the inspection, the registered manager confirmed that the provider did not have a website.