Minster Care Management Limited

Attlee Court

Inspection report

Attlee Street
Normanton
Wakefield
West Yorkshire
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Tel: 01924891144
Website:

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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?	Good

Overall summary

You must start this section with the following sentence; '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.

This was an unannounced inspection carried out on the 12 and 13 August 2014. At the last inspection in February 2014 we found the provider met the regulations we looked at.

At the time of this inspection the home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

Attlee Court provides accommodation and nursing care for up to 66 people with the majority of people living with dementia. The home is located close to local amenities in the residential area of Normanton. Accommodation is based over two floors accessed by a passenger lift. All of the bedrooms are single occupancy. Communal lounges, dining rooms and bathing facilities are provided. There is a garden area to the rear of the home for people to use. Car parking is available.

We found people were cared for, or supported by, suitably qualified, skilled and experienced staff. However, appropriate staffing levels were not always maintained and people were not able to eat lunch at the same time of day. This breached Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain appropriate staffing levels. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people who lacked the mental capacity to make decisions were respected. However, not all the care plans had completed mental health and capacity assessments. We found the service to be in the process of meeting the requirements of the Deprivation of Liberty Safeguards.

Suitable arrangements were in place for mealtimes and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. Care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The care plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings and complete questionnaires where they could express their views about the home.

A range of activities were provided both in the home and in the community. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. However, complaints were not always recorded appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the manager and provider. Staff were supported to raise concerns and make suggestions when they felt there could be improvements and there was an open and honest culture in the home.

We found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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

The service requires improvement.

There were not always enough qualified, skilled and experienced staff to meet people's needs. This breached Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain appropriate staffing levels.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people who lacked the mental capacity to make decisions were respected. However, not all the care plans had completed mental health and capacity assessments.

We found the service to be in the process of meeting the requirements of the Deprivation of Liberty Safeguards

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

Is the service effective?

Requires Improvement

The service was not effective to people's needs.

Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Summary of findings

Is the service responsive?

Good

The service was responsive.

People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences. We saw activities included musical bingo, lunch outings and monthly themed days along with activities outside the home.

Complaints were responded to appropriately. However, not all complaints were recorded as such or there was no documented evidence of how complaints had been addressed.

Is the service well-led?

Good

The service was well led.

There were effective systems for monitoring quality at the service in place Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Attlee Court

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of two inspectors 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. Their area of expertise is in being a carer and Dementia care.

We inspected the home on 12 and 13 August 2014. At the time of our inspection there were 55 people living in the home. During our visit we spoke with seven people living at the home, six relatives, six members of staff, two unit managers and the manager of the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people living in the home. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to peoples care and the management of the home. We looked at five people's care plans and spoke with seven people living at the home.

Before our inspection, we reviewed all the information we held about the home and the provider had completed an information return which we received prior to the inspection. We were aware of an action plan in place by local authority and the home was working towards the completion of the identified actions. Some action had already been completed, for example, attendance supervision for staff. However, some action were still on-going. Healthwatch feedback stated they had no comments or concerns regarding Attlee Court.

On the day of our inspection, we spoke with seven people living at the home, six relatives, six members of staff, two unit managers and the manager of the home.

At the last inspection in February 2014 the service was found to be meeting the regulations we looked at.

Requires Improvement

Is the service safe?

Our findings

Through our observations and discussions with people and staff members, we found there were not always enough staff to meet the needs of the people living in the home. One member of staff said they thought there were enough staff but, "Could always do with more." Another staff member said, "Would like to spend more time with residents, it could make a big difference." We were also told that getting people up in the mornings could be time consuming and this could impact on when people were able to have their medication.

We looked at 13 resident/relatives surveys for June 2014 and two included comments regarding the staffing levels. For example, "Would like to see more staff on duty, sometimes they are very stretched particularly at mealtimes when people need help" and "More staff would be good."

People living in the home and relatives told us staff were busy and sometimes people had to wait. One person told us, "Staff on the whole are fairly prompt but if they doing something you might have to wait but they say will come back." Another person said, "Sometimes I have to wait, staff are sometimes busy and sometimes they just don't come." One person told us, "They could do with more staff especially in morning when I am getting up between 6am and 8am. I sometimes have to wait for assistance as staff are busy and many times they say they will be back in five minutes but quite often it is longer. I have to sometimes wait to get up in the morning, whilst I get assistance it is sometimes a long time coming. Another person said, "Staff are busy and are short now and again."

One relative told us, "There are always staff around including weekends and nights." Another relative said, "Staff don't have time to sit and chat."

We observed staff assisting people with their meals; however, one member of staff was sat at a table assisting one person with their meal and then also assisted another person occasionally on the other side of the member of staff. After lunch we noted two or three people were asking for things at the same time. One member of staff said to one person they would come back (and did so). Another staff member explained to another person they were just seeing to someone else. One member of staff came to explain to one person they were due their pain killers and offered to take the person to their room but the person asked if they could come back in five minutes as they were eating their pudding but the member of staff said she couldn't guarantee to be here in five minutes.

The unit manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example when staff were off sick or on leave, agency staff were used to cover. On the day of our inspection the cook had called in sick and the activities co-ordinator was asked to cover kitchen duties. One of the housekeepers was covering laundry duties as the usual laundry staff member was also poorly.

During our observations on the upper floor, which was organised to operate as two separate units, we noted on that lunch was served at different times on each unit. This meant that one unit did not start serving lunch until 13:20pm by which time people were saying they were hungry. We were also told that six people on this floor required help with eating their meals. We were told by the unit manager there were five or six care staff and one nurse during the day on the upper floor.

We spoke with the manager regarding the staffing levels and they agreed that more staff were needed. This breached Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is because the provider had failed to maintain appropriate staffing levels. The manager told us they were in the process of recruiting more staff and were currently waiting for three people's Disclosure and Barring Service check before allowing them to start working at the home.

We saw five people's care plans included mental capacity assessments and instructions for staff on how to assist people. For example, "Staff to ensure environment is clean, tidy and hazard free to enable (person's name) to move/ mobilise safely" and ""Staff to provide support and reassurance to (person's name) through any episode of distress." We saw people were able to make their own choices and decisions about care.

Staff we spoke with understood their obligations with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. They told us when people were not able to give verbal consent they would talk to the person's relatives or friend to get information about their preferences. The manager told us they were confident staff

Is the service safe?

would recognise people's lack of capacity so best interest meetings could be arranged. The training matrix showed staff had received Mental Capacity Act training in 2011, 2012 and 2013. However, the manager told us that following the recent high court judgement further Mental Capacity Act staff training was needed. We saw training had been arranged for two days in August 2014. They also told us that not all the care plans had mental health and capacity assessments.

We looked at whether the service was applying the Deprivation of Liberty safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. One unit manager told us they had identified three people who required a DoLs application to maintain their safety and this had been reported to the manager. The manager told us they were working with Wakefield local authority and were in the process of starting to complete the applications. They also said this process would also include assessing every person living in the home to see if applications were required.

We saw one person's risk assessment stated, "(Name of person) will stand by the door asking to be let out." Staff were instructed to 'observe whereabouts at all times, monitor visitors leaving the premises'. We asked the unit manger about this person's care and the fact that they repeatedly asked to leave. We were assured this had been noted and advice had been sought about submitting a Deprivation of Liberty application to ensure the person's rights were protected and they received appropriate care and support.

People living in the home we spoke with told us they felt safe and relatives confirmed they felt their family member was safe.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training during 2013 or 2014. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The staff training records we saw confirmed staff had received safeguarding training. One member of staff told us they had recently completed a 16 week safeguarding training course. Their knowledge and understanding of safeguarding had been assessed to confirm they had completed the course successfully.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw written evidence the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

Fire alarm tests were carried out every week. Staff were aware of their role in the event of the alarm sounding and where to assemble when the building was evacuated. They had received training in the correct use of fire extinguishers and the deployment of the evacuation slide.

We looked at five care plans and saw risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included use of bedrails, moving and handling, fire, skin integrity, leaving the premises and self-neglect. The risk assessments identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

There were risk assessments in place, supported by plans which detailed what might trigger each person's behaviour, what behaviour the person may display and how staff should respond to this. This meant people were protected against the risk of harm because the provider had suitable arrangements in place.

We found robust recruitment and selection procedures were in place and the manager told us appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people. The records we looked at confirmed this. New staff

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Is the service safe?

underwent a two day classroom based induction which included; health and safety, manual handling and infection control. Staff were required to complete written assessments to evidence what they had learnt. After the initial induction new staff worked under the supervision of an experienced member of staff to gain confidence in the provision of care and support.

Requires Improvement

Is the service effective?

Our findings

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The manager told us a programme of training was in place for all staff. This was evident as several training courses for 2013/2014 were seen to have taken place, including health and safety, nutrition and hydration, safeguarding, syringe driver, food safety and Mental Capacity Act and Deprivation of Liberty. The manager told us they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. The staff we spoke with told us they were encouraged to undergo further training and development. For example, one member of staff was completing a NVQ in the care of people with dementia.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. The members of staff we spoke with said they received supervision every four to six weeks. The manager confirmed staff received supervision on a monthly basis and staff were able to receive ad-hoc supervision if they needed to discuss any issues. We saw from the staff records we looked at that each member of staff received supervision on a regular basis. The manager told us all staff would receive an annual appraisal by the end of December 2014.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan. We noted the daily records recorded what people had eaten and had to drink. Staff were aware of people who were vulnerable to poor nutrition and carried out weekly weight checks. We spoke with the cook who told us they always had enough food and received fresh food deliveries twice a week. They also said there was always two options available at mealtimes.

We observed the lunchtime meal was not rushed and we noted pleasant exchanges between the staff and people living in the home that they clearly enjoyed. We saw a variety meal options were offered to people which included pie and peas, sandwiches, salad or jacket potato. We heard people being asked if they had enough to eat. Afterwards we spoke with two people who both said their meal was nice and they had had enough to eat. However, during our observations on the upper floor, which was organised to operate as two separate units, we noted on that lunch was served at different times on each unit and people were saying they were hungry. This was due to staffing levels on the day of our inspection.

We spoke with people living in the home and relatives about the food and other refreshments in the home. People we spoke with said they had got enough to eat. One person said, "I am offered an alternative if I do not like what is on offer." Other comments regarding the meals included, "Meals pleasant", "Meals lovely", "Hot and tasty", "Lots of drinks", "Sometimes there was fruit but not so much lately", "Lovely soup" and "Meals nice and tasty."

We saw evidence care plans were regularly reviewed to ensure people's changing needs were identified and met. There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare. These included health professionals, GP communication records and hospital appointments. A record was included of all healthcare appointments. This meant staff could readily identify any areas of concern and take swift action.

We were told the GP visited the home every week and also carried out medication reviews, health checks or any vaccinations which were needed. One of the care plans we looked at included notes where the person had been identified as at risk of developing a pressure sore. Instructions were provided to staff on bathing and dressing the area, the application of cream and use of a pressure cushion. Progress on the management of the area was recorded and nine days later the area was assessed as 'healed'.

All the relatives we spoke with said they were kept informed if a doctor was called out. One relative said the doctor had been called out several times and home would ring them each time. They said, "I feel involved in my relative's care." One person living in the home told us, "They would call the doctor if I was not well."

Good

Is the service caring?

Our findings

We observed staff speaking clearly when communicating with people and care was taken not to overload the person with too much information. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. All staff spoken with told us of their commitment to facilitating a valued lifestyle for the people living in the home. However, we observed one member of staff did not chat with people despite them being in a small lounge with people that were sat.

People we spoke with said they were happy with the care provided and were very positive about their relationship with staff. They said they could make decisions about their own care, how they were looked after, staff knew them and their needs and they listened. One person told us, "Staff listen if you want anything to help you." Another person told us, "Staff know me and I get help getting in the bath." One person said, "I am treated as an individual." Another person said, "Staff know my likes and dislikes." Other comments included, "I am well looked after and well cared for", "Care is alright and I get assistance and help. Staff are careful when they help me to sit down", "Care is good and I am looked after and get the care I need", "I feel looked after and it is like a happy family" and "I am happy with care and it fulfils my needs, but I don't feel one carer gives me the assistance I need with one aspect of my care." However, one person said they got the care and assistance they needed but not when they were in pain.

One relative we spoke with said, "My relative gets the assistance they need." Two other relatives said, "Staff know my relative and their needs" and "My relative gets the assistance with eating and other things they need." Other comments from relatives included, "I am happy with my relative's care", "They get the assistance they need", "I am happy with relative's care most of the time. There was an issue I mentioned to the staff and is now resolved. Staff pop into my relative's room to see to their needs" and "I am happy with the care, my relative has improved and they are now more mobile than used to be."

We observed interaction between staff and people living in the home and people were relaxed with staff and confident to approach them throughout the day. We saw staff interacted positively with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people. People could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished.

We looked at five people's care plans. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs, included a 'map of life', 'life history' , 'a day in the life of' documents and a summary of care needs which gave clear guidance for staff on how to meet people's needs. They also included a record of people's preferences, for example, "Likes to be outside in the garden" and "Likes full darkness, no noise" when sleeping. We noted one care plan which included a Do Not Attempt Cardio Pulmonary Resuscitation Form. The form had been signed by the person's GP but there was no record to indicate the person's relative, who had been granted Power of Attorney, had been consulted.

The staff we spoke with told us people's needs were assessed and detailed in their individual care plans. They said the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. The care plans were developed by the nursing staff but other staff were consulted and also involved in regular reviews. Any changes to people's behaviour or needs were discussed at daily shift handovers. Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. Staff told us they felt able to make comments or raise concerns about people's care.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were supported in maintaining their independence and community involvement. On the day of our inspection we saw people spending time in communal lounge areas of the home or in their bedroom. We saw staff asked people

Good

Is the service caring?

what they wanted to drink mid-morning and they asked one person if they wanted to go out for a cigarette. We also saw one member of staff walking slowly with a person at their own pace and talking with them. One relative we spoke with confirmed staff walked slowly with their family member.

People living in the home were given appropriate information and support regarding their care or support. There was documented evidence in the care plans we looked at the person and/or their relative had contributed to the development of their care and supports needs. For example, we saw family members had been involved in developing for family members "Life history." The manager together with the person living in the home and/or their relative held care review meetings.

Everyone we spoke with told us their dignity and privacy was respected. They said staff closed doors and drew curtains when tending to their personal needs. We saw staff knock on people's doors before entering their bedrooms. During our inspection we spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. One member of staff we spoke with said, "I would have my family members live here."

Good

Is the service responsive?

Our findings

People's care and support needs had been assessed before they moved into the home. We saw records confirmed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. People and their families were involved in discussions about their care and the associated risk factors. Individual choices and decisions were documented in the care plans and people's needs were regularly assessed and reviews of their care and support were held annually or more frequently if necessary.

People and relatives we spoke with told us they were involved in care planning, reviews and the staff were polite. One person said, "Staff are good and polite, just right." Another person said, "Staff are very kind and lovely." Other comments included, "I get the help and assistance and staff are kind and caring", "One member of staff was 'off' with me and I feel ignored but the others are alright and they are polite and respectful", "Staff are alright", I get on well with staff. I have plenty of fun" and "Its home from home here."

Relatives we spoke with said, "Staff nice and polite", "Staff do a good job" and "Staff are lovely." Two relatives said they were made to feel welcome.

The unit manager told us people living in the home were offered a range of social activities and had two activities co-ordinators. We saw activities included musical bingo, lunch outings and monthly themed days. People were supported to engage in activities outside the home to ensure they were part of the local community. On the day of our visit both of the activities co-ordinators were engaged other duties so there were no activities ongoing. However, there was a Church Service taking place in the morning for all the residents if they wished to join in. We saw people were spending time in the communal lounge areas watching TV or spending time in their room. The manager told us they were looking at providing more stimulation for people through the activity programme in the near future.

One person we spoke with said, "I sit in the lounge or watch the TV but I do not go out but staff sometimes come and talk to me." Another person said, "Staff have no time to sit and talk and I don't do a lot." They did say there was entertainment some days and there had been a trip out but they had chosen not to go. One person said, "I sometimes join in with the activities or watch TV. Staff sit and talk when they have time and I never feel lonely or isolated." Other comments included, "Staff always acknowledge me when passing my door", "I have been out for meals and go to Church" and "I have plenty of variety in everything."

One relative told us, "Staff are busy and don't have time to chat." Another relative said, "I have seen staff sitting and talking with people and there are activities like bingo which relatives can join in. I feel the floor is active." They also said if their family member felt lonely they would tell the staff.

People we spoke with told us they would speak with members of staff or the managers if they had any concerns and they felt they concerns would be listened to. One person said, "I feel it would be dealt with." Another person said, "I feel I would be kept informed." One relative we spoke with said, "I would raise any concerns with manager and I feel the manager would listen and deal with it." Another relative told us, "My general enquiries have always been dealt with."

The manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaint records and saw there had been no complaints recorded since April 2014. However, we noted in the relatives/residents customer satisfaction questionnaires that two complaints had been made. When we spoke with the manager they told us the complaints had been addressed. This was confirmed by a unit manager as they had addressed one of the concerns personally and had spoken with the family member who had thanked them. The manager said they had not recorded complaints appropriately and there were no records to show how the complaints had been addressed or responded to but they were going to start to do this immediately.

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited.

Relatives/people living in the home were encouraged and supported to make their views known about the care provided by the service. The home had invited people living in the home and relatives to complete a customer satisfaction questionnaire in June 2014. Some comments

Good

Is the service responsive?

from the questionnaires included, “On the whole all the staff at Attlee Court are a credit to the provider. They do a fantastic job” and “I have no concerns with any part of the home.” However, three people living in the home said they had not been asked for their views.

The manager told us residents meetings were held on a regular basis and this gave people the opportunity to contribute to the running of the home. We saw a meeting was due to be held in September 2014.

Good

Is the service well-led?

Our findings

At the time of our inspection the home did not have a registered manager. The registered manager had left the organisation in April 2014. Since April 2014 the home had been managed by the regional manager. The current manager had been in post since the 16 June 2014 and a manager application had been received by the Care Quality Commission on the 15 August 2014.

The manager told us they walked around the home on a daily basis and would address any issues they identified, however, this was not recorded but they said they would start to record this immediately.

There was a system of audits that were completed weekly and monthly which included falls safeguarding, pressure care, medications, catering and complaints. We saw a copy of the provider's review for April 2014 and where an issue had been identified an action plan had been implemented to make sure all actions were completed and the person responsible for completing the task had been identified. We saw records were kept of daily activities, meals and behaviour. Food and drink consumption was recorded with scores given to indicate how much food and fluid each person had consumed. Night time hourly observations were recorded and bathing records were kept up to date.

Observations of interactions between the manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. They enjoyed working at Attlee Court and felt they made a positive difference to the experiences of the people living in the home. They told us the manager was approachable, supportive, they felt listened to and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One member of staff said, "The manager is settling well and seems to be getting on top of things. The area manager is also very supportive" and "We are on an uphill and staff morale is picking up." Another member of staff said, "I love coming here, we support each other."

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Supervision was now seen as a positive experience and staff no longer lacked clear direction. They said staff training and staff meetings had improved. Staff were aware of the whistleblowing procedures should they wish to raise any concerns about the manager or organisation. Staff told us they felt there had been an improvement in the culture, leadership and management at the home. Staff commented that morale had improved over the last year and felt they now worked together as a team and were kept informed about any changes at the home. There was a positive change in the management and culture and staff felt supported. One staff member told us, "The culture is changing and staff are willing to learn."

Staff meetings were held each month and staff said they were able to raise issues for discussion. We saw the meeting minutes for June 2014 which discussions included mobile phones and needs of the home. They said they could also speak to the manager if they felt uncomfortable about speaking in front of the rest of the staff.

We saw records were kept of safeguarding concerns, accidents and incidents. We were told these were discussed during staff meetings to improve practice. We saw the safeguarding referrals or whistleblowing concerns had been reported and responded to appropriately. We were told the home was working with the local authority to introduce new care plan documentation.

We saw people living at home and family members were involved in their care planning and aspects of running the service. Relatives confirmed they were in regular contact with the staff and were invited to care reviews. We saw several relatives visited the home on the day of our inspection. Both relatives and people living at the service had the opportunity to complete a satisfaction survey.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	This breached Regulation 22 (Staffing), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People who use services and others were not protected against the risks associated staffing levels as the provider had failed to maintain appropriate staffing levels during the daytime.