HC-One Limited

Hodge Hill Grange

Inspection report

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 22 and 23 March 2017 and was an unannounced comprehensive inspection. The location was last inspected on 17 May 2016 and was rated as 'Good' overall. We brought forward our planned inspection due to an increased number of concerns about the service, since our last inspection.

Hodge Hill Grange is a nursing home and is registered to provide accommodation for up to 54 people who require nursing or personal care. At the time of our inspection there were 46 people living at the home.

There was no registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were not always kept safe. Staff were not trained and supported so that they had the knowledge and skills they required to enable them to care for people in a way that met their individual needs and preferences. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff had been safely recruited and relatives felt that staff demonstrated the appropriate skills and knowledge to provide good care and support.

Staff were not always responsive to people's individual care and support needs, meaning they did not always receive the care and support they needed in a timely manner.

There was a lack of meaningful and stimulating person specific activities for people to take part in and people did not get the opportunity to take part in recreational activities that they enjoyed .

The provider's quality assurance and audit systems were not always effective when in place to monitoring the care and support people received, to ensure that the quality of service provided remained consistent and effective.

People's individual life style choices and life history was not well documented in their care plans so there was a risk that staff don't have the information needed to provide person centred care .

People's medicines were managed and administered safely so that people received their medicines as prescribed.

People were encouraged to make choices and were involved in the care and support they received. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were respectful of people's diverse needs and the importance of promoting equality.

Staff were caring and treated people with dignity and respect and their independence was promoted. People and their relatives felt they could speak with the provider about their worries or concerns and were confident that they would be listened to and have their concerns addressed.

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 was not always safe.

Risks to people were not always appropriately assessed to support their safety and well-being.

People were supported by adequate numbers of staff to meet their care and support needs.

People received their prescribed medicines as and when required.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff were aware of the processes they needed to follow.

Is the service effective?

Requires Improvement

The service was not always effective.

People's needs were not consistently met because staff did not have effective skills and knowledge to meet these needs.

Staff did not receive regular supervision and appraisals to support their professional development.

People were supported with their nutritional needs.

People were supported to stay healthy.

Is the service caring?

Requires Improvement

The service was not always caring.

The systems and processes in place didn't always mean that people benefitted from a caring experience

People were supported by staff that were caring and compassionate.

People's dignity, privacy and independence were promoted and maintained as much as reasonably possible.

People were treated with kindness and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were not always responsive to people's care and support needs.

People were not supported to engage in activities that they enjoyed.

People were well supported to maintain relationships with people who were important to them.

Complaints procedures were in place for people and relatives to voice their
concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not always consistent when notifying us about events that they were required to by law, including the submission of statutory notifications.

People's care plans did not always contain sufficient information about their life story.

People and relatives felt the management team was approachable and responsive to their requests.

Staff were supported and guided by the management team.

Hodge Hill Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 23 March 2017 and was unannounced. The membership of the inspection team comprised of one inspector, a specialist advisor and an expert by experience. A specialist advisor is someone who has a professional working background which relates to the type of service being inspected. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send to us by law. We also contacted the Local Authority commissioning service, the NHS Central Commissioning Group and referred to the Health Watch website for any relevant information to support our inspection.

During our time at the home we spoke with four people who used the service, seven relatives, eight members of staff, one health and social care professionals, one training provider, the acting manager, the area manager and two registered managers from other locations. We looked at records that included five people's care records and the recruitment and training records for three staff. This was to check that staff were suitably recruited, trained and supported to deliver care that met people's individual needs. We also looked at a selection of the provider's policies and procedures and at records relating to the management of the service. These included; complaints and audits carried out to monitor and improve the service provided.

Many of the people living at Hodge Hill Grange had limited or fluctuating capacity and were unable to give in-depth answers to all of our questions. Therefore, we used an observational tool called Short Observational Framework for Inspection (SOFI), which we used to help us collect evidence about the experience of people who use services, especially where people were not able to tell us verbally.

Requires Improvement

Is the service safe?

Our findings

Staff were not always knowledgeable about the most appropriate way to ensure that people remained safe from potential risks to their health and well being. Staff told us that risk assessments relating to people's health and living environment were completed and reviewed regularly by nursing staff, although informal checks were done on a daily basis with any concerns being recorded. A staff member we spoke with told us, "Risk assessments are done by senior staff and we let them know if there's any change". Although the provider had risk assessment s in place, discussions with one of our partner organisations highlighted that risk assessments were not always being completed correctly and that some people's health was being put at risk due ineffective risk management. For example; two people had developed pressure sore which were considered to have been preventable if they had been assessed and managed correctly.

People and relatives we spoke with told us they felt safe with the service provided and that staff supported them with their care needs. A person we spoke with said, "I feel safe here, the carers [staff] are good, they keep us [people using the service] clean and everything, I can't ask for more". Another person we spoke with told us, "They [staff] look after me well enough I suppose". A relative we spoke with told us how the service has improved recently following a number of falls their family member had had at the home, they told us, "I'm happy now, I wasn't at the start, she [person using the service] kept falling over at night. Since the new manager started things are getting better, I can't explain why, but they are". Another relative we spoke with told us, "I'm really happy with the way he's [person using the service] being looked after, I know he's safe here".

We saw that the provider had processes in place to support staff with information if they had any concerns about people's safety. Staff we spoke with told us that they received regular training in keeping people safe from abuse and could recognise the different types of abuse. A staff member we spoke with gave us examples of the signs they might observe, which would raise suspicion that someone was being physically abused, "If someone was distressed or didn't want people near them or touching them because they might be hurting them". They told us that if they had any concerns that someone was at risk of harm or abuse, they would inform a senior nurse or the manager.

Not everyone we spoke with felt there were sufficient numbers of staff working at the home to meet people's needs. A person we spoke with said, "There probably aren't enough, no, they're very busy. A relative we spoke with told us, "Enough staff, not really, there are times when none are available". They did however feel that their family member was being looked after despite staff being busy. A third relative we spoke with said, "Staff, they're always busy. The day staff are brilliant, there's a lot of agency staff at night". A staff member told us, "[There are] not enough staff, for example, today there are four staff upstairs, one regular staff with three new starters. Another staff member said, "Enough staff, sometimes, although we [staff] have to go and support [name of location unit] a lot. We discussed these issues with the acting manager and the area manager, who explained that due to historical staffing concerns it had been necessary to make wholesale restructural changes to the locations workforce. This had meant that in the short term it had been necessary to use agency staff whilst the location was recruiting a new permanent staff team. They appreciated that this temporary situation might be unsettling for staff until the situation was resolved. During our visit we

observed staff supporting people throughout the day and that they were supportive of their needs. The acting manager explained that they had completed a full dependency review of the people living at Hodge Hill Grange and that staff ratios were adjusted accordingly. We saw that sufficient numbers of staff were available to provide care and support for the current level of people using the service on the day of the inspection.

The provider had emergency procedures in place to support people in the event of a fire, and staff were able to explain how they followed these in practice to ensure that people were kept safe from potential harm. A member of staff we spoke with told us that a senior member of staff would identify where the fire was and staff would evacuate people to designated evacuation points. The home was fitted with fire doors to ensure people who could not be moved quickly were kept safe until the emergency services arrived. This ensured that risks to people were assessed and managed appropriately.

The provider had a recruitment policy in place and staff told us that they had completed a range of employment checks before they started work. Records we looked at and staff we spoke with told us that the provider had recruited them appropriately and that references and Disclosure and Barring Service (DBS) checks had been completed. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and help to prevent unsuitable people from working with people who require care.

People we spoke with told us they had no concerns with how they received their medicines. A person we spoke with told us that they were happy with the way staff supported them to take their medicines. A person we spoke with said, "I have my medicine in the morning, I don't know what it's for. No, I don't think I've ever missed having it." A relative we spoke with told us, "Medicines, no problem, she [person using the service] gets everything she needs". We saw that the provider had systems in place to ensure that people received their medicines as prescribed. We saw that medication administration records [MAR] were maintained by staff to show that people had received their medicines as prescribed. Staff understood people's individual communication methods to indicate if they were in pain or discomfort and when medicines were needed on an 'as required' basis. We saw that where people required medicines to be given when required, (PRN) there was a process in place to enable staff to do this safely.

Requires Improvement

Is the service effective?

Our findings

Not all staff had received the necessary training and skills required to meet people's needs. A person we spoke with told us, "They [staff] seem to know what they're doing, [they are] all very good, I will give them that". A member of staff we spoke with told us they felt confident that the training they had received had equipped them to carry out their role effectively. Another staff member we spoke with said, We [staff] do 'online' [computer based] training, which is okay, but it would be good if we had the opportunity to discuss it with colleagues". They continued, "End of Life Care training's coming up, I'm looking forward to that. I just want a bit more team work so we can discuss things. A third member of staff we spoke with told us that they had not received formal training on the recognition of skin breakdown, however they were able to identify the warning signs and that they would report it to a senior member of staff immediately. We saw that the provider had systems in place to monitor and review staff learning and development to ensure that they were skilled and knowledgeable to provide good care and support to people. These included training records for each member of staff ensuring that they were appropriately skilled to perform their duties. We saw that these records also highlighted when refresher training was due and when it was provided. The acting manager explained that some staff required training in areas such as; Dementia [including Managing Challenging Behaviour], Tissue Viability and MCA/DoLS. They told us that new training programmes were currently being identified to ensure staff had all the relevant skills they required to meet people's needs.

Staff we spoke with told us they didn't receive regular supervision or appraisals to support their development. We asked a member of staff if they had regular supervision, they said, "Not really, I'd probably go to the manager if I needed to talk. Another member of staff we spoke with told us that they have not had any scheduled supervision since being at the home, but stated that they have always 'been given time' to discuss things when they have approached the acting manager. They told us that they felt that the daily nurses meetings were of great support. We were told by the acting manager that due to their appointment being relatively recent staff supervision had only taken place if a member of staff had any issues they needed to discuss. However, plans were in place to carry out regular supervisions with all members of staff. We saw that the acting manager was available to staff throughout our visit and that staff freely approached them for support, guidance and advice when needed.

People we spoke with told us that staff asked them about their care needs and gave them choices about how they received their care on a daily basis. Not all of the people living at the home were able to verbally express how they preferred to receive their care and support. However, staff were able to explain the different ways that they communicated with people living at the home. A member of staff we spoke with told us how a person they provide care and support for will point at things they want and put their thumb up or down to indicate whether they want something, or not. The member of staff went on to explain how they would offer choices to people, for example; holding up different items of clothing that they might want to wear. Another member of staff we spoke with told us how they use pictures to support people to make choices about their care and support needs, for example; mood charts so that they can indicate how they are feeling or if they are in pain. Throughout our time at the home we saw good interactions between people and staff and could see that they communicated effectively with each other. We saw that staff used a variety of communication techniques, including visual prompts so that people could be involved in making

decisions about their care.

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 saw that people's capacity had been assessed and that the provider had made appropriate DoLS applications to the Local Authority. Some people living at the home already had DoLS in place and staff understood what this meant for people.

Not all of the people who lived at the home had the mental capacity to make informed choices and decisions about aspects of their lives. Staff told us that they understood about acting in a person's best interests and how they would support people to make informed decisions. We saw staff gaining consent from people before offering support, a member of staff we spoke with said, "We ask them [people using the service] how they like things doing, for example; some people like to be washed a certain way, we involve them as much as we can". This showed that staff supported people's right to consent to their care.

Whilst not all staff had been trained to support a person whose behaviour might be challenging, the staff we spoke with knew how to support people with this need. A member of staff gave us an example of how they supported a person whose behaviour often became challenging. They told us that they would try to calm them down by talking gently to them. We saw that people's care plans included information of the types of triggers that might result in them becoming unsettled and presenting with behaviours that are described as challenging. People's care plans also showed staff how they were to support the individual at this time.

People and relatives we spoke with told us they were happy with the food at the home. A person we spoke with told us, "There's plenty to drink and meals, you get two choices, they [staff] ask you in the morning and if you don't fancy what's on the menu, they get you something else. I'm not in to spicy foods!" They continued, "Breakfast is cereals or toast with marmalade. When I'm out I buy crumpets and they toast them for me". We observed a person ask for a glass of beer with their lunch and staff brought them one, "lovely", the person said, "Icey cold". A relative we spoke with told us, "I've tried the food. When they [staff] bring her [person using the service] sandwiches in they bring me one too, when I eat it, it encourages her. There's always plenty of food". We saw that staff supported people to make decisions about what they would like to eat. A member of staff told us how they encourage people to eat and drink by sitting down with them at meal times.

Staff we spoke with were able to tell us about people's nutritional needs and knew what food people liked and disliked. We saw that there was involvement from health care professionals where required and staff monitored people's food intake if necessary in accordance with their health care needs.

People and relatives we spoke with told us that people's health needs were being met according to their care and support requirements. A relative we spoke with told us, "They [the provider] make sure he [person using the service] see's the GP if he needs them". They went on to tell us how the provider had been working closely with the doctor to cure a specific ailment. "I've got no concerns, they're [the provider] doing it well, it's getting much better". We saw from care plans that people were supported to access a variety of health and social care professionals. For example, psychiatrists, dentists, opticians and GP's, as required, so that their health care needs were met and monitored regularly.

Requires Improvement

Is the service caring?

Our findings

Although staff were individually kind and caring, the providers systems and processes in place did not ensure that people always had a caring experience. For example; When not being responsive and leaving people on the on the toilet, or looking after peoples skin effectively so that it didn't become sore

We saw that people and relatives were involved in developing care plans about how staff would support people's needs. A relative told us, "Yes, we [provider and relatives] discuss his [person using the service] care plan and what he needs regarding his care". Another relative told us, "Yes, we do discuss the care plan".

People and relatives we spoke with told us that staff were caring and compassionate. A person we spoke with told us, "It's lovely here, the staff are smashing, they take good care of me". Another person we spoke with about how caring the staff were, said, "Oh yes, very kind, they all are". A relative we spoke with told us, "Staff are very attentive, if you need anything it's never too much trouble". From our observations we could see that people enjoyed the company of staff and they were relaxed in their presence. We saw that staff were attentive and had a kind and caring approach towards people.

Everyone we spoke with and observations we made showed us that people were treated with dignity and respect. A person told us, "They [staff] always knock the door and when I have a shower I'm covered up". A member of staff we spoke with explained to us how they promoted people's privacy and dignity within the home. They gave us an example, "We [staff] shut doors when doing personal care and don't 'advertise' when people need the toilet". Another staff member told us that when they supported people with their personal care they would knock on the persons room door before entering, they'd introduce themselves to the person, explain why they were there, ask permission before providing care and make sure that people remained 'covered up' as much as was practicable.

People and staff told us how people's independence was encouraged and maintained as far as was reasonably practicable. A person we spoke with told us, "I like to do things for myself. I like to wash myself in the shower". A member of staff we spoke with said, "We [staff] involve them [people using the service] in their daily routines, don't take over". Throughout our visit we saw that people's independence was supported by staff. For example; we saw people being encouraged to eat meals independently where possible.

People were supported to maintain relationships with their friends and family. Everyone we spoke with told us there were no restrictions on visiting times. A relative we spoke with said, "[There's] no restrictions on visiting times, I generally come in the morning and afternoon. On the second day of our inspection we visited the home in the evening and saw that relatives were still visiting their family members late in to the evening, which meant that people and relatives could see each other at times that were mutually acceptable.

Requires Improvement

Is the service responsive?

Our findings

Most people and relatives we spoke with told us that staff were not always responsive to their care and support needs. A person we spoke with said, "When I'm taken to the toilet, sometimes I can be waiting for 25 to 30 minutes. They [staff] say the batteries get low on their 'buzzers' and they can't hear me". A relative told us that another of their relatives had visited during the weekend when none of the regular staff were on duty, and the agency staff, who were busy completing paperwork, didn't raise their heads to acknowledge her arrival. The relative had commented, "I could have been anyone, and gone in any of the rooms". Another relative we spoke with told us how staff prioritise and focus their attention on meal time periods, which can hinder their response to people who choose to stay in their rooms. They told us, "Staff could be more responsive, it's not good at meal times". Another member of staff we spoke with said, "There's lots of agency staff, who don't know the service users and what they like, for example, if they need puréed food or certain drinks. It would be good to have a chart in the kitchen cupboard to see what people like". We saw that staff supported people to eat at meal times, however they often moved around the dining area supporting other people which meant that sometimes people were left for long periods without support. This also caused confusion amongst staff, as staff did not always recognise at what stage people were at with their meals. For example; We observed a member of staff sit down and support a person to eat their lunch. The meal was eaten, however, because the person ate quite early at lunch time, two other members of staff were observed discussing whether or not the person had eaten, which member of staff had supported them or whether or not they had eaten at all. We discussed this with the acting manager on the first day of our visit and by the second day of our visit they had discussed the situation with the cook and a new meal time protocol had been put in place. People with high dependency needs would be supported first, ensuring that they received the 'one to one' support that they needed.

People, relatives and staff we spoke with told us there was a lack of social activities for people to be involved in. A person we spoke with told us, "There's nothing to do here, there used to be. We used to go out on trips to the garden centre, outings, and do things in the garden, we even had a garden fete. The mini-bus just sits outside now. There used to be a radio and CD player here on the windowsill, but they took it away, I like music. There used to be bingo as well, but now there's nothing". Another person we spoke with told us, "There's no activities. I'm lucky, I go out with my family, or I'd go mental". A member of staff we spoke with told us that there were books, games, DVD's and other activities, however they were locked away". We saw an activity board showing activities which were happening on a daily basis, but we were told by a staff member that no activities took place in the home. Another member of staff we spoke with told us, "One lady likes to go out with friends. No one has any hobbies here really, most have dementia". We discussed the issues with the registered manager who told us that the lack of activities was a known key area for development and that the organisation, HC-One Ltd, would be providing a generous budget for activities, which included; Dolls for 'Doll Therapy' and 'Fidget Blankets' are on order. Doll therapy and Fidget blankets [aprons with pockets] are recognised aids to support and stimulate people with a dementia. The acting manager also recognised that more support was needed for the existing activities co-ordinator who had had no guidance prior to the manager taking her post in January 2017.

Relatives we spoke with and records we looked at showed that people and those who were important to

them, were involved in the planning and review of their own care. A person we spoke with told us, "I discuss important things with my family, we make decisions together". A relative told us that they had been involved in their family members care plan and that they were pleased with the care and support offered by the home. However, a partner organisation we spoke with told us that there were instances where the provider had failed to follow peoples discharge plans when they had been moved from hospital care to Hodge Hill Grange so that not all their care needs were met.

We saw that the home had regular meetings with people using the service and their relatives to identify how they wanted their care and support to be delivered. We saw records of a relatives meeting which took place on the 06 March 2017. A relative we spoke with told us that he and his family member had been to a residents meeting in recent weeks, "Where changes at the home had been discussed". Another relative we spoke with said, "They [provider] have meetings, I don't go, I'd rather be with her [person using the service]". The acting manager told us that meetings with people using the service were going to be scheduled every month and would be less formal and linked to an organised event to promote greater interest.

People and relatives we spoke with and records we looked at showed us that the provider was responsive to people's changing needs. A relative we spoke with told us, "They [provider] let me know what's going on with him [person using the service]. If there's any changes in his health, they tell me".

Relatives we spoke with said they knew how to complain if they needed to and would have no concerns in raising any issues with the management team. They told us that they knew the complaints procedure and how to escalate any concerns if they needed to. A relative we spoke with told us, "I've complained a few times. I've had a few 'run ins' with the new manager, but she listens and sorts things out pretty quick". Another relative we spoke with said, "If I had any complaints I'd go to the manager. But there are no concerns here at all". A staff member we spoke with said, "If I could deal with a complaint there and then I would, and I'd let the manager know what the complaint was about". We found that the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. The complaints process was in accessible formats and staff supported people to make complaints when required.

People and relatives we spoke with told us that they had completed questionnaires to inform the provider of their views on the service provided. A relative we spoke with told us, "I've had forms to fill in, a few in the last [number] years". Relatives we spoke with told us that they could contact the acting manager at any time for information about their family member.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was an acting manager in post and this meant that the conditions of registration for the service were not currently being met. The previous registered manager deregistered on the 11 January 2017 and the provider is in the process of applying for registration of the acting manager. A registered manager has legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider did not have a history of meeting legal requirements at this location as they had been inconsistent when notifying us about events that they were required to by law. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it. Since the acting manager had taken over at the location, Hodge Hill Grange have mostly raised statutory notifications as legally required.

We had brought our inspection forward as there had been a high volume of safeguarding notifications about the service over the past twelve month period, some of which had not been brought to our attention by the provider. Some concerns concerned; incidents not being recorded, slow response times from staff, incomplete care plans and DoLS applications not being completed. Although the home had improved its reporting of safeguarding incidents recently, we did find one which had not been reported to us. In February 2017, the provider had failed to notify us of an incident regarding a faulty oxygen compressor that was used to support a person living at the home. The incident was brought to our attention by West Midlands Ambulance Service as staff at Hodge Hill Grange had not recorded the incident or informed the acting manager. Once the acting manager had been made aware of the incident they had responded appropriately and conducted an internal inquiry. We discussed the high volume of safeguarding incidents with the acting manager, who was aware of the situation and we could see that since her recent appointment she was making efforts to address the issues. We saw that the provider was currently working with the NHS Clinical Commissioning Group to rectify these and a number of other concerns they had at the location. An action plan had been put in place by the CCG and the home was working towards rectifying the issues.

Although care plans contained information to support staff with peoples care needs, there was a lack of information about peoples 'life stories' for staff to be able to understand people's life style preferences and offer greater quality of care in a more person centred way. A health care professional we spoke with told us that the provider needed more person centred information in their care plans and that this was reflected in the action plan that Hodge Hill Grange and the CCG were currently working towards. We discussed this with the manager who said that it was an important part of the care plan that had been identified and was currently being addressed. The registered manager told us, "A 'Getting to Know You' file is being implemented. We're working closely with people and relatives regarding life stories".

We saw that quality assurance and audit systems were in place for monitoring the service provision at the location. This included sending surveys to people and relatives where they were encouraged to share their experiences and views of the service provided at the location. We saw that the location had systems in place to collate information received form people and relatives and use it to develop the service. For example, we saw completed questionnaires from relatives which were collated by the provider to identify service

provision themes and trends, which were then used to form an action plan for any development needs. Since January 2017 the provider had upgraded their quality assurance auditing systems, which included the introduction of the DATIX IT auditing system and quality assurance spot checks carried out by HC-One's Senior Service Quality Inspectors to identify any areas for improvement at the home. Although the provider had quality assurance systems in place we saw that improvements still need to be made, for example; ensuring that staff supervision was carried out regularly, training was provided and implemented to suit the needs of the people using the service and that records were well maintained and accurate.

We saw that the provider supported staff to carry out their roles and responsibilities effectively. We saw evidence from house [staff] meetings that people and staff were involved in how the home was run. We saw that there was a good relationship between the acting manager, people using the service, relatives and staff. A person we spoke with told us, "[The managers name], she does come and see us on occasions and I could speak to her if I wanted to". A relative we spoke with told us how they were confident in how the acting manager ran the service, they said, "The [acting] manager's great, she's really working hard to put things right. The staff are getting much better". Another relative we spoke with said, "We met the new [acting] manager at the residents meeting, I feel I can speak to her". Staff we spoke with told us that they were happy with the way the service was managed, that the manager was approachable and that they felt they were listened to and valued by the manager. A member of staff told us, "It's nice working here. It's managed okay, no major issues". Another staff member said, "I like working here, the residents are lovely, some of the staff are nice too". Relatives we spoke with told us that they felt there was a positive attitude at the home between the acting manager, staff and their family member.

We saw that the provider had a whistle-blowing policy in place. 'Whistle-blowing' is the term used when someone who works in or for an organisation raises a concern about poor practice, risk (for example, to a person's safety), wrong-doing or some form of illegality. The individual is usually raising the concern because it is in the public interest. That is, it affects others, the general public or the organisation itself. Staff told us that they understood the whistle blowing policy and how to escalate concerns if they needed to. A staff member we spoke with told us, "There's a number you can ring to report an incident anonymously". Prior to our visit there had been one whistle blowing notifications raised at the home in the past twelve months.

We saw that the provider had systems in place for when the acting manager was unavailable to ensure that quality of service was maintained. Staff we spoke with told us that they knew who to contact in the acting manager's absence.