

# Four Seasons (Evedale) Limited

# Tudor 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?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

We inspected Tudor Grange on 17 September 2018. The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Tudor Grange is registered to accommodate up to 33 older people with varying support needs, and people living with dementia. On the day of our inspection there were 26 people living at the service.

Tudor Grange is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. The registered manager was present during the day of our inspection.

At our last inspection, on 1 August 2017 we rated the service as 'Requires Improvement'. The service did not fully meet the fundamental care standards and was found to be in breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment. This was because people who used the service were not protected against the risks associated with their care and support. Risk assessments did not fully include the information required to mitigate risks. People were also not protected from risks associated with the environment and medicines were not always administered safely and as required. The provider sent us an action plan informing us what action they planned to make and told us this would be completed by 31 October 2017.

At this inspection, we found the provider had taken the required action and the breach in regulation had been met. Whilst improvements had been made, further time was required for these to be fully imbedded and to ensure the sustainability of the improvements made.

Since our last inspection, improvements had been made to ensure people were protected from known risks. Staff had better guidance to support them to manage risks associated with people's needs. Some improvements had been made to the environment with the completion of refurbishment work. Environmental checks on health and safety were not all up to date, but this was being addressed.

Since our last inspection, improvements had been made to the management of people's medicines, but further work was required to ensure medicines were consistently and effectively managed. This included photographs for all people receiving support to manage their medicines and protocols, for medicines prescribed to be taken 'as and when required'.

Staffing levels were sufficient on the day of the inspection, but concerns were identified in the deployment of staff. Communal areas were not always monitored leaving people at potential risk. Safe recruitment practices were followed.

Safeguarding procedures were in place to inform staff of how to recognise and report safeguarding concerns. The environment was clean and hygienic and staff followed best practice guidance in the prevention and control of cross contamination.

People had received an assessment of their needs that also considered their protected characteristics under the Equality Act, to ensure they did not experience any form of discrimination.

Staff received an induction and ongoing training and support, to enable them to provide effective care and support. Staff were positive about the training they had received and support from the registered manager.

People received sufficient to eat and drink. People's preferences and nutritional needs were known and understood by staff and they received a choice of meals and were complimentary of the menu offered.

People's health needs were assessed, planned for and monitored. Staff worked with external health care professionals to support people with their health needs. The service received weekly GP visits to support staff in people's ongoing health needs.

People lived in an environment that considered their needs, aids and adaptations were available to meet people's physical needs. People had opportunities to spend time with others in a choice of communal areas.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005.

People were supported by staff who were caring, compassionate and who knew their needs, preferences and what was important to them. Staff respected people's privacy and dignity. Advocacy information had been made available to people should they have required this support.

Care plans lacked guidance in places of the support required by staff and some gaps were identified in the assessment of people's needs. End of life plans were not consistently recorded or discussed with people. The provider's complaints procedure was available for people.

The systems and processes in place that monitored quality and safety, needed to be further developed within the service to ensure consistently. An action plan was in place to drive forward further improvements. People received opportunities to share their experience about the service they received.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Improvements had been made to ensure people were protected from risks associated with their care and support. Checks on health and safety were not all up to date.

Further work was required to ensure medicines were effectively managed.

Concerns were identified with the deployment of staff. Safe recruitment practices were followed.

There were systems in place to protect people from abuse and improper treatment.

The environment was clean and hygienic.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training and supervision and understood people's care needs.

People received choices of what to eat and drink, independence was promoted and nutritional needs understood by staff.

Staff understood people's healthcare needs and their role in supporting them with these needs.

People lived in an environment that met their needs and safety.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

**Good** ●

### Is the service caring?

The service was caring.

Staff had developed positive relationships with people and respected them as individuals and knew them well.

**Good** ●

People received opportunities to discuss their care and support needs.

Advocacy information was provided.

### **Is the service responsive?**

The service was not consistently responsive.

People's care plans lacked detail and guidance in places and end of life plans were not routinely completed.

People's diverse needs were understood and met. People received opportunities to participate in social activities and pursue interests and hobbies.

People had access to the provider's complaint procedure.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well led.

Improvements had been made but further time was required for these to be fully embedded and sustained. Documentation and communication were found to be inconsistent.

People received opportunities to feedback about the service and influence change.

Staff were positive about improvements made to the service including leadership.

**Requires Improvement** ●

# Tudor 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 comprehensive inspection took place on the 17 September 2018 and was unannounced. The inspection team consisted of three 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.

To assist us in the planning of the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sought the views of the local authority care commissioners who support people to find appropriate care services, which are paid for by the local authority or by a health authority clinical commissioning group. We also contacted Healthwatch Nottinghamshire, who are an independent organisation that represent people using health and social care services. We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about.

During the inspection, we spoke with four people who lived at the service, to gain their views about their experience of the care and support they received and two visiting relatives for their feedback. We also spoke with a visiting community nurse. We spoke with the registered manager, area manager and managing director, the cook and kitchen assistant, a housekeeper, activity coordinator, maintenance person, one senior care worker and four care staff. We looked at all or parts of the care records of seven people and checked that the care they received matched the information in their records. We also reviewed other records relevant to people's care and the management of the service. This included medicines management, four staff recruitment files and complaint records, management audits and policies.

# Is the service safe?

## Our findings

At the last inspection in August 2017 concerns were identified in how risks were assessed, monitored and reduced and how medicines were managed. This was a breach of Regulation 12 HSCA RA Regulations 2014 Safe care and treatment.

At this inspection, we found some improvements had been made in how known risks and medicines were managed. The provider was no longer in breach of the legal requirements in these areas. However, some further work was needed to ensure a consistent and sustainable approach.

Improvements had been made in the guidance provided to staff about managing known risks. For example, where people required support with a hoist or other mobility equipment such as a stand aid, staff were provided with guidance of which hoist sling to use and how to use it. Staff were knowledgeable about the type of risks people may experience. A staff member said, "There's been improvements since the last inspection, documentation and guidance for staff is better."

We saw how staff supported people to transfer from their wheelchair to a chair. Staff completed this following best practice guidance, they were confident, organised and ensured the person's safety and provided reassurance. One person who we saw being transferred with a hoist later told us about their experience. This person said, "Yes they're (staff) very good you do feel secure. I've worked in the NHS and know how it's done." A visiting healthcare professional told us risks with people's skin was managed well. For example, staff followed recommendations and used equipment to reduce skin damage as required. This meant risks associated with people's needs were known and understood by staff.

Since the last inspection, improvements had been made to the safety of the environment this included refurbishment of the kitchen and dining room and replacement showers in ensuites.

Risks associated with the environment including health and safety had been completed such as fire risks and the action required to protect against risks associated with legionella. This is a bacterium that can develop in water systems and can cause serious illness. However, we noted within the last three months, checks had not been completed as regularly as the provider expected. The provider's regional maintenance person was present on the day of the inspection completing checks on the environment. They had also identified shortfalls in the completion of audits and checks and were addressing them. A new maintenance person for the service was in the process of being recruited. This meant action was being taken to reduce any potential risks to people, visitors and staff from hazards relating to the environment.

Individual plans were in place to support people in the event of an emergency requiring people to be safely evacuated from the service. For example, in the event of a fire. However, two out of seven people's care records did not show an evacuation plan had been completed. This meant there was a risk these people may not receive the support they required to safely evacuate the building if required.

The provider used an electronic recording system for staff to report accidents and incidents. The registered

manager reviewed these monthly and analysed the details for themes and patterns. Senior managers also reviewed this information as an additional safety check, to ensure staff took appropriate action and if lessons could be learnt to reduce further risks. Examples of action taken to reduce reoccurrence of incidents, included staff completing refresher training in moving and handling. People's risk assessments for the use of a hoist for transfers had been reviewed. In addition, guidance for staff about slings people required was attached to hoists to reduce confusion or uncertainty. This was particularly helpful for new staff and agency staff. This meant the provider had a system to manage and monitor accidents and incidents that analysed information, and acted to make improvements.

Improvements had been made to the management of medicines and no person raised any concerns about how they were supported with their prescribed medicines. However, shortfalls were identified some of which, had already been identified by a senior staff member and action was being taken to address these. For example, medicine administration records (MAR) used to inform staff of people's prescribed medicines and signed by staff to confirm administration, were found to have gaps under the previous day's date. A senior staff member told us they had already identified this and had discussed it with the staff member, who had been called in to a meeting. This was identified as a recording issue and had not impacted on people's health or safety. Four people did not have a photograph on their MAR, this is important for identification purposes. One person did not have a protocol for medicines prescribed to be taken, when required for pain relief. This is important information to ensure people receive their medicines safely. Staff had received training in the management and administration of medicines and the provider had a policy to support staff that reflected best practice guidance.

The deployment of staff was found to be a concern. People told us staff responded to their requests for assistance in a timely manner. A person said, "If I need help I use the call button and there is a quick response." However, throughout our inspection we saw people were frequently left unattended in the lounge. Whilst an office was located in the lounge staff could not observe people sufficiently. One person who was known to place themselves on the floor, did this several times in a short space of time whilst in the lounge. This person was clearly agitated and distressed and when they were supported to get up they were left unattended. Within a very short space of time the person presented the same again, due to no staff being present, an inspector had to call for assistance to support the person. This meant people were not sufficiently monitored for their safety and welfare.

Some staff raised concerns that more staff were required due to the level of support needs people had. Whilst other staff felt staffing levels were sufficient. The management team told us how they assessed people's dependency needs, to calculate staffing levels required. The management team told us they were confident staffing levels were appropriate to meet people's needs and safety. However, they agreed to review the deployment of staff to ensure this was effective.

Safe staff recruitment procedures were in place. People were supported by staff who had been through the required recruitment checks as to their suitability to provide safe care and support. These included references and criminal record checks. Staff also confirmed they commenced employment after checks had been completed. This meant people could be assured the provider had taken correct action in making safe recruitment decisions.

The provider had safeguarding policies and procedures and had provided staff with training of how to recognise abuse and the action required to respond to safeguarding concerns. People told us they felt safe living at Tudor Grange. A person said, "I feel safe here and the place gives me comfort because I have memory problems. If I need help I press my call button and someone comes immediately." A relative said, "I'm satisfied that my [relation] is safe here and cared for."

Staff could identify the different types of abuse that they could encounter. They also knew the procedure for reporting concerns to external bodies such as, the local multi-agency safeguarding team, police and CQC. Staff gave examples of good practice relating to supporting people whilst not restricting them. One staff member said, "Reassuring people and working through reminiscence books is a useful tool, it helps to calm people if they are feeling anxious."

The provider had a whistle blowing procedure that staff were aware of and told us they would not hesitate to use. A 'whistle-blower' is a staff member who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

People were protected from the risks associated with cross contamination. No concerns were raised from people or relatives about the cleanliness of the environment. Staff were aware of infection control measures and had received training, including hand hygiene. Cleaning schedules were in place and up to date and we saw housekeepers cleaning throughout the day of the inspection. Staff also had access to an infection control policy that provided guidance. This meant people could be assured the provider was following best practice guidance in the prevention and control of infections and the risk of cross contamination.

## Is the service effective?

### Our findings

Assessments of people's needs included protected characteristics under the Equality Act, and these were considered in people's care plans. For example, people's needs in relation to their age, gender, race, religion and disability were identified and planned for. The provider ensured policies reflected best practice guidance and current legislation. These were reviewed to ensure staff had up to date information and guidance. The provider also used recognised assessments tools in areas such as weight monitoring and management. This meant people's care and support was provided in line with relevant legislation and national best practice guidance.

People were confident staff were appropriately trained and understood their needs. A visiting health professional told us they mainly liaised with senior care staff that they found, "Competent and knowledgeable."

Staff received an induction on commencement of their role and ongoing training and opportunities to discuss their work and development needs. Staff were positive about training they had received. One staff member said, "We had recent training in manual handling from the hoist company, which was excellent. We learned some great techniques for safe processes." Another staff member said, "We have meetings to discuss our work but these have been less frequent since the deputy left." The registered manager was aware the frequency of supervisions had slipped, but had a plan in place to address this. The training plan showed staff had received training identified by the provider as required. Where refresher training was due plans were in place for staff to receive this.

Staff were aware of the importance of being aware of the needs of people by keeping updated on the information contained in people's care plans. These are documents that provide staff with guidance and instruction of how to meet people's needs. Staff used different communication systems to exchange information about people's needs. This included a written and verbal shift handover, a communication book and diary. A notice board in the office, also had important key information staff could easily access about people's specific needs. This meant there were communication systems and processes for the exchange of information that assisted staff, in monitoring people's needs effectively.

People had their nutritional and hydration needs met. People were positive about the food choices. A person said, "The food here is very good and the variety is quite surprising." A relative said, "Since [relation] has been here they've got their weight back up."

We observed throughout the day people received a choice of refreshments, including a choice of breakfast and lunch. Staff were attentive to people's needs, offering encouragement and promoting independence. Staff were aware of people's nutritional needs and preferences. Where people required their food and fluid intake recorded and monitored due to concerns about their weight, this was documented and reviewed. We saw examples where staff worked with the GP or dietician in improving people's weights. For example, where concerns had been identified this had been picked up on and discussed with healthcare professionals. Some people had been prescribed food supplements or required a fortified diet and this was

provided. Food stocks and storage, including health and safety checks in the kitchen were in good order. This meant people could be assured their nutritional needs were known and understood.

People had their health needs monitored and were supported to access healthcare services. People were confident staff supported them with their health needs. A GP visited the service weekly to complete medicine reviews and health checks, in addition to visiting the service when a person was unwell. Care plans showed how staff worked with external healthcare professionals in managing health needs. For example, some people had health conditions that required a community nurse to manage the health condition. Staff provided care and support and reported concerns to the community nurse or other health professionals. There was a system in place whereby information was shared with external organisations such as hospital staff. This assisted others in meeting people's ongoing care needs. This meant people could be assured their health needs were understood and managed effectively.

People had access to a dining room and lounge, and a passenger lift was available. Signage was displayed to support people to orientate. Equipment such as hand rails, ramps and raised toilet seats were used to support people's mobility needs. Assistive technology was used where people had been assessed, such as sensor mats for people who were a falls risk. These alerted staff to a person's movement. This meant consideration had been given to people's physical needs.

People told us staff gained consent before care and support was provided. We saw examples where people had signed documentation, to confirm they had been involved and consulted about the care and support they received. We also saw how staff gave people's choices, such as where they sat and how they spent their time. Staff were attentive, respectful and acted upon people's decisions. This showed how people were consulted and involved in how they received their care and support.

Some people had a decision not to attempt resuscitation order (DNACPR) in place and these had been completed appropriately. Some people had lasting power of attorney (LPA) that gave another person legal authority to make decisions on their behalf. This is important information about how care should be provided to people. This meant staff had guidance of what decisions had been made and by whom.

The Mental Capacity Act (2005) provides a legal framework for making 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 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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We checked to see if the principles of MCA and DoLS were being met.

Staff had an understanding of the principles of the MCA and DoLS. Where people had been granted an authorisation due to restrictions on their freedom and liberty, staff were aware of this. We saw examples of assessments and best interest decisions in areas such as medicines and daily living.

## Is the service caring?

### Our findings

People received care and support from staff who were kind, caring and compassionate. A person described the staff as, "Very kind and caring, nothing is too much trouble." A relative said, "[Relation] is comfortable, well-cared for and kept safe. They like their room and has company." Another relative described staff as, "Very friendly and approachable." A third relative told us they felt their relation received good care that had contributed in their health improving. A visiting healthcare professional described staff by saying, "Staff are genuinely caring towards people."

Staff were positive about their work and showed a real commitment towards the people they cared for. One staff member said, "I try to ensure that I am patient and understanding when I am with people. Caring for people with dignity and compassion and treating them how I would like to be treated myself." Another staff member said, "I have taken a person out for lunch on my day off, as they have no relatives or friends."

Throughout the inspection we saw staff were kind, sensitive and considerate in how they cared for people. From the relaxed atmosphere, jovial exchanges, smiles and laughter, it was apparent people felt comfortable in the company of staff and positive relationships had been developed.

Staff were attentive to people's needs and we saw positive interactions from staff when providing care and support to people. This included kind words and gestures such as holding or stroking a person's hand, in an affectionate and caring way. This showed the person they were being listened to and were important.

A relative described how staff were attentive towards their relation. They said, "Lots of times I've seen staff smiling at [relation], holding their hand and putting a hand on their shoulder in a comforting way." During the inspection a person put themselves on the floor and then had difficulty getting up and became anxious. A staff member supported the person whilst assistance was sought from other staff by cradling the person, they gave reassurance and comfort.

Another relative gave an example of how staff were kind and considerate and how they understood what was important to people. They said, "The activity person is brilliant. They get people over the road to the Legion. They also take my [relation] down to the local church if no one is available from church to collect them."

People had a positive meal time experience. We saw how staff enquired if people were enjoying their meals. Staff were attentive and considerate towards people. For example, a person approached a staff member during lunchtime requesting to use the bathroom, the staff member responded immediately saying, "I'll show you where it is." The person did not return to the dining room and the staff member took their dessert to their room. Another person told a staff member they did not want any more of their meal. The staff member gently encouraged the person by saying, "Are you sure you don't want any more, what about a little more mashed potato?" When the person continued to refuse, the staff member politely responded by saying, "No? Okay then I'll take it away."

Staff were aware of the importance of supporting people with diverse needs in relation to culture and religion and understood what was important to them. Staff gave examples of good practice in relation to this. This included arranging different representatives from religious groups to visit people to support them in their chosen faith. A staff member gave an example of how they supported people to remain in contact with friends and family. This staff member said, "I have been setting up Skype on the computer, so that some people who have family who are abroad or far away, can talk to them."

People received opportunities to be involved in decisions about the care and support they received. People and relatives told us they were happy with the care provided and felt involved. A relative said, "[Relation] is well cared for. I have read the care plan and the description of their diagnosis and they are fine."

Advocacy information was available to people. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. At the time of our inspection no person was supported by an independent advocate.

People were positive about how staff respected their privacy and dignity. A person said, "I think they (staff) have a lot of respect for people. I think standards across the board are very high." A second person said, "On the whole staff are good. They knock and call out before coming in the room. My legs are so bad baths and showers are too difficult. They really help me wash very well." A third person said, "I'm very comfortable with the care I get."

Staff told us how they respected people's dignity and privacy. A staff member said, "I always close doors and curtains if I am bathing or showering someone, and ask their permission first." We observed staff were attentive and respectful towards people, they were discreet and sensitive when supporting them.

Information about people's individual needs was protected under the general data protection regulation. This is a new law that has strict rules of how people's information is managed. People had access to their information if they wanted to.

People had family and friends to visit without any restrictions. On the day of our inspection people received visitors from relatives, who confirmed they could visit their relation without giving notice.

## Is the service responsive?

### Our findings

Since our last inspection, improvements had been made to documentation available that provided staff with guidance of how to meet people's needs. Staff confirmed improvements had been made. A staff member said, "Pre- assessments are more detailed, we use an iPad that records history and needs and is really helpful and is easily accessible. Care plans are then developed with people." However, two staff told us information about people who had newly transferred to the service, was not always shared and communicated with staff before the person moved in. For example, people's food preferences and dietary requirements were not shared in a timely manner. This meant there were inconsistencies in the process of recording and sharing of information, which could impact on people's needs being known, understood and met by staff.

From the care plans we viewed we found inconsistencies in the level of information recorded. For example, one person's care records had no information recorded about personal hygiene, dressing or sexuality needs. Another person had been assessed as a high falls risk and this was impacted by the person's behaviour. However, the person's care plan related to mobility needs and behaviour, did not adequately provide staff with clear guidance of the action required to support the person during these times. This person had a diagnosis of epilepsy, but information about this need and support required was limited. A person's pre-assessment stated the person lacked mental capacity to consent to their care, but there was no further information of action taken to consider how their needs should be met. End of life plans were not routinely completed and whilst there was no person at the end stage of their life, this lack of consideration and planning meant people's wishes may not be known and respected.

However, we found staff were knowledgeable about people's needs. This meant this shortfall was a recording issue and whilst the impact on people's needs were low, this was increased due to new staff and agency staff not having sufficiently detailed information. The registered manager told us they were aware further improvements were required in the consistency of guidance provided for staff and had plans to address this. This included consulting people in the end of life wishes.

In contrast, we saw records where people had health conditions, guidance was provided to staff about how these needs should be met. Information also included people's preferences and routines in how they wished to be supported. One person's care plan stated they had a visual impairment and needed prompting to wear their glasses, which needed cleaning daily. Another person's care plan stated they required assistance with washing and dressing and how they wished to be supported by staff.

People gave positive examples of how staff were responsive to their needs. A person said, "They (staff) take care of me regarding my legs making sure they are elevated at night." People also spoke positively about the activity coordinator about the activities and social opportunities provided. A person who enjoyed gardening told us how they could pursue their hobby. They said, "I've got a garden plot here. Before I can do any more it needs to have the stored timber moved and more soil put down. Then I can get going. I already have some window boxes." People also told us they enjoyed visits to the local British Legion Club, and school children from a local school also visited. An activity board on display showed a variety of activities people could

participate in if they chose to.

The activity coordinator said, "Each week I take some people to the British Legion for the music/band. They really enjoy it, and so do I. I have also arranged for a local nursery school to come in once a month to sing for the residents who don't get out, which has been going well. The children also enjoy meeting the older people."

We saw a group of people participating in a word board activity, and this matched the schedule of activities on the notice board. We saw how one person also led the game, this gave the person a sense of purpose and importance whilst enabling the activity coordinator to help and encourage others. People were offered a choice of music and television programmes. A concert of people's choice was put on the television which people responded positively to.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. We saw examples of how people's communication needs had been assessed and planned for. The registered manager was aware of their responsibility and information had been provided to people in easy read, pictorial and large print. This showed how the provider was meeting this standard.

People had access to the providers complaints procedure, this included the use of an electronic I-Pad to record any concerns or complaints that went to the registered manager and senior managers for review and action.

Staff were aware of the complaints process and their responsibility in responding to concerns raised. The complaints log showed where a complaint had been received, this had been responded to as per the provider's procedure.

## Is the service well-led?

### Our findings

Since our last inspection, improvements overall had been made by the provider and how the registered manager led the service. There was an ongoing action plan developed from the outcomes of daily, weekly, monthly audits and checks completed internally. This covered areas such as health and safety, the environment, care records and medicines management. Senior managers also supported the service and completed audits on quality and safety. In discussion with the registered manager, area manager and managing director, they were clear of the continued work required to further improve the service and the importance of sustaining these.

People spoke positively about the registered manager and staff. A person said, "The staff seem okay with their work. I have done questionnaires and I know the manager." Another person said, "The Manager is very visible and staff do well. I think I've done the odd questionnaire."

Staff were positive about improvements that had been made, including how the registered manager and changed their leadership approach. A staff member said, "We are working better as a team, the manager is much more supportive. Documentation and training has improved and staff morale is better." Another staff member said, "Communication has improved and we understand better the importance of completing paper work. The manager is more approachable and is more readily available."

Staff told us the frequency of staff meetings had improved. Meeting records confirmed improvements had been made. For example, in addition to staff meetings, senior care staff meetings had been introduced and clinical governance meetings. This supported staff to be clear about their roles and responsibilities and meant there was improved oversight of people's needs.

A new handover document had also been introduced that provided staff with information of people's specific needs, such as risks with eating and drinking, falls and weight monitoring. However, we looked at the handover document for the previous two days and found inconsistencies in the completion of this document. Whilst this was an effective tool to communicate to staff people's specific needs, it was not consistently used as intended. We discussed this with the registered manager who told us they would discuss this with staff. We received feedback from an external healthcare professional who raised concerns about how information was shared with staff about changes with people's needs. We discussed this with the management team who told us this had already been highlighted and going forward, the registered manager intended to be present in meetings with external health professionals.

As highlighted in this report, other areas of documentation were inconsistently detailed. Whilst we did not identify a negative impact on people, without clear and updated guidance, meant new and agency staff, may not fully understand people's needs. This therefore could cause inconsistencies in the delivery of care. The registered manager told us that they were aware of areas that required continued improvement. To address this, daily 'flash' meetings were to be introduced with heads of departments as a method to improve communication. The appointment of a deputy manager would also support in driving forward improvements with documentation.

The provider's last survey inviting people to give feedback about the service was completed between October and December 2017 where positive responses were received. In the previous period earlier in 2017, people commented on the environment. In response the provider informed people of their plans of refurbishment work planned. This action was found to have been completed. In addition, people had opportunities to attend meetings to share their feedback. The last meeting was in January 2018. The meeting record showed a range of topics were discussed, included activities, meals and staffing updates and care plan reviews. Newsletters were also used to communicate with people about any changes affecting the service. This meant the provider ensured people were consulted about the service they received and feedback was shared of the action taken in response.

The registered manager kept up to date with best practice in different ways. They met regularly with other local managers employed by the provider to share good practice and problem solve. They received policy and good practice up dates from the provider and via the internet. They had developed positive links with external professionals and were aware this was an area that required further improvements.

We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their most recent rating in the home and on their website.