

Vaghjiani Limited

The Laurels Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Our inspection took place on the 25th of July 2017 and was unannounced. During our last inspection we found the provider to be in breach of a number of regulations of the Health and Social Care Act 2008. At this inspection we found the provider had made improvements to the service and were no longer in breach of the regulations.

The Laurels care home provides accommodation and personal care for up to 30 people. On the days of our inspection there were 13 people using the service. The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had worked to improve the management of individual and environmental risks to people who lived at the service. There were sufficient suitably trained staff in place to manage people's needs. Their medicines were managed safely and staff showed a good understanding of their role in protecting people from possible abuse.

People were supported by staff who had received the necessary training for their role. The service was following the principles of the Mental Capacity Act 2005 and where people's mental capacity was in doubt appropriate assessments had been made to ensure any decisions made were in their best interests. The service had also made appropriate applications for Deprivation of Liberty Safeguards (DoLS) so people in their care had not been deprived of their liberty unlawfully.

People's nutritional and health needs were managed by staff who showed an understanding of people's individual needs.

People were cared for by staff who showed them respect and concern for their privacy and dignity. People and their relatives were also involved with the development and reviews of their care plans.

People's care plans contained person centred and individualised care, with the majority of the care plans giving staff good information on their care requirements. However people were not supported to undertake regular social activities and were often bored. The outside amenities required improvements to allow people to safely access the outside areas for social activities.

People were aware of who and how to complain about any issues they had with the service and the registered manager responded and dealt with any complaints made to them. People who used the service, relatives and staff were supported by the registered manager who was visible and approachable. The service was undertaking a range of quality audits to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The safe is safe

Staff had the necessary knowledge to protect people in their care from abuse.

The risks to people's safety was assessed and measures were in place to reduce risks to them.

The staffing levels met the needs of the people in the service and their medicines were managed safely by staff who had received the appropriate training.

Is the service effective?

Good ●

The service is effective

People were supported by staff who had received training to assist them in their roles.

People who lived at the service were not deprived of their liberty unlawfully and the provider followed the principles of the MCA where there was doubt about individual's mental capacity

People received support with their nutrition and were provided with enough to eat and drink.

Is the service caring?

Good ●

The service was caring

People were cared for by staff who were kind and caring. They and their relatives were given the opportunity to be involved with their care planning.

People were treated with respect by staff who also ensured their privacy and dignity was observed

Is the service responsive?

Requires Improvement ●

The service was responsive always not responsive

The lack of social activities meant people were bored and they were not supported to follow their hobbies or interests. The lack of outside facilities further reduced their activities.

People's care plans were person centred and individualised.

People knew how and who to complain to if they wished and the staff managed and responded to any complaints appropriately

Is the service well-led?

Good ●

The service was well led

There was a registered manager in place who was a visible and approachable presence at the service.

Staff were supported and supervised.

People received opportunities to share their experience about the service.

The management team worked together to ensure there were processes in place to monitor the quality of the service

The Laurels Nursing Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 25 July 2017. The inspection was carried out by one inspector. Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with four people who were living at the service and three people who were visiting their relations. We spoke with, two members of care staff, one housekeeper, the cook and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of three people who used the service, four staff files and a range of records relating to the running of the service.

Is the service safe?

Our findings

When we last visited the service we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had failed to assess and mitigate the risks to people in their care. The risk assessments in place were not up to date and did not contain information for staff to support them give people safe care and treatment.

During this inspection we saw there had been significant changes and improvements to the risk assessments in people's care plans and the service was no longer in breach of the regulation. The information was up to date and gave clear information to staff to assist people in their care. One person we spoke with told us staff had assessed their needs when they came into the service and together they had decided on the appropriate aid to assist them with their mobility. They went on to tell us they had observed staff working safely and managing the risks to people and said, "Staff make sure brakes are on wheelchairs so people don't slip and slide." A relative we spoke with told us staff had worked with them to manage the risks to their relation who when they first came to the service sometimes tried to leave the building, which they not be safe doing. The relative told us the staff had worked with them to settle their relation into a new room and had made changes to the alarm system to ensure they were aware if the person tried to leave the building.

Staff we spoke with showed a good understanding of the types of risks different people could be exposed to. For example staff were aware of how to support people safely when they were supported with their mobility by the use of a hoist and we saw this information was in people's risk assessments. Staff told us that there had been a great deal of work carried out on people's individual risk assessments and this had resulted in better information about the support people required. Staff were also aware of their responsibilities in checking equipment before use, and we observed staff undertaking these checks. One person's risk assessments referred to the equipment required for their care, we checked and found the equipment was being used and was in good working order. The measures identified in the person's risk assessment related to their skin care were also in place with up to date monitoring. This showed the service was providing safe care and treatment for people.

During our last inspection we found the provider to be in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to ensure the premises and equipment used by people was properly maintained. We had seen a fire door that was faulty and could not be opened. We did not see any evidence to show that regular fire door checks had been carried out. This posed a risk to the people who lived in that area of the home in the event of a fire. During this inspection we saw the provider had rectified these issues and we viewed the records of fire checks carried out by staff. There were PEEPs (personal emergency evacuation plans) available for each person who lived at the service that reflected their needs should they need evacuating during an emergency such as a fire. An action plan developed following a recent inspection from the fire safety team showed the provider and registered manager had carried out the necessary actions required to ensure they were no longer breaching this regulation.

During our last inspection we found there were not sufficient numbers of staff in place to meet people's

needs and the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection people we spoke with told us they felt there were enough staff in place to support them. One person said, "Enough staff? Yes." They told us staff were usually quick to respond to their call bell and told us the usual response was approximately two minutes. They told us there had been occasions when the response was between five to seven minutes but that staff would apologise and explain why they had been delayed. The person told us, "They are a good bunch." A relative we spoke with told us they came twice a week and other family members visited most days in the week, they said, "There are enough staff."

Staff we spoke with felt the staffing levels had improved, but this was because of the reduced number of people using the service at present. However we saw the registered manager had been using a dependency tool in people's care plan to assist her in managing staff levels. She had also been working on staff recruitment with some success. There had been successful recruitment of housekeepers and this had a positive effect on staff as the housekeeping hours included support at weekends for staff which had not previously been available. The registered manager was also looking at other ways to attract staff and had signed up for the local college's apprenticeship programme to try to encourage younger people into the caring role. This showed the service was being proactive in looking at ways to improve recruitment. The improved staffing levels meant the provider was no longer in breach of this regulation.

The registered manager told us they had worked hard with staff to reduce the amount of agency staff employed and did not employ any regular agency staff. They told us any short notice sickness was covered by the staff team to ensure continuity for the people who they cared for.

Our examination of staff records showed the registered manager had taken the necessary steps to protect the people in their care in relation to the staff who supported them. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included a criminal records check and employment history.

People we spoke with told us they felt safe living at the service they trusted the staff who cared for them. One relative told us, "I feel the staff are trustworthy they look out for the residents."

Staff we spoke with showed an understanding of the types of abuse people who they care for could be exposed to and what their responsibilities were in protecting people from abuse. One member of staff told us they could go to the registered manager or provider with any concerns they had. They told us the contact details of the local safeguarding team were in the safeguarding folder. "I would not hesitate to report something if I felt it wasn't being dealt with." They went on to say that they had confidence that the registered manager would deal with any concerns. Staff we spoke with told us they had received safeguarding training, and one member of staff told us they were undertaking a further course in safeguarding so they could act as a resource for other staff.

The registered manager had fulfilled their responsibilities in dealing with safeguarding issues and had reported issues of concern. They had and worked with the local safeguarding teams to deal with any issues and when necessary ensured lessons were learnt.

During our inspection we saw improvements had been made in the safe management of medicines. People told us they received their medicines on time and one person told us, "The girls stay with me when I am taking my tablets." A relative we spoke with said, "Yes (safe) I've seen them (medicines) given and if something changes they let me know about it." Staff who administered medicines told us they had received appropriate training for their role. We observed staff administering medicines to a number of people and

saw they followed safe practice. Our observations of the storage of medicines showed this to be organised and appropriately labelled. There were regular recordings of room and fridge temperatures and the MARs (medication administration records) showed staff had been completing these correctly. The registered manager undertook regular audits to ensure any issues with the management of medicines were identified and rectified appropriately.

Is the service effective?

Our findings

During our last inspection we found the provider had not applied for Deprivation of Liberty safeguards (DoLS) orders for people who required this safeguard. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014 and meant the provider was not acting lawfully and complying with the MCA and people were being deprived of their liberty illegally. 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 are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we saw evidence to show the provider was no longer in breach of this regulation. Applications for DoLS had been made for people who required this safeguard. The registered manager had worked with people's relatives and assessors to ensure appropriate safeguards were in place. One relative we spoke with told us how they had been involved with this process and the applications and approvals we viewed showed the registered manager was complying with the conditions made. For example one person had changed rooms as this allowed the person to move around the service more freely in a safe and non restrictive way.

The 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.

During our inspection we found there had been significant work undertaken to improve the information in people's files related to their mental capacity. Where people lacked mental capacity to consent to specific decisions about their care and treatment, we saw examples where mental capacity assessments had been completed and best interest decisions made. One person's file we viewed gave clear information for staff about the decisions the person was able to make and the support they required to do this. Another person's file contained a copy of a best interest meeting that had been attended by the person's relatives and staff and showed how they had reached their decision and acted in the least restrictive way in the person's best interest.

People we spoke with told us staff always asked for their consent before providing them with any care. One person said, "Yes they (staff) ask me if I want something and then wait for an answer." Relatives we spoke with told us they saw staff approaching people and asking them if they required help and being led by the person's response. The staff we spoke with understood their responsibilities in ensuring they gained people's consent prior to providing care. We saw throughout the day of our inspection visit staff working with people approaching them and asking them if they wanted them to assist them before providing the assistance.

When we last visited the service we found the provider was not managing people's nutritional needs to support their health and wellbeing. This was a breach of Regulation 14 of the Health and Social Care Act

2008 (Regulated Activities) Regulation 2014. During this inspection we saw evidence to show the registered manager had made improvements in managing people's nutritional needs and were no longer in breach of this regulation.

People we spoke with told us the food at the service was good. There were usually two choices and the chef came to them each day to establish their choice and offer alternatives if required. One person said, "Oh yes it's (meals) good" and another said, "We get enough to eat." Relatives we spoke with told us they thought the food served was good and one relative told us that staff had been monitoring their relation's diet as they had recently developed a health condition which affected their blood sugar levels. They told us staff had explained what this meant for the person and how the relatives could assist their loved one maintain a healthy diet.

Staff we spoke with showed a good knowledge of people's diets and we saw information in people's care plans on their needs and preferences in relation to their nutritional needs. The chef had the same information in the kitchen and explained they worked with staff to ensure people's nutritional needs were up to date. Where required we saw people had been referred to the appropriate health professionals to assist them manage their diet. People were weighed regularly and we saw there were measures in place if people's weights varied to manage this. For example if a person was losing weight the staff weighed them weekly and kept a daily diary of their intake. The chef told us they used fortified ingredients in people's foods to help increase calories intake where required.

People and their relatives told us the staff had the necessary skills to support them with their care. One person told us, "Staff are competent and they support each other." A relative we spoke with said, "Yes they always use equipment properly. I have never seen anything I would worry about."

The staff we spoke with told us they had been receiving appropriate update training and had been given time to complete this. One staff member told us, they had not only undertaken the mandatory training but was also undertaking a further course in promoting dignity. They were looking forward to bringing back information to share with their team so standards of care could be maintained.

The registered manager told us they had recently employed the services of an external trainer who came to the service to deliver training to staff. These sessions included, safeguarding adults, stroke awareness, moving and handling, emergency first aid, food safety, equality and diversity, dementia awareness, MCA and health and safety. The registered manager also explained she had talked to staff about them taking on different lead roles and was providing extra training for individuals in the areas of their lead roles. The registered manager felt this would empower staff to lead by example. We saw evidence of this when we undertook a fire alarm test during our visit. One member of staff who had taken a lead role in fire safety effectively managed the test ensuring staff followed the correct procedures during the test and completed the necessary paperwork following this.

People could be assured their health needs were managed by the staff who cared for them. One person told us the doctor came when they needed them as staff would call them. Another person said, "Yes, the doctor has been in several times they (staff) are quick to call them." A relative we spoke with said, "They (staff) call the doctor straight away (if needed) they air on the safe side." The relative told us they were always informed by staff if there were any health issues related to their loved one. We were able to speak to a visiting health professional who told us they had been visiting the service almost daily since April 2017. They said the staff followed guidance and instructions from them and asked advice about different issues.

Staff we spoke with understood their responsibilities in managing people's health. They told us that senior

care workers managed people's appointments and if a person required the GP the senior staff were quick to call the surgery, out of hours 111 service or when required an ambulance. We saw there were regular visits from health professionals such as chiropodists and when people had required visits or appointments with health professionals they were recorded in their care records so staff was kept up to date with people's current health needs.

Is the service caring?

Our findings

When we last visited the service we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because our inspection showed staff failed to treat people with dignity and respect. People told us the attitude of staff was sometimes varied and although no one was rude or unkind the interactions were often limited to task orientated interactions.

At this inspection we received no negative feedback about staff. People told us staff were kind and one person said staff, "were very good" and "talked nicely to them." Another person we spoke with told us, "Courtesy is part of the culture here." People had particular favourites amongst the staff, one person said, "(Member of staff) looks after me like a mother." They went on to say they appreciated the care and attention. Relatives we spoke with told us staff were kind and caring towards their relations and one relative said their loved one had formed good relationships with the staff who cared for them.

Staff we spoke with told us they enjoyed working at the service and felt things were improving. Our observations showed that staff did make efforts to interact with people at times other than providing care. There were occasions when a member of staff sat with people and chatted to them when they were in the communal areas.

People told us their choices and preferences on how they spent their day were respected by staff. One person told us they got up and went to bed when they wanted, chose their own clothes and what and when they ate. The person told us they had made one or two friends at the service and their relatives could come whenever they wanted. Staff we spoke with had good knowledge of the people they supported and were able to discuss their likes and preferences with us.

People we spoke with told us they had not wanted to be involved with their care planning. One person said, "I haven't helped, but my [relative] has input with this (care plan)." Other people confirmed their relatives had been involved with their care plan and one of the relatives we spoke with confirmed this. The registered manager told us they had been working with people and their relatives to ensure the information in the plans were reflective of their preferences and needs. There was evidence in the care records to show this involvement.

There was information in the service for people on advocacy services available to them; we saw this information in the entrance of the service. An advocate is a trained professional who supports, enables and empowers people to speak up and whilst there was no one requiring an advocate at present, the service had facilitated the use of an advocate for people who had lived at the service in the past.

People's dignity and privacy was taken seriously by the staff who provided care for them. One person who we talked with told us staff treated them with respect and they said, "Oh indeed and the upmost courtesy." Another person said, "They always talk very nicely to us." Relatives told us they were happy with the way staff spoke with and cared for their relations. One relative told us either they or other members of their family came in almost every day of the week, and they had never witnessed any poor behaviour from staff

towards their relative or anyone else who lived in the service. People told us staff were careful to ensure their privacy when managing their personal care, for example closing doors and curtains before providing care. We also saw the staff had a sign they could hang on the outside of a person's door whilst the person was receiving personal care. This was to ensure people would not be disturbed during the care.

Staff we spoke with understood the need for maintaining people's dignity and protecting their privacy. One member of staff told us, "It's all about being respectful and maintaining confidentiality for people." The member of staff told us they were being given extra training in managing people's privacy and dignity so they could act as a resource for staff and link person for the people who lived at the service.

People we spoke with told us staff helped them remain as independent as possible in their day to day lives. One person said, "Yes they let me do everything I can and help when I need it." Staff we spoke with told us they understood the need for supporting people to remain independent. One member of care said, "We watch and wait so people can do things for themselves." We saw evidence of this throughout the day. For example we saw staff assisting people when they were mobilising. Staff walked at the person's pace encouraging them and ensuring they had the correct equipment to assist their independence.

Is the service responsive?

Our findings

When we last visited the service we found people had not received the care and support they needed because known risks were not used to inform people's care plans of the care and support they needed. Their care plans did not contain the information needed to provide them with care that was individual to them and addressed their specific needs. Failing to assess and mitigate risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this visit we saw the registered manager had made improvements to people's care records. People and relatives we spoke with told us the care people received was person centred and individualised. One person told us that staff communicated well with them and they "got individualised care." One relative we spoke with told us they were happy with the way their loved one's care was provided and told us staff treated everyone as individuals.

The majority of the care records we viewed contained individualised, up to date information and reflected people's care needs. For example we saw in one person's care record their moving and handling needs were clearly documented for staff. There had been an assessment of the person's needs what the aim of their care was and how the support should be given. We talked to staff about the person's care and found their knowledge reflected the information in the plan. We then monitored the person's care and checked the equipment used and found the appropriate equipment and daily records were in place for that person.

However we also reviewed a care plan for one person who during our last visit for over an hour made loud vocal sounds whilst sitting with other people in the lounge area. During this visit we saw this behaviour continue for long periods throughout the day and although staff stopped to talk to the person throughout the day and at one point took the person out for a walk. It was clear the person's behaviour impacted on the other people in the room who were trying to watch the TV. One person said, "It gets on your nerves." We checked the person's care record and found that these behaviours were highlighted however there were no strategies in place to support staff manage the person's behaviour. We discussed this with the registered manager who accepted more could be done to manage this behaviour, which clearly impacted on other people sitting in that area.

Staff we spoke with told us they had seen significant improvements in relation to the information in people's care records and they showed an understanding of the need to keep clear up to date information on people's individual care needs. A number of staff were being trained to complete care plans for people they were key worker for. Staff told us a recent improvement had been the daily handover. The registered manager had instigated a 15 minute paid handover at the beginning of each shift and staff felt this had improved the daily handover. One staff member felt it gave them a little more time to be sure appropriate information was passed from shift to shift.

We also saw staff used a communication book to ensure important information was passed on when staff had days off. We viewed the book and saw information that would be of assistance to staff who had time off and needed updating on changes such as medicine changes or appointments for people.

During our visit we found there was a lack of social activities available for people. People we spoke with told us there was very little to do each day other than watch television. However we saw the television was situated in a place where only a small number of people could watch it, the remote control was out of reach and did not contain any batteries and the volume was insufficient for some people to hear properly. One person said, "I just sit here, I used to like to bake."

Relatives we spoke with felt more could be done to stimulate their loved ones and felt the lack of progress with the renovation of the outside areas of the property impacted on their relations. One relative told us they had raised the issue with the registered manager and provider but there seemed to be little progress in this area. They told us they had thought the improvements to the gardens would be made before the summer and would have provided a welcome distraction for people who lived at the service. They had been disappointed in the lack of progress.

During our visit our observations of the lunch and teatime meals showed that although people were supported with their nutrition the mealtimes lacked a social atmosphere. People who were sat together were not served together which meant people were left watching other people eat whilst waiting for their meals. There were very few condiments or decorations on the tables and there was a lack of conversation or stimulation for people that may have improved the experience. We highlighted this to the registered manager who told us they would monitor the meal time experience as part of her ongoing improvement plans for the service to endeavour to make it a more sociable experience.

Staff we spoke with told us there was no organised programme in place for activities. One member of staff said, "It depends on how well the shift goes as to whether we can do things with people." Whilst the registered manager had begun to look at the issue of planning regular activities for people and had given one member of staff the lead role for managing activities. The staff member had not been given time on the duty rota to undertake any planned activities. We discussed our ongoing concerns with regard to the lack of focus on social activities for people with the registered manager. They told us they had been focusing on a number of different areas of people's care and accepted more needed to be done to improve social activities for people. They explained some of their plans for the near future and told us the talks with the provider about the lack of progress of the development of the gardens were ongoing.

There was a complaints procedure on display to inform people how to raise concerns and people and their relatives told us they knew who to raise concerns with when they had them. One person told us they knew what to do but said, "I would do it through my [relative]." They went on to say any niggles they had reported had been dealt with. One relative told they had complained "a good while ago." They told us the issues had been sorted out to their satisfaction.

Staff we spoke with told us they knew how to deal with complaints made to them, one member of staff said, "I would tell the manager, document it, but if I could deal with it myself I would." We saw the registered manager had kept a record of complaints and concerns and their responses to them and had followed the company's complaints procedure for responding to concerns and complaints.

Is the service well-led?

Our findings

When we last visited the service we found there was a lack of quality audits in place to assist the provider assess the standards of care and risks for the people who used the service. This failure to establish and operate systems to assess, monitor and mitigate against risks relating to the health, safety and welfare of people who used the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we saw the registered manager had made improvements in the systems used to monitor the quality of the service for people in their care.

There had been regular audits relating to medicines, care plans, and some environmental audits relating to fire safety and infection control. For example when we last visited the service we found there was a lack of records to show if regular checks had been made on the emergency lighting. At this visit we found the records completed to show this regular essential check had been carried out and the registered manager had been auditing this process. We also saw the registered manager had highlighted where following an audit improvements were required and had addressed issues highlighted. The registered manager was working to ensure there was a range of audits in place to monitor all aspects of the service to ensure the care people received was of a high standard and the possible risks to people was reduced.

We were also provided with evidence to show the provider oversight of the quality monitoring processes at the service by using quality monitoring indicators. These indicators required the registered manager to send the provider information each month on issues affecting individuals in the service. For example if people had developed pressure ulcers, weight losses and what measures were in place, accidents or incidents that may have taken place as well as progress on any environmental audit actions points. The provider had employed an external consultant who managed this process. We saw recent monitoring of medicines management had taken place and saw that actions highlighted had been undertaken when we looked at the medicines on our visit.

This showed there was a structured plan to manage the auditing process at the service and this meant the provider is no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last visited the service the manager had not yet registered with us (CQC) to become the registered manager. It is a condition of their registration for the provider to have a registered manager in post to manage the service who is aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). At this inspection we found the manager had registered with us this meant the provider was complying with the terms of their registration.

People we spoke with told us they knew the registered manager, they saw and spoke to her regularly. People we spoke with knew her name and told us they could talk to her when they wished. One relative said, "Yes (registered manager) is visible and approachable." They went on to say they were given feedback for her of issues relating to their relation and added, "If I ask a question I get a straight answer."

Staff we spoke with told us the registered manager was available for them to speak to and, "her door was always open." Staff felt the support over the last few months had improved, one staff member said, "We seem to be getting on the right track management wise, the introduction of the senior role was a good move." Staff felt there was a better atmosphere at the service and staff worked together well. One staff member said, "The way I see it we are here to do a job and be here for the residents do the best we can for them, and I think we do."

Staff told us they had begun to receive regular supervisions and had found them helpful. One member of staff said, "Yes had these (supervision and appraisals) they are useful I can talk about things and off load, get advice and they tell me what they expect from me." We saw records that showed a structured supervision programme in place for staff. There were also regular staff meetings and the minutes showed there had been discussion about the expectations of staff and the developments in the service.

Since our last visit the provider had employed a consultancy team to support the registered manager to improve areas that had been identified as requiring improvement at the last CQC report. The registered manager told us they had found this support helpful and it had helped them prioritise their workload. Our conversations with the provider also highlighted their commitment to continuing with this support. This showed the provider was working to support the registered manager in their role.

The registered manager had started to hold relative and resident meetings since being in post to gain an understanding of the relatives views on the service and had also sent out questionnaires to people and their relative to obtain views on the care provided. One relative told us they had completed the questionnaire and was happy with the care provided, however felt the provider had been slow to respond to the issue of the garden renovations. We discussed this with the provider who was able to reassure us this issue was being addressed and they had engaged the services of a team who were working to improve the garden areas in the very near future.