Renal Health Limited

Gailey Lodge Care Home

Inspection report

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Tyne and Wear
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 23, 24 and 26 June 2015, at which four breaches of legal requirements were found. These related to person centred care, safeguarding, safe care and treatment and good governance.

After the comprehensive inspection, the provider wrote to us to say what action they would take to meet legal requirements in relation to the breaches. We undertook a focused inspection on 26 and 27 January 2016, which was unannounced, to check that they had followed their plan and to confirm that they now met legal requirements.

You can read the report from our previous comprehensive inspection, by selecting the 'all reports' link for 'Gailey Lodge Care Home' on our website at www.cqc.org.uk

Gailey Lodge is the only location owned by Renal Health Limited and is based in Whitley Bay. The provider owns a sister home nearby, operated through a separate registered company. Gailey Lodge provides accommodation for up to 22 people with physical disabilities and/or mental health issues, who require assistance with personal care and support. At the time of the inspection there were 19 people using the service.

At the time of the inspection the home did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We had written to the provider and requested they take action to ensure a manager was formally registered with the Commission as soon as possible and an application was in progress. The home's acting manager and the provider's operations manager were present during, and assisted us with, the inspection.

At the previous inspection we had noted a small number of windows at the home did not have appropriate window restrictors fitted. At this inspection we found there were still windows without restrictors. The operations manager told us this had been an oversight. He contacted us the day after the inspection to advise us that this work had now been completed. Wider safety checks on equipment and safety systems were in place. Broken bulbs in rooms and corridors had been replaced and small electrical items had been tested to ensure they were safe.

At the last inspection we had raised issues about the cleanliness of the home and infection control. The home had worked extensively with the local infection control team to improve cleanliness and infection management. Toilets and bathrooms had been upgraded and refurbished. Carpets had been cleaned and in some places flooring had been replaced.

We had also raised concerns about the safe management of people's finances at the previous inspection.

Appropriate systems were now in place to ensure that people were protected against financial abuse and, where necessary, appropriate applications to the Court of Protection were being considered. People told us they felt safe living at the home and staff confirmed that they had received training in relation to safeguarding vulnerable adults.

People told us there were enough staff to support them with their care. Extra staff had been scheduled to work in the evenings. Additional domestic time, kitchen staff and handyman hours had also been sanctioned by the provider. Proper employment processes were in place to ensure the safe recruitment of staff and proper checks were in place. Medicines at the home were stored safely and staff administered them appropriately. Medicine records were up to date.

At the last inspection we found that appropriate systems regarding the application to the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards were not in place. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. The manager confirmed that no one living at the home was under any restrictions as defined by DoLS. Records showed that consent was sought from people and that their capacity to consent is considered and the Mental Capacity Act (2005) (MCA) was applied appropriately.

The operations manager told us a new training system had been purchased to support staff development. Staff told us they were able to access a range of training and had recently participated in a specific event regarding infection control and supporting people with alcohol issues. Staff said, and records confirmed that they had regular supervision. The manager told us that annual appraisals were still to be arranged.

People were supported to maintain their health and wellbeing. People were able to attend doctors' and other health appointments. There was evidence of staff from the home consulting with specialists about people's needs and health requirements.

People told us there was sufficient food and drink provided at the home. They told us they had access to a kitchen so they could prepare their own hot and cold drinks. People with special diets were catered for and supported by staff, as necessary.

Partial redecoration of the home had taken place with some corridors and the lounge areas repainted. The manager told us further work was planned to continue to upgrade the home, but this needed to be planned to work around people living at the home.

At our previous inspection we had found that people were not always involved in reviewing their care. At this inspection we saw people's care records had been rewritten. People indicated that staff had spoken to them about their care reviews and that they had been involved in setting their care plans. People told us they were happy with the care provided and said they now had a key worker to work with, which they found helpful. We observed there were good relationships between staff and people who lived at the home. People told us staff treated with dignity and respect.

People had individualised care plans that included risk assessments and identified people's care needs. Care records had been fully rewritten and reviews of these new plans had taken place. Staff also regularly reviewed people's activities and significant events on a monthly basis.

People told us there were activities at the home, although some people said they would like more to be made available. Other people told us they liked to manage their own time and could do what the wished. People were free to go out when they wished. The manager said staff would support people to access the community.

People knew how to make a complaint and said they would tell the staff or the manager if they had a complaint. The provider had a complaints policy which was available throughout the home. There was now a system to record concerns as well as formal complaints. There had been no formal complaints since the last inspection.

A number of checking systems had been put in place, but the manager told us she was still looking at developing a wider audit system. The majority of people and staff were positive about the management of the home and the changes that had been made. There were regular meetings with staff and people who used the service. Both people and staff at the home had been asked to complete questionnaires to ascertain their views and experiences at the home.

The manager and the provider told us they felt that good progress had been made, but recognised there was still work to do to further improve the home.

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.

At the time of inspection we found that not all windows at the home were fitted with appropriate window restrictors. The day following the inspection the provider wrote to us stating this this matter had been addressed. Regular checks on other equipment and safety systems were undertaken.

The home had worked closely with the local infection control team. Cleanliness at the home had improved. A number of toilets and bathrooms had been refurbished. Working surfaces in a kitchen area had been replaced.

Proper arrangements were in place to protect people from financial abuse and help them manage their monies. Staff employed at the home were recruited following appropriate procedures and checks. Medicines were managed safely and effectively.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were aware of the need to promote choice and the concept of best interest decisions in line with the Mental Capacity Act (2005). Assessments in relations to the Court of Protection and supporting people with their finances were being undertaken. No one living at the home was subject to any restriction under the DoLS guidance. Consent was obtained before care was delivered.

Staff were able to access appropriate training and development. They received regular supervision sessions but appraisal systems had not been fully established. People were supported to access services to promote their health and wellbeing.

People told us there was good access to food and drink. People requiring special diets were supported. Some redecoration and refurbishment of the home had taken place, although other areas still required further work to complete the process.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received and enjoyed living at the home. We observed good relationships between people living at the home and staff. People told us staff involved them in reviewing their care plans.

There was a range of information available to people on notice boards and in leaflets throughout the home.

People told us their dignity and privacy was respected. Staff talked knowledgably about supporting people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Care plans had been rewritten. Plans included an assessment of any risks associated with care and detailed actions for staff to follow when supporting people. People told us staff had spoken to them about their care plans.

Some activities were provided for people to participate in, although many people living at the home went out or followed their own interests.

People told us they knew how to raise any complaints or concerns. There had been no recent complaints. Details of how to complain were available around the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

At the time of inspection there was no manager registered with the CQC. A range of checks and audits were undertaken to ensure people's care and the environment of the home were effectively monitored.

Staff talked positively about the support they received from the managers. People said the managers were approachable. Questionnaires completed by people living at the home, and by staff, showed a high level of satisfaction with the home and work environment.

There were meetings with staff and people who used the service. Records were complete, up to date and contained good detail.

Gailey Lodge Care 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 inspection took place on 26 and 27 January 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and a specialist adviser who has expertise in the type of care the home was providing.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local Clinical Commissioning Group. We used their comments to support our planning of the inspection.

We spoke with seven people who used the service to obtain their views on the care and support they received. We talked with the manager, the provider, the operations manager, deputy manager, senior support worker and three care workers. Additionally, we spoke with a social worker and members of the local NHS infection control team, who were visiting the home on the days of our inspection.

We observed care and support being delivered in communal areas including the lounge area and the dining room. We looked in the kitchen area, the laundry, bath/shower rooms, toilet areas and checked people's individual accommodation. We reviewed a range of documents and records including; five care records for people who used the service, six medicine administration records and five records of staff employed at the home. We also examined complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people who used the service and a range of other quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection we had noted that a number of windows at the home had not been fitted with window restrictors that met the recommendations of the Health and Safety Executive (HSE). We found some windows were secured with simple chains that at least one person had detached to allow them to open the window wide. At this inspection we found there had been some work in this area, but that there remained windows without approved restrictors fitted or risk assessments undertaken, including at least one window with a simple chain fixing still in place. The operations manager told us that this had been an oversight, because of all the other work that had been undertaken at the home. He told us they would look to address this matter immediately. The day following the inspection the operations manager wrote to us and told us that work to secure all windows had been completed and that all restrictors or systems in place now met the requirements of the HSE guidance.

At the last inspection we had also noted that areas of the home were dark, because several bulbs were missing or had failed. Additionally, certificates to confirm that portable appliance testing (PAT) had taken place on small electrical items were not able to be located. At this inspection we found that most lighting in the home was adequate and that small electrical items had been appropriately tested.

Wider safety checks were in place at the home including checks on fire safety equipment, water systems, gas equipment and fixed electrical systems. A weekly fire alarm test was undertaken on one of the days of the inspection. This tested that alarms worked and that self-closing doors were all activated when the alarm went off. The manager told us the home now had identified fire wardens to carry out checks at the home. We noted that there was no recent record of a fire evacuation drill being undertaken. The manager told us that there had been no formal drill within the last six months. She said this needed to be organised, but that a minor alert a few months ago had resulted in an effective vacation of the premises within a matter of minutes. This meant that whilst progress had been made in this area, there were still some minor elements that needed to be completed with regard to the overall safety of the building.

We had also previously raised concerns about the cleanliness and the management of infection control at the home. Since the last inspection the home had worked extensively with the local NHS infection control team. We spoke with members of the infection control team who were visiting the home on one of the days of our inspection. They told us the management had responded positively to their suggestions. They said an initial infection control audit had produced a score of 40%. The most recent audit had seen this rise to 78%.

Changes made at the home included the refurbishments of a number of toilets, bathrooms and shower rooms, the replacement of broken working surfaces in a drinks kitchen and the installation of a janitorial sink for use by the home's domestic staff. Additional soap and paper towel dispensers had been fitted around the home and alcohol gel dispensers located at strategic points. Some carpets and flooring had been replaced, whilst other carpets had been cleaned pending future replacement. The number of domestic hours at the home had been increased through the recruitment of an additional domestic staff member, although care staff continued to undertake some cleaning work. Regular two hourly checks on the cleanliness of bathrooms and toilets were undertaken.

People we spoke with told us they could see that the cleanliness of the home had improved and felt the bath and shower room facilities were now much more welcoming. The infection control team told us there was still work to progress, such as further improvements with the laundry facilities and additional toilets and bathroom to upgrade, but they felt that positive action had been taken to date. This meant that the provider had taken action to improve the cleanliness and management of infection control at the home.

At our last inspection we had raised concerns about how people's finances were handled at the home. The home's administrator held people's bank cards and bank PIN numbers and supported people by withdrawing monies for them, without any checks being in place. Where the home held monies in the safe, on behalf of people, proper checks and safeguards had not been in place to ensure these accounts were managed properly. Where people were being supported by the home with their finances there was limited evidence that proper best interest decisions or processes had been followed or reviewed.

At this inspection we found the home had made considerable improvements in this area. Where there were concerns that people may not have the capacity to manage their own finances appropriately, the home was working with an appointed social worker to make applications to the Court of Protection (CoP). The Court of Protection is a court established under the Mental Capacity Act (2005) and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made because they may lack capacity to do so. The social worker told us the home was working hard to ensure that all appropriate safeguards were in place, although there were some delays in getting final decisions from the CoP. He told us he was satisfied with the interim system put in place to manage people's finances until final CoP decisions had been approved.

Where the home held monies for people, these were stored securely in a locked safe. Each person had an individual account book to record monies taken out or deposited. Any transaction was signed for by the person and a member of staff. Regular checks were undertaken to ensure that recorded totals matched the actual cash held by the home and these checks were double signed by staff to say they were correct. This meant that proper checks were in place to limit the risk of people suffering financial abuse and proper legal channels were being pursued to ensure that people's finances were managed safely. Risk assessments for other areas of people's care and support had been developed as part of a recent review of care plans.

People told us they felt safe living at the home. They told us there were occasional "flare ups" between people but that the staff were able to calm these down. They said there were no actual fights and it tended to be shouting, more than anything else. Staff had received training in relation to safeguarding adults. They told us that if they had any concerns they would inform the manager or operations manager. The provider had submitted a number of notifications to the CQC regarding potential safeguarding matters. We noted that the manager had taken appropriate action in these cases, informing people's care managers and the safeguarding adults team. In some instances, such as people not returning to the home at agreed times, the police were appropriately informed or attended the home.

Staff told us there was always a senior member of staff on call for help and advice if they were unsure about what action to take. Accidents and incidents at the home were recorded appropriately and monitored by the management. The manager told us the home had identified first aiders and the operations manager showed us there were now several first aid kits located at various points around the home.

The manager told us there were currently 17 staff employed at the home, including 12 care or senior care staff, two handymen, a house keeper, a cook and an administration assistant. She said that additional staff were about to join the service including an additional cook, domestic assistant and two further care workers. She confirmed she and the operations manager also spent considerable time at the home. People

told us there were generally enough staff to help support them. They told us that staffing had been increased in the evening, but there were still times, when staff were busy, that they sometimes had to wait for help or support. Some people told us that, whilst they could go out on their own, if they wanted a member of staff to accompany them this was sometimes more difficult to arrange. The manager told us that some people had specific time to undertake activities and, where possible, they would support people to attend appointments or go shopping, depending on other demands at the home at the time. Staff we spoke with told us there were enough staff to support people on a day to day basis.

The manager told us that a considerable amount of recruitment had taken place and that additional staffing hours had been sanctioned by the provider. She said the recruitment was an ongoing process and there was an intention to recruit further part time staff to help provide cover for holidays or absences. One person told us, "There are enough staff. There wasn't before but it has got better, although they still seem to have to do a lot of paperwork."

Staff personal files indicated appropriate recruitment procedures had been followed. We saw evidence of an application being made, references being requested, one of which was from the previous employer, and Disclosure and Barring Service (DBS) checks being made. DBS checks ensure staff working at the home have not been subject to any actions that would bar them from working with elderly or vulnerable people. We noted that for one person only telephone references had been obtained. The manager told us this was not usual and written references were normally taken up. Staff confirmed they had been subject to a proper application and interview process before starting work at the home. This meant appropriate recruitment processes were in place to ensure staff employed at the home were appropriately qualified or experienced.

We checked the management of medicines at the home. We found the medicines were stored safely and that cupboards and trolleys were neat and tidy. Some people were being supported with controlled medicines. Controlled medicines are medicines that are required to be managed in line with specific legal requirements, to ensure they are handled safely and stored securely. We checked the home store of controlled medicines and found they were kept securely and that totals stored matched to amounts recorded in the home's records.

There were no gaps in medicines administration records (MARs). Some MARs were handwritten. We saw that there had been no check by staff to ensure that these handwritten entries fully reflected the information contained on medicine labels. We spoke with the manager about this. She said she would ensure an appropriate system was put in place. There were regular checks on the numbers of tablets and medicines held at the home to make sure none had been lost or gone missing. Staff confirmed that they had received training in the safe handling of medicines or were in the process of completing training. Training records confirmed this. This meant that medicines at the home were managed safely and effectively.

Requires Improvement

Is the service effective?

Our findings

At the last inspection we found that proper assessments had not been undertaken in in relation to the application of the Mental Capacity Act (2005). Staff had understood a person to be subject to a Deprivation of Liberty Safeguards (DoLS) order which had in fact expired.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that no one living at the home was currently subject to a DoLS authorisation. Where necessary, work was ongoing to complete capacity assessments around people effectively managing their finances. The home was working with an appointed social worker with regards to this.

Staff understood about the need to support people to make choices. They told us that people living at the home had capacity to make day to day decisions. People told us they could go out when they wished and make decisions about their life. Care plans recognised that people had the right to make choices, including choices that may be considered unwise. Care plans indicated people had the right to refuse items such as medicines or meals, but also contained information about the action staff should take when this occurred.

People told us they felt staff had the right skills and experience to support them. One person told us, "The staff are good. There are a lot of new young staff who are very good and very enthusiastic." Another person said, "The staff are always there for us. They seem to know what to do."

The operations manager told us that the home had recently signed up with an on-line training provider to gain access to a range of additional training and development programmes. The manager told us that all future training for staff recently recruited would follow the Care Certificate requirements to ensure that training was of an appropriate standard. The Care Certificate is a set of standards that social care and health workers use in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. We examined the home's training matrix which detailed the training for all staff employed at the home. Areas of training included; infection control, health and safety, moving and handling, safeguarding and first aid. The administrative assistant for the home explained how the matrix identified when people had completed training and also noted when refresher training was required.

Staff told us they had access to training and could request additional support, if necessary. They told us they

had recently received specific training on supporting people with alcohol issues. They said this training had been very informative and very helpful to their work. The infection control team said they had also provided the home with some specific training around effective management and prevention of infections. Staff who had recently started working at the home confirmed that they had been subject to an appropriate induction process and had spent time shadowing more experienced staff.

The manager told us there were regular supervisions sessions and records confirmed this. Supervision records were detailed and covered both performance at work and also personal issues that people wished to discuss. Staff said they could raise issues in these sessions. The manager told us that yearly appraisals had not taken place because she had been concentrating on ensuring regular supervision sessions occurred to help move the home forward. She said she was aware this was something that needed to be addressed.

People told us that communication at the home was generally good. One person commented, "The place works good. You get enough information that you need." They told us they could approach the manager, deputy manager or operations manager and discuss anything that was concerning them. Information was displayed on a noticeboard in the home. This contained information about future trips out or activities, but also contact numbers for other services. Illustrated copies of a service user guide and the home's complaints policy were available in the main foyer area of the home. This meant that there was effective communication in a range of areas.

Care records contained copies of consent documentation, signed by people. People had given permission for the home to share information with key professionals and permission to have photographs taken and displayed at the home. Staff respected people choices; such as if they wished to spend time in their rooms or in communal lounge areas, whether they wanted meals and whether they wished to go out. Staff always knocked on people's doors and waited for permission to enter when going about their daily duties. All people were asked if they were happy for us to visit their rooms, as part of the inspection, and where people preferred us not to enter this was respected. This meant the people's consent was sought whilst care and support was offered.

People were supported to maintain their health and wellbeing. People told us staff would accompany them to doctors and hospital appointments. We saw records of detailed telephone conversations between staff at the home, general practitioners and specialists. Records also showed people had contact with local services such as district nurses and local mental health specialists. Information on how staff should support people with health conditions was contained within care plans.

People told us that meals at the home were good and that there was sufficient to eat and drink. One person told us they would like to have a little more variety of meals, but they were happy with the quality of the food. At the previous inspection there had been an issue about people accessing drinks freely, but this had been addressed and we witnessed people going in and out of a small kitchen area freely with cups of tea or coffee. We saw that meals were freshly prepared in the home's kitchen, including a homemade pie. Where people required specialist diets, these were catered for. Two people had been identified as having potential swallowing or choking issues. We saw staff sat with people whilst they were eating to ensure they were safe. People's weight had started to be monitored monthly to ensure help manage any health issues related to weight gain or loss. The manager showed us how the home's former smoking room was in the process of being updated into a new drinks kitchen and seating area to improve access for people to sit and have drinks and relax with friends. This meant that people had access to appropriate levels of food and drinks.

The manager told us the redecoration of the home was ongoing. She said that this had been slower than hoped because it was necessary to work around people to minimise inconvenience and also ensure people

were safe. We saw the top corridor of the home had been fully repainted and a new carpet laid in the corridor. The main lounge had been painted and refreshed and bathrooms and a shower room updated. Additional carpet and flooring had been purchased for other areas of the home, but had not yet been fitted. Some parts of the home were yet to be decorated and some bathrooms of toilet areas needed to be finished off. People told us they could see that improvements were being made at the home and thought that management were making progress, although recognised a lot of work needed to be done. A minority of people were unhappy that the smoking room had been removed and a smoking shelter located in the garden. They felt the shelter should be bigger and more substantial. This meant that some work had been undertaken to improve the decoration of the home but that there were still areas where work needed to be finalised.

Good

Is the service caring?

Our findings

At the last inspection we found that it was not always clear that people had been involved in establishing or reviewing their care plans. This meant it was not clear that people agreed with or understood their care plans.

At this inspection we found that the care plans for 15 of the 19 people living at the home had been fully rewritten. Plans indicated that people had been consulted about the changes to their plans, and consent forms contained within the records had been signed by people. Some records contained agreements about how certain aspect of their care would be supported by staff. These had been signed by the person to say they would adhere to the agreement, although some people we spoke to were sometimes confused and could not always recall the details of the agreement.

The home had introduced a key worker system. This meant that each person was allocated a particular member of staff who took on the responsibility of reviewing and updating their care records and discussing any changes with them. Staff meeting minutes reminded staff to have regular conversations with the people they were allocated to support. People we spoke with told us that the key worker system had been a big improvement. They told us that they could speak to any member of staff, but having an allocated staff member meant they could build a relationship with them. Comments from people included, "I know what my care plan says. It covers issues about helping me get back into my own home"; "I have a file. Me and (key worker) looked through the file"; "(Key worker) went through the file with me and we decided we might need to update some medical stuff"; "I have a key worker and that is good" and "Me and (key worker) sit down and go through the care plan. I know what is in the file."

We saw that monthly reviews of people's activities or significant events were undertaken by key workers. Whilst people said staff chatted to them about these it was not always clear from the entries that they had been involved in these reviews. We spoke with the manager about this. She said she would look to ensure that people's views were properly recorded. This meant that people were involved in planning and reviewing their care.

People we spoke with were happy with the care provide. Comments included, "There is always someone to talk to now"; "I get on really well with (staff member); she is one of the better ones"; "My mum comes in now and she is happy with things. She is not worrying now" and "They have been great with us. The staff have always been here for us. They look after us canny (really) well."

Several people drew our attention to a plaque that had been erected in the lounge area. The plaque commemorated the life of the previous manager at the home, who had sadly passed away. People told us that it was a collective decision to erect the plaque and place it in the lounge area. They told us they were very fond of the previous manager and this action was important to them.

We spent time observing how people and staff at the home interacted. There appeared to be good relationships with people. Conversations were open and friendly and included frequent humorous

exchanges and sharing of jokes. People were also able to have private conversations with staff, if they wished. Other staff at the home, such as handymen and kitchen staff also took time to interact and share jokes with people. One person told us, "The staff are kind and caring. We get on the best we can. They seem to know me. If I go quiet they will come and talk to me and check I am okay."

People told us their privacy and dignity was respected. They said they could spend time alone in their rooms and, whilst staff checked they were okay, they did not overly intrude in their time. One person told us that staff helped them sensitively when supporting having a shower or a bath. One person said staff would offer the minimum of help required and allow as much privacy as possible. They said, "It's just one of those things and you have to accept it, but they do okay."

The manager told us that no one at the home was currently being supported by an independent advocate, although this would be arranged, if required. She said they were currently seeking reviews of care for most of the people at the home and were contacting care managers and social workers to undertake these reviews, to ensure people had proper assessments and representation. This meant people had access to advice and support if they required additional assistance.

Good

Is the service responsive?

Our findings

At our last inspection we saw that records kept in relation to the care and support that people were receiving were not always accurate or up to date. This meant that people may receive incorrect support because information did not correctly reflect their needs.

At this inspection we found the majority of care records had been reviewed and revised. The provider had seconded a deputy manager to the location from a sister home, with the specific task of reviewing and revising all the care plans. We saw that plans contained a series of risk assessments linked to people's needs and these risk assessments then informed the development of specific care plans. Care plans covered areas such a people's mobility, access to health care, support with medicines, support with personal care and support with finances.

We were unable to identify the assessment process through which these risks and care needs had been identified and spoke with the manager. She told us that at this stage the priority had been to revise the care plans into a more accessible and appropriate format. Care needs were based on those previously identified along with additional support identified through discussion with people. She said that they were looking to have full reviews of care and were in the process of arranging these fuller reviews with people's care managers or social workers.

Care plans contained good detail of the actions that staff should take to support people. There were clear instructions for staff to follow if people decided they did not wish to take their medicines, how staff should support and monitor people's health and how staff should support people's psychological health. There were also instructions for staff to follow if people did not return to the home and there was concern they may be at risk. Some areas of the plans contained vaguer phrases such as "support" or "encourage", without fuller explanation as to what this type of support would look like. The manager told us that the current revised care plans were a starting point. She said as the service developed more and assessments were undertaken then more detailed information would be included in people's plans.

New care plans had only been in operation for two or three months. However, there was evidence they had been reviewed in this time, although there was limited indication of any revisions at this stage. In addition, staff undertook a monthly review of daily records and highlighted any key care elements in these reviews. People told us that staff sat and talked with them about their care. This meant the provider had taken action to revise and update care plans and records for people living at the home, although acknowledged that this was an ongoing process.

People told us there were some organised activities at the home. We saw posters advertising trips out and a proposed Valentine's day event. In response to a questionnaire five people had indicated they would like to see an increase in the range of activities. Some people told us they would like more organised events, whilst other people said they preferred to spend time engaged in activities personal to them. Comments from people included, "Finding things to do is the issue. We need more activities; although no one really bothers with them" and "There are activities. We go out on trips, but not many want to do things. They prefer to

spend time in their rooms and stuff." During our inspection we saw one person was participating in a cooking session with a staff member. The staff member said other people had been invited to join in but had preferred not to.

We spoke with the manager about activities. She said they were looking to increase events at the home, but many people preferred not to join in. She said some people living at the home had specific plans to support them to go out in the community. Records showed that these activities were supported. The provider said that where possible people were supported to go out, depending on the overall demands of the service. One person told us they went regularly to a local day centre. We saw them waiting for the bus later in the day, which picked them up at took them to this activity. This meant that activities were supported and people could join in communal events or alternatively follow their own interests.

People told us they were able to express their individuality. People showed us their rooms and said they could decorate or furnish them as they wished. We saw people's rooms had posters and pictures on the wall that reflected their interests. Some people had access to the internet through computers in their rooms. Other people had collections of DVDs and music CDs that they enjoyed watching or listening to, or had games consoles in their rooms. This meant that people were able to follow their individual interests, activities or preferences.

The provider had a complaints policy in place and a copy of the policy was available in the home's foyer area. The manager told us there had been no formal complaints since the previous inspection. She told us that she had also introduced a log to record any lower level concerns that people expressed; although there had been no concerns recently. People we spoke with told us they knew how to make a complaint. One person did tell us they would be nervous about raising a complaint. Another person told us, "If there is a problem we can speak to the staff about it or we can call a meeting and discuss it." This meant the provider had a process in place for people to register and manage complaints or concerns.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager formally registered with the CQC, although an acting manager has been at the home since the previous 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. We had written to the provider and requested they take action to ensure a manager is formally registered with the Commission as soon as possible. We noted on our system that an application had since been received and was awaiting assessment by a member of our registrations team.

At the previous inspection we had found the checks and audits on people's care and the safety of the home had not been carried out for a number of months. At this inspection we found that checks were again being introduced and carried out. We saw there were regular checks on fire safety equipment such as; extinguishers, safety lights, fire exits and fire alarms. One of the home's handymen also carried out checks on water temperatures at the home and ensured that shower heads were regularly replaced or cleaned. Regular checks on the cleanliness of the home, in particular bathrooms and toilets had been introduced. Checks on medicines stocks had been introduced although wider audits of medicines records and management had not been established. The manager told us that whilst a number of quality checks were in place she was still working on a wider audit and quality checking process to be introduced at the home.

We spoke to the provider about the improvements made at the home and the work still to be carried out. He told us that he felt that there had been good progress made, although recognised that there was still further work to be carried out. He felt updates and changes had been managed appropriately, because the home was still supporting people at the same time as making improvements. He said that issues such as the decoration and painting had to be carried out whilst keeping people safe and keeping inconvenience to the minimum. This meant the process had been slower than he would have liked.

People told us they felt the management at the home were working hard to improve things. One person told us, "Things are alright. We are getting used to the management; it's just about different rules. They are getting things done; getting things cleaned up. Have you seen the new bathroom, its brilliant?" People also told us that they were able to talk to the manager. Comments included, "(Manager and operations manager) are alright" and "(Manager and operations manager) come and talk to you. I can talk to them; they are approachable." One person told us they felt uncomfortable with the new managers and was unsure about their approach.

People also told us that the providers regularly visited the home to check on progress. One person told us, "(Providers) come round often. They will sit and chat with you." The manager said that despite not living in the immediate area at least one of the providers visited the home on a weekly basis and they took an active role in improving the home.

Staff told us that they were happy working at the home and that they felt well supported by the managers.

Comments included, "They are lovely really. Very approachable. I can ask anything if I'm not sure." Staff also told us there was a good group of staff working at the home and that they worked as a team. Comments included, "Everyone works as a team. We cover each other's shifts and stuff. If I'm not sure about something other staff will always tell you."

People told us there were meetings between staff and people living at the service. We saw that at a previous meeting people had asked for one of the directors to attend a meeting, so they could speak to them directly. They felt this was important. We saw at a subsequent meeting a director of the provider's company had been part of the meetings and participated in the discussions.

The provider had also undertaken a "Residents' survey" in January 2016. 11 questionnaires had been returned. People were asked to respond to question such as: "Do you like where you live?"; "Do you like the people who support you?" and "Do you feel choices are supported?" With the exception of concern over activities at the home, the majority of people had indicated they were happy with the care provided. Some comments on the questionnaires included, "Happy with the staff help"; "Yes, staff are brilliant"; "It's good because I can talk to staff" and "Staff do a good job."

Staff had also been offered the opportunity during January 2016 to complete a questionnaire in relation to their employment and work conditions. Eight staff questionnaires had been completed. Staff were asked to rate their experiences on a scale of 1- 5, with five being the most satisfied. Seven staff had responded to the majority of questions with scores of either four or five, indicating they were satisfied with their work conditions. Regular themes that did not score well included: team work/ team working; Informal praise being received and support and development.

We spoke with the manager about what action had been taken in relation to both of the questionnaires. She said that as the surveys had only been completed in January there had not been time to discuss any action in response to the results and that the items would be considered at a meeting between the management and the providers in the near future. This meant the people and staff had the opportunity to express their views on the running of the home.

Since the previous inspection the manager had appropriately notified the CQC of any significant events, such as any safeguarding issues or serious injuries. Providers are required by law to notify the CQC of important events, serious injuries or deaths. This is so we can monitor the service and maintain an overview of happenings at the home.

Records at the home were up to date. Medicine records were complete, records related to the safe running of the home well maintained and financial records up to date. Daily records maintained by staff contained good details of people's activities or presentation. There were very detailed records of telephone calls received from professionals or healthcare staff, with advice or information recorded well. This meant that records at the home were kept up to date, in good order and stored appropriately.

The manager told us she was aware there was still work to be completed at the home but felt they had made good progress in the six months since the last inspection. She said she estimated it would take 18 months to get the home to a point where she would be satisfied with the standards of care. She said she was determined to keep moving the home forward and bringing in improvements.