Burlington Care Limited

The Elms

Inspection report

Lowgate
Sutton Village
Hull
Humberside
HU7 4US

Tel: 01482781087
Website: www.burlingtoncare.com

Date of inspection visit:
16 April 2018
17 April 2018

Date of publication:
16 May 2018

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

This inspection took place on 16 and 17 April 2018 and was unannounced on the first day. At the last inspection in September 2017, the provider was in breach of multiple regulations, was rated Inadequate and placed in Special Measures. The concerns related to person-centred care, dignity and respect, managing risk and the spread of infections, administration of medicines, staffing numbers and quality monitoring. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions to at least good. We checked to see that the action plan had been completed and found improvements in all areas. The service was no longer in Special Measures.

The Elms is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The Elms supports up to 37 older people, some of whom may be living with dementia. Communal rooms consist of a sitting room with a small quiet area at one end, a further smaller sitting room and a dining room. There is also a small seated area in the entrance and another in a walkthrough area near patio doors which leads out to a courtyard. Bedrooms, bathrooms and toilets are located over three floors accessed by a passenger lift.

The service had a registered manager. A registered manager is a person who has registered with the 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.

Risk was identified and managed more effectively, which meant people who used the service were protected from potential and actual harm. Staff received safeguarding training and knew how to protect people from the risk of abuse; they described what they would do if they witnessed abuse or poor practice. The provider used local safeguarding policies and procedures and contacted the safeguarding team for advice when required.

Medicines were managed safely and people received them as prescribed. Medication was stored appropriately and stock was managed more effectively, which reduced unnecessary waste. There was a clear system for returning unused medicines.

People's health and nutritional needs were met. People at risk of deteriorating health or poor nutrition were monitored and staff liaised with community healthcare professionals for advice and treatment.

Staff were responsive to people's needs and supported them in an individual way. They knew people very well and could describe in detail the support they required. People and their relatives had only positive comments about the staff approach and described it as caring and kindly. We observed staff were friendly and attentive to people and their relatives.

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 supported this practice.

There was sufficient staff deployed in the service. The provider had recruited more care and domestic staff and reorganised the shift pattern to suit the needs of the service. A deputy manager had been recruited, which had enhanced the support available to the staff team. A new activity coordinator ensured activities were higher on the agenda and people received social stimulation.

Staff received training, supervision and appraisal to ensure they felt confident and were skilled when supporting people who used the service.

The quality monitoring system had improved and audits were completed in a more robust way. This ensured any areas identified for improvement were addressed in a timely way. Visits were completed by senior management to ensure they had oversight of the service. A recent survey had been completed and areas identified as requiring improvement had been noted and addressed. Meetings were held, which enabled people who used the service, their relatives and staff the opportunity to express their views.

The provider had a complaints procedure. People felt able to complain and were confident the registered manager would address them. They had noticed the registered manager was more visible and did not remain in their office all day.

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 safe. While improvements have been made we have not rated the this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff knew how to protect people from the risk of harm and abuse. They had completed safeguarding training and had procedures to guide them. The provider completed more health and safety checks in the service.

Medication was now managed safely and people received their medicines as prescribed.

There was sufficient staff deployed to meet the needs of people who used the service. Additional care, domestic and activity staff had been employed since the last inspection.

The service was clean and tidy.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. When they lacked capacity, the provider acted on mental capacity legislation and consulted with relevant people so decisions could be made in people's best interests.

People's health needs were met. People received treatment and advice from community health professionals; staff contacted them in a timely manner when they had concerns.

People received a nutritious and well-balanced diet. Special diets were catered for and menus had choices and alternatives. Staff provided appropriate support at mealtimes.

Staff received training, supervision, support and appraisal. This helped them to feel confident in carrying out their roles.

Is the service caring?

Good

The service was caring.

There were improvements in the way staff supported people to maintain their dignity and privacy.

The staff approach was kind and caring; people who used the service and their relatives spoke highly of the staff team.

Staff protected people's confidentiality and held meetings or made phone calls in private. Personal data was stored securely.

Is the service responsive?

Requires Improvement

The service was responsive. While improvements have been made we have not rated the this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff knew people's needs very well and supported them in an individual way. The care plans had been reviewed and included more personalised information; the review of care plans was still underway and staff were supported by a new 'reviewing officer' recently employed by the provider.

People were supported at the end of their lives. Staff were responsive to people's deteriorating needs and liaised with district nursing team for advice and treatment.

People told us they felt able to make complaints and that these would be addressed.

Is the service well-led?

Requires Improvement

The service was well-led. While improvements have been made we have not rated the this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The general oversight, management and culture within the service had improved. Staff felt able to raise concerns and were supported by the new registered manager.

The quality monitoring system was more structured and more robust which meant shortfalls were identified; these were addressed in a timely way.

The Elms

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 site visit was completed on 16 and 17 April 2018 and was unannounced. The inspection team consisted of two adult social care inspectors on the first day and one inspector on the second day.

The provider had completed a Provider Information Return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the PIR and also our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

Before to the inspection, we spoke with local authority safeguarding, contracts and commissioning teams, and also health commissioners about their views of the service.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at lunchtime. We spoke with four people who used the service and three people who were visiting their relatives; we also received information from four additional relatives. We spoke with the registered manager, the deputy manager, the company's reviewing officer, a senior care worker and three care workers. We also spoke with an activity coordinator and a cook. We received information from two health care professionals.

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to them such as medication administration records (MARs) for six people and monitoring charts for food, fluid intake, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005. This was to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included 4 staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the environment.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in September 2017, we had concerns about the management of risk, administration of medicines and the cleanliness of the service. These concerns resulted in a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was issued with a warning notice to make improvements within a specific timescale.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made we have not rated the this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Risk was managed more effectively. Staff had completed risk assessments for people on a range of individual areas. These included nutritional intake, choking, falls, moving and handling, fragile skin and the use of bedrails. Since the last inspection, people who had behaviour, which could be challenging to themselves or other people, had been reviewed and thorough risk assessments completed. Each person had an emergency evacuation plan which detailed the support they required to exit the building in an emergency.

Health and safety checks were completed to ensure the service was safe. Equipment used in the service was checked and maintained, for example the lift, moving and handling aids and hot water outlets. People who used wheelchairs had their feet appropriately placed on the footplates when staff wheeled them about the service. There had been a significant reduction in the amount of accidents and incidents since the last inspection. Items that could pose a risk, such as disposable gloves with the risk of ingestion, were stored securely.

The service had two open staircases, which could be accessed by people and posed a potential risk; to date no-one has tried to access the stairs. The second floor is currently not is use but was accessible via stairs and the lift. People could also access the laundry and kitchen in the basement via the lift. This was mentioned to the regional manager to assess the risk and take appropriate action.

When asked if they felt safe in the service, one person said, "Yes, it's lovely here; I can't think of any improvement needed." A health professional stated, "We have not noticed any unsafe practices."

Medicines were managed safely and people received them as prescribed. We observed staff administer medicines to people in a safe way and clear records were completed following administration. There was guidance in place to support staff's decision-making when people were prescribed their medicines 'when required' (PRN); the medication administration records (MARs) reflected when and why they had been administered.

Medication was stored in trolleys and held securely in a locked room at the correct temperature. The medication trolley's were clean and tidy. Those medicines that required more secure storage or which required refrigeration were stored appropriately and safely. Staff maintained a register of controlled

medicines held within the service and when these were administered to people; senior staff completed checks of the controlled medicines register to ensure records were accurate. Improvements had been made in how medication stock was managed to prevent unnecessary waste. At the last inspection, an investigation was underway regarding possible irregularities with the disposal of medicines. This has been completed and found there was insufficient evidence to proceed. Medicines audits were completed, which included a check on stock management.

The environment was clean and tidy throughout; additional domestic staff had been employed since the last inspection to ensure a good standard of cleanliness and hygiene was maintained. Domestic staff followed guidance for the use of colour-coded cleaning equipment used for specific areas and they had cleaning schedules to follow. There was signage regarding colour-coding so all staff would be aware of the correct equipment to use. There was personal, protective equipment for staff to use such as gloves, aprons, hand gel, liquid soap and paper towels. There were minor issues with the cleanliness of some bedrail protectors, which was addressed on the day. Relatives said, "You can see the difference; the rooms are much cleaner", "I think it's a lot better; the rooms are lovely", "It's very clean; the cleaners come every day except Sunday, which is brilliant" and "You could see it going down but now it's back up again and really good."

Since the last inspection, more care staff have been deployed in the service and there were sufficient numbers to meet people's needs; a deputy manager has also been recruited. There were ancillary staff for domestic, laundry, maintenance and catering tasks, which allowed care staff to focus on their caring and support role. An activity co-ordinator had been employed, which enhanced the activity provision to people. Staff confirmed numbers had improved and they had sufficient time to care for people. Comments included, "There is more staff, carers and domestics and a calmer atmosphere", "Shift changes have been helpful and we now work 12 hour shifts; there's more time to get a better understanding of the residents", "Because of the shift changes, I don't feel as tired; there's more time to concentrate on care and more time off. Staff are less stressed and relatives see this" and "There is definitely enough staff now and when we are full, we'll get another staff working 12 hours shifts during the day."

Comments from relatives included, "If they are short they use agency staff", "Yes, there is enough staff on duty" and "There is now much more staff; there wasn't enough before and they were shattered."

Professional visitors said, "It's not difficult to find staff in the home if needed" and "Staff are more visible on the floor."

Staff knew how to keep people safe from the risk of harm and abuse. They had completed training and the provider had policies and procedures for staff to use. Where safeguarding incidents had occurred between people who used the service, the registered manager ensured relevant professionals and family members were informed.

The provider had a safe recruitment system. Employment checks were completed before staff started work in the service. These included application forms to assess gaps in employment history, interview records, references, proof of identity and Disclosure and Barring Services (DBS) checks. The DBS complete background checks, which enables organisations to make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us they were looked after well and could see their GP when required. They also said they were able to make their own decisions and choices. People said, "I've seen my GP, chiropodist, nurse and optician" and "I can please myself when going to bed or getting up." Comments from relatives included, "I am more than pleased with dad's care; they are quick to respond if their needs change", "The staff ring me when they are ill", "They call the GP as and when needed" and "The nurse comes every day." Other comments included, "I think they are in the right place now", "Yes, they do ask consent before completing personal care" and "Mum can do what she wants to do and stay in her room to be alone if she wants."

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 MCA 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 so that they can 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).

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 registered manager had clear records of when applications to the local authority for DoLS had been made. To date 18 applications had been made and five of them had been authorised; the remainder were awaiting assessment/authorisation. This showed us the registered manager was aware of the criteria for DoLS and had acted appropriately.

At the last inspection, there was an inconsistency with documentation regarding capacity assessments for people and best interest decisions made on their behalf. At this inspection, documentation had been completed appropriately for restrictions such as bedrails, sensor mats or wheelchair lap straps. This ensured relevant people involved in their care were consulted about restrictive practices and discussions had taken place about why these were necessary.

Staff were clear about the need to gain consent before carrying out care tasks and supporting people to make their own decisions. They said, "We ask people and encourage them to do things for themselves; if they decline care we wait awhile and usually send in another carer and make sure it's their gender preference" and "The care plans have information; we ask them if they have capacity and if we are unsure we check with family."

People health care needs were met and they had access to a range of community health professionals when required. In discussions, staff were able to describe how they prevented urinary tract infections and pressure ulcers from occurring and what to do if they had concerns. They were also clear about how they supported people who had catheters to ensure urine output flowed correctly and what to do if someone was at risk of falls. Health care professionals said, "The staff have been reporting their concerns regarding risks of pressure ulceration or general wound management in a timely manner and they have been seeking advice if in

doubt", "They have taken on board requests to send samples for urinary tract infections" and "At present, we have no concerns regarding care in this home." A relative said, "The staff seem skilled and when [Name] was ill last week they [staff] rang 999 and it was all sorted."

People's nutritional needs were met. The menus provided choices and alternatives, and specialist diets were catered for. The cook told us the registered manager had ensured there was an additional vegetarian option on the menu; they also prepared textured and sugar-free meals. The cook described how they fortified meals by using full-fat milk, cream and butter; they also prepared milkshakes, biscuits, cakes, cheese and crackers, crisps and full-fat yoghurts for snacks in-between meals. Staff completed nutritional risk assessments and weighed people in line with the result, either weekly or monthly. They liaised with dieticians and other health professionals when required.

The meal time experience was calm and support was provided to people in a sensitive way. People told us they liked the meals provided. Comments included, "The food is brilliant." Relatives said, "Mum is putting weight on now; the food is plentiful", "Mum loves the food and there is plenty to choose from and it's well-cooked. Mum is eating again, which is very good" and "The food looks lovely; there are snacks in-between meals such as cakes and cream crackers."

Staff completed training considered essential by the provider, which included fire safety, moving and handling, dementia awareness, safeguarding adults from abuse, health and safety, infection control and person-centred care. The seniors and most care staff had completed emergency first aid, MCA/DoLS, end of life care and low level physical intervention training in order to manage behaviours which could be challenging to others. Catering staff had completed food hygiene training. Those staff who administered medicines had completed a safe handling of medicines course. The training records identified when staff required updates; we saw moving and handling updates had been arranged for 12 staff later in the month. One member of staff told us they had completed a 'train the trainer' course in moving and handing so they were able to train staff within the company. They also said staff were soon to complete an on-line diabetes course.

Staff told us they received formal supervision meetings. Records showed all senior care workers had received at least one formal supervision since the last inspection. Care staff had received between two and five sessions since the last inspection. There had been a themed supervision for staff regarding issues raised at the last inspection. This included the need for foot plates on wheelchairs, the correct setting for airflow mattresses, checking for safety and cleanliness, promoting people's dignity and also ensuring a staff presence in the communal lounge. Focussed supervisions were held when practice issues had been raised. Appraisals had started in March 2018. Staff said, "I think it's much improved; I've had supervision and appraisal."

The environment was appropriate for people's needs. There were grab rails in corridors and toilets and pictorial signage to help people find their way about. There was specialist equipment such as pressure relieving aids, sensor mats, assisted baths, hoists and moving and handling items.

Good

Is the service caring?

Our findings

At the last inspection in September 2017, we had concerns about how staff supported people to maintain their dignity, looked after their personal clothes and items, and at times ensured their privacy. These concerns resulted in a breach of Regulation 10 (Privacy and dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was issued with a requirement notice to make improvements. At this inspection, we saw improvements in all areas.

People were smartly dressed and looked well-groomed; they had footwear on and clothes were clean. We saw people were offered clothes protectors during lunch. A check of people's bedrooms found them clean and tidy and their clothes were hung neatly in wardrobes; toiletries and toothbrushes were stored appropriately. Any creams or lotions not belonging to people had been removed from bedrooms. The hole in a communal toilet door, seen during the last inspection, had been addressed, which afforded people privacy when using the toilet.

People who used the service told us staff were kind and caring and treated them with respect. Comments included, "The staff are very kind" and "They are very good; there is always something going on. I've made friends here and we sit and chat together; we're very lucky as we laugh a lot." People told us staff offered them an alcoholic drink at meal times or in the evening, which they really appreciated. They said this included wine, shandy, bitter, sherry or Advocaat. When people were asked who paid for the drinks, they laughed and said, "Oh, it just appears."

Relatives told us staff had a good approach with people. Their comments included, "I am very happy with the service", "All the staff are caring; they are really nice and anything that needs doing, they do it immediately", "It's a good place. Mum is happy and well-looked after." Other comments included, "The staff are great – friendly and helpful", "Mum loves it and the staff are so good and kind. They look after mum as if she were the Queen", "Always willing to help and gentle when caring" and "It's a lot better; they are looking after people. The staff are very good."

Health professionals said, "Staff ask residents if they would like to be seen away from the main area in their room if we are undertaking an assessment" and "On one occasion, it was witnessed that a service user had an incontinence episode during meal time. Staff reacted to this situation with empathy, a sympathetic manner and reassurance. This approach reduced service user stress and embarrassment and maintained their dignity."

We observed a good staff approach during the inspection site visit. Staff were attentive at meal times and ensured people had appropriate support. They checked if people wanted drinks and snacks throughout the day, they fetched items for people from their bedroom and provided explanations before carrying out tasks. We observed a member of staff noticed a person was leaning to one side in their wheelchair so provided a cushion for comfort. Staff were friendly towards people and it was clear they had developed good relationships with them; they asked about their relatives and people enjoyed laughing and joking with staff.

In discussions, staff described how they promoted privacy and dignity. They referred to knocking on bedroom doors before entering, closing curtains and doors during personal care tasks and keeping people covered up. They said they used screens in shared bedrooms and there were locks to bedroom, toilet and bathroom doors when people required privacy.

There were notice boards which provided information to people. The one in the dining room was bright and cheerful with pictures of the food available for each meal and symbols for the activities that day. There were photographs of the staff on duty. There was a service user guide on display, which provided information about The Elms. It detailed the accommodation, staff and services such as laundry, meals and the day the hairdresser visited. The service user guide also referred to staff respecting people's right to privacy and 'to make their own lifestyle decisions so that social, cultural, religious and recreational needs are met'.

Staff were aware of the need for confidentiality and conversations with health care professionals were held privately. Care and medication records were stored securely. Staff personnel files were held in the registered manager's office. The registered manager confirmed the computers were password protected.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in September 2017, we had concerns about the lack of good assessments and care plans to enable staff to deliver care in a consistent and individual way. These concerns resulted in a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made we have not rated the this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People had assessments of their needs and risk assessments had been completed. There were copies of the assessment 'My Life, My Way' completed by local authority social work staff, held in people's care files. Staff had completed a 'life map', which detailed the person's social and work history, previous hobbies and interests and important people in their life. The assessment information was used to formulate care plans and there was a summarised version at the front of the care file as a quick reference for staff.

Since the last inspection, the company had employed a reviewing officer to assist staff with the introduction of a new computerised record system. The transition from paper care plans to electronic records had just started. The reviewing officer told us this was a good opportunity to ensure full and accurate assessment and care planning information was in place. They spoke to staff about people's assessment and care plan needs to capture information staff may be aware of but had not been recorded in care plans. They told us they had been through all the care plans and had recognised some shortfalls in person-centred recording and these were being addressed.

There had been improvements in care plans since the last inspection and these were on-going. At the last inspection, there were some people who had anxious and distressed behaviour, which posed challenges for staff and other people. The care plans had been re-written and gave staff full information about the behaviour, the triggers and the actions staff were to take to support people when they were distressed.

There had been improvements in recording the care people were provided with. For example, monitoring charts were in place for 11 people who required food and fluid intake supervision and for 11 people who required regular pressure relief. The monitoring charts for food and fluid intake detailed what people had eaten at the main meals and also the snacks they had in-between. The pressure relieving records indicated the maximum length of time in-between each check and we saw these had been completed accurately; there were no gaps in the records we checked.

In discussions, it was clear the staff team knew people and their needs very well. They could describe in detail the care people required and how this was carried out. They knew who had anxious episodes and how they should support them to relieve anxiety. They were aware of people's nutritional needs and the texture of their food and drinks. They were also aware of who was at risk of developing sore skin areas and how frequently they monitored this and provided pressure relief. Staff had been responsive to people's changing

needs and contacted health professionals in a timely way. Health professionals confirmed this and said, "Our advice regarding patient care has been taken and actioned appropriately."

People could remain at the service for end of life care. We checked the care records of one person who was recently deceased and these highlighted the care received during the last few days of their life. The daily notes referred to repositioning, fluid intake, continence care, personal care, half hourly checks, family visits and whether the person was settled and pain-free. There had been consultation with family and decisions made regarding resuscitation status. The person's care plan sections had been updated to reflect their deterioration and end of life care.

The person had support and treatment from the district nursing team and their GP. A district nurse said, "A person for end of life care was referred to our service for a visit, late on a Friday afternoon. On arrival, I found the senior carer had already covered many aspects of palliative care including ordering just in case medicines from the GP and a drug chart in case they had pain symptoms over the weekend. It was very proactive thinking of this senior carer as it is often time consuming to organise drugs and a covering chart at the weekend." They also went on to say the person did deteriorate rapidly and the medicines were required.

Since the last inspection, an activity coordinator had been recruited and worked 12 hours a week, although this was under review and may be increased. This was an improvement as previously, care staff provided activities, which could be disjointed if they were called away to attend to personal care tasks. There was a monthly activity plan which included visiting entertainers, arts and crafts, movement to music, origami, skittles, colouring sessions, quizzes, flower arranging and movie nights. The activity coordinator told us they held two physical activities each week and an arts and craft session. They also completed one to one support with some people and told us some people preferred to watch rather than join in; they were knowledgeable about people and who they had to encourage to engage in activities. They had an activity profile for each person and said that when they first started, they spent time getting to know people, their interests and what they could participate in. We saw some people received doll therapy, which was a comfort to them. It was clear the activity coordinator was very enthusiastic about their role and had plans to expand the provision with outings to local facilities.

The provider had a complaints policy and procedure, which was on display in the service and was included in the service user guide. The complaints procedure detailed timescales for acknowledging complaints and investigating them. People told us they felt able to complain and staff knew how to manage complaints; they had a flow chart to guide them. There was evidence the registered manager addressed complaints and discussed them with staff so lessons could be learned. Relatives told us they felt able to raise complaints and named the registered manager and deputy manager as the people they would speak to.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in September 2017, we had concerns about the management and overall governance of the service. These concerns resulted in a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was issued with a warning notice to make improvements by a specific timescale. There has been a change in management since the last inspection.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in this area. While improvements have been made we have not rated the this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The new manager was registered with the Care Quality Commission in February 2018. We discussed the changes made in the service since the last inspection and the culture of the organisation. The registered manager told us more staff had been recruited and deployed, which had improved staff morale and supervisions had been completed. There were more meetings with staff and the registered manager completed a daily 'walk around' the service to check people were safe and their needs were met. People had timely referrals to health professionals and applications for Deprivation of Liberty had been completed for several people; records of best interest decisions had been completed. Menus had been changed. There had been meetings with relatives and they had kept them informed about the previous inspection report and the actions they had taken to address the shortfalls. The registered manager said, "We have showed the relatives the action plan and been upfront and honest with them." This was reflected in discussions with relatives.

The registered manager described the culture of the organisation as supportive and said senior management and the provider's representative visited the service and ensured they had oversight of issues. We saw copies of the reports completed by regional managers during their visits; these were detailed, highlighted issues and provided the registered manager with an action plan to complete. The registered manager described their own management style as 'open door' with the intention of creating a happy family feel and a positive atmosphere. The new deputy manager told us they had found staff receptive and keen to take on board or come forward with new ideas. They said, "There is an open and honest culture where they [providers] admit when things are wrong. There has been learning from the last inspection report; staff morale was so low but they have said they were glad of the inspection, as it led to changes even though it was difficult to read the report."

Staff were very positive about the changes that had occurred since the last inspection and the support they received from the registered manager and deputy manager. Comments included, "I'm glad of the inspection; we used to tell the previous manager concerns but things never got passed on", "If things hadn't changed, I think people would have taken residents out", "The new manager is on the ball; really good" and "Management is much better and the atmosphere is great now. If we have a concern we can go to [Name of registered manager] and it will get done; I feel ok now and it's brilliant coming to work." Other comments included, "Senior managers and the provider visit; also a clinical advisor visits", "The care plans are much

better; they are updated and staff are now asked for their views", "There have been visual changes such as bedrooms are more personalised, new bedding and curtains", "It's a more relaxed atmosphere" and "I was thinking of leaving but now I'm not. I would have a relative of mine here now."

People who used the service and their relatives knew who the registered manager was, which showed us they did not remain in the office but was out and about the service. Comments from relatives about the management team included, "It is well-managed; I'm happy", "Since [Name of registered manager] arrived, it has been turned around; it is more organised now" and "[Name of registered manager] is always happy to listen."

The registered manager had developed contacts with local professionals and agencies. A visiting professional said about management changes, "I have noticed improvements over the last few weeks." The local authority contracts team had recently completed a monitoring visit and told us they found improvements had been made.

There had been improvements in the way information was shared to staff to ensure they were kept up to date. As well as shift handovers, staff meetings and supervisions, the registered manager held short 10 minute meetings each day. These enabled an exchange of information and issues raised to be addressed straight away. Each department had a communication book and care staff used a daily diary to record medical appointments or reviews they wanted to ensure were actioned. Monthly reports of incidents, accidents, infections, hospital admissions, pressure ulcers were sent to the provider's nominated individual so they could have oversight of the service.

The quality monitoring system had improved and audits captured shortfalls more effectively so these could be addressed in a timely way. Those audits seen included checks of the environment for cleanliness and safety concerns, medicines management, care plans, daily monitoring charts, staff files, catering and mealtime experience for people. Accident analysis took place and there had been a significant reduction in falls and incidents. When areas to improve were indicated, there were action plans; these were signed off when completed.

A survey had been completed in January 2018 and 27 completed questionnaires were returned; 13 each were received from people who used the service and their relatives and one from a visiting professional. There were mostly positive comments and those areas to be addressed had an action plan in place. Some of the actions had been addressed such as the provision of an activity coordinator and a more open management style.