

Rufus Healthcare Ltd

The Old Vicarage at Airmyn

Inspection report

75 High Street

Airmyn

Goole

DN14 8LD

Tel: 01405 763699

Website: www.oldvicareageairmyn.co.uk

Date of inspection visit: 4 & 10 June 2015

Date of publication: 14/10/2015

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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The Old Vicarage at Airmyn provides residential support and accommodation for up to 22 people who require nursing or personal care. At the time of our inspection 17 people were living at the service.

The service provides support for adults over the age of 18 including older people, people with high dependency needs, people living with dementia and people with a physical disability. The premises are split into two levels and offer 12 single occupancy rooms and five twin rooms

designed to accommodate friends, couples or families. The service offers three communal lounges, kitchen, dining room, three assisted bath / shower rooms, lift access to the first floor and outside courtyard and garden.

The inspection was unannounced and took place over two days on 4 and 10 June 2015. The inspection took place over two days as we needed more time to look at files and documents within the service. We also wanted to speak with the registered manager who was on annual leave during day one of our inspection. At the time of our inspection the service had a registered manager in post. A

Summary of findings

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.

This is the first time this service has been inspected since the new provider had taken over.

We found the service required improvements to four of the five key areas we inspected. Staff we spoke with understood the principles and processes of safeguarding vulnerable people. People living at the service said they felt safe living at the home and with the staff who cared for them. Relatives of people who used the service also indicated that their family member was safe.

We found that medicines were stored and administered appropriately; however we found that the temperature of the fridge and location used to store medication in was not checked and recorded on a regular basis in line with the services medication policy. This meant that medication was at risk of not being effective.

Staff were recruited safely and appropriate checks were completed prior to them working with vulnerable people. Staff had good knowledge and an understanding of the needs of the people who used the service. Staff received regular supervision and although the service had recognised some of the staff training had lapsed, we saw evidence that a thorough training programme was underway and all staff training would be updated by October 2015.

We observed that staff spoke in a positive way to people and treated them with respect. Staff and the people who used the service interacted in a positive way and observations showed good relationships between them.

The people who used the service did not always get the opportunity to participate in a variety of meaningful activities because the hours allocated to the current activities co-ordinator were not currently been fulfilled.

We saw that accidents which occurred at the service had been documented but there were no systems in place to analyse the data and look at patterns or lessons learnt for service improvements.

The registered manager was following the principles of the Mental Capacity Act 2005 (MCA) and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty. The Mental Capacity Act 2005 (MCA) legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interest.

People who used the service had personalised care plans in place and individual's likes and dislikes were clearly documented. Risk assessments were in place along with information about life history and medical conditions. Family and friends were always welcome to visit the service and people living at the service told us they were encouraged to maintain family contact. Relatives told us they were "Confident" with the care their loved ones received living at the service.

The service did not always request feedback from staff or the people who used the service as a way improving practice and the overall standards of the service. The service was not currently following any best practice guidance for support of people living with dementia; however they were keen to look into this and make improvements where needed.

The registered manager and provider promoted transparency and staff told us the registered manager had an 'open door' approach which staff felt was positive. Staff told us they felt supported and that things were 'changing for the better' now that the new provider had taken over the service.

We made a number of recommendations to the provider to assist with making overall improvements to the practice and processes at the service. You can see what action we told the

provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were knowledgeable in recognising signs of potential abuse but did not always report incidents to appropriate authorities in a timely manner.

Staffing levels were appropriate and safe recruitment procedures were in place at the service.

People received appropriate support with medication in line with their care plans.

Requires Improvement



Is the service effective?

The service was not always effective.

People were given choices of food and drink which took into account nutritional and dietary needs.

The service did not follow any best practice guidance for supporting people living with dementia.

Although staff had the knowledge and skills to support people who used the service there were gaps in mandatory training and very few staff received specialist training.

Requires Improvement



Is the service caring?

The service was caring.

There was a friendly atmosphere within the home and staff assisted people to maintain their privacy.

Interactions between staff and people who used the service were positive. Staff has a good understanding of individual needs.

People were treated with dignity and respect and independence was promoted.

Good



Is the service responsive?

The service was not always responsive.

People's needs were assessed and their care was appropriately planned in line with their assessed needs.

Not everyone living at the service had access to opportunities or activities both within and outside of the home environment.

People living at the service were not always asked for feedback on service improvements.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not consistently well-led

Staff said they were supported by the registered manager and provider and felt they were approachable and supportive.

The registered manager and provider were not always aware of their registration responsibilities.

The service did not organise meetings for people using the service or staff as a way of keeping people included, gaining feedback and making suggestions for service improvements.

Requires Improvement



The Old Vicarage at Airmyn

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 registered 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.

The inspection took place over two days on 4 and 10 June 2015 and was unannounced. The inspection team consisted of an inspector from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this inspection, the expert-by-experience was knowledgeable about the use of services for people living with dementia.

Before the inspection took place we reviewed the information we held about the service. We also contacted local commissioners of the service to obtain their views about it. We did not request a provider information return

(PIR) from the registered provider. 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.

On day one of our inspection the registered manager was on annual leave but the provider were actively involved with the service and visited on a daily basis so we were able to speak with them. On day two of the inspection the registered manager had returned from annual leave therefore we spoke with them and the provider.

We spoke with seven people who used the service, one relative, one visitor and three staff who worked at the service. We spent time observing the interactions between people, relatives and staff in the communal areas and during mealtimes. We observed the care and support being delivered in the communal areas of the service and we spoke with people in private. We looked at all areas of the home including peoples' bedrooms, kitchen, dining room, lounges, bathrooms, laundry room, staff areas and the outdoor space.

We spent time reviewing records at the service. This included three care records, three staff recruitment files, staff rotas, training records, medicine administration records (MAR) and policies and procedures in place at the service.

Is the service safe?

Our findings

The people we spoke to told us they felt safe living at the service. One person said “I am very safe here, safer than I was living in my own home.”

Staff told us they were all in the process of updating their training records as a lot of their training achievements were out of date. Staff told us the new provider was “Doing their best” to turn things around and make improvements. We saw a copy of the training schedule which showed us that all staff working in the service were due to complete online training on safeguarding vulnerable adults in June 2015. One staff member told us “We are well supported by the management and received very good training in order to keep us and the residents safe.”

The staff we spoke to had an understanding of safeguarding vulnerable adults from abuse (SOVA). Staff were able to clearly describe how they would raise concerns both internally through their organisation or externally should they identify possible abuse. However when we checked the records we found the service had no safeguarding file in place and no referrals of incidents or notifications had been referred to the local authority or the Care Quality Commission (CQC) since the new provider had taken over the service in January 2015. When we checked with the provider no incidents had occurred which required referring to the local safeguarding adults team. The provider was not aware of the threshold tool used by the local authorities safeguarding team and therefore they were not implementing this process when incidents had occurred within the service. There was no information or guidance for staff on how to report safeguarding incidents.

This was a breach of Regulation 13 (2) (3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staff we spoke to could describe the organisations whistleblowing policy and stated they would report poor practice or concerns if they needed to. Staff told us they had never had to whistle blow before but felt they would be supported if they had to raise concerns. One staff member told us “The manager is brilliant, very supportive and I could speak to her about anything.”

Accidents and incidents that had happened within the service had been appropriately documented. We saw copies of incident forms and copies of body maps, when

needed, were clearly documented. There was no analysis recorded of accidents taking place within the service. We spoke with the provider about this and they acknowledged they were not currently doing this but would implement it as soon as possible.

We recommend that the provider analyses incidents that happen within the service to improve practice and increase lessons learnt from the data analysis.

The care records we looked at contained up to date risk assessments that identified how the risks for each individual who lived at the service should be managed by staff. We saw risk assessments for mobility, personal care, moving and handling and medication. The registered manager told us that risk assessments and care plans were reviewed on a monthly basis and updated when changes were necessary. One relative told us “We are more than happy with the way our (relative) is cared for here, they make (relative) feel safe and happy and we can leave knowing (relative) is ok.”

We looked at documents and certificates relating to the maintaining of equipment and health and safety checks within the service. We saw that checks were carried out and documented within the service on a weekly, monthly and annual basis. Areas that were checked included emergency lighting, water temperatures, window restrictors, fire doors, call bell system and lift. These environmental checks helped to ensure the safety of people who used the service.

The service had an emergency and crisis policy in place which advised staff what to do in an emergency. The service also provided the staff with the registered manager and provider contact details for staff to contact out of office hours if they required guidance, advice or support.

We saw that people living at the service were supported by sufficient numbers of qualified, skilled and experienced staff. We saw copies of the staff rotas which showed us how many staff were on shift at different times of the day and in what role. One person told us “There is always someone to help me if I need it. I never have to wait long when I ask for something.” Staff also told us that they were a good team and they all ‘pulled together’ and covered if they needed to. One staff member told us “It’s like belonging to a family here, the manager will assist with everything and the new owner well, he is very supportive, kind and willing to learn and do what’s needed.”

Is the service safe?

We looked at the recruitment files of three staff working at the service and they showed that a thorough recruitment process was in place. The files included copies of completed application forms, proof of the person's identity including photo, two references and staff induction records. Disclosure and barring service (DBS) checks were also contained within the records. A DBS check is completed during the staff recruitment stage to determine whether an individual holds a criminal conviction which may prevent them from working with vulnerable people.

We looked at how medicines were managed within the service and checked three of the medication administration records (MARs). Each of the records we checked had a photograph of the person on the front. This helped reduced the risk of people receiving the wrong medication. We checked medication stock balances and these corresponded with what was recorded on the MARs sheets. The registered manager informed us that medication was audited every six months by the GP and on a monthly basis by the service.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time and recorded correctly with staff members signing and dating each time medication had been given. We saw that unwanted medication had been disposed of and documented appropriately. We saw the medication policy in place at the service and that staff had received training in managing medication.

At the time of our inspection one person who used the service was administering their own medication. This person kept their medication in their own room and we saw a copy of the risk assessment in the persons care records that recorded how any risks had been minimised.

On day one of our inspection we asked to see the temperature records of the medication room and the fridge used for storing medication. The registered provider told us that this was not currently recorded within the service. We

highlighted that the medication policy within the service outlined that temperature records were needed to ensure that medications are stored within the required range to ensure they were safe and remained effective. The provider told us they would implement this with immediate effect. On day two of our inspection we saw that the provider had introduced a recording sheet for both the medication room and the medication fridge and this had been completed by staff after day one of our inspection.

The living environment at the service was clean and well presented. All areas of the building were well maintained, fresh flowers were on display and the service smelt fresh and pleasant throughout. On day one of our inspection we noticed that one of the upstairs bathrooms was been used for storage. It contained a wheelchair, high seated chair and walking frames. There were also a large number of towels stored in this area. There were personal toiletries belonging to people who used the service kept in the bathroom including bathing and hair products, a prescribed cream on the window ledge and a bar of soap on the hand basin. The bathroom also had no hand wash liquid or paper towels for people to use.

We spoke to the provider about this who informed us the bathroom was not used very often but they would have the personal items and items been stored removed. On day two of our inspection we checked the bathroom and all the storage items, personal products and towels had been removed.

One day one of our inspection we noticed that no hand wash dispensers or disposable towels were available at the service for staff, people using the service or visitors. We spoke with the provider about this and discussed infection control measures. The provider assured us they would action the highlighted infection control methods immediately. When we returned to inspect on day two the provider had installed hand soap and paper towel dispensers throughout the service.

Is the service effective?

Our findings

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests.

The registered manager told us one person living at the service had a DoLS in place and this was confirmed when we looked at the care records. We saw evidence that the DoLS authorisation was valid and we saw copies of the capacity assessment and best interest paperwork to support the decision making process.

The registered manager, provider and the staff we spoke with understood the basic principles of the MCA. Staff could describe issues around people who lacked capacity and about using best interest meetings to ensure decisions were made in the right way. We looked at training records which showed that all staff working at the service were scheduled to complete their MCA and DoLS refresher training by July 2015.

We spoke to the provider about the use of restraint within the service. The provider confirmed that the staff did not use any form of restraint. This meant that the service did not use physical intervention if they had a behaviour that may challenge. The staff we spoke with also confirmed that restraint was not used.

The care records we looked at confirmed that people using the service were consulted with and asked for consent when appropriate. The care records contained copies of signed consent forms giving permission for people's records to be shared with relevant people. We observed positive interactions between staff and the people who used the service. We saw staff chatting, joking and including people in conversations.

We looked at induction and training records for staff working at the service. The records showed us that staff had received an induction before working at the service. One staff member told us "After I was interviewed and offered the job, I had all my checks done, then I did some training and gained experience shadowing staff already working here."

Staff were appropriately trained and understood the individual needs of the people they supported. Staff told us they were confident they had the skills and knowledge to meet the needs of people living at the service. We saw the staff training matrix and training schedule which showed us that staff had access to a range of suitable courses to equip them for working at the service. One relative told us "The staff are all well trained, they are always having training for one thing or another... and they all seem to know what they are doing – it gives you confidence when they're looking after my (relative) that's for sure."

Training records showed that staff had completed training in a range of areas; however some of this training was out of date including infection control and fire safety. The new provider told us that an intense programme of training for staff was currently being rolled out across the service to ensure that staff knowledge and skills were refreshed and current. We saw evidence of the training that was being introduced which included Infection control, safeguarding adults from abuse, fire safety training and food hygiene.

The training programme had already commenced and the schedule showed that all staff would have up to date training in place by October 2015. One staff member told us "The training is very good indeed... a lot of it is e-learning. The owner is very supportive of the manager – they in turn ensure we receive all the necessary training to do our job effectively."

We saw that staff received regular supervision to review their practice and discuss any issues or concerns they might have. The registered manager told us staff received approximately 6 supervision sessions per year. The staff files we looked at confirmed that staff had received supervision in April 2015 and February 2015. One staff member told us "I have supervision every six weeks. Our discussions are written down and kept in the office. I can have a copy if I want one." Another staff member told us "I'm not sure how often I receive supervision but I can speak to the manager whenever I want so it's not an issue."

People were supported and encouraged to follow a balanced diet. Details of each person's dietary

needs were assessed and recorded. This included special dietary needs such as diabetes and gluten free diets as well as people's preferences for food.

We saw the service had a weekly menu which offered two choices of meals at each sitting. On the day of our

Is the service effective?

inspection people were being served sausage, chips and beans with bread and butter followed by bakewell tart and custard. One person told us “We also get plenty to eat and I expect they would make you something different if you wanted it.” A second choice of lasagne was listed on the menu; however we did not see anyone being served this.

We spoke with the provider about this who told us “We try to offer variety however most of the people using the service stick with the food they know.”

We asked people if they had been involved with developing the menus within the service. One person told us “No I don’t recall us ever discussing menus with the manager or staff, but I’m sure they would change things if I wanted them to.” Another person living at the service told us they did not recall being consulted over menu choices.

Staff told us people were involved with menu planning and choosing options for meals. We spoke with the provider who told us the menus had been in place since they took over the service. They said people were asked about food likes and dislikes. The provider said they planned to review the menu and what meals were served, as it was an area they would like to improve.

We recommend that the provider looks at new ways of involving people in menu planning.

We observed lunch being served on day one of our inspection. We saw staff interacted in a positive way with people using the service. We saw some people required equipment to assist with their independence when eating and drinking therefore plate guards and feeder cups were provided. One person told us “The food’s good here and we always get plenty.” We saw people being served a main course and dessert with plenty of refreshments.

One person told us “We have lunch and tea early here; it’s always been that way.” We spoke to the provider about this who told us the serving times of meals were a routine that had been in place when they took over the service. The provider said this would be reviewed in line with what the people using the service wanted and they would try and accommodate their wishes.

People living at the service were supported to maintain good health and had access to health care services when needed. Each person had comprehensive assessments and care plans regarding their health needs and conditions. People had regular health checks with the dentist, optician,

chiropodist, and GP. People were also referred for more specialist support and treatment from community nursing and diabetes services if required. One person told us “If I need a doctor they don’t hesitate in summoning him to come and it always happens. The new owner is very good; he will take us appointments if needed.”

We asked people living at the service if they felt their health needs were being met and if the GP was involved if they felt unwell. One person told us “I don’t see the doctor very often but if I need to the girls will arrange it for me, they’re good like that.”

A health care professional told us the registered manager was quick to liaise with them for any advice or support regarding people’s health. This showed us that the service involved healthcare professionals and worked with them to ensure that people received an effective service.

During our inspection we saw that people living at the service had personalised their rooms and decorated them in a choice of colours if they wanted to. The corridor walls displayed pictures of Christmas parties and events that had happened at the service; however some of these dated back to 2008. We spoke to the provider about this who said they would look at changing these for more current pictures of things happening at the service. We observed people using the communal areas of the home which included three lounge areas, dining room and the garden. We observed that loud popular music was playing in one of the communal lounge areas. We spoke with the provider about the appropriateness of the radio station playing and they confirmed they would look into how the radio station was selected.

The service does not currently follow any best practice guidance for improving facilities for people living with dementia. One day one of our inspection we spoke with the provider of the service about dementia care strategies and making the environment user friendly for people living with dementia. We spoke about a range of things including different coloured doors, signage within the service and effective activities for people living with dementia.

The provider took on board our suggestions and was keen to introduce small but effective things to improve the lives of people living with dementia within the service. On day

Is the service effective?

two of our inspection the provider had already started to introduce improvements and we saw that new dementia friendly signage had been delivered ready to be installed at the service.

We recommend that the provider considers looking into best practice guidance for supporting people living with dementia.

Is the service caring?

Our findings

We spoke with people who used the service and they told us “They are very caring here, they will do anything for you, and it’s lovely.” Another person told us “I don’t want for anything here, the staff are five star.”

We observed good interactions and relationships between staff and the people who used the service. Staff were friendly and attentive to people’s needs. One visitor told us “I’ve been coming here for years and I can honestly say the staff are always very kind and care very much about the residents.”

We saw that people who used the service enjoyed chatting to each other and staff. There was a visible staff presence in the home and people did not have to wait long when they needed support. We saw staff respond when people asked for assistance with personal care and checking that people were fine if they were walking around the home. One staff member told us “There is nothing we would not do for the residents, if we can do it, we do.”

We saw a notice board located near the registered manager’s office which provided the people living at the service and visitors with information and contact details of useful local services. It also displayed information on advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices. The registered manager told us “We’ve never had to use advocacy services as of yet but we’ve got the information if we need to.”

On day one of our inspection we observed there was a list of when people using the service required a bath displayed on one of the communal bathroom walls. We spoke with the provider about this and asked them to consider how this information should be stored in order to protect people’s privacy. When we returned on day two of our inspection we saw that this list had been removed to be stored in a private place. This showed us that the provider had listened and taken on board our recommendations.

We observed staff being respectful to people’s needs and ensuring that people were consulted with prior to tasks being completed. We saw how staff promoted people’s privacy and dignity by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. A relative told us “It’s a relief to know that (my relative) is content, happy and well cared for.”

We saw one person who used the service walking in the corridor in a state of undress looking confused. The staff member immediately went to support this person and spoke to them in a calm manner explaining what they would do to assist them.

We asked staff how they promoted the independence of the people who lived at the service. One staff member told us “Where we can we try to enable the residents to do things for themselves although most of them prefer us to do it, we still ask though.” We saw that one person who used the service went out independently most days and only approached staff for help when needed. One person told us “I always feel they allow me time to do things for myself whenever I can.”

Is the service responsive?

Our findings

Staff had a good understanding about the needs of the people who used the service. We saw staff respond to people using their preferred names and we observed staff chatting and joking with the people. Staff told us they read people's care plans when they first came to live at the service to help them develop an understanding about each person's support needs. The care records were then reviewed each month by the care staff and any changes in need recorded. One relative told us "Me and my family feel this place is safe and simply the best. My (relative) wouldn't be here if it wasn't or we didn't have confidence in the home."

The care records we looked at were person centred and contained personal information that clearly outlined people's individual needs. Each of the records we reviewed contained an initial assessment which was completed prior to people moving into the service. The care records also contained details about any risks involved with the person's care, a personal profile containing next of kin details, hobbies and interests and involvement of healthcare professionals and their personal preferences.

Not everyone we spoke with was aware that care records were kept about them. One person who lived at the service told us "I didn't know about a support plan, but I know they care about me so I suppose it makes sense that they would need to write things down." We spoke with the registered manager about this who told us "People are involved with their care planning and reviews as much as possible. People are always asked but often they choose not to participate."

On the first day of our inspection we spoke with the activity coordinator at the service. This person had a dual role which meant they worked as the cook in the morning then mid-afternoon three times per week they planned and carried out activities. We saw that there was an activity timetable on display which outlined what was taking place within the service. Activities listed included movement with music, baking and pampering sessions. During the first day of our inspection we saw that the hairdresser was visiting and this appeared to be popular with some of the people using the service. One person told us "We don't have many activities, there's a list but it doesn't happen." Another

person told us "Sometimes we have a game of dominos." We saw that people were sat around with very little stimulation. We queried this with the provider who told us a lot of the planned activities were not happening.

Most of the staff we spoke with told us that it was difficult to engage the people using the service in activities. One staff member told us "You just can't get them outside; no matter what we do they just won't go." On the second day of our inspection we spoke with the registered manager who told us the activities co-ordinator was currently only working one afternoon each week therefore activities were not being done. We spoke with the provider who told us they were planning on having a more structured activities programme. On day two of our inspection the provider had already demonstrated that they had been doing some research and had been looking into reminiscence ideas from the Alzheimer's Society and initiatives such as pet therapy (PAT) dogs.

We recommend that the provider continues to look into suitable activities and implement a structured, activity programme within the service.

We saw that people living at the service were offered choice. We observed people being offered a choice of meals and drinks, where they wanted to sit and we also heard someone being offered a choice of which clothes they would like to change into. We saw that people's bedrooms were individual and personalised. People's families were welcomed into the service and were encouraged to be involved in their relative's lives. One person told us "My family come and visit as much as they can and I look forward to it."

People using the service were encouraged to access the community; however staff told us most people chose not to. We saw one person who lived at the service had their own car and accessed the community on a daily basis. This person also volunteered in the community and retaining their independence was important to them. They told us "I go out most days, so I'm always coming and going and staff are fine with this and encourage my independence. It's a nice place and they care for me well, it's a smaller place so it's more personal." Another person enjoyed to access the outdoor courtyard and enjoy a cigarette.

We saw the service welcomed visitors from the local community and during our inspection a visitor from the

Is the service responsive?

local church came to see the people living at the service. We were told “It’s a lovely place to come and visit and I’m always welcomed at any time. The residents appear safe and well cared for and I think the level of care is good.”

We saw the service had a complaints policy and a record of complaints. There was information on how to make a complaint on display in the entrance of the service. The complaints raised had all been responded to with outcomes clearly detailed.

We asked the people who used the service and their relatives if they knew how to make a complaint and if they

had ever made a complaint. Everyone we spoke with said they knew how to make a complaint and would be confident to do so. One person told us “If I wanted to then I would complain. Up to now nothing has gone wrong, but I would let them know if it does.” A relative we spoke with also said “We have never had any concerns. Staff keep us informed about our (relatives) care and we can’t ask for more than that. If I needed to I could speak to the staff or manager about any issues but the place is as good as gold so thankfully I don’t need to.”

Is the service well-led?

Our findings

The service was led by a registered manager who had been registered with the Care Quality Commission. The registered manager was also supported by the provider of the service who worked at the service on a daily basis from Monday to Friday. One staff member described the registered manager as “They muck in and help out whenever they can, they will even roll their sleeves up and wash up if needed.”

The staff we spoke with told us that it was a nice place to work and the people who lived there were well cared for. The registered manager and many of the staff had worked at the service for numerous years and had experienced the transition of different providers when the service was sold and taken over by the current provider in January 2015. One staff member told us “The new owner is really hands on. They are at the service daily and they really are trying to make improvements and changes for the better.” Another told us “The new owner is on a learning curve, they’re very supportive, kind and willing to get on with the job though.”

The service had a statement of purpose that set out its aims and objectives in an easy to understand format. People were informed that the service had core care principles about delivering care which is based upon privacy, dignity, independence, choice, rights and fulfilment.

The registered manager and provider told us they operated a fair and open culture within the home and encouraged people using the service, staff and relatives to approach them with any concerns, ideas or suggestions for improving practice at the service. All the staff we spoke with confirmed this and all stated they felt supported and could approach the manager or provider with any issues. One person who used the service told us “The new owner is very good and approachable.” Another told us “The new owner is picking up on little things and putting them right which is a good thing.”

We asked the provider about what the service did to obtain feedback from the people who used the service and their relatives. The provider explained that they had not carried out a satisfaction survey since they took over although they confirmed that they had plans to undertake a feedback questionnaire toward the end of 2015. We spoke to the people living at the service who told us positive things

about the new provider and said they felt listened to and included. A relative told us “The new people who run the home are very good. They are always around and available and will answer any questions I have.”

The service does not currently hold meetings for the people who live there. We spoke to the provider about this who confirmed house meeting had not taken place since the changeover of provider had occurred. The provider did state they intended to introduce quarterly meetings for the people who used the service and their families and also introduce a newsletter and circulate it for people who may not be able to attend the meetings. On the second day of our inspection the provider had produced an action plan demonstrating the areas that were to be developed and implemented within the service.

We asked the provider about the frequency of staff meeting taking place within the service. The provider told us that they met on a weekly basis with the registered manager to discuss the whole service; however meetings with the staff team were not currently taking place. The staff we spoke with confirmed that they did not attend staff meetings but could raise any concerns or ideas about the service during their monthly supervision sessions or at any other time.

On the second day of our inspection and from the feedback we provided after day one of our inspection the provider showed us plans they had developed to introduce staff meetings into the service on a monthly basis.

We recommend the provider introduces meetings for the people who used the service, staff and relatives as a way of keeping people included, informed about developments within the service and obtaining feedback.

We saw that the service had established community links with the local church and had a regular visitor from the church who came to speak with the people who used the service on a weekly basis. The provider told us they hoped to develop the community links further and were looking into ideas to involve local schools and other community groups.

Records showed us that regular audits of the environment, medication, care records, risk assessments and accidents and incidents were continuously reviewed and monitored

Is the service well-led?

to ensure the service remained effective and safe. The provider told us they had plans to make these audits and the data analysis from these audits more robust and comprehensive as the service moves forward.

The law requires that providers send notifications of changes, events or incidents at the home to the Care Quality Commission. Prior to the inspection we checked the notifications we had received from the provider and we noted we had not received any since the service was taken over by the new provider. On day one of the inspection we could see from the records in the accident book that incidents had occurred within the service but they had not been notified to the Care Quality Commission. We spoke to the provider about this who confirmed they would start the necessary notifications with immediate effect. One the second day of our inspection we saw the notifications that the provider had submitted and our records showed that notifications were now being submitted.

We recommend that the registered manager and the provider review the providers handbook provided by the Care Quality Commission so they are aware of their registration responsibilities.

Records showed us that the service worked closely with other professionals from outside agencies and sought interventions when required. Professionals currently supporting the people who used the service came from social work teams, district nursing services, GP's and chiropody services. One of the professionals who visited the service told us "The place is actually better than it used to be, much improvement has been made since the arrival of the new owner."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse</p> <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.</p> <p>People who used the service were not protected from abuse as there were insufficient recording and reporting measures in place. Regulation 13 (2) (3).</p>