

Mr & Mrs A Jebodh

Saint Lawrence Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Saint Lawrence Residential Care Home is registered to provide care for up to 23 older people, some of whom may be living with dementia related conditions. The home is situated near the town centre of Scunthorpe and is close to local amenities. The building consists of a large residential house with a purpose built extension, providing care over two floors, which are accessible by a lift. There is a large communal lounge with a dining area and a conservatory and small garden. At the time of our inspection there were 16 people living in the service.

We undertook this unannounced inspection over two days, on the 12 and 16 December 2016. The service was last inspected on June 2015, when we identified a breach of Regulation 15 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because there were concerns from the fire service in relation to the maintenance and upkeep of the building and the operation of the governance systems did not enable the quality of the service to be effectively monitored. Other improvements were also required to ensure people received effective care that was responsively delivered.

During this inspection we found improvements had been made in all domains and that action had been taken to address the breaches of the above regulations. We have changed the rating in two of the key domains that were previously rated as Requires Improvement to Good. We have not changed the rating in the safe and well-led domain, because we need to ensure the service is able to develop and sustain the improvements that have been made.

We found there was no registered manager in post. A new acting manager had been appointed to this role 12 weeks prior to our inspection visit, following the departure of the previous acting manager. There is a legal requirement for services to have a registered manager in place and we asked them to submit an application for this post within the next month. 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.

A range of health and safety checks of the building and equipment were carried out to ensure people were kept safe from potential harm. Contracts were in place to ensure equipment was satisfactorily maintained. Improvements were needed to ensure the water supply was delivered at consistent temperature levels, although the acting manager took action to address this shortfall. Improvements had been made in relation to the operation of the governance systems to enable the quality of the service to be effectively monitored. This included a programme of audits and analysis of incidents and accidents, to enable trends or patterns to be identified.

Recruitment checks were appropriately followed to ensure care staff were safe to work with people who used the service. Dependency levels of people were monitored and we were told about plans to deploy a

further member of staff to ensure there were suitable numbers of staff available to meet people's needs.

People's medicines were administered in a safe way by care staff who had received training on this aspect of their role. Risks to people were monitored and action was taken to ensure these were safely managed. Safeguarding training had been provided to ensure care staff knew how to recognise and report potential signs of abuse. Care staff were familiar with their responsibilities for raising whistleblowing concerns and they said they were supported and listened to by the acting manager.

Care staff had received training on the Mental Capacity Act 2005 to ensure they knew how to promote people's human rights and ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests.

A range of training opportunities had been developed to ensure care staff were able to safely carry out their roles, although further work was needed to fully implement the programme of supervision for them to help them develop their careers.

We observed care staff demonstrated a positive regard for people's needs and treated them with kindness and consideration. People were supported to make choices about their lives and provided with a range of wholesome meals. People's health and nutritional needs were monitored with involvement from health care professionals when this was required.

People were supported to make informed decisions about their lives and a programme of activities was being developed to ensure their health and wellbeing was promoted. People's concerns were listened to and they and their relatives knew how to raise a complaint and have them investigated and resolved wherever this was possible.

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 

Some elements of the service were not always safe.

Whilst health and safety checks were carried out these had failed to identify the water supply was delivered at inconsistent levels, although the acting manager took appropriate steps to address this when it was noted.

Safeguarding training had been provided to staff to ensure they were familiar with their responsibilities for reporting safeguarding or whistleblowing concerns.

Safer recruitment checks were followed to ensure people were not exposed to staff who posed a potential risk to their wellbeing.

People told us they received their medicines as prescribed and systems were in place to ensure their medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Care staff were provided with a range of training to ensure they knew how to safely support people's needs.

Assessments and best interest meetings were completed where people lacked capacity to make informed decisions about their care and support.

People received a variety of wholesome meals and drinks and their dietary needs were monitored to ensure they were not placed at risk of malnutrition or dehydration.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion by staff who

had developed positive relationships with them and knew them well.

Information about people's needs was available to help staff support their health and personal wellbeing, whilst promoting their independence where this was possible.

People's right to make choices about their lives was respected. Care staff observed and respected people's rights to privacy and ensured their personal dignity was maintained.

Is the service responsive?

Good 

The service was responsive.

Health care professionals were involved with people's care and treatment where this was required and appropriate referrals about this were made when this was needed.

People were consulted and encouraged to provide feedback about the service to help the service to learn and develop. A variety of social activities were provided and a programme for this was being developed to enable people to have further opportunities to enable their personal wellbeing to be promoted.

People and their relatives knew how to raise a complaint and have these investigated and resolved wherever this was possible.

Is the service well-led?

Requires Improvement 

Some elements of the service were not always well led.

A new acting manager had been recently appointed who had a range of experience and understood their responsibility to submit notifications about incidents affecting the health and welfare of people who used the service.

Care staff told us they enjoyed their work and felt supported by the new acting manager.

Management systems and a range of audits were in place to ensure the quality of provision was monitored, however these needed to be further embedded to enable the service to continually improve.

Saint Lawrence Residential 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 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.

This unannounced inspection was carried out by an adult social care inspector and took place on 12 and 16 December 2016. At the time of our inspection visit there were 16 people living at the home.

The registered provider had not been asked to complete 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 checked our systems for any notifications that had been sent in as these help tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. As part of the pre inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams in order to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England. Healthwatch and the local authority safeguarding team told us they were not aware of any current issues. The quality performance team indicated the service had worked with them well to improve the service.

During our inspection visit we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, one visiting relative, three members of care staff, one

member of senior care staff, the acting manager and the registered provider. We also spoke with a district nurse who was making an unplanned visit to see a person using the service.

We looked at care records belonging to three people who used the service, three staff records and a selection of documentation relating to the management and running of the service such as staff training, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. One person told us, "It's my home and I've been very happy living here for the last 21 years." They went to tell us they had established strong relationships with staff and commented, "They listen to me and give me help and reassurance when I need." One person advised they were using the service for a period of respite care and stated, "I have been in and out of hospital and been here a one month. I feel very safe here and don't really want to go home. I feel like the stress has been lifted, it gives me peace of mind." A relative who was visiting told us, "I definitely feel they are safe, they've had a few falls and they (Staff) got her to hospital for an assessment and phoned me up to keep me informed."

At our last inspection we found that people who used the service were not always protected from harm because there were concerns from the fire service in relation to the maintenance and upkeep of the building and an environmental check had not been completed and acted on when this was required. This was a breach of Regulation 15 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement action about this and asked the registered provider to send us an action plan that detailed what actions they would take to make sure the service was compliant with this regulation.

At this inspection we found the registered provider had taken steps to address the concerns identified by the fire service and received reassurance from the fire service they were satisfied with the arrangements taken in this respect. We found improvements had been made in relation to checks of the building and equipment, although we saw further work on this was needed to ensure they were fully operationalised and embedded. We saw that health and safety checks were carried out on the environment and equipment and that a maintenance book was available for staff to raise issues that required attention. There was evidence contracts were in place with suppliers for the servicing of equipment and that up to date certificates were available for this. Contracts were also in place for servicing and maintenance of utilities such as gas. We found that fire training had been provided to staff and that personal evacuation plans were available for people, to ensure they were supported in emergency situations.

Prior to this inspection we received a whistleblowing concern about the delivery of hot water in some people's rooms and maintenance of equipment. We made a tour of the building and saw improvements had been made to the general décor and upkeep of the service and were told about plans to refurbish people's rooms in the coming year, which people said they had been consulted about. We found the hot water supply in some of the upstairs rooms was not always delivered at a consistent temperature and that the water supply in a bathroom was delivered at a level that posed a potential risk of scalding. We spoke to the acting manager about this and were advised the people upstairs were not affected by risk of potential scalds, due to them requiring support from staff that checked temperature of the bath water, to ensure people were kept safe from harm. We saw the acting manager took prompt action to address this shortfall, with an urgent call to the gas heating engineers and a subsequent request for a plumber to remedy this issue which mitigated the risks to people. The acting manager advised that due to the age of the building a new boiler system was due to be installed in the coming year. They told us they had omitted to ensure water checks had been carried out since their recent appointment, but we found these were subsequently

completed on the cleaner's daily rounds to ensure the temperature of the water supply could be monitored safely.

We were told by the whistle-blower there were issues with broken hoists; however we saw this had not been reported in the maintenance book. We made a check of the hoists and found them to be satisfactory and in working order, together with associated records which showed they had been serviced in October 2016 and were safe for use.

People told us they received their medicines at regular times and that care staff administered those prescribed by their GP. One person told us, "I'm on loads of medication; the staff give them to me at the right time." The whistle-blower told us about potential issues concerning the storage and recording of some people's medicines, however we found satisfactory arrangements were in place for these. There was evidence that medicines requiring more secure storage were held in a controlled drugs cupboard. Those needing to be kept cool were held in a fridge, for which the temperature was monitored to ensure they were maintained at those recommended by the manufacturer. We saw that up to date records were kept for medicines that had been received and provided to people, together with evidence that staff who administered medicines had received appropriate training. Following our inspection we received a safeguarding alert from the local authority that indicated one person's medicine may not have always been administered correctly. We spoke with the local authority about this, who advised the outcome for this had not yet been determined by them.

We found the service maintained a positive approach to the management of risks where this was practicable, whilst enabling people to be kept safe from harm. We saw assessments about known risks were included in people's care files, together with guidance for staff on the management of these, in order to ensure people were supported safely. We found people's risk assessments had been evaluated and reviewed on an on-going basis, to ensure accidents were minimised. There was evidence that systems were in place to enable incidents and accidents to be monitored and analysed and action taken to prevent them reoccurring.

Care staff told us they enjoyed their work and we observed they demonstrated a positive regard for people's needs. Care staff told us they were sometimes a bit stretched at times and not always able to spend as much time talking with people as they would like. At our last inspection we recommended advice was sought about determining the correct levels of staffing required to meet the dependency needs of people who used the service. We saw the acting manager was now using a tool developed for this purpose to assess people's individual needs. The acting manager told us that following implementation of this tool they had taken steps to deploy an additional member of staff at busy times, to ensure staff were able to meet people's needs in a more proactive and managed manner and enable potential risks to be reduced.

Care staff told us about safeguarding training they had undertaken to ensure they were familiar with their roles and responsibilities in recognising issues of potential abuse. There was evidence that policies and procedures were available to guide staff when reporting safeguarding concerns that were aligned with the local authority's guidance on the protection of vulnerable adults. In discussion, care staff demonstrated an understanding of the different forms of abuse and were confident management would take appropriate action to follow up issues that were raised.

We saw evidence in staff files that prospective employees were carefully checked before being allowed to start work, to ensure they did not pose a risk to people who used the service. We found the acting manager was following robust recruitment procedures, including obtaining clearance from the Disclosure and Barring Service (DBS) to ensure new recruits were not included on an official list that barred them from working with

vulnerable adults. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults. There was evidence that staff references were followed up before offers of employment were made, together with checks of their personal identity and past employment experience, to enable gaps in work history to be explored. The acting manager told us they had inherited files for a number of staff who had worked in the service for a considerable number of years, which did not contain all of the necessary documentation. We saw evidence of a recent staff file audit completed on this, together with actions taken by the acting manager to remedy this shortfall.

Is the service effective?

Our findings

People who used the service told us that staff helped to promote their quality of lives and were good at doing their jobs. People said they enjoyed the food that was served, although a visiting relative told us they had noticed this was sometimes a bit cold and had needed to speak to staff about this in the past. One person who used the service told us, "The food is very good and I'm a bit of a moaner." Commenting about this, their relative stated, "Well, it must be good!" Another person said, "There's always a choice of meals, I can eat and drink whenever I want, there's always something to eat."

Prior to this inspection we received a whistleblowing concern about there not always being enough food available for people to eat. We spoke to the acting manager, the cook and staff about this and were told arrangements had been recently developed concerning the food ordering system. The cook told us they made a weekly order of the food that was needed for the following week in advance and gave this to the registered provider. We looked at the quantity of food that was available and found there were sufficient stocks available and found the registered provider was making a regular shopping trip for further supplies on the second day of our inspection. We observed people were provided with a choice of home cooked meals to ensure their nutritional needs were appropriately supported. Menus were displayed on the notice board in the dining and lounge area in written and pictorial formats, to help people make choices about these. The acting manager told us about menu improvements that had been recently introduced using the government's 'eat well plate' guidance to ensure people received a balanced diet.

We saw people's meals were tastefully presented, in a relaxed atmosphere. Adaptive equipment, such as plate guards were in use for people requiring assistance with eating and drinking. There was evidence in people's care records of nutritional assessments and regular monitoring of their weight, together with involvement from dieticians or community professionals, such as speech and language therapists when this was required. The cook told us people's individual preferences and needs were accommodated by the provision of fortified and specialist diets. We found the service had a five star rating by the local environment health department for the cleanliness of the kitchen facilities, which is the highest score that can be achieved.

There was evidence a variety of training courses were provided to ensure staff were able to effectively carry out their roles. We saw these were based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) We found however, the service had not yet signed up to the Social Care Commitment which is the adult social care sector's promise to provide people who need care and support with high quality services. The acting manager said they would look speak with the registered provider and follow this up. Staff files contained certificates on a range of courses such as moving and handling, first aid, infection control, safeguarding vulnerable adults, food and fire safety and issues relating to the specialist needs of people who used the service, such as dementia and end of life care. The acting manager told us they had developed the availability of courses since our last inspection, via a system of both online and practically based courses, but told us that staff had yet to

complete all of these. Care staff we spoke with demonstrated confidence in their role and confirmed the acting manager was keen on developing their skills and ensuring these were kept up to date. One told us, "It's been a great help to do training online, I've recently done safeguarding and mental capacity act training and I attended a practical course on moving and handling."

Care staff told us they received good support from the acting manager to help them develop their skills and meet people's needs. The new acting manager advised they had not yet had time to implement a full programme of regular professional supervision and appraisals for staff. This would enable their performance to be monitored and help them develop their careers. We saw however evidence of good progress on this, together with self-assessments for staff to complete in preparation for meetings with them that were planned.

We observed people appeared very comfortable with care staff and they told us they were involved in making decisions about their lives. We observed care staff talked to people in a friendly way and they obtained their consent before carrying out interventions. This was to ensure people were in agreement with how care was delivered. People's care files contained assessments of people's ability to make informed decisions about their support. Best interest meetings were held when people had limited mental capacity. There was evidence that people were supported to make anticipatory decisions about the end of their lives, when this was appropriate. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and information about this was clearly documented in the front of their files.

Training on the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities in this regard. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. We found the acting manager understood their responsibilities in relation to DoLS and had submitted applications to the local authority to ensure people were only deprived of their liberty lawfully and in line with current legislation.

People's personal care files contained assessments and care plans based on their individual health and social care needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and district nurses to ensure their wellbeing was promoted. People's care files were organised clearly to enable information to be easily found when required. Visiting relatives confirmed staff communicated with them effectively to ensure they were kept up to date of any changes concerning their relative's conditions. We found evaluations of people's care and support were carried out on a regular basis and that their care plans were amended following changes in their health status.

When we last inspected the service we recommended that advice was sought about the provision of dementia friendly environments. At this inspection we found that improvements had been made to the general environment with decoration of the lounge and corridor areas. The acting manager told us they were aware of the need to develop this further and had plans to incorporate dementia friendly colour schemes and adaptations as part of the refurbishment plans the home to help people orientate themselves

around.

Is the service caring?

Our findings

People who used the service confirmed that staff involved them in decisions about their support. They told us staff treated them with kindness and consideration for their needs and that their wishes for privacy and personal dignity were respected. A visiting relative commented, "I think the care mum gets is very good, I think the staff are all very kind."

One person using the service on a temporary basis told us, "There's something about this place that makes people like it. I'm happy and really like it here, I wish I was stopping." Commenting about the staff approach another person said, "At first staff had to assist me with washing and personal care until I regained my independence." They went on to tell us, "Staff treated me with dignity and if I needed the toilet, they would leave me and always knock on the door to make sure I was decent."

We found that staff treated people with kindness and compassion by staff who demonstrated a positive regard for what mattered and was important to them. We observed interactions between care staff and people were open, positive and friendly. We saw care staff were attentive to meeting people's differing needs and observed them providing sensitive support to ensure their dignity was upheld and their wishes and feelings respected. We found care staff engaged with people courteously and observed them bending down and kneeling at people's eye level, to ensure they were understood. We observed care staff provided reassurance and encouragement to help the promotion of people's independence whilst delivering personal care to people in the privacy of their rooms.

We observed staff respected the need to maintain people's confidentiality and did not discuss issues in public or disclose information to people who did not need to know. We saw information that needed to be communicated about people's needs was passed on in private and information about their needs was securely maintained in the office.

Information in people's care files contained details about their personal preferences, together with details about their past histories to help staff understand and promote their individual needs. We saw evidence of people's involvement in decisions about how their support was delivered and found they were consulted about decisions concerning their home. People and their relatives told us they were encouraged to make choices about their lives. One person told us about their involvement in choosing the colour scheme for the planned redecoration of their room and confirmed they were able to get up and go to bed when they chose.

People told us their wishes for privacy were upheld and we observed they were able to spend time in their own rooms when they wished. We found people were able to bring items of personal belongings and furniture to help personalise their rooms and enable them to feel at home. Relatives told us they were encouraged and able to freely visit and participate in the life of the home. Information about the service was on display together with details about the use of advocacy services to ensure people had access to sources of independent advice and support if this was required.

Is the service responsive?

Our findings

People told us they were happy with the way staff delivered their support and were confident any concerns or complaints would be addressed. One person said, "If you want anything done, the staff are quick to do it." People who used the service confirmed they were consulted about their care and support to ensure it was meeting their individual needs.

A district nurse who was making an unplanned visit to see a person following them being contacted by staff about some concerns told us, "Staff contacted me in a timely way, the carers are attentive to people's needs and are open and friendly, I have no complaints."

We saw people's care files contained a range of plans had been developed to ensure their support was personalised to meet their needs. We found this included assessments about known risks to them such as falls, infections, skin integrity and nutrition that were completed and kept up to date on an on-going basis. This enabled staff to have accurate information about how to keep people safe from potential harm. We saw there was evidence of liaison with a range of community health professionals when this was required, to ensure their involvement and input concerning changes in people's needs. We saw the care plans for people could be improved to reflect people's needs in a more person centred way. The acting manager told us they were aware of this issue and we saw they had obtained information to help promote people's individuality more proactively.

A visiting relative told us they had noticed some people appeared to lack stimulation and that their mother had become somewhat institutionalised. They told us, "She always sits in the same seat and thinks she's got to go to bed when staff come and ask her, it's as if she thinks she's going to get told off."

At our last inspection we recommended advice was sought about the provision of appropriate social activities to enable and enhance the wellbeing of people living with dementia. The acting manager told us they planned to address this issue with deployment of additional staff, together with training on an approach that focussed on working with people's personal strengths to ensure their individual and diverse needs were upheld in a more focussed way.

We observed staff had developed positive relationships with people who used the service and had a good understanding of them. People told us about opportunities that had been provided to enable them to participate in meaningful social events and enable their wellbeing to be promoted. The acting manager told us this had recently included sessions of chair based activities, a trip to see a local pantomime, visits from a singing group; together with plans for a visit from the sea cadets and a carol concert at a local church. On the second day of our inspection a priest was making a regular visit to provide spiritual support for a person who used the service.

People told us staff listened to them and were happy with the service they received. We saw evidence of a recent meeting with people and their relatives to enable them be consulted and provide feedback on what

was provided. A complaints policy and procedure was available to ensure people's concerns were followed up and addressed and we saw this was displayed in the service. People and their relatives told us they knew how to make a complaint and would speak to staff if they had any concerns. They told us they felt the registered provider would take action if this was needed. The acting manager told us they welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People who used the service and their relatives told us they felt included in decisions about the home and that the acting manager was good at their job. One person said, "[Name of acting manager] is very good, they will take time and listen and talk with you." A visiting relative told us, "[Name of acting manager] is trying very hard to improve the service, she's introduced meetings for us and I think she's got a vision."

At our last inspection we found that people who use the service were potentially placed at risk because regular audits to assess and monitor the quality and safety of the service were not being effectively implemented and maintained. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement action about this and asked the registered provider to send us an action plan that detailed what actions they would take to make sure the service was compliant with this regulation.

At this inspection we found that the registered provider had taken steps to address the shortfalls identified above and developed the operation of governance systems for the service to ensure it was compliant with this regulation. A new acting manager had been appointed 12 weeks prior to our inspection, following the departure of the previous manager. The acting manager demonstrated a clear understanding of what was required to ensure people's health, safety and welfare was promoted and enable the service to be well led. We saw a range of audits that had been recently completed to enable the quality of the service to be effectively monitored. We found these included reviews and checks of staff training and development, medicines management, implementation and evaluation of people's care plans, incidents and accidents analysis, together with measures to address shortfalls where they had been noted. Whilst health and safety checks of the building and equipment were carried out we found the acting manager had not yet included tests of the water supply in these. They subsequently took action to address this shortfall.

The acting manager told us further developments were planned with the implementation of an improved quality assurance system and were keen to develop the service. We saw evidence of consultation meetings with people which had been recently introduced to enable feedback from them and ensure they were kept informed and included in developments concerning the service. The acting manager showed us plans to issue surveys for people to obtain their views, together with those of their relatives and other key stakeholders to help develop and improve the service.

This location has a condition that it must have a registered manager in place. The acting manager advised they were in the process of completing their three month probationary period and would submit an application to be registered with the Care Quality Commission (CQC) for this position following this. This domain cannot currently be rated higher than Requires Improvement, as the rules for rating this as good require there to be registered manager in post who is responsible for management of the service.

There was evidence the acting manager had a range of knowledge and experience of health and social care services. We found the acting manager was aware of their responsibilities under the Health and Social Care

Act 2008 for reporting incidents, accidents and other notifiable events occurring during the delivery of the service. The acting manager told us they were currently undertaking a level 5 leadership and management course, to help them develop their career and keep their skills up to date. They told us, "I like to learn, no one can ever say they have learnt enough."

Care staff told us they had confidence in the acting manager and felt they were approachable, fair and supportive. They told us they received feedback in a constructive and motivating way to help them carry out their roles. Care staff confirmed they felt able to approach management with suggestions, issues or concerns about practice issues and had confidence these would be listened to and taken on board. Speaking about the acting manager's approach one member of care staff commented, "I definitely feel they would listen and do something about any concerns that are raised." Whilst another member of staff stated, "They are a good thing for this home. They roll their sleeves up when it's needed. I know they expect the best from us and they explain things clearly and well. With [Name of acting manager] you know you've got to do it." There was evidence the acting manager had developed links within the local community, to enable people to take part and be involved in events run by local organisations.

We saw the acting manager had a 'hands on' approach and was involved in the supervision and delivery of people's support and knew people who used the service well. The acting manager was available throughout our inspection, providing advice and guidance to both staff and people who used the service. Care staff told us the acting manager had introduced unannounced night visits to enable the smooth running of the service and provide night staff with guidance and advice to ensure they were clear of their professional responsibilities. The acting manager acknowledged more work was on this was required to develop the staff team, including the implementation of a full programme of supervision and team meetings to enable clear direction and leadership to be provided to staff.

We saw evidence of improvements that had been made to upgrade the general standard of the environment, together with plans to implement a rolling programme of refurbishment of people's rooms. There was evidence of external contacts in place for the servicing equipment and we were told about plans to modernise the emergency lighting and heating systems for the home.