

Viridian Housing Sycamore Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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|----------------------------|-------------------------------|
| 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

This inspection took place on 31 May and 1 June 2017. The visit on 31 May was unannounced and we arranged with the manager to return on 1 June to complete the inspection. The last comprehensive inspection of the service was in June 2016 when we rated the service as Requires Improvement for Safe and Well Led and Good for Effective, Caring and Responsive. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered person did not assess, monitor and improve the quality and safety of the services provided. At this inspection we found the provider had improved the ways they monitored quality in the service.

We also carried out an unannounced, focused inspection in January 2017 after the Clinical Commissioning Group (CCG) passed us concerns they had identified with the management of people's medicines. A Care Quality Commission (CQC) pharmacist inspector carried out the inspection and found that the provider had taken action and improved the way they managed people's medicines.

Sycamore Lodge provides accommodation, care and nursing for up to 77 older people, some of whom were living with the experience of dementia. The home is divided into five separate units according to people's needs.

The registered manager left the service shortly before this inspection. The provider had appointed a new manager and they were in the process of applying to the Care Quality Commission for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health and safety checks did not identify possible risks to people using the service, including pull cords for the aid call system that people could not reach and fire doors were wedged open.

The provider did not always operate systems to monitor and mitigate possible risks in the service.

You can see what action we told the provider to take at the back of the full version of the report.

The provider had systems in place to keep people safe and although staff understood and followed these, some systems were not always effective.

There were enough staff to meet people's needs and the provider carried out checks on new staff to make sure they were suitable to work with people using the service.

The provider assessed people's health care needs, gave staff guidance on how to meet these and people received the medicines they needed safely.

Staff had the training and support they needed to care for and support people using the service.

The provider, manager, nurses and care staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider did not deprive people of their liberty unlawfully.

People told us they enjoyed the food provided in the service. An observation we carried out at lunch time showed that staff supported people in a caring and patient way and people had a positive experience.

People using the service and their relatives told us the staff who looked after them were kind and caring.

We saw staff in the service were kind, caring and gentle with the people they supported, they allowed people time to make decisions and offered them choices.

People using the service told us that staff respected their privacy and said they enjoyed living in the service.

Each person had a care plan that included an assessment of their health and social care needs.

People and their relatives also told us the provider involved people in planning and reviewing the care and support they received.

Staff respected people's choices and decisions about how they wanted to be supported with their personal care.

People told us they knew how to make a complaint and said they trusted the provider to investigate any concerns they had.

When the service's registered manager left shortly before this inspection, the provider acted promptly to appoint a qualified and experienced manager. Staff told us they found the manager and senior staff in the service supportive.

The provider carried out regular monitoring visits to the service and developed an action plan to address issues they identified.

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 aspects of the service were not safe.

Health and safety checks did not identify possible risks to people using the service.

The provider had systems in place to keep people safe and although the staff understood and followed these, some systems were not always effective.

There were enough staff to meet people's needs and the provider carried out checks on new staff to make sure they were suitable to work with people using the service.

People received the medicines they needed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the training and support they needed to care for and support people using the service.

The provider, manager, nurses and care staff had a good understanding of their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The provider did not deprive people of their liberty unlawfully.

People told us they enjoyed the food provided in the service.

The provider assessed people's healthcare needs and gave staff guidance on how to meet these.

Is the service caring?

Good ●

The service was caring.

People using the service and their relatives told us the staff who looked after them were kind and caring.

We saw staff in the service were kind, caring and gentle with the people they supported. We saw they allowed people time to

make decisions and offered them choices.

People using the service told us that staff respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People using the service told us they enjoyed living in the service.

Each person had a care plan that included an assessment of their health and social care needs.

People and their relatives also told us the provider involved people in planning and reviewing the care and support they received.

Staff respected people's choices and decisions about how they wanted to be supported with their personal care.

People told us they knew how to make a complaint and said they trusted the provider to investigate any concerns they had.

Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led.

The provider's audits and checks were not always effective and the provider had failed to identify some risks to people's safety.

When the service's registered manager left shortly before this inspection, the provider acted promptly to appoint a qualified and experienced manager.

Staff told us they found the manager and senior staff in the service supportive.

The provider carried out regular monitoring visits to the service and developed an action plan to address issues they identified.

Sycamore Lodge

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 May and 1 June 2017. The visit on 31 May was unannounced and we arranged with the manager to return on 1 June to complete the inspection. The inspection team consisted of one inspector 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. The Expert by Experience for this inspection was the family carer of a person living with the experience of dementia.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and notifications the provider is required to send us of significant incidents that affected people using the service. We also contacted the local authority's safeguarding adults and commissioning teams for their views of the service.

During the inspection we spoke with 29 people using the service, five relatives and visitors and 10 members of staff, including nurses, health care assistants, domestic, catering and maintenance staff. We also spoke with the manager and the provider's training and quality assurance manager. We looked at the care records for 10 people using the service and staff recruitment and training records for four members of staff. We reviewed other records including the medicines records for 25 people using the service and checks and audits the provider carried out to monitor quality in the service and make improvements.

During lunch on one unit for people living with the experience of dementia, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw all communal parts of the service and some people's bedrooms, with their permission. We also spent time observing activities that staff organised for people on both days of the inspection.

Is the service safe?

Our findings

When we asked people if staff responded quickly when they asked for help, they told us, "I use the bell and mostly I can reach it but I do have a clip on my jumper so it's easy for me. They come quite quickly and especially at night," "I wait for some time, maybe 30 minutes on some days after lunch. It is a busy time and I cannot always reach my bell," "I can reach things myself and I call out too. They do come quickly" and "I use the bell all the time and they come almost right away. I can reach it because I get it and put it next to me." One person's relative also told us, "Bells get answered quite quickly."

However, we saw that pull cords for the aid call system fitted in people's ensuite facilities and the communal bathrooms and toilets were either too short to reach the floor or they were tied up out of people's reach. This meant that people would not be able to use the aid call system if they fell on the floor in their rooms or in bathrooms and toilets. We also saw that some fire doors in the service were wedged open and the provider had not completed their record of monthly checks of opening restrictors fitted to windows in the service. We discussed these issues with the manager as they may have placed people at risk of unsafe care and they told us they would take immediate action to address the concerns we identified.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives told us people were safe in the service. People's comments included, "I do feel safe. They really do look after me and I have everything I need," "The ladies and men here are lovely carers and I do feel very safe and looked after," "I am very well looked after and so are my things" and "I feel safe and don't have to worry about anything. It's all looked after well." People's relatives commented, "I leave him in safe and caring hands," "I never worry about her safety or that everything is looked after. They do a fantastic job with that" and "He is very well looked after and cared for in a safe place with nice people. What more could we ask for?"

The provider had systems in place to keep people safe. However, although the staff understood and followed these, they were not always effective. They had a safeguarding adults policy and procedures they had reviewed in August 2016 and staff knew about and followed these. When we asked staff about the types of abuse that could occur in a care home, they were able to describe the types of abuse and possible warning signs. Staff also said they had completed safeguarding training and the provider's training records confirmed this. When we asked staff what they would do if they thought a person using the service was subject to abuse or neglect, their comments included, "If I thought someone was being abused I would tell the head of nursing, the manager or the Care Quality Commission (CQC)," "I would tell my manager or call CQC," "I would report to the nurse. If they didn't do anything I would tell the manager or CQC," "I would report any concerns to my manager or a senior and if they did nothing I would go higher," "I would report concerns to the manager. If nothing was done I would contact CQC" and "I would reassure the person, make sure they were safe and report to the manager or CQC."

The provider responded appropriately to any allegations or evidence of possible abuse. They notified the

local authority's safeguarding adults team and CQC and participated in investigations and safeguarding meetings.

The provider assessed risks to people using the service and staff had access to clear guidance on managing identified risks. People's care plans included risk assessments and guidance for staff on how to reduce risks to individuals. For example, where a person was at risk of falling out of bed, we saw the provider had worked with the person, their family and professionals to ensure the person was safe. Risk assessments covered personal care, pressure area care, mobility, mental health, medicines and nutrition. Staff reviewed the risk assessments regularly and those we checked were up to date. Where staff identified changes, the risk assessment reviews reflected these. For example, when staff identified that a person was at risk of choking, they referred them to a speech and language therapist (SALT) and updated the care plan with the SALT's recommendations.

We also saw that staff had completed a risk assessment for one person who was able to go out of the service without staff support. We saw the assessment focused on encouraging and maintaining the person's independence and staff had clear guidance on how they should do this. For example, staff were expected to check to make sure the person had their travel card with them whenever they left the service, as well as a card with the address and phone number of the service.

The provider had systems in place to ensure they recruited staff who were suitable to work with people using the service. The staff records we reviewed each included an application form, a record of the person's interview, a minimum of two references, proof of identity and right to remain and work in the United Kingdom and a Disclosure and Barring Service (DBS) criminal records check. Staff told us the provider had taken up references and they completed a DBS check before they started to work in the service.

There were enough staff to meet people's care and support needs. Where people had nursing care needs the rota showed a qualified nurse was on duty at all times, supported by a team of care staff. During the inspection we saw that there were enough staff to support people on each unit and people did not have to wait for care and attention. When people asked for help staff responded promptly and worked well together to make sure people had the support they needed. People told us staff were available to support them when they needed help. Their comments included, "They are very good at popping in and asking if I need anything. I like being in my room mostly but I do still see them," "They do come in and they have a chat too," "The staff are very busy but they do make sure you are comfortable wherever you are" and ""The carers in the lounge ask all the time. You don't get them coming round at night so much to ask if you need anything once you are in bed." A relative told us, "When I am here they always ask if he needs anything and they ask several times."

Nurses and care staff told us there were enough staff to meet people's needs. Their comments included, "We are a good team and we work well together. The new staff have fitted in well," "It's all about team work. Everything is fine as long as we all work together," and "Working here is good, there are enough staff and we work well as a team."

People using the service and their relatives told us people received the medicines they needed safely. Their comments included, "They do help [with medicines] and remind me but I do arrange my medication and administer myself. I make my appointments and manage my diabetes medication. They bring medication around at the same times each day and you don't really have to wait long," "I just have painkillers and I can have them when I like. I ask and they ask me questions and then give it," "I take what they give me after mealtimes usually. They tell me what they are for if I ask" and "I know what I have tablets for and I always get them on time." People's relatives told us, "I know what her medication is for and they chat with me if they

need to change it" and "I ask them about what he takes and we chat about how we think they work for him."

The provider had systems in place to make sure people received their medicines safely and as prescribed. We saw nurses gave people their medicines safely. They took time to administer medicines to people in a caring manner and without rushing. People's medicines were stored securely and the provider kept up-to-date and fully completed records of medicines received, administered and disposed of, as well as a clear record when people had allergies to medicines. All of the medicines records we reviewed included a photograph of the person so that staff could make sure they gave medicines to the correct person. These records provided evidence that people were consistently receiving their medicines as prescribed. We also saw staff had completed a detailed risk assessment for one person who managed their own medicines and had ensured they signed a consent form.

The provider, manager and staff working in the service carried out checks and audits to make sure people were safe. We saw evidence of safety checks and service records for baths, hoists and slings, valid electrical and gas safety certificates and service records for wheelchairs, kitchen equipment and fire safety equipment used in the service. The provider had an up to date fire safety risk assessment and each person using the service had a Personal Emergency Evacuation plan (PEEP). The registered manager, other staff or the service's maintenance officer carried out regular checks of the fire alarm, fire fighting and emergency lighting systems and health and safety audits, including risk assessments for the Control of Substances Hazardous to Health (COSHH) for chemicals used in the service, testing water temperatures and legionella testing.

Is the service effective?

Our findings

People told us the staff who cared for them were well trained and understood how to meet their care needs. People's comments included, "I think they are very good and work hard to do their best. They make me feel safe," "I am looked after very well. They are well trained" and "They are very good at what they do. I like them and feel looked after." People's relatives told us, "I think they do a good job. It's hard but they look after each other well" and "They do manage very well. They are organised and well trained."

The provider's training and quality assurance manager told us, 10 staff were completing induction programmes specific for their role, six staff members were completing their Care Certificate training and four new staff members had completed the Care Certificate training with Ealing Clinical Commissioning Group and one staff member was completing the provider's Care Certificate training. The Care Certificate is a set of standards for social care and health workers. It is the new minimum standard that should be covered as part of induction training of new care workers. We saw evidence that staff had completed training the provider considered mandatory, as part of their induction. This included safeguarding adults, infection control, moving and handling and food hygiene. We also saw evidence the provider arranged regular refresher training when required.

Staff told us they felt well trained and supported to do their jobs. Their comments included, "The training is very good, even if you think you know something it is good to have the refresher training," "I enjoy the training, I've learnt a lot" and "There's never any problem with training, if you need it you can easily get it."

The staff records we reviewed included evidence of regular one to one supervision for nurses and care staff with the manager, head of care or head of nursing. These sessions gave staff the opportunity to discuss care practices, training and personal development. In addition, some supervision sessions focused on a particular topic, for example food hygiene or personal care. This ensured staff had up to date information on the provider's policies and procedures and how to carry out their roles. Staff signed a written record of each supervision session to show they agreed with the record and any actions they needed to complete.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The provider, manager, nurses and care staff had a good understanding of their responsibilities under the MCA and DoLS. They told us, "We must assume a person has the capacity to make a decision unless they have an assessment that says they lack capacity," "We must support people to make choices and make their own decisions, wherever possible" and "If we have to restrict people's liberty we have to make sure we

always involve the family and other professionals."

Where the provider needed to restrict people's liberty in order to keep them safe, they followed procedures to assess their capacity to make decisions about their care and treatment. Where people lacked capacity we saw staff worked with their relatives and health and social care professionals to agree decisions in the person's best interests. Where required, the provider had applied for authorisation to restrict people's liberty, as required by the legislation. We also found that, although people using the service experienced some restrictions, they were not deprived of their liberty. For example, the front door was locked and most people needed support from staff to go out. Staff told us that they could not always support people to go out whenever they wanted but they ensured people did go out as soon as possible after they requested to. During our inspection we saw no evidence that people were deprived of their liberty unlawfully.

People using the service told us they enjoyed the food provided in the service. Their comments included, "It is very nice. You get choices and you choose when they come round in the morning. I keep snacks and drinks in my room. I don't need help but they do offer to cut food up. I choose to eat in my room," "I eat in the dining room. I don't want to be on my own in my room. I like being around people and seeing what is going on. The food is nice and I choose. You can have other things not on the menu like omelette" and "I like to choose smaller food so I have a baked potato or a sandwich at lunchtime. I like the food and they give you more than enough." A relative commented, "They help my [family member] to eat and they are very patient and she is always clean afterwards."

Throughout our inspection we saw staff regularly offered people drinks. Where staff had identified individuals as being at risk of malnutrition or dehydration, they completed records of their food and fluid intake to identify where people may not have received the nutrition and hydration they needed. Staff kept a record of people's weight and we saw the provider had requested the input of GPs and / or dietitians to give guidance for staff to support people where concerns about their food intake or weight had been identified.

During lunch on one unit for people living with the experience of dementia, we carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We saw there were enough staff to support people and they gave people time to make decisions about what they wanted to eat and drink. The people we observed had a good experience during the lunch time, staff offered them choices about what they ate and portion sizes, allowed them time to eat at their own pace and gave them support where this was needed. However, we did notice that, although staff gave each person a cold drink with their meal, only orange squash was available and people were not offered a choice.

People using the service and their relatives told us people had access to the healthcare services they needed. When we asked people if they were able to see their GP when they felt they needed to, they told us, "I call them myself and they come along. I manage all my appointments and they book transport if I needed. It's well organised. They arrange opticians to come here for me," "I tell them and they call. I wait sometimes a day or more but I keep saying to call them" and "They do get them out within the day usually and over the years I have regularly seen the GP." A relative commented, "They sort all that out and tell me and I pop in."

People's care records included information about their healthcare needs and how staff met these in the service. Care plans included details of people's physical and mental health care needs and we saw staff supported people to attend appointments with their GP, dentist, chiropodist and hospital appointments.

Is the service caring?

Our findings

People using the service and their relatives told us the staff who looked after them were kind and caring. People's comments included, "They are very caring, They don't have to do much for me but they ask if I need help with things like using the toilet, eating, walking. They encourage me to stand," "They are very nice and always happy. They give you a little hug," "They listen and they help a lot," "They always have a chat about me and what I have been doing and also the care I need," "They do talk to me, they are very nice. They ask about my great grandchildren" and "The staff here are always talking but they do stop and listen to me too." Relatives commented, "Yes I think they know people's characters well," "From what I have seen, all the staff are very caring" and "They are quite tactile with their residents."

During our inspection we saw staff in the service were kind, caring and gentle with the people they supported. We saw they allowed people time to make decisions and offered them choices. For example, when one person became unsettled in one of the lounges, staff responded quickly and offered them the choice of taking part in an activity or going to their room or the garden. The person chose to remain in the lounge and sat with a member of staff talking and looking through a newspaper. Staff supported people with their personal care in a respectful way, explaining what they were doing and making sure they had gained the person's consent. Staff in the dining room at lunchtime approached one person who was asleep when lunch was served in a quiet and calm way, gently informing them that it was lunch time and allowing them to wake up slowly.

We also saw many thoughtful interactions, where nurses and care staff smiled at people, bent down to speak with them and held their hands. The staff complimented people on how they looked and what they were doing. They supported people to feel at ease.

People using the service told us that staff respected their privacy. Their comments included, "I get time to do things like make calls and they always knock or announce themselves and especially when I am using the bathroom, they wait outside. I have a lock on my door which I don't use because I can't get to it but I do tell them to shut my door at night so people don't wander in," "They knock every time" and "I still have my independence and dignity. They are very discreet here." People's relatives told us, "They knock all the time and say who they are" and "I feel he still has respect and dignity. The staff are very good at putting him at ease and he relaxes so they don't have to struggle with him. This leads to less assistance needed."

People's care plans included details of their cultural and faith needs and people and their relatives told us the staff respected these. Their comments included, "I feel they are respected, yes. I make choices about how I live my life still. I am voting next week by post. They assisted with getting the voting cards" and "I have my Bible and cross displayed. I would like to receive Communion but they haven't found that out for me yet. I have asked." A relative also commented, "I feel that they are. They ask all that when you come here and they update it all the time for changes." We saw that the service's programme of activities included visits by representatives from local places of worship.

Is the service responsive?

Our findings

People using the service told us they enjoyed living there. Their comments included, "It is very relaxed here and always neat and clean," "I cannot fault it. I would prefer to be at home but this is fine while I am here," "I like it because you can still do what you want" and "Always very clean, they are so busy all the time cleaning and helping keep us nice."

People's relatives told us, "It does feel really nice. There is a nice atmosphere and staff are very kind," "There is always something going on and it is always very clean. The staff are always cleaning or hoovering something" and "It is very calm here. The staff make it easy to visit and they have a chat with you when you are sitting with them."

Each person had a care plan that included an assessment of their health and social care needs. The assessment covered people's physical and mental health needs, mobility, personal care, communication, medicines, activities and health and safety. Most of the care plans we saw were written in the third person and did not include information in a person centred way that reflected people's routines and preferences. Some care plans included a 'This Is Me' booklet staff had completed with people and their families and these were written in a person centred way, using "I" statements to personalise the information provided. For example, "I like to wake up between 07:00 and 08:00" and "I like a daily shower or wash."

Most of the daily care records staff completed included information about people's daily activities, health care needs, personal care and nutrition and showed that care was delivered in line with their preferences and care plan.

People told us they knew the staff who cared for and supported them. Their comments included, "I do have one I know who comes to look after me. She knows how I like things and what I need. The staff are very kind and they are the same ones usually which is good because I know them," "I have one girl who looks after me and I like her to help me with personal care. When she isn't here the others are very good too. They care and I like them," "The staff are usually the same ones and if they are new they are very helpful" and "I like them day or night, they are good people." People's relatives told us, "They are kind and you do see the same ones all the time. She does have a named carer" and "There seem to be enough staff around. They are always busy but you don't seem to wait long for help."

People and their relatives also told us the provider involved people in planning and reviewing the care and support they received. They told us, "I manage my own money and finances and that is all written in my file that I want to do that. They know how I like things and we chat about it. Everything is recorded and we talk with my sons about it too. They know how I like things and how much care I need from them," "They ask me what they would like them to do and I tell them and so we all know. I like independence and I think I get that" and "They ask if they can assist in things like in the bathroom or toilet. They wait for me to answer." Two people's relatives told us, "We have chats about her care and what she needs help with because sometimes she will tell me and not them. I think we work well as a team for her" and "They ask my feelings on what I think or my advice on what I would do. I feel involved."

Staff respected people's choices and decisions about how they wanted to be supported with their personal care. People told us, "I have a bath and they hoist me. I can have what I want but not as often as I like, one a week. You can choose when you go to bed. I press the bell and they come and help me get ready. They are very good in the evening," "I go to bed mid evening but if I don't want to they come back. You get as much sleep as you want really and you don't do things if you don't want to" and "I have a bath. It's okay, they make sure I'm safe." A relative commented "She has a bath because she told them she like baths best. I think she has one a week but I know that she would like more sometimes."

People told us the provider organised activities they could take part in. Their comments included, "I like to read and watch movies and I have everything to do that in my room. There isn't much going on but sometimes they invite me to a sing song or to play Bingo," "I like to stay in my room and listen to the radio. They put it on for me. My children come anytime," "I sit around, watch the world go by. I have visitors and they can sit anywhere they like with me and come whenever they want to" and "I like to join in and break up the day. There isn't much going on really."

People's relatives told us, "They do activities now and again and those are really nice" and "Activities often get cancelled because of staff being off or busy"

During the inspection we saw staff ran a number of small group activity sessions, including a game of bingo where people won prizes including toiletries and snacks. The staff did this in an enthusiastic and confident way and people took part in and enjoyed the activity. After the bingo game, people commented, "It's always a bit of fun and the prizes are useful" and "That was fun, it helps to pass the time."

We also saw that some people in the lounges sat and chatted with each other or with staff. The staff always made sure they took the time to stop and chat if people asked them questions or if they were supporting people with their care or mobility. Staff also offered people books and newspapers and one member of staff asked two people if they would like to help fold napkins. When they agreed, both people at with the member of staff sat and folded the napkins while they chatted.

People told us they knew how to make a complaint and said they trusted the provider to investigate any concerns they had. Their comments included, "I'd talk to the manager. There is a new one and if I needed to I would call him up to come up to my room. I do complain and they do eventually get things done but sometimes it takes a while. Repairs take weeks or more," "I'd speak to a carer or a manager, but I don't know who the manager is" and "There is a new manager so I would go to him and hope that he won't ignore it like the old manager. They used to take ages to sort things out." A relative commented, "Carers get things done quickly and the management likes feedback. They have an open door policy and they tell us they like feedback and they do have relatives' meetings now and again and we can tell them what we think and they answer queries."

We saw the provider displayed information about their complaints procedure around the service and the record of complaints showed they managed complaints in line with their procedures.

Is the service well-led?

Our findings

At our last inspection in June 2016 we found the provider's audits of care plans and medicines management had not identified areas for improvement or, where areas for improvement were identified, the provider had not taken action to implement these. We carried out a focused inspection in January 2017 to review medicines management and found the provider had made improvements so that people received the medicines they needed safely. At this inspection we saw that staff had reviewed people's care plans regularly and the care plans we saw were up to date and provided staff with accurate information about people's care needs.

However, we also found that the provider, registered manager and staff carried out audits and checks on the service to monitor quality and identify areas for improvement but these were not always effective. The provider had failed to identify risks to people's safety, including aid call pull cords that were out of people's reach, fire doors that were wedged open and the failure to maintain some health and safety checks, including checks of opening restrictors fitted on bedroom windows.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider, registered manager and staff also carried out other audits and checks on the service to monitor quality and identify areas for improvement that we saw were up to date and accurate. These included up to date service records for equipment used in the home, a record of monthly checks of people's wheelchairs, first aid boxes and mobility equipment on each unit, risk assessments for lone working and supporting people with their mobility and checks of water temperatures, food temperatures and environmental safety. The manager and staff also recorded any accidents involving people using the service or staff and the provider's health and safety team reviewed these to identify any themes and to prevent reoccurrence. The provider also notified the Care Quality Commission of serious injuries and other significant events, as required by the legislation.

The provider also carried out regular monitoring visits to the service and developed an action plan with their finding, a review of progress since the last visit and issues for the manager and staff to action. We saw the reviews for January – March 2017 and saw the provider reviewed the service against the five questions asked by the Care Quality Commission during our inspections. The reports showed that the service had made progress in a number of areas, including completing redecoration works; the ongoing replacement of carpets; lighting improvement; the construction of new medicines storage rooms on each unit; the introduction of daily checks of medicines records; the introduction of medication Training with local pharmacy and improved staff recruitment levels. The report highlighted a number of areas where further work was needed, including continuing to review and improve the quality of the food provided; reviewing the protection of people in the case of inappropriate placement; reviewing falls and auditing falls prevention and continuing to improve end of life care provision. This reassured us that the provider operated systems to monitor quality in the service and make improvements.

The service's registered manager left shortly before this inspection. The provider acted promptly to appoint a qualified and experienced manager and they told us they would apply to the Care Quality Commission for registration. The manager was a qualified nurse and also held management qualifications. They had worked in a variety of management positions in NHS and independent sector services for older people, some of whom were living with the experience of dementia. They told us, "I closely follow the current surge of interest in dementia research. This includes reading up on current findings and effective practices. I also have a healthy appetite for keeping up with world events, hence I read newspapers, nursing publications and any material that enhances my knowledge of our complex planet and the ever-changing nursing profession."

Most people using the service told us knew and liked the manager. They said, "Yes I know him, the new chap. He came in to help to sort out my chair. He was very reassuring that everything would be sorted out," "I think there is a new man," "He was nice and I had a chat with him. He asked me what I thought of the place," "He asked me if I was well. He did listen to me and said he would pop in the next day and meet my daughter. He did that" and "He is very nice, friendly and he listens to people." Two people told us, "No I don't know the manager. I go to the carers because I don't know the managers" and "I'm not sure who runs what,"

People's relatives said, "Yes, there is a new manager. He introduced himself," "He popped out to say hello. He hasn't been here that long," "I liked him and hope he stays" and "Yes, I met him on his first day. A very pleasant man."

Staff told us they found the manager and senior staff in the service supportive. Their comments included, "Things are getting better. The manager is always available for support," "The manager and other senior staff are supportive and we see managers from head office as well" and "I would say the place is well managed. The new manager has some good ideas and he asks for our opinions and ideas."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that is reasonably practicable to mitigate risks to the health and safety of service users.</p> <p>Regulation 12 (2) (b).</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not monitor and mitigate the risks relating to the health and safety of service users and others who may be at risk.</p> <p>Regulation 17 (2) (b).</p> |