

Fidelity Residential Ltd

Alexander 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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

Alexander Care Home is registered to provide accommodation for up to 31 older people who require support with personal care. At the time of our inspection there were 28 people using the service.

Our last inspection was an unannounced focused inspection carried out 26 February 2015. A focused inspection is carried out to look at specific areas of concern. At the focused inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in the regulations that we reviewed. These related to staffing levels and the effectiveness of the management of the home; we made

requirement actions. The service sent us an action plan informing us of what improvements they would take to meet the regulations and told us they would be compliant with these regulations by 12 May 2015.

This was an unannounced comprehensive inspection which took place on 17 and 18 November 2015 and also to check the required improvements had been made to address the outstanding requirement actions.

Summary of findings

At this inspection we found that action had been taken to make improvements and both outstanding requirement actions were met. However we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems for recruitment of staff were not always safe. In three staff files we found gaps in staff previous employment history had been identified, but there was not a written explanation of the reason. Staff received the training and support they needed to carry out their roles effectively.

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

There was a registered manager in place at Alexander Care Home. 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.

Improvements had been made in staffing levels. A second senior care worker was now working alongside care staff during the day. During our inspection we observed that call bells were answered promptly, staff responded quickly to people's requests for assistance and there were sufficient staff to meet people's needs.

People told us there had been recent improvements in the standard of food provided. We saw the food was wholesome, although people waited a long time for their breakfast and choice of seating was limited. The provider has plans for increasing the amount of dining seating.

People we spoke with felt safe at Alexander Care Home. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

Improvements had been made to the home. Two new boilers had been fitted and all communal areas and

bedrooms were warm. Some bedrooms had been refurbished and areas of the home had had flooring replaced and new furnishings had been purchased. There was a planned programme of on-going improvements.

The home was clean and equipment (except for the bath chair hoist) was serviced and maintained. Systems were in place to deal with emergencies that could affect the provision of care such as failure of gas and electric supply.

We found there were safe systems in place for managing medicines.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who are unable to make their own decision.

People spoke positively about the staff and the care they received. During our inspection we saw the registered manager and staff were caring and responsive to the people's needs. Staff knew people well and knew their likes and dislikes.

A programme of activities had recently been introduced. There were a number of activities on offer both within the home and in community settings. The activity coordinator knew people well and knew the activities they liked to do.

There was a policy and procedure for dealing with complaints, we saw that complaints were recorded and appropriate action taken.

People's care records contained good information to guide staff on the care and support required. The care records showed that risk to people's health and well-being had been identified and plans were in place to reduce or eliminate the risk.

We found there was a system in place for quality assurance. Weekly and monthly checks had been introduced to assess, monitor and review the service. Records were kept of any issues or concerns and any actions taken to address them.

We saw there was a system for gathering people's views about the service and acting upon suggestions and ideas.

People were complimentary about the registered manager. Staff told us the registered manager was

Summary of findings

approachable and were confident any issues they raised would be dealt with. They told us the service had improved since our last inspection and were positive about the leadership of the service.

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.

Gaps in staff member's employment history had not been recorded; as required by law.

Improvements in staffing levels had been made.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practise) policy, and how to raise any concerns

Requires improvement



Is the service effective?

The service was not always effective.

People told us there had been recent improvements in the quality of food provided. However we saw that people waited a long time for their breakfast and there was limited seating available for people to use in the dining room.

The home was clean and some areas had recently been decorated, new furnishings had been purchased. There was a planned programme of on-going improvements.

Staff had received the induction, training and supervision they required to ensure they were able to carry out their roles effectively.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Requires improvement



Is the service caring?

The service was caring.

People we spoke with were positive about the staff and the care they received.

Managers and staff knew people who used the service well including their needs, likes and dislikes.

Good



Is the service responsive?

The service was responsive.

Care records contained good information about the care and support people required.

A varied programme of activities had recently been re-introduced

Good



Summary of findings

Systems were in place to investigate and respond to complaints

Is the service well-led?

The home was well-led.

We found there was a system in place for quality assurance. Weekly and monthly checks had been introduced to assess, monitor and review the service.

We saw there was a system for gathering people's views about the service and acting upon suggestions and ideas.

People were complimentary about the registered manager and staff spoke positively about the improvements that had been made.

Good



Alexander Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection which took place on 17 and 18 November 2015. This inspection also reviewed what improvements the provider had made to meet requirement actions we served following our last inspection.

The inspection team comprised of two adult social care inspectors.

Prior to our inspection we reviewed the Provider Information Return (PIR). This form asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also looked at information we received via the Care Quality Commission 'share your experience' forms and

notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority commissioning, quality assurance and safeguarding teams. They raised no concerns about the service.

During our inspection we spoke with ten people who used the service, five relatives, two visiting health care professionals, a pharmacist, four members of care staff, the cook, activity coordinator, laundry assistant, the registered manager and the provider. We also carried out observations in public areas of the service of the care provided.

As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

We looked at four care records, four staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed

Is the service safe?

Our findings

During our inspection of 26 February 2015 we found that the service was not always safe. We looked at staffing levels; we found the service could not demonstrate that there were sufficient staff at all times to meet the needs of people who use the service. This constituted a breach of Regulation 18 HSCA (RA) Regulations 2014. A requirement action was made.

During this inspection we found improvements had been made and the requirement actions had been met. Staffing levels had been increased; an extra senior care worker or team leader was now on duty during the day working alongside care staff.

People we spoke with gave us mixed views about staffing levels. Some people we spoke and their relatives thought that at times there were not enough staff available to support people. One person told us “The staff are excellent but they are run off their feet not much time to stop and talk but they try their best” another said “The girls don’t have enough time.” Staff we spoke with thought there were enough staff to meet people’s needs, they told us breakfast time was difficult as staff were getting people up and one staff member was serving breakfast.

However during our inspection we observed that call bells were answered promptly, staff responded promptly to people’s requests for assistance and there were sufficient staff to meet people’s needs.

The registered manager showed us the dependency assessment that was used by the service to determine staffing levels. We were shown how this was used to determine the overall staffing levels for the home. The dependency tool had been completed the week prior to our inspection, but had not been completed in the four months before that. The registered manager told us they were going to complete it more frequently to ensure it accurately reflected people’s current need.

We looked at six weeks rotas 19 October 2015 to 29 November 2015 and saw the standard duty rota reflected the staffing levels indicated by the recent staffing tool. During this inspection, and our last inspection, the registered provider told us that the staffing rotas were the responsibility of the registered manager and that they did not influence the staffing levels set in any way.

We found that the system for recruitment of staff was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters. We looked at four staff personnel files. The staff files we looked at contained application forms, two written references, copies of identification documents including a photograph, contract of employment and information about terms and conditions of employment. We found that the provider kept copies of interview records which provided evidence of applicants’ knowledge and skills. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. However we found that the application forms in three of the files we looked at did not detail a full employment history, including a written explanation for any employment gaps. **This was a breach of Regulation 19 (2) HSCA (RA) Regulations 2014 Fit and proper persons employed.** The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff.

During our inspection we saw visiting health care professionals and trades people come into the building and not sign in. This presented a risk to people who use the home of staff not knowing who has been on the premises and unsuitable people having access to the home.

People we spoke with told us they felt safe at Alexander Care Home. One person said, “I feel safe.” Another person told us “I feel safe, if I was worried about anything I would speak to my daughter and she would sort it out.”

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to the signs and allegations of abuse. They included details for other agencies who could be contacted about safeguarding concerns. Staff we spoke told us they had received training in safeguarding adults and were able to tell us what they would do if they witnessed or suspected abuse and who they should report it to. One staff member told us, “If you think it is not right then you should report it.” Records we looked at showed us that all staff had received training in safeguarding adults. We saw that information about safeguarding and contact

Is the service safe?

details for organisations people could talk to were displayed in the entrance hall. We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were able to tell us who they should contact if they were not happy with how the service had dealt with any issues they raised.

People we spoke with told us; "I like my room it is cosy and not a bad size and I like having an ensuite" and "I have had a choice about the flooring I want in my room." One person told us "I have been able to bring some of my own belongings."

The communal areas and bedrooms we visited were warm. The provider told us that since our last inspection, resources had been put into improving the home and two new boilers had been installed. We saw that there were new chairs in one lounge area and conservatory as well as new non slip flooring in the dining room.

We found that some flooring was in need of replacement and some communal areas and bedrooms were in need of redecoration, one lounge area had wall paper peeling from the wall. Some areas of the home were dimly lit and light bulbs were seen to need replacing around the home. The provider showed us a two year plan for future improvements, which was also on display in the entrance hall for residents and visitors to look at. During our inspection we saw that one bedroom was being refurbished and redecorated.

We looked around the home and found communal areas, toilets and bedrooms were clean and free from offensive odour. We were shown a cleaning schedule that had been introduced by the manager, which included a rota for each area and room to be deep cleaned and cleaning carpets. One person we spoke with told us, "The cleaning lady is excellent." We found that the kitchen and laundry staff did not have their own colour coded mops and buckets. We found that the laundry needed decorating and flooring needed replacing. We were told that the provider had plans to knock through into the room next door, which would create a better dirty to clean pathway for laundry. The clinical waste bin outside was seen to be full and overflowing.

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including; effective hand

washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. We saw that staff wore appropriate PPE when carrying out personal care tasks.

We found that people received their medicines safely. Medicines including controlled drugs were stored. We saw that policies and procedures were in place for the management of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and action to take if someone was admitted to hospital or refused to take their medicines. The registered manager, staff we spoke with and records we looked at showed that staff responsible for administering medicines had received medicines management training and completed competency assessments.

We looked at eleven medicines administration record (MAR) charts. They all contained a photograph to help staff identify people. We found that all records were fully completed to confirm people had received their medicines as required. We saw that audits of medicines and records were undertaken monthly by the registered manager and six monthly by the supplying pharmacist.

During our inspection we saw medicines being given to people by senior staff. An explanation was given to the person, medicines were given with a drink and then the record was signed when taken. People we spoke with told us they received their medicines when needed. We found that where appropriate people were supported to manage their own medicines. One person told us, "I did not want to wait for my medication and I am capable of doing my own so they made arrangements for me to do this myself. This had made a big difference to me."

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed us accidents and incidents had been recorded and the registered manager reviewed these monthly to look at action taken and identify lessons that could be learned.

We saw there was a system for carrying out health and safety checks. Records we looked at showed that

Is the service safe?

equipment was appropriately serviced and maintained. We saw that staff used a maintenance record sheet to report any repairs that were needed, and that notes were made to indicate when any required work had been completed.

We found that fire risk assessments and personal emergency evacuation plans (PEEPS) had been completed. Records we looked at showed that regular fire safety checks were carried out on fire alarms, fire extinguishers and emergency lighting and fire exits. We saw that fire drills were carried out regularly and any issues recorded.

Records we looked at showed that risk assessments were in place for the general environment. The care records we

looked at showed that risks to people's health and well-being had been identified these included; weight loss, falls, the risk of developing pressure ulcers and manual handling. We saw that care plans had been put in place to guide staff on how to reduce or eliminate identified risks.

The service had a business continuity plan. This informed managers and staff what to do if there was an incident or emergency that could disrupt the service or endanger people who used the service. This included loss of gas, electricity, telephones, heating, breakdown of essential equipment, catering disruption, damage to the building and severe weather.

Is the service effective?

Our findings

We looked at how people were supported in meeting their nutritional needs. People we spoke with and feedback from the Care Quality Commission 'share your experience' forms we had received before our inspection gave us mixed views about the food provided. People said the food had, "Not been great" but told us improvements had been made in the last week. One person said, "It is improving and I hope it continues." We were told, "The food has not been good for a while but [cook] is back and she's very good. She will give me an alternative if I do not want what is on offer." Another person said, "The food is generally okay but people can be funny about it. The food is alright." People told us that sometimes the food is cold when they get it. One person said, "The food is okay but it is served on cold plates so not very warm." We saw that this was the case. A relative we spoke with told us that people get up early and have to wait a long time for breakfast.

During our inspection we observed two meal times. We arrived at the home at 7am and saw that five people were up. We saw that people who had got up early were offered drinks and toast whilst waiting for cooked breakfast. Breakfast was served from 8.30 to 10.30am. We saw that people waited for long periods for their breakfast and became disgruntled at waiting times and watching others people eat. The registered manager and provider told us that they had employed a new cook in the last week and that improvements had been made. They told us the cook currently started work at 8.30 a.m. but they planned within two weeks to change the start time to 8 a.m. to allow breakfast to start earlier and to alleviate the waiting times. Following our inspection the registered manager confirmed the planned action had been taken.

We saw that there were only enough dining tables available to seat up to six people. This meant that most people did not have the choice of sitting at a table and were offered their food whilst sat in lounge arm chairs with small tables or trays. During lunch time one person wished to eat at a dining table but there was no room; they were not happy about this. The provider told us they planned to change one of the lounge areas into another dining room we were told no dates had been set for this work but it was planned in the next part of the refurbishment.

During our inspection we observed staff supporting people to eat and drink. We saw staff encouraged people to eat

and offered alternatives when they did not want what was offered. We saw one staff member gently and patiently encouraged a person, who was upset, to eat as much as they could.

We spoke with the cook, who was aware of people's allergies and special dietary requirements.

The menu was planned in advance and rotated over three weeks. We noted there was not a choice on the menu but during our inspection we saw choice offered when people did not like what was on offer. The food offered was wholesome and we saw homemade sponges and cakes and homemade soup. We saw that people had drinks available in their rooms.

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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised.. The application procedures for this 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 service was working within the principles of the MCA.

People's care records contained evidence that the service had identified whether the person could consent to their care and was following correct procedures when applying for DoLS authorisation. Conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection an authorisation for DoLS was in place for six people who used the service. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us that applications for DoLS had been made for another two people who used the service. Prior to our inspection we looked at our records and found that the service had notified CQC of the authorisations, as they are required to do. Records we looked at showed us all staff had received training in MCA and DoLS. The registered manager and staff we spoke with demonstrated an understanding of MCA and DoLS.

Is the service effective?

The registered manager told us that prior to people starting to live at the home an admission assessment was completed; this was used to identify care needs and risks. Care records we saw showed this was used to develop risk assessments and care plans and showed people who used the service and their representatives had been involved in the care planning process. The registered manager told us that where needed a best interest meeting was arranged; The care records we saw contained records of best interests meetings.

During the inspection records we looked at showed us staff received the training they needed to enable them to provide care and support to people who lived at the home. The registered manager showed us the training matrix they used to record all staff training. Staff we spoke with told us about the training they had received. This included, fire prevention, moving and handling, health and safety, safeguarding adults, food safety, infection control, dementia care, first aid, end of life care and nationally recognised vocational qualifications in health and social care. Staff records we saw contained certificates for the training they had completed.

We were told that all new staff completed the 'Care Standards Certificate'. Records we looked at showed us there was a twelve week induction, which included information about the individual staff member's role as well as policies and procedures. During the induction staff were required to undertake all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. We were told that new staff work alongside experienced staff for the first two weeks.

We asked the manager what systems were in place to ensure staff received the support they needed. The manager told us that staff meetings were held twice per year and additional meetings would be arranged if needed. Records we looked at showed staff meetings that had been held twice since our last inspection. They told us separate

meetings were held for night staff. We saw that a meeting had been planned for the night of our inspection. Records we looked at showed us that staff had undertaken an appraisal and staff were receiving regular supervision.

The registered manager told us senior staff gave a handover at the change of each shift. These were used to update staff about any changes in people's needs and allocate tasks for the day. During the inspection we observed a handover; it was detailed and included information about people's changing needs and important events. The handover information was not written down so staff who were not at the handover relied on seniors to pass on information verbally. The registered manager told us they were going to put a communication book in place to allow written records of handover.

We found that people's care records included an assessment of their nutritional risk so that appropriate action was taken if any problems were identified. We saw this assessment was reviewed so that any changes in a person's condition could be treated promptly.

Care records we looked at showed that people had access to a range of health care professionals including; doctors, chiropodists, district nurses, a geriatrician and an optician. A visiting health care professional told us that when the service had concerns about people's health they referred them through in a timely manner, followed instructions and documented any treatment. We saw that where required, records were kept of personal bathing, food and drink and positional changes.

We saw that if people needed to go into hospital the service used a hospital transfer form and booklet. This contained important information about the person, their medical conditions, medicines, allergies, likes and dislikes. It also contained copies of the person's care plan. This helped to keep people safe by making sure hospital staff had the information they need to care and support the person.

Is the service caring?

Our findings

People who used the service we spoke with were positive about the staff and the care they received. They told us, “Staff are caring” and “Overall it is good.” One person said of the staff, “They are all very nice.” A relative we spoke with said, “I can’t fault them, they are like a family, they go out of their way for you.” Another said, “My [relative] is comfortable there and the staff know [relative].” and “The staff are great they know their ways.”

The registered manager told us they were, “Proud of the staff team and I am happy with them.” A visiting health care professional told us staff were friendly and helpful.

During our inspection we spent time observing how people were spoken with and supported. The manager and staff were seen to be respectful, caring and responsive. The registered manager and staff we spoke with knew people well. Staff knew the needs of people they supported and were able to tell us about people’s likes and dislikes. One staff member told us, “If people are not ready to get up I won’t get them up. I would not want that for my mum or dad.”

One person told us; “I can get up when I want. I want to be as independent as possible.” Another said, “I do what I like, more or less get my way with anything.” Staff we spoke with told us they support people to remain as independent as possible by encouraging people to make choices and to do things for themselves where they can; such as dressing and personal care.

The service was part of the ‘Six Steps’ approach to end of life care. We were told the registered manager and senior staff attended the forum meetings at the hospice to keep updated on best practise. We saw that where possible information about each person’s wishes regarding end of life care and resuscitation had been discussed and then documented in their individual care plan. This informed staff what people wanted to happen at the end of their life. One person we spoke with told us “I have been very clear about what I want to happen at the end of my life and I will only go into hospital if I need emergency treatment.”

We found that care records were stored securely and policies and procedures we looked at showed the service placed importance on protecting people’s confidential information.

The registered manager told us that the service had an open door policy towards relatives and friends visiting. Relatives we spoke with told us they were able to visit when they wanted and one told us they were, “Offered tea, coffee and cake” when they visited. Another relative said they, “Enjoyed visiting.”

We were told that some people were supported to attend the local church service.

We saw that information about advocacy services including contact details were on display in the entrance foyer.

Is the service responsive?

Our findings

People who used the service we spoke with told us the activities on offer at the home had recently improved. We spoke with the activities coordinator; they had only recently started but had previously worked at the home so knew people and their interests. We saw a board in the dining room displaying a variety of activities that were arranged for the week including; board games, singalong, hairdresser, music, jigsaw, carpet bowls and visit to a local park. The activity coordinator told us balloon exercises very popular, "People really enjoy it, they love it." We were told five people had been for a walk in a local park the day before our inspection. The activity co-ordinator told us that as well as day to day activities a number of different events are planned, which people and their relatives can join in. These included; an entertainer, church choir, a Christmas party for residents and relatives and a singer at the New Year's Eve party. We saw photographs of a recent Halloween party. A relative we spoke with told us they had attended and said everyone had enjoyed it.

The four care records we looked at were detailed and person centred. They contained a photograph of the person and information about their likes, dislikes and personal preferences. They included important information about the person's health conditions and allergy's. We saw information gathered was used to develop care plans and risk assessments. The records we saw were sufficiently detailed to guide staff on how to provide the support people needed in order to promote person centred care. We were told that care records were completed by senior staff on the computer at the end of each shift. Care staff did not have access to the computer but had access to a paper copy of the records.

Care records we looked at had been reviewed and had been updated when people's support needs changed. Care staff we spoke with told us the senior staff informed when care records were updated. Relatives we spoke with told us care staff had not always known about changes in the past but felt this had improved.

Is the service well-led?

Our findings

At our last inspection we found that people who use service and others were not protected against the risks associated with unsafe care and treatment because effective management systems were not in place. This was a breach of Regulation 17 HSCA (RA) Regulations 2014. We also found no written evidence to support the registered provider and the registered manager responded to the complaints, comments and views of people who use the service or people acting on their behalf.

During this inspection we found improvements had been made and the requirement action had been met.

We found the registered manager had a system of quality audits in place. The manager told us a number of weekly and monthly checks and audits were completed. Records we looked at showed us these included; health and safety, fire safety, weight loss, medicines, care plans, accidents and incidents, bathing and repairs. We saw that the registered manager had an electronic system that reminded them when care plans or risk assessments were due to be reviewed. We were told a system for recording environment cleanliness had been introduced the week of our inspection. We were shown the form that would be used.

There was a system of quality assurance in place. We saw that the service had a variety of ways of gathering people's views about the service and how it could be improved. The registered manager told us residents meetings had been held. We saw records of the meeting held in July 2015, which was attended by thirteen people who used the service and activities and the menu had been discussed. We were told that satisfaction surveys had been given to people who live at the home and sent to relatives. We saw that six had been returned from people who live at the home and seven from relatives. We saw the registered manager had responded to the issues raised and action to be taken was on display on a notice board in the dining room. The registered manager told us they were going to put a suggestions box in the entrance hall so people and their relatives could make suggestions and raised issues at any time, confidentially if they wished.

Records we saw showed the registered manager investigated and responded to complaints and that action was taken. Relatives we spoke with told us the service's

response to complaints had improved. One told us if they had a complaint they would go, "Straight to [registered manager] and said the registered manager, "Deals with things." Another relative told us they could discuss problems with staff and said, "They take me seriously."

During our last inspection there was no written evidence available to us as to how decisions were made regarding the running of the service or to support that good communication existed between the registered provider and registered manager. During this inspection we were told that weekly meetings were taking place between the registered manager and registered provider but that they were not recorded. The registered provider told us they would start to document the meetings to ensure records had been kept of issues raised, what actions were to be taken and by whom.

The service had a registered manager who was present on the day of inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People we spoke with were complimentary about the registered manager. Relatives told us the registered manager was, "Brilliant" and "Smashing." One said the registered manager; "Puts the residents first." Some relatives we spoke with told us they did not know the provider as they had never met or talked with them, but would like too.

Staff we spoke with told us the registered manager was very approachable and "Caring and loving." They told us they were confident the registered manager would deal with any issues they raised. Staff told us they thought the service had improved since our last inspection. They were positive about the leadership of the service. One staff member said, "It's getting better" and that the provider "Is sorting it out."

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, incidents, safeguarding allegations and DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The recruitment system was not robust enough to protect people from being cared for by unsuitable staff. Information about candidates as set out in Schedule 3 of the regulations was not confirmed before staff were employed.</p>