Four Seasons (Evedale) Limited

Charnwood

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Charnwood provides accommodation and personal and nursing care for up to 88 older people. Accommodation is provided in two buildings known as Charnwood Court and Charnwood House. 55 people were living at the home at the time of the inspection.

This was an unannounced inspection, carried out over two days on 14 and 15 January 2015.

We last inspected Charnwood on 28 January 2014. At that time it was not meeting three essential standards. We asked the provider to take action to make improvements in the areas of meeting nutritional needs, cleanliness and infection control and staffing. We received an action plan dated 27 February 2014 in which the provider told us about the actions they would take to meet the relevant legal requirements. During this inspection we found that the provider was meeting these legal requirements. However, we found that the provider was not meeting the essential standard in relation to assessing and monitoring the quality of the service provided. We found that some improvements were still required.

Summary of findings

A registered manager was not in post at the time of our inspection. 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. A new manager had started shortly before our inspection. They told us they would be applying to register with the Care Quality Commission.

People living in the home told us they felt safe. Systems were in place for the provider to make safeguarding referrals when needed so that they could be investigated.

Risk assessments were completed regarding people's care. People received their medicines in a safe way.

There were enough staff present during the inspection to meet people's needs and staffing levels had increased. However, there had been some days where cover had not been arranged to reflect the increase.

The home was mostly clean, but some improvements were required.

The provider had not appropriately identified and addressed risks associated with how staff were supported. We found gaps regarding supervision and training.

Some staff did not have appropriate knowledge of the Mental Capacity Act 2005 (MCA).

People received enough to eat and drink. People were supported to maintain good health. Referrals were made to health care professionals for additional support when needed.

Staff treated people with dignity and respect, but some care records required additional information about people and how to appropriately support them.

We observed that staff asked people about their preferences. However, some care records did not show whether people had been involved in making decisions about their care.

People were not always appropriately supported to take part in social activities.

There were some systems in place to monitor the safety and quality of the service provided and to address risks. However, we found some improvements were required to improve the effectiveness of these. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

The home was mostly clean but some improvements were needed.

There were enough staff at the time of our inspection to meet the needs of people. An increase in staffing levels had occurred. However, cover had not always been arranged to reflect the increase.

Staff had a good understanding of what constituted abuse and told us they would report concerns.

Risk assessments were in place and staff provided support in a safe way.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff did not always receive appropriate supervision and training.

Some staff were unable to tell us about the Mental Capacity Act 2005.

People were supported to meet their nutritional needs.

Referrals were made to healthcare professionals for additional support when needed.

Is the service caring?

Requires improvement

The service was not consistently caring.

Care records did not always provide enough information about how people should be supported to meet their emotional needs.

Staff were mostly very kind and caring. However, staff did not always respond appropriately when people were distressed.

Staff asked people about their preferences and respected people's choices.

Is the service responsive?

Requires improvement

People were not always provided with enough staff support to enable them to pursue their hobbies and interests. There were not enough meaningful activities taking place.

Some care records did not include enough information about people's individual needs and preferences.

A complaints procedure was in place.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

Summary of findings

The systems in place to monitor the safety and quality of the service were not always effective.

The manager was not registered with the Care Quality Commission but told us they would be applying to register.

Staff felt listened to and felt comfortable to raise concerns. The manager was approachable.

Charnwood

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.

The inspection was unannounced and started on 14 January 2015. We returned the following day by arrangement to gather information. The inspection team consisted of four inspectors, a specialist nursing advisor 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 service.

During our inspection we spoke with 13 people who lived in the home and seven relatives. We also spoke with five care staff, a care manager, two nurses, a maintenance staff member, an administrator, a member of the catering team, a member of the domestic team, the home manager and an area manager for the provider. We also spoke with a visiting professional.

Before our inspection, we reviewed the information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service to obtain their views about the care provided in the home.

We used the Short Observational Framework for Inspection (SOFI) during part of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed the care and support being delivered in communal areas at other times. We looked at relevant sections of the care records for nine people, as well as a range of records relating to the running of the service including staff training records and audits.

Requires improvement

Is the service safe?

Our findings

People living in the home told us they felt safe. A person also told us they would feel comfortable approaching staff if they had concerns about their safety. A relative said, "[Family member] is 100% safe here and well looked after. I'm absolutely certain about that." Another relative told us they felt they could raise safety concerns if they arose and said, "Yes, with [care manager] or any of them. I've been coming for a long time and they're all approachable." Staff told us they felt people were safe. They had a good understanding of what constituted abuse and told us they would report concerns. We saw in records that the service had made safeguarding referrals to the local authority. This showed us that the provider had effective procedures for ensuring that safeguarding concerns about people were appropriately reported.

One person said, "I am cared for very well." A visiting professional told us they had observed staff appropriately supporting a person who was at risk of falls and they had not observed any safety concerns when visiting the home. We observed staff supporting people in a safe way. We saw, for example, that staff used appropriate techniques when assisting people to move.

Risks to individuals were managed well. For example, we saw staff provided appropriate care for people at risk of developing pressure ulcers. We saw in the records for one person at risk due to epileptic seizures that there was clear guidance for staff regarding maintaining the person's safety. We saw call bells in people's bedrooms. One person said, "I can call staff if I need them." We saw in the records for a person who was not able to use a call bell independently that staff visited the person regularly when they were in their bedroom.

When we inspected the home in January 2014 we found that the provider had not always ensured there were enough staff. This represented a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we saw improvements had been made to address this breach.

One person said, "There is for me [enough staff]." However, some people living in the home told us they felt the home was short staffed. People told us they could go to bed and get up when they wished to, unless staff were dealing with an emergency when they might have to wait. A relative said, "Staffing levels have improved recently; a few months ago they were so short staffed that [family member] was late getting up. But that has improved greatly."

Staff told us they felt there were enough staff to meet people's needs. One staff member said staffing levels were, "Very good". Another said, "They [staffing levels] are better at the moment." A staff member told us how assessments had been completed to assess the appropriate staffing levels. Staff also told us cover was usually arranged, for example, if staff called in sick. We observed how staff supported people at different times during our inspection and saw there were enough staff to keep people safe.

The manager told us staffing levels had been reviewed and increases had taken place, for example, regarding care staffing levels in the morning at Charnwood Court. This was reflected on the rota. However, we also saw on the rota that there had been seven days in January 2015 where the number of care staff in the morning had not reflected the increase. A representative for the provider told us after the inspection that this had been due to the lack of available cover, for example, when staff had called in sick. This showed that staffing levels had increased, but cover had not always been provided in accordance with the increase. The manager told us a deputy manager who was a nurse was due to start shortly after our inspection and they had advertised for another nurse, which would result in additional nursing staff in the mornings.

We saw safe recruitment and selection processes were in place. Staff told us appropriate checks had been completed before they started work.

People told us they received staff support and could access pain killers if they needed them. A relative said, "[Family member] has had no problems with [their] medicines and the staff definitely know what they are doing." We observed a staff member safely administering medicines. They asked people whether they required pain relief and explained to people what medicines they were taking and what they were for. We saw that staff responded quickly by bringing painkillers when a person informed them they were in pain. We checked the Medicines Administration Record (MAR) charts for three people and saw they had been completed appropriately. MAR charts are used to record whether people have or have not taken their medicines. This showed medicines were managed in a safe way.

Requires improvement

Is the service safe?

When we inspected the home in January 2014 we found concerns with cleanliness and infection control. This represented a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we saw some actions had been taken to address this breach. People living in the home and a relative told us they felt the home was clean. Staff also told us they felt the home was kept clean and they had completed infection control training.

We did a tour of part of the home to check how clean it was. This included a sample of bedrooms. We saw the home was mostly clean. However, we saw four commodes in bedrooms were not clean. Some pressure cushions in the home had deteriorated and were ripped, which meant they might be difficult to keep clean. Foot stools in the lounge were also ripped and some armchairs and ceiling tiles were stained. This showed that some improvements were still required.

A relative told us there was enough equipment and raised no safety concerns. They said, “Anything [family member has] needed [family member] has had.” We observed staff using equipment such as hoists in a safe way. A hoist is a piece of equipment that is used to support people to move safely, for example, from their chair to another chair. Most staff told us there was enough equipment and equipment was safe. However, one staff member told us there were not enough working rotundas. A rotunda is a piece of equipment that is used to assist people to move from a seat to another seat. The manager told us that another rotunda had been ordered.

We saw that some radiator covers might be a risk to people as they did not always cover the whole of the radiator or were loose so could be pulled away. Some needed their top shelf replacing. We also saw that a bath was very low, which meant there could be a risk to people living in the home and staff. A staff member told us that they had to kneel on the bathroom floor to bathe people as the bath was so low. The manager told us that one new bath had been fitted in the home and another had been ordered. This showed us some action had been taken or was planned.

Some checks had been completed on the premises such as portable appliance tests and fire alarm tests. However, the emergency lighting checks had not taken place since November 2014. This showed that not all checks had appropriately occurred regarding the safety of the premises. The manager told us they were recruiting another staff member to increase the maintenance staffing levels. The area manager also told us about some planned refurbishment work. This showed they were taking action to make improvements.

Requires improvement

Is the service effective?

Our findings

People living in the home generally felt that staff were adequately trained to deliver their care. One person said, "I am cared for very well. I can't fault them." Another person said, "The staff know what they are doing with the hoist. They don't hurt me. They know how to look after me properly." However, another person said, "Some staff are trained and some are not. Agency staff are agency staff and you can't do much about it can you. They don't know us or what we need." A relative said, "On the whole, the care is good." Another relative said, "They [staff] are all great."

Staff told us they had received an induction when they started working for the service. The manager told us an induction programme was in place for new staff. A staff member also told us they had received regular supervision. However, several told us they had not received supervision for over six months. Records showed supervision had not been consistently provided and had often not enabled staff to discuss their individual support needs such as their training needs. This showed that staff had not always received appropriate support to deliver effective care.

Staff told us they had received training on a range of subjects and several said they could ask for more if they wanted it. However, some staff told us they had not completed training on a small number of subjects relevant to their roles. Training records showed some gaps regarding initial or refresher training. For example, 23% of staff required safeguarding training and 31% required practical moving and handling training. Only 48% of staff had completed dementia training. A staff member told us they felt staff would benefit from receiving dementia training. Some of our observations supported this view. Several staff told us most training was done by e-learning and they would prefer more face to face training. One staff member told us they had not understood a subject they had covered using e-learning. This showed us the training had not been effective.

Supervision and training gaps meant that the provider had not effectively monitored and addressed risks to people associated with inappropriate staff support. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The manager told us they were taking action to make improvements. For example, they were arranging for staff to have regular supervision and face to face training sessions to complement e-learning.

People living in the home told us staff asked for their consent before providing care. However, one person told us about a decision that had been made that staff had not spoken with them about. They said, "I didn't know anything about it." This showed us staff had not obtained the person's consent. A staff member told us they had thought relatives had spoken with the person when this was not the case. They told us they would take action in response. A relative told us that staff asked their family member for their consent and said, "Yes I can honestly say they listen and respect what [family member] says."

Staff told us they asked people about their preferences and respected their choices. One staff member told us how they used different ways of communicating such as using picture cards to find out what people wanted. We saw staff asking people for their views and respecting these, for example, asking permission to remove people's plates after lunch and to take aprons off. However, three staff were unable to explain the Mental Capacity Act 2005 (MCA). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Records showed that many staff had received training on the MCA shortly before our inspection and the manager told us further training would occur.

We saw in care records that staff had considered whether people had the capacity to make specific decisions about their care. We saw in one record, for example, that capacity assessments had been completed on different subjects and were accompanied by best interests decisions. However, we saw a small number of documents where further details were required. We saw on one form that the nature of the decision simply stated 'incontinence management' and another about medication was not specific enough about the nature of the decision. A MCA policy was in place, which meant staff had access to guidance about the MCA.

The manager understood their responsibility in relation to DoLS (Deprivation of Liberty Safeguards) and guidance was in place. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals

Is the service effective?

who are trained to assess whether the restriction is needed. The manager was planning to seek information about case law that could impact on the provider's responsibilities. A nurse also understood DoLS. However, three staff were unable to tell us about DoLS and how this might affect their practice. This showed us they did not have appropriate knowledge about DoLS.

When we inspected the home in January 2014 we had some concerns about how people were supported to meet their nutritional needs. This represented a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection we saw improvements had been made to address this breach. People told us they had enough to eat and drink and choices were available. One person said, "If I don't like the meal I can ask for something else and they will go and get it from the kitchen." However, some people told us they felt lunch was generally poor and three people said the evening meal was always soup and sandwiches and they were bored of it. A relative said, "The cook adjusts the food to your needs. It looks nice. [Family member] hasn't had any concerns." The manager told us they were gathering feedback on the food and we saw a notice asking people to fill in the comments book.

We observed lunchtime in the dining room at Charnwood Court. We saw people received enough to eat and drink and staff provided appropriate support. We also observed lunchtime in the dining room at Charnwood House and saw there was a choice of meals and drinks. We heard several people say that it was a nice lunch. We saw one person was reluctant to eat and was offered several alternatives.

We saw that staff completed eating and drinking records appropriately. Staff told us guidance was available about people's individual needs, for example, if they required thickened drinks or a soft diet. We saw staff assisting a person who had a soft diet and the cook confirmed this person had a soft diet. Records showed that relevant professionals such as dieticians and speech and language therapists had been involved. This showed us people had access to specialists to help effectively meet their nutritional needs.

People told us they could access healthcare professionals such as doctors and opticians, but some people did not know how to access a dentist. A relative said, "They can't do enough for [family member]. They get the doctor when [family member] is ill. We're very happy." Staff told us they knew how to refer people for extra advice from healthcare professionals when appropriate. We saw in care records that professionals such as district nurses and tissue viability nurses had been involved. This showed us that people were supported to maintain good health. However, we saw that a person with diabetes did not have a care plan about this. We saw that a specialist diabetes nurse had been involved regarding another person with diabetes. However, we could not see records to show whether the person had received all relevant checks. This meant there was a risk appropriate care might not always be provided regarding the management of diabetes.

Requires improvement

Is the service caring?

Our findings

People living in the home told us they felt staff were very caring. One person said, "[Staff member] always has a smile on her face." Another person said, "The staff are nice, kind." Another said, "If I need anything I just have to ask. They all try to be nice to me. I confide in some of them." Another person said, "[Staff member] is ever so good to me and I was watching [staff member] with a lady who can't help herself and [staff member] was lovely with her." Another person said, "Staff are lovely". Only one person made a partly negative comment. They said, "Some staff are kind" but some "can't be bothered."

A relative said, "They [staff] are all lovely. They can't do enough for [family member]." Another said, "Yes the staff are very kind." A visiting professional also told us they felt staff were very caring.

We observed many positive interactions between people living in the home and staff. We saw staff were kind and caring. For example, we saw a staff member helping a person to put varnish on their nails. The person said to the staff member, "You do brighten up our life. You're very good to us." Staff checked whether people were experiencing discomfort and responded appropriately. For instance, we observed a staff member asking a person if they were cold and wanted a blanket and a cup of tea.

Staff mostly responded to people who were distressed in a compassionate way. For instance, we observed staff reassuring a person and they understood what was needed to help the person. However, we observed another person calling out for help. We saw the person was holding their stomach and crying. A staff member came in to see the person and we asked them whether they thought the person was unwell. They replied, "[Person] is often like this." The staff member did act to meet the person's physical needs. However, their reaction to the person was hurried and they were dismissive of the person's feelings and did not appropriately acknowledge the person's distress.

Another person living in the home told us they were very lonely and anxious. We fed back their views to the manager with their consent. We looked at the care records for this person. Although some information was available about the person's emotional needs and how to meet them, we saw this did not provide sufficient detail. We saw, for example, a reference to the person requiring reassurance but we did not see appropriate guidance about how to reassure them. This showed us there was a risk staff would not have appropriate guidance about how to support the person.

People told us they were offered choices. We also observed staff asking people about their preferences, for example, their drink preferences. We saw they listened to people and respected their decisions. This showed us people were actively involved in making decisions about their care and support. However, some people told us there were set days for having a bath or shower which was once a week. One person told us they would like two showers a week, but could only have one. This meant they felt they did not have choices regarding this. We asked a staff member whether people could choose to have baths and showers on different days when they wished to do so and they told us people could.

A staff member told us how they used different ways of communicating with people to find out what people wanted such as showing them items or using picture cards. Another staff member told us how they spent time with people and did not rush them in order to help them understand and choose from the different options, for example, meal options. This showed us staff supported people to make decisions. We also saw advocacy information was on display. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

People told us that staff respected their privacy and dignity. Most people said that staff knocked before entering their bedrooms. One person said, "The majority knock before they come into the bedroom but the odd one just appears and makes you jump." A person told us how they had been assisted to have a shower by a person of the opposite gender and the staff member had been very respectful and the person had felt very comfortable. A relative told us they felt their family member's privacy was respected and said, "Yes I think so. We don't have any problems."

We saw information in care records about maintaining privacy and dignity. Staff also told us how they treated people with dignity and respect and pictures of the dignity champions in the home were on display. A dignity champion is someone who acts as a role model and encourages people to provide services that treat people with dignity.

Requires improvement

Is the service caring?

People told us there were no restrictions regarding when people visited. A person living in the home said, “Yes people can visit whenever they want, it’s all right.” A relative said, “There are no restrictions here. I can come and go as I please.”

We saw staff acting in a way that promoted people’s independence. For example, we observed staff sensitively supporting a person using a walking frame, walking by the sides of the person and not rushing them. We saw another staff member assisting a person to walk out of the lounge. They encouraged the person and enabled them to be as independent as possible. Staff also told us about ways in which they promoted people’s independence.

Requires improvement

Is the service responsive?

Our findings

People living in the home told us they were offered choices about their care. However, some people did not know whether they had a written care plan that provided information about their needs and preferences and no one could recall having a review of their care.

A relative said, "I have been involved right from the word go. On the whole, the care is good." Another relative said, "Yes they keep me informed especially now as [family member] needs more attention." The manager told us they had written to relatives to invite them to be involved in reviewing the care plans. We saw a letter in a care record for one person that showed us their relative had been contacted. A notice was on display asking for more input from relatives about people's life histories. This showed us that some actions were being taken regarding gathering information about individual people.

A staff member told us staff asked people about their likes and dislikes regarding their care. Staff we spoke with mostly had a good understanding of people's needs and preferences. However, we spoke with and observed a person with dementia and discussed this person with a staff member. They knew very little about the person. We looked through the person's care records and noticed that the 'important things you need to know' section about the person was not completed. There was very little information about how dementia affected the person and no record of triggers or appropriate guidance for staff regarding the behaviour the person sometimes exhibited that we had observed. This showed there was a risk staff did not always have appropriate information about people to respond to provide care in a person-centred way.

We saw other care records on different subjects that provided information about people's needs and preferences. However, some records included very little information about people's likes and dislikes. We saw in one record that there was very little personal information under 'social information and personal preferences' to help staff to communicate with and care for a person with dementia. Information about the person's history was not present and we saw no record of how they had been involved in planning their care. We saw in another care record that care plans had not been reviewed and updated when the person's needs had changed regarding continence care and mobility. Staff we spoke with about the person were aware of the changes. However, the lack of updated written information meant staff did not always have access to appropriate guidance.

A staff member told us about different ways in which the service would respond to people's cultural needs, for example, by providing appropriate meals and choices about who provided their personal care. Another staff member told us that some people from a local church visited and we saw a notice on display about this. This showed us arrangements were in place to respond to people's religious needs.

When we inspected the home in January 2014 we found there were not enough activities taking place. The manager told us during this inspection that one of the activity coordinators had left the month before our inspection but they had advertised for another staff member to fill the vacancy.

People living in the home told us how bored they had been since one of the activity coordinators had left. One person said, "No one seems to be around to play cards anymore. I used to play dominoes but there's no one here to play with." Another person said, "You leave your hobbies and interests at the door." Another said, "I used to love cooking but there is nowhere to do it here. I would love to do some baking with the cook." Another person said, "I would love to go out but there is no one to take me."

A relative said, "[Family member] loves a sing song and a game of cards. Sometimes I think [family member] could have a bit more interaction. Sometimes people come in to do singing or exercise. I'm not sure if anyone plays cards with [family member] anymore." Another relative said, 'It's difficult to say if there's enough for [family member] to do."

We observed some activities taking place during the inspection. For example, we saw people participating in chair based exercise. We saw staff providing nail care to people. We also observed that a person had a newspaper of the appropriate date and other people had books and papers beside them. However, we saw many times during the two days on which we visited where social activities were not taking place. Care was mostly task-led and staff were not often sitting with people and engaging in meaningful activities with them. This showed us people were not always appropriately supported to follow their interests and take part in activities.

Requires improvement

Is the service responsive?

Some staff told us they felt there were not enough activities taking place and several felt this was due to the staff vacancy, which the manager was addressing. A staff member told us staff asked people about their preferences regarding activities. However, we looked at the care records of a person who told us they were bored. We saw nothing listed about any hobbies, interests or social activities that the person would like to take part in. This meant there was a risk staff had not gathered sufficient information about the person's preferences.

We received mixed feedback from people living in the home regarding how the service listened to and learned from people's concerns and complaints. One person told us they had made complaints but they said no action had been taken. However, another person said, "I have complained before and they have always put it right." Another person told us they would speak to staff in the office if they had any concerns but had not had any need to. A relative said, "I haven't complained but I think I would be listened to." Another relative told us issues had been resolved when they had raised a concern.

Staff told us they would inform the manager if people wanted to make a complaint. However, two staff told us they had not read the complaints policy. We saw a policy was in place and displayed in the foyer. We looked at the complaints folder and looked at some complaints. We saw that most complaints had been investigated and responded to. However, we saw a letter raising concerns, but no response was recorded. The manager told us appropriate action had been taken. This showed us arrangements were in place for complaints to be investigated.

Records showed that a meeting with relatives had taken place shortly before our inspection. These records included a comment that relatives had confidence in the manager who had recently started in this role. We also saw that the area manager for the provider had attended the meeting and encouraged relatives to contact them. This showed us action had been taken to encourage relatives to provide feedback.

Requires improvement

Is the service well-led?

Our findings

Most people we spoke with living in the home told us the home had a nice atmosphere and they were happy. One person said, "We have a lot of fun. We laugh and I am always happy. The staff join in banter with us." Overall relatives we spoke with were satisfied with the service. A relative said they were, "Very satisfied." Relatives were positive about the manager who had started in this role a short time before our inspection. A relative said, "She is approachable, understanding and acts." Another relative said, "Yes [manager] is lovely" and, "I know it's not like some of those new modern purpose built places, but you feel comfortable coming in here. You can't fault them." A relative said, "They [staff] are all so friendly. I enjoy coming in. We always have a laugh."

Several staff told us that the atmosphere within the home had recently improved. One staff member said, "The residents are happy." We saw that the atmosphere within the home was relaxed.

The service did not have a registered manager at the time of our inspection. However, the manager in post told us they would be applying to register with the Care Quality Commission. They told us how they were working with staff to make improvements and deliver good care in the home and a deputy manager would be starting shortly after our inspection. The manager told us that the area manager for the provider was visiting the home regularly. They were present during day one of our inspection and told us about some of the changes that had taken place within the home to drive improvements since the new manager had started.

However, we found that the quality assurance processes in place were not working effectively to identify and address some risks at the time of our inspection. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found some audits had been completed, but some were overdue. For example, we saw in the monthly audit folder that no care plan audits had been completed since October 2014. We saw that the documents that listed when the audits were previously completed did not note whether actions had been required and taken. We found some care records did not contain appropriate information about people's needs and preferences, which meant these issues had not been identified and addressed.

When we visited the home in January 2014, we found some concerns regarding cleanliness and infection control. The action plan we received from the provider stated that monthly full infection control audits would be completed and action plans agreed. However, we found that infection control audits had not been completed since July and August 2014, one for each building. These audits had identified some issues but no action plans were in place. We had also been informed that smaller weekly audits would be completed, but we saw no recent weekly audits. We had been told that daily 'walk around forms' would be completed. The manager told us they were doing daily walks around the buildings but not making notes. Although we found during this inspection that some improvements had been made regarding cleanliness and infection control, we identified some issues where improvements were still required. This showed us that the systems in place to identify risks and drive improvements were not effective. The manager told us they were taking action to arrange for infection control audits to be completed.

We also found gaps in staff supervision, appraisal and training, which showed us the provider had not identified and addressed risks associated with how staff were supported. The manager told us they were taking action to make improvements.

We saw no records of meetings for people living in the home to provide feedback on the service within the six months before our visits. No one living in the home told us they had been asked to provide feedback using questionnaires. This showed that people had not recently had formal opportunities to provide their views on the quality of the service. The manager told us during the inspection that they were planning meetings and told us soon afterwards that a meeting had taken place and meetings would occur regularly.

A meeting for relatives had taken place in December 2014. A relative said, "There was a meeting a few weeks ago." Another relative said, "My [relative] goes. A couple of weeks ago, they tell you what's happening and what needs doing." This showed us relatives had opportunities to provide their views. We saw in the records that the manager of the home and area manager for the provider had attended the

Requires improvement

Is the service well-led?

meeting and had outlined improvements that had occurred or were planned, for example, regarding staffing levels, care records, food, activities and staff supervision and training.

A visiting professional told us they felt the manager was very open and approachable and would address any issues. Staff also told us they felt supported and listened to and were very positive about management. They told us they felt comfortable to raise concerns. One staff member said, "I think it has improved. [Manager] seems to know what she's doing" and, "I feel happier now than a few months ago. Things seem to be getting done now." Another staff member said, "It's been absolutely fantastic" and the manager is "very approachable." A staff member also said, "The seniors are approachable. You can go and talk to them if you have any problems." Staff told us staff meetings took place and we saw records of meetings. We saw that the area manager had attended a meeting with staff and had asked staff for their views on the home. This showed us staff had been encouraged to provide feedback.

The manager had an office in Charnwood Court and told us how they had moved their desk and kept the door open to help people feel they could come in. They told us how they visited Charnwood House every day. A staff member also told us how the manager regularly visited Charnwood House and spoke with people living in the home and staff. This showed us they were approachable and knew people well.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person did not have an effective system in place to regularly assess and monitor the quality of the service provided.**