Village Green Care Home Limited

Village Green Care Home

Inspection report

Bedford Road
Marston Moretaine
Bedford
Bedfordshire
MK43 0ND

Tel: 01234768001
Website: www.villagegreencarehome.co.uk

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

During our previous inspection in June 2015 of the service, then called 'The Old Village School Nursing Home', we found failings in all key areas we inspected, with an overall rating of 'Inadequate'. We placed the service into 'Special Measures' in order to provide a clear framework and timeframe within which the provider must improve the quality of care they provide. We further inspected the service in August 2015 and found they had not made the required improvements. We took enforcement action to cancel their registration. However, on appeal through the First Tier Tribunal (Tribunal) in January 2016, the provider was allowed to re-open the service, but with a number of conditions placed on their registration. The Care Quality Commission agreed that the provider could change the name of the home to 'Village Green Care Home', on the understanding that the conditions imposed upon the service would still be relevant.

We carried out this unannounced inspection on 20 September 2016. Although improvements had been made in all areas we had previously identified as inadequate, we were unable to rate the service because they had not been supporting people long enough to evidence that systems and processes had been embedded. Additionally, it was too early to evidence that their quality monitoring systems were sufficiently robust to identify and act promptly on any potential shortfalls in the quality of people's care and treatment. Furthermore, the arrangement for the service to only admit people in line with the conditions set by the Tribunal meant that only six people lived there at the time of this inspection. The current size of the service meant that the evidence to show that they could sustain good quality care was limited.

The service provides care and treatment to people with a variety of care needs including those living with dementia, physical disabilities, mental health needs and chronic health conditions, within three units. The provider's condition of re-registration meant that there were restrictions on the number of people they could admit to the home on a weekly basis for the first 20 weeks to ensure that there had sufficient numbers of skilled staff to meet people's individual care needs. At the time of this inspection, the six people were being supported by the service within the one unit that was open. This number included some people who had returned to the home when it re-opened.

The service's management structure was in line with the conditions of their registration imposed by the First Tier Tribunal (Tribunal) in January 2016. This included specific support from a consultancy organisation for a period of 18 months from the time the home re-opened. Although there was no registered manager in post at the time of our inspection, two managers were in the process of registering with the Care Quality Commission. 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 people currently living at the home were safe because the provider had effective systems to keep them safe, and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines had been

managed safely and administered in a timely manner by trained staff. The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely.

Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service. The managers and staff understood their roles and responsibilities in ensuring that people consented to their care and treatment, and that this was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People had nutritious food and they were supported to have enough to eat and drink. They had access to healthcare services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. Staff had developed caring relationships with people they supported and people valued their support. People's relatives were complimentary about the quality of the staff who supported their relatives.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. Care plans had been reviewed regularly or when people's needs changed to ensure that these were up to date. Staff were responsive to people's changing needs and where required, they sought appropriate support from other healthcare professionals. A variety of activities were provided to occupy people within the home, and there were plans to ensure that people went out regularly. The provider had an effective process for handling complaints and concerns.

The provider had effective systems to assess and monitor the quality of the service. They encouraged feedback from people, relatives, staff and other visitors to enable them to continually improve the service. Everyone we spoke with was complimentary about the improvements that had been made to the premises and the quality of care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service had not been in operation long enough to show that systems and processes had been embedded, and that it was consistently safe.

People felt safe and there were effective systems in place to safeguard them.

There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Inspected but not rated

The service had not been in operation long enough to show that systems and processes had been embedded, and that it was consistently effective.

Staff received adequate training and support in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough nutritious food and drinks to maintain their health and wellbeing.

Is the service caring?

Inspected but not rated

The service was caring.

The service had not been in operation long enough to show that systems and processes had been embedded, and that it was consistently caring.

However, staff were kind and caring towards the six people they supported.

People were supported in a respectful manner that promoted their privacy and dignity. They were also supported to maintain their independence as much as possible.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Inspected but not rated

The service had not been in operation long enough to show that systems and processes had been embedded, and that it was consistently responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their relatives so that their care needs were appropriately planned and reviewed.

The provider had an effective complaints system and people knew how to raise concerns.

Is the service well-led?

Inspected but not rated

The service had not been in operation for a long enough period to show that systems and processes had been embedded, and that it was consistently well-led.

The provider had effective quality monitoring processes to drive improvements, but a longer period was required to ensure new systems had been embedded into the operation of the service. This was necessary to show that the improvements made could be sustained.

The new managers provided effective leadership and support to the staff. A consultancy organisation also provided leadership and support to the managers and the provider in order for them to put effective systems in place to provide a consistently good service.

People, relatives, staff and other visitors were enabled to routinely share their experiences of the service and there was evidence that their suggestions and comments had been acted on.

Village Green 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.

The inspection took place on 20 September 2016 and it was unannounced. It was carried out by an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service, including the previous inspection reports and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We had attended meetings arranged by the local authority to monitor the service's progress in improving the quality of care. We also reviewed monthly reports sent to us by the registered person to show what progress they had made to meet the conditions of their registration.

During the inspection, we spoke with three people who used the service, three relatives, three care staff, a nurse, the two managers, the provider, a member of the housekeeping staff, the administrator, a maintenance staff, and two chefs.

We looked at the care records for all six people who used the service. We reviewed the provider's staff recruitment, supervision and training processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was monitored and managed, and we observed how care was being provided in communal areas of the home.

Inspected but not rated

Is the service safe?

Our findings

During our inspection in August 2015, we found effective action had not been taken to improve people's risk assessments because they still failed to provide detailed information to enable staff to know what action to take to minimise risks to people. No risk assessments had been carried out following changes to two people's physical health. Additionally, there was not enough skilled and qualified staff to support people safely, and people's medicines had not always been managed appropriately. There were a lot of agency staff working at the service which meant that people did not get consistently good care and treatment. Some nurses were not competent at providing care and treatment to people with complex health needs and this put people at risk of receiving unsafe care.

During this inspection, we found improvements had been made in all the areas that we had previously identified as requiring improvements. The care for the six people living at the home was being managed safely. However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided consistently safe care.

People and relatives told us that people were safe living at the home. One person nodded in agreement when we asked if they were happy living there. A relative said, "[Relative] is well looked after and safe here." They further told us that they had been aware of the service's history before referring their relative and they had been happy with how it had improved. Another relative said, "[Relative] is absolutely happy and safe here. All the staff make a fuss over everyone." A third relative told us, "[Relative] is happy and I am content."

Staff told us that they had received training in safeguarding people and we saw evidence of this in the training records we looked at. Members of staff we spoke with showed good understanding of how to keep people safe and they were familiar with local safeguarding procedures. A member of staff said, "Residents are safe. I would definitely raise concerns with the manager, but I haven't had to because everyone is really nice here and supportive." Another member of staff said, "Residents are safe here. There has been good training for staff, good reporting and any issues are dealt with quickly." We saw that the provider had processes in place to safeguard people, including safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to safeguard people was displayed on a notice board by the entrance to the home. This gave people who used the service, staff and visitors guidance on what to do if they suspected that a person was at risk of harm. It also contained the contact details of the relevant organisations where concerns could be reported to. There had not been any concerns about the care at the service reported to the Care Quality Commission since the home re-opened.

People's care records showed that assessments of potential risks to their health and wellbeing had been completed. The risk assessments were detailed and provided clear guidance for staff on how to manage and minimise the identified risks. These included the assessment of risks associated with people being supported to move, pressure area damage to the skin, falling, use of bedrails and other equipment such as wheelchairs, not eating or drinking enough and medicines. We saw that the risk assessments had been reviewed regularly and updated when people's needs had changed. For example, a person who had been

assessed as experiencing swallowing difficulties by a speech and language therapist (SALT) had a risk assessment in place to provide guidance to staff on how the person could be supported to eat safely.

There were systems in place to ensure that the physical environment of the home was safe. We noted that staff carried out regular health and safety checks. The reports produced following these audits were checked by managers to ensure that prompt action was taken to rectify any risk issues that might have been identified. Gas and electrical appliances had been checked and serviced and the environmental risk assessment had been reviewed and updated. Where required, there were risk assessments to identify and mitigate any environmental risks. For example, a risk assessment had been carried out before the gas supply was turned off on 4 July 2016 to enable necessary work to be completed safely. There was also a risk assessment regarding call bells, as they could not be heard in parts of the buildings outside of the only unit being used.

Additionally, there were systems in place to ensure that the risk of a fire was significantly reduced by them regularly checking fire alarms, fire-fighting equipment and emergency lighting. Each person had a personal emergency evacuation plan (PEEP) to ensure that in an emergency, staff knew how to help them leave the building safely. The service had 'contingency plans' to ensure that people, staff and visitors were safely moved to an alternative location in an emergency that caused the home to be fully evacuated. The service also kept records of incidents and accidents, and there was evidence that these had been reviewed by the managers and actions taken to reduce the risk of recurrence.

The provider had safe recruitment procedures in place because thorough pre-employment checks had been completed for all staff. These included requesting references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. They also checked if the nurses they employed had valid registrations with the Nursing and Midwifery Council (NMC). The managers were aware of their responsibility to check that nurses had renewed this annually.

Everyone we spoke with said that there was enough skilled staff to support people safely. It was evident that there was enough staff to support people living at the home at the time of our inspection. The staff rotas also showed that there was always sufficient numbers of staff planned to support people and meet their needs safely. There were members of staff present in the lounge areas throughout the day. We observed that staff also frequently checked and supported people who might have been in their bedrooms for some periods during the day. One member of staff said, "We have enough staff to support the residents. Everyone including kitchen and housekeeping staff spend time with the residents. I have no concerns at all about staffing." Another member of staff said, "We have enough staff for the residents who are here at the moment. We have three care workers and one nurse during the day." One of the managers told us about their ongoing recruitment process so that they had enough staff when more people moved to the home.

We saw that people's medicines were being managed safely. There were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home, and administered by nurses. There were protocols in place to guide nurses when to give people their medicines that had been prescribed on an 'as required' basis (PRN) to maintain consistency of treatment. One of the managers told us of plans to train experienced care workers to be able to administer medicines in the future. They also told us of their plans to change the pharmacy that supplied medicines to the home because their preferred one had more organised medicine administration records (MAR) that would reduce the risk of medicine errors. The pharmacy also could provide more robust training to staff. The MAR we looked at had been completed fully, with no unexplained gaps. This showed that people had received their medicines as they had been prescribed.

Inspected but not rated

Is the service effective?

Our findings

During our inspection in August 2015, people told us that staff did not have the sufficient skills to care for them. We found staff training was not consistent to enable them to acquire skills and knowledge to provide effective care. The provider had also failed to ensure that nursing staff were competent to deliver safe and effective treatment. The provision of meals, snacks and drinks was not effective because people did not receive these in an organised way that met their individual needs. People's care and support had not always been managed in line with the requirements of the Mental Capacity Act 2005 (MCA). Additionally, people had not had their healthcare needs identified and treated in a timely way.

Although we found improvements had been made during this inspection and the six people living at the home were well cared for, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided consistently effective care.

People's relatives told us that staff had the right skills and qualifications to provide the support people required. They all said they were happy with how their relatives' care was being provided. A relative of one person who had returned to the home from another service, said, "For the first time in over a year I have peace of mind that everything that can be done is being done to help [relative]. [Relative] has made small positive steps, which are undoubtedly due to the high standard of care [relative] is now receiving. From being unable to do anything without support, [Relative] is now physically stronger, mentally stimulated and happy."

Staff told us that the training they received had helped them to develop their knowledge and skills in order to support people effectively. A member of staff said, "I have done a lot of face to face training and e-learning. I have learnt a lot more from the training than I have ever done before." Another member of staff said, "I have done a lot of training since working here. It has been really good." We saw that the provider had a training programme that included an induction for new staff and regular training for all staff in various subjects relevant to their roles. The training logs showed that the training completed by staff since January 2016 included fire safety, moving and handling, safeguarding adults, infection control, food hygiene, and health and safety. Some of the staff had also completed training in dementia awareness and how to keep robust daily records of the care they had provided to people who used the service.

We noted that some staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. A member of staff told us, "I am doing NVQ level 2 at the moment and I would like to do higher levels in the future." Another member of staff said, "I will do NVQ training in the future." Both managers are nurses and they said that there was support for all nurses to continuously develop their skills and knowledge, in order to evidence that they remained suitable for registration with the Nursing and Midwifery Council (NMC). They were also exploring good practice guidance on how they would support nurses to meet the 'revalidation' requirements of the NMC.

Staff told us that they had received regular supervision and we saw that some appraisals had been carried

out in August 2016. A member of staff said, "Managers are very supportive. I have had one to one meetings and I have no concerns at the moment. The systems are to put your views or concerns forward." Another member of staff said, "I get regular supervisions and support when I need it"

People's needs meant that the majority of them were not always able to give written or verbal consent to their care, support and treatment. Some of the people's relatives with 'Lasting Power of Attorney' (LPA) for health and welfare had signed forms to give permission for other professionals to access their relatives' care records, for photographs of their relatives to be taken for identity purposes or during activities, for staff to support their relatives with their medicines, hospital appointments or money.

We saw that 'not able to sign' was written on some of the people's care records, and everyone had a care plan that assessed their mental capacity to understand and make decisions about their care and treatment. Where people did not have capacity to make decisions about some aspects of their care, their relatives had been involved in making decisions for the service to provide their care and treatment. This meant that decisions made to provide care and treatment were in people's best interests, and were in line with the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that where required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but one of the managers told us that they were waiting for responses for the other referrals they had sent.

Everyone including staff was complimentary about the quality of the food and the support staff provided to people to eat their food. A relative said, "Everything from the quality of the meals, the way they are presented and the help [Relative] is given has improved his swallowing and coughing fits, which were distressing for [Relative] and a worry for me." A member of staff said, "Food is excellent and everyone loves it. Our chef is really good." Another member of staff said, "The food is excellent and I know because staff are allowed to eat with residents. The chefs are lovely and would happily prepare an alternative meal if a resident did not like what they had ordered." We saw that the menus offered people a variety of food to choose from. A 'culinary meeting' had been held on 12 September 2016 for staff to discuss menu changes with people who used the service and to plan special events such as coffee mornings and afternoon teas. The two chefs we spoke with told us that food was cooked daily from fresh ingredients based on what people wanted to eat from each day's choices. They told us that they had been given information about people with specific dietary requirements so that they could provide food choices suitable for them. They were also proud that they had recently been inspected by the local authority and achieved a Food Standards Agency 'food hygiene rating' of '5'. This meant that people's food was stored and prepared safely.

We observed the lunchtime meal and saw that the dining room was arranged in a way that promoted a pleasant dining experience for people who used the service. The food served to people appeared appetising and staff supported people to eat in a respectful way. We noted that staff regularly monitored people's weight to ensure that this remained within healthy ranges. Some people had charts to monitor the amount of food and drinks they had on a daily basis. This ensured that prompt action could be taken if it had been identified that a person was not eating or drinking enough.

There was evidence that people had access to other healthcare services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care and treatments necessary for them to maintain their health and wellbeing. A person was supported by their relative to attend a hospital appointment during our inspection. Another person had been referred to and assessed by a speech and language therapist (SALT) because they had been experiencing swallowing difficulties. The guidance provided by the SALT meant that they could be given their food and drinks safely.

Inspected but not rated

Is the service caring?

Our findings

During our inspection in August 2015, people told us that staff were not caring and their dignity was often compromised. Professionals who visited the service had also observed care being provided in ways that did not promote people's privacy. The provider had not recognised and eradicated poor practice.

During this inspection, we found improvements had been made. We observed that the people living at the home were being supported by caring, compassionate and respectful staff. This was confirmed by people and relatives we spoke with including one person said they were, "Happy here." A relative told us, "They are all very good with everyone." Another relative said, "The carers are superb and I do not say this lightly. I cannot praise them enough for all they are doing for my [relative]." However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided a consistently compassionate service.

We observed that staff interacted with people in a positive and caring manner. There was a friendly and relaxed atmosphere at the home, and people appeared happy and content. There was at least one member of staff at all times in the lounge and the rest of the staff always spoke with people whenever they came into the room. A relative said, "The atmosphere in the home is happy and cheerful, and I really enjoy my visits." A member of staff said, "Everyone is really nice here and we all get on well together. All care staff are really lovely and we have good relationships with the residents and their families too. It's a nice, happy home." A relative told us that staff went over and beyond what was expected of them to make sure people were happy and well cared for. They added, "The attention to detail, from the spotless bedrooms and communal areas to the excellent care of [relative]'s clothes." They further told us that a member of staff had sewn name labels onto their relative's clothes so that they would not be mislaid while being laundered.

A relative told us that they were very much involved in making decisions about their relative's care and that their views were listened to and acted on. We saw that staff asked for people and their relatives' views about how people wanted to be supported. The relatives of people who were unable to tell staff how they wanted to be supported provided key information about them. This included a brief history of their family and work life, their interests, and their preferences in how their activities of daily living were met. Staff told us that they found this information useful as it enabled them to support people in a way that they would want. The service also enabled people to maintain close relationships with their relatives by having unrestricted visiting times. Relatives we spoke with told us that they could visit at any time and they always felt welcomed.

A relative told us how happy they were about the progress their relative had made since moving to the home, from not being able to do much for themselves to doing small tasks. They added, "[Relative]'s being helped to hold a spoon and eat, which is something [relative] has been unable to do for such a long time. This requires a lot of patience from the staff." Staff told us that they always supported people in a way that enabled them to be as independent as possible. A member of staff said, "Care is rewarding. It's nice to go home knowing you have helped someone live their best life."

Relatives we spoke told us that staff were always said respectful in how they supported people. This was supported by a member of staff who said, "I always treat residents with respect because that's how I would like to be treated myself." We observed that staff promoted people's privacy and dignity, particularly when providing personal care. Staff understood the importance of maintaining confidentiality. A member of staff told us that they would not discuss people's care outside of work or with anyone not directly involved in their care. We noted that people's care records were also held securely within the home to ensure that only authorised people could access them.

People had been given information about the service so that they could make informed choices and decisions about whether they wanted to live there. We noted that people and their relatives had been given a range of information including the level of support they should expect and who to speak to if they had concerns about their care. Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and they understood the information given to them. There was also information available about an independent advocacy service that people could contact if they required additional support.

Inspected but not rated

Is the service responsive?

Our findings

During our inspection in August 2015, people told us that their care and support was not provided when they needed or wanted it. The care and treatment needs of people with complex health needs had not always been appropriately assessed and met. People had not been supported to pursue their hobbies and interests with very little activities provided to support people to positively occupy their time. People's complaints and concerns had not been acted on in a timely manner.

We found improvements had been made during this inspection. However, the service had not been supporting people long enough to evidence that systems and processes had been embedded, and that they provided a consistently responsive service, that appropriately met people's individual needs.

People's needs had been assessed prior to them living at the service and this information had been used to develop their care plans. We noted that each person's care plans were based on a standard template that assessed their needs and abilities to self-care in 17 key areas. These included behaviour, psychological needs, communication, diet, medication, mental capacity, hobbies and interests, beliefs, and end of life care. We found the care plans reflected people's assessed support and treatment needs, as well as their preferences in how they wanted to be supported. In the records we looked at, there was evidence that people and their relatives had been involved in planning people's care and this was confirmed by the relatives we spoke with. People's care plans were reviewed regularly and any care or treatment advice given by professionals had been incorporated into people's care plans or risk assessments. This ensured that staff had up to date information that enabled them to meet people's individual needs.

The size of the service meant that people were always supported promptly. On the day of our inspection, there was always staff around to respond immediately when people needed support. One of the managers told us that they had reminded staff to be mindful that people might want some time by themselves, without staff trying to constantly provide for their every need. A relative said, "[Relative] is alert and interested in what is going on around [them] because of the attention given when [relative] needs it and the stimulation [relative] receives. So are the other residents. The staff are always aware and attentive, which means no-one is forgotten or left out." One of the managers told us that in order to meet people's spiritual and religious needs, they were trying to arrange for a local religious minister to hold Sunday church services at the home. They also said that they would support people if they chose to attend a local church instead.

We saw evidence that a variety of activities had been provided to support people to socialise, and pursue their hobbies and interests. An 'activities planner' showed that the choice of activities available to people included board games, card games, bingo, word games, balloon tennis, knitting, adult colouring, art and crafts, and film afternoons. Although the service had a full-time and a part-time activities coordinator, one of the managers told us that they encouraged all staff to engage with people as much as possible. We saw evidence of this during our inspection. For example, cleaning and kitchen staff chatted pleasantly with people whenever they came into the lounge/diner. A member of staff told us that they normally just asked people what they wanted to do, using the planned activities as a guide for things people could choose from. They also said, "There are loads of activities we would like to do if residents want to do them. We sometimes

take some people to the shops and they can also do a bit of gardening." They further us that relatives of a person on a short stay at the home had been surprised to find them socialising with everyone in the lounge. The member of staff said that they were proud of how everyone had helped the person enjoy their short stay at the home.

During the afternoon of our inspection we observed a member of staff playing a game of 'dominoes' with two people. One person was teaching a member of staff how to knit. The home has a well-equipped cinema room and some people chose to watch a film during the late afternoon. One of the managers told us that they were applying for bus passes for most of the people who used the service so that they could go out more often if they wanted to. They also told us that they were raising funds so that they could buy a minibus to take people out.

We saw that people had been given information about how to raise concerns they might have about their care. The provider's complaints procedure was displayed near the entrance to the home and was also included in their 'Service user guide'. Relatives we spoke with told us that they knew how to complain if they needed to, but had no reason to do so at the moment. We checked the complaints records and noted that the only complaint raised by a relative of a prospective service user had been responded to in a timely manner.

Inspected but not rated

Is the service well-led?

Our findings

During our inspection in August 2015, we had found the provider did not have effective systems to assess, monitor and deal in a timely manner with issues identified during our previous inspection. They had not taken time to find out the views of people who used and to act on any shortfalls to improve people's experiences of the service. The service was not well-led and there was a clear lack of accountability by the managers and the provider of the service.

Although we found improvements had been made during this inspection, the service had not been operating long enough to evidence that systems and processes had been embedded, and that they provided a consistently good quality service to people who lived at the home.

The service's management structure was in line with the conditions of their registration imposed by the First Tier Tribunal (Tribunal) in January 2016. This included specific support from a consultancy organisation for a period of 18 months from the time the home re-opened. Although there was no registered manager in post during our inspection, two new managers on a job-share post had started the process to register with the Care Quality Commission. Relatives we spoke with were complimentary about how the service was being run and managed. One relative said, "This is a home that is going to great lengths to operate in the residents' best interest." Another relative said, "Wonderful place." We saw that they had also been two positive reviews left on the provider's website. Staff told us that they enjoyed working at the home and that they provided safe, effective and good quality care to people who used the service. A member of staff said, "There is a good atmosphere here and it is a really nice place for everyone." Another member of staff said, "I like working here. It's lovely."

Staff told us that they worked well as a team and their views were listened to by the managers. We saw that staff had been consulted about the type of uniform they wanted to wear and they held regular meetings to discuss issues relevant to their work. A member of staff said, "The managers are really supportive and teamwork is good. Everyone helps everyone and the nurses work together with us. Our nurses really good." Another member of staff said, "it's a nice place to work in and everyone is helpful." On the day of the inspection, we observed positive and supportive relationships between the staff team. The staff we spoke with were aware of the service's history of providing poor care and recognised that many improvements had been made. They told us that they spent the months prior to people being admitted to the home learning about what 'good quality care' was. A member of staff said, "I don't know what happened before, but I know we are here to look after residents well." A member of staff who had worked at the home for a number of years said that it now felt like a new and more organised service. They added, "It's clean, lovely and not stressful."

The provider sought feedback from people who used the service, their relatives and other people who visited the home so that they had the information they needed to continually improve the service. We saw that they had received positive feedback and compliments from everyone who completed the questionnaires, particularly about the standard of the refurbishment work carried out to the open part of the home. Further refurbishment work was being carried out in the order in which each unit was to be occupied

by people. We found this would provide safe accommodation for people if current standards were maintained throughout. Meetings had been held with people and relatives to give them the opportunity to discuss issues that might affect their care and support and to suggest improvements they wanted to see. The provider also held events where members of the public were invited to visit the home. These included two open days, with one held as part of the 'National Care Home Open Day'. The service had also held fete in August 2016 where members of the public had been invited to visit the home. We saw that these events had been risk assessed to ensure that members of the public and people who used the service enjoyed them safely.

The provider had effective processes in place to assess and monitor the quality of the service provided. The managers and other senior staff completed a range of audits including the checking of people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They had also completed health and safety checks to ensure that the environment was safe for people to live in and that people's medicines were being managed safely. Where areas of improvement had been identified, we saw that action had been taken to address these. For example, two call bells had been repaired quickly when it had been identified that they were not working properly. The provider also used a system called a 'Compliance check criteria' to evaluate the service against the Care Quality Commission's key questions. The most recent audit had been completed on 4 August 2016 and this showed that the service was meeting the current regulations. We also received monthly reports from the registered person to evidence what action they had taken to improve the service and whether they were meeting the conditions of their registration. The information we received was satisfactory in showing the systems the provider had put in place to ensure that improvements were made. However, a longer period was needed to show that these could be sustained.