New Century Care (Caterham) Limited

Buxton Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 June 2016 and was unannounced. This was a comprehensive inspection.

Buxton Lodge Care Home is registered to provide accommodation and nursing care for up to 44 older people, many of whom were living with dementia. On the day of our inspection there were 32 people living at the home.

The home did not have a registered manager. 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 and associated Regulations about how the service is run. The interim manager assisted us with our inspection on the day.

During this inspection we followed up on seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which we found at our inspection in July 2015. At that time there were not enough staff working to respond to people's needs, medicines were not being managed safely. Staff did not have the required training to be effective in their roles. Staff did not always seek appropriate consent from people and follow current legislation. Staff did not always respect people's privacy and dignity. People's care plans were not always person centred and important information was not always accessible to staff. Following that inspection we had received an action plan from the provider telling us what they planned to do in order to address the breaches of regulations. We found during this inspection the provider had taken the necessary action in relation to these breaches.

People were cared for by sufficient numbers of staff at day and night. This both ensured safety and ensured staff had more time to spend with people.

Medicines were administered safely. Recording was up to date but there was a discrepancy about how PRN (as required) medicines were recorded. The manager is speaking to the provider about this.

Staff understood their role in safeguarding people and we saw that incidents were being reported where appropriate. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. We found that policies and procedures were in place to keep people safe in the event of emergencies. Fire drills and fire alarm tests were carried out along with regular audits of emergency and contingency planning.

Staff had appropriate training and support to meet the needs of people living at the home. Staff told us that they were well supported by management and had regular supervision.

People's legal rights were protected as staff provided care in line with the Mental Capacity Act (2005). Correct procedures were followed when depriving people of their liberty.

Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve outcomes for people.

People told us that they enjoyed the food and we saw evidence of people being provided with choice and also being involved in writing menus.

Information in people's care plans had improved. However, the manager is working to improve these further as they currently lack detail of people's individuality. People were given the opportunity to provide feedback on the care they received through residents meetings and one to ones with staff. Issues raised by people were responded to by management.

People and relatives told us that they had a positive relationship with the interim manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet the needs of people.

Staff followed safe medicines management procedures.

Risks to people's safety were known to staff and had been assessed and recorded.

The provider carried out appropriate recruitment checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns.

There was a contingency plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and knowledgeable about their needs.

People were happy with the food served at the home and were able to make suggestions to the menu. Choices were available for people.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its guidance. Where applicable, applications had been made to deprive people of their liberty.

We saw evidence of healthcare professionals visiting regularly and having input into assessments and reviews.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well.

People were included in the running of the home.

The manager had taken steps to promote privacy and dignity which had improved people's experiences.

Is the service responsive?

Requires Improvement

The service was responsive.

Assessments and care plans were person centred and reflected people's needs. These are in the process of being improved so that they contain more person centred information.

People were supported to engage in activities that were suitable for them based on their needs.

Complaints were responded to by the provider.

Is the service well-led?

Good

The service was well led.

Staff told us that they had support from management and we saw evidence that staff involvement was promoted.

The provider has vision and values for the service and the manager is taking steps to encourage staff to embody them.

Systems were in place to monitor the quality of care and to ensure that people received good care.

Buxton Lodge 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 inspection took place on 28 June 2016 and was unannounced. The inspection team consisted of two inspectors and one specialist advisor in nursing care.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not request that the provider completed or returned a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. Instead we sought evidence of the quality of the service during the inspection

As part of our inspection we spoke to seven people who used the service, three relatives, five members of staff and the manager. We observed how staff cared for people and worked together. We read care plans for five people, medicines records and the records of accidents and incidents.

We looked at three people's mental capacity assessments and reviewed applications to the local authority to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits, a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff and residents

Good

Is the service safe?

Our findings

People and relatives told us that they felt safe. One person told us, "I'm safer being in here." Another person said, "There is definitely more staff around." A relative told us, "There's always enough people around if (person) wants them."

At our inspection in July 2015 we found staffing levels were lower than expected, which meant that people had to wait a long time in the mornings to have their personal care attended to.

At this inspection we found that the number of staff deployed had increased. People were cared for by sufficient numbers of staff and did not have to wait for their care to be provided. Staff members told us there were more staff on duty now and this had improved people's care experience. One staff member told us, "There are more staff now. We can always finish personal care. Before we were too rushed, now it is much better." On the day of our inspection people had their needs attended to in the morning in time for breakfast. We observed that staff were able to take time to attend to people's needs and where people needed support from two members of staff they were available. For example, one person needed assistance with personal care in the lounge. We observed two staff responding swiftly and discreetly to assist this person with the help of hoisting equipment. The manager used an assessment tool to calculate the staff required to support people based upon their needs. This had been updated since our last inspection and the numbers of staff, at both day and night, had increased. People told us that staffing levels had increased since our last inspection. One person told us, "They have time to spend with us now. It's just nice to pass the time of day." Another person said, "They take time to ask me what I want to wear in the mornings."

At our last inspection in July 2015 we found that medicine administration records (MARs) were not being completed correctly and important personal information and allergy advice was missing from people's MARs.

At this inspection we found that the manager had worked to improve this and during this inspection we found that MARs were up to date and people's medical information was documented.

Peoples' medicines were managed and administered safely. Medicines records contained pictures of people which reduced the risk of errors occurring. Protocols were in place for homely remedies and PRN (as required) medicines so it was clearer when and how people should receive these medicines. Guidance from healthcare professionals was clearly documented and staff followed this. For example, one person could not verbally communicate if they were in pain. Records contained clear information for staff on changes in behaviour that may indicate that this person is in pain. This ensured that this person received pain relief medicine when required by staff who understood their needs.

Staff had been trained to manage medicines and they were required to pass a competency assessment before being able to support people with medicines, these were documented in staff records. We observed medicines being administered. Staff did this sensitively and ensured administered medicines were accurately recorded. Medicines were stored safely in locked cabinets or a medicines fridge where necessary.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Care records contained clear risk assessments that had been regularly reviewed and risk management plans were in place to keep people safe. For example, one person had been risk assessed as unable to have a call bell near to their bed as the wire presented a risk of strangulation. Staff managed the risk through regular checks on the person both day and night. Checks were documented in records along with the care the person had received. Another person was at risk of pressure sores due to spending time in bed. Records clearly documented the risk and included advice from healthcare professionals. The risk was managed through the person being repositioned regularly. Staff documented when the person was repositioned and the person had not developed any pressure sores.

Staff had the knowledge and confidence to identify and report safeguarding concerns. At the time of our inspection, staff had not had to raise any safeguarding concerns. However, staff were able to tell us how they would identify abuse and knew who to contact if they suspected abuse had occurred. Where the local authority had investigated safeguarding concerns, staff and the manager worked alongside them to ensure that people were safe. For example, a safeguarding concern was raised from somebody outside the home which the local safeguarding team had been investigating. The registered manager had submitted evidence requested by the team to assist their enquiries. The evidence was clear and sent in a timely manner. The manager had introduced a 'safeguarding tracker' in order to record future safeguarding incidents clearly and in a way that ensured timescales were met.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. There was an accidents and incidents log that included a record of all incidents, including an analysis and outcome which recorded what had been done to prevent the same accident happening again. For example, one person had suffered falls twice in the same day. Health professionals were contacted and carried out investigations. Staff increased daily checks on this person and monitored food and fluid intake closely. Following the falls the person had a review after 12 hours, 24 hours and 36 hours and observations were recorded and shared with health professionals. They were able to use the information to identify treatment for the person which reduced the falls.

People could be assured that in the event of a fire staff had been trained and knew how to respond. Staff were able to explain what action they would take. There were individual personal emergency evacuation plans (PEEPs) in place that described the support each person required and these had been reviewed to make sure they reflected people's current needs. For example, one person was able to mobilise but was living with dementia. The PEEP identified that this person would need prompting and reassurance from staff whilst evacuating the building.

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also included proof of staff's identity and references to demonstrate that prospective staff were suitable for employment.

Good

Is the service effective?

Our findings

At our inspection in July 2015, we identified that staff did not always have access to relevant training to make them effective in their roles. Nursing staff were not able to provide us with the correct information in relation to people or what to do in a medical emergency.

During this inspection we found that staff training had increased and staff were able to demonstrate that they had the skills and knowledge to provide people with effective care. Staff told us that they had completed mandatory training in areas such as safeguarding, health and safety and medicines management. Staff told us that the training was informative and supported them in their roles. The manager had supported staff to ensure mandatory training was completed. A training matrix documented when training had been completed by staff. Staff training had increased from 66% to 82% by the time of our inspection. Where staff had not completed training the manager had met with them to identify any reasons why they could not complete it. If the training was still not completed, then the manager took them off duties until training was done. For example, the manager identified that very few staff had completed dementia training. During a quieter period at the home, staff were given time to complete this. The numbers of staff who had completed the training increased significantly and staff that we spoke to showed a good understanding of how to support people living with dementia.

Nursing staff informed us that they were supported to keep their practice up to date and that clinical leads and management at the home were supportive of their development. Nursing staff were competent in practice that we observed and displayed good knowledge in our conversations with them. Staff told us that they completed an induction program when starting to work at the home. All staff received regular one to one supervision meetings. Records showed that these were used as an opportunity to discuss training and development needs. For example, one staff member had asked about refreshing their moving and handling training, which was being arranged.

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

At our inspection in July 2015, we had concerns that legislation was not being followed and that applications to deprive people of their liberty were not always appropriate. Staff did not have a good knowledge of the mental capacity act and there was a 'blanket' approach to DoLS applications.

At this inspection we found this had been addressed. People's records contained mental capacity assessments where specific decisions needed to be made and best interests decisions were documented before applications were made to deprive people of their liberty. Where people did not have the mental capacity to make a decision, then best interests meetings took place. If people were being restricted in their best interests for example by being unable to leave the home unaccompanied then DoLS authorisation applications had been submitted and received by the local authority. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work.

However, mental capacity assessments could have contained more personal information regarding decisions and the manager had already taken steps to improve this. At the time of our inspection, the manager was in the process of auditing and updating every person's mental capacity assessments. The manager had also set up a tracker for mental capacity assessments and DoLS applications which recorded dates of applications and helped to ensure that the correct process was being followed when people were deprived of their liberty. Staff demonstrated a good understanding of the Mental Capacity Act (2005) and we observed practice to support this. For example, one person living with dementia was under a DoLS and lacked the mental capacity to make a number of decisions. Staff were observed offering the person choices of drinks and snacks, demonstrating that they understood the person was able to make many day to day decisions.

People we spoke to told us that they enjoyed the food provided. A new chef had been employed and people told us they had made an effort to get to know their likes and dislikes. One person told us, "The food is now lovely. More of it is home made. I'm a vegetarian and there are a lot more vegetarian options now. They are going out of their way to provide nice food. I came into the lounge this morning and there was a lovely bowl of strawberries. That may seem like a small thing but I loved it."

A new menu had been produced using the feedback from people. The menu offered a choice and the kitchen would also be able to prepare something else for people who did not want either option. Residents provided feedback of the food at meetings and this was documented in meeting minutes. We observed staff asking people if they enjoyed their food and the manager told us that this is something she will ask people when chatting with them.

The dining area was clean and bright and people could choose where they sat. There was a choice of drinks available. For example, as well as wine they had sherry available, as this was a preference of a number of people in the home. There were sufficient staff present to respond to people's needs and to support those who needed one to one help with eating. People were laughing and chatting as they dined, which created a pleasant atmosphere.

People's care records contained information about their dietary requirements and needs and people's nutritional needs were met. For example, one person required pureed food as directed by the Speech and Language Therapist (SALT). Kitchen staff were aware of this person's need, provided food to meet their need and maintained records of all people's dietary requirements and allergies to refer to. Clear nutritional values and allergy advice for the new menu were available which helped to further ensure people were provided meals that were suitable for them.

People told us that they had access to healthcare professionals. One person told us, "If I am not feeling well, I can always see the doctor. The GP visits every Tuesday but they'll call them in at other times if there's a problem. They always accompany you to hospital appointments. They make you a nice packed lunch too!" People's records contained input from healthcare professionals such as dieticians, SALT, physiotherapy and palliative care. Healthcare professionals worked with staff to ensure that people received effective care. For

example, one person needed feeding by specialist equipment. The dietician had visited and trained staff on how to use it. Staff told us they felt confident supporting with this and they could contact the dietician should they have any concerns.

Good

Is the service caring?

Our findings

At our inspection in July 2015 we found that staff's approach did not always respect people's dignity and people told us that night staff were not always respectful. Staff would not always speak to people during personal care and staff spoke about people in front of others. Night staff had entered people's rooms at night and put the lights on without asking consent.

During this inspection we found the provider had taken actions to improve staff approach. Staff training in equality and diversity and dementia care had been increased. The majority of staff had now attended this training. The provider identified supervision as an opportunity to discuss staff approach and behaviour. Records of discussions showed that dignity and dementia care had been discussed. Staff had answered questions on the subjects in order for the manager to assess competency. We observed staff interacting with people in a way that was sensitive to their needs. For example, one person living with dementia was not able to communicate verbally. We observed staff allowing this person to take hold of their hand in order to guide them slowly and patiently when they had become lost. Throughout the day staff were providing people with explanations and reassurance when necessary. Staff spoke to people in a slow and clear manner to allow them time to understand the information. People told us that staff were caring. One person said, "They are very helpful and efficient." Another person said, "They are very caring." Another person told us, "They are very friendly but very professional too." One relative told us, "I think it's very good. The carers are very friendly. It's got a nice homely atmosphere."

As part of an action plan, the provider identified a need for a night care audit to address the findings of our last inspection. This audit had found a poor allocation of staff at night time. The manager updated rotas and increased staffing numbers. The manager also conducted monthly unannounced night visits and used these to meet with night staff and discuss any issues with them. People told us that night times had improved. One person said, "Someone came to sit with me last week when I just couldn't settle down."

The improved staffing levels allowed staff more time to spend with people. One person told us, "The most important thing is for someone to stop and listen to you for a minute. Now they do have time to listen to you which is very nice." We observed that staff were kind and caring to people and were able to take time to speak to them. Staff engaged people in conversation and shared jokes with them. We heard staff complimenting people on their appearance and enquiring about their welfare.

People were supported by staff who knew them well. Care records contained information about people's preferences and staff were aware of these. For example, one person enjoyed listening to 'The Who'. This information was in the person's care records. When asked, a staff member knew immediately which person we were talking about when we mentioned they liked 'The Who'. Another person was a fan of Cliff Richard. This was clear in their records. When we visited this person's room they had a picture of Cliff Richard and staff knew about their taste in music. Records showed that when this person had become anxious, playing their favourite music with them had helped to lift their mood. Throughout the day staff were able to provide us with clear and consistent information on people's needs and preferences.

People were able to personalise their rooms with pictures, furniture and ornaments that were important to them. Rooms had memory boxes outside containing pictures and items that reflected the person's life history and personality. This helped people to feel at home and to find their room whilst helping staff get to know people and provided an opportunity to start conversations with people. The manager identified that the communal environment could be more 'homely' and had made adjustments to make people feel more at home. For example, adding pictures to communal areas, following consulting residents. The manager also identified that the bathrooms looked quite sterile with bathing equipment. They had bought stickers and decorations to give the bathrooms a more homely feel. This demonstrated a commitment to improving the home in order to make people feel as comfortable as possible.

People told us that staff respected their privacy. At our last inspection we found that people did not always have somewhere private to spend time with relatives. At this inspection, improvements had been made. One relative told us, "If we want to have a quiet chat we can." We observed relatives spending time with people in the lounge. If people wanted privacy staff could support them to go to their rooms. There was still limited space within communal areas for relatives to spend private time with people but the manager was working to improve this. For example, the garden had recently been refurbished and added further space for people to spend time with relatives in the warmer months.

Staff supported people throughout the day in a way which maintained both privacy and dignity. For example, one person needed some help with personal care. The person had dementia and was unable to communicate this need without prompting. Staff anticipated it and spoke to the person discreetly saying, "Shall we go in the other room?" The person was quietly supported to go to their room so staff could support them privately.

Staff promoted people's independence. One person used a wheelchair and liked to move themselves along by their feet. Staff left the foot plates up to allow the person to do this. This had been risk assessed and this method of mobilising was the person's choice. This demonstrated that procedures were followed to allow the person to make choices independently whilst also ensuring their safety. People were able to get themselves their own drinks and snacks if they wanted to from a drinks station. One person had guests and was able to make their guest a cup of tea. We observed people moving around the home as they wished throughout the day.

People's records included information about their personal circumstances and how they wished to be supported. One person had expressed a preference for female care staff. This was clear in the person's records and records confirmed that female staff had been carrying out care for this person. Where people were not able to express their wishes, records showed input from relatives. For example, one person living with dementia was not able to provide information on their preferences. Family members had provided information on the time they wish to get up in the morning. Staff told us that they attend to this person earlier in the morning as they preferred.

Requires Improvement

Is the service responsive?

Our findings

At our inspection in July 2015, we found that guidance from healthcare professionals was not always being followed and daily notes and charts were not being completed accurately. We found people's care records did not contain information on their medical conditions. Records were stored in multiple places and some staff did not have access to them. Following this, the provider submitted a plan in which they told us that they would audit all files and change the way files are stored to make them more accessible to all staff.

During this inspection care records contained information on people's health needs. Daily notes had been recorded and charts updated in line with the guidance of healthcare professionals. For example, a healthcare professional had requested one person have their food and fluid intake recorded in order to support their treatment. Charts had been recorded as requested and were up to date. Staff had access to files throughout the day and we observed them filling in daily notes promptly after completing care tasks.

Following our last inspection all care plans had been updated. However, the manager recognised that these were still a work in progress. Some care plans that we looked at contained a detailed life story and information to help staff provide person-centred care to people. For example, one person was a fan of opera and their care plan contained information on what their favourite operas were. A life story detailed the person's previous family life and employment. Other care plans did not contain as much personal information but people's personal preferences were documented. This meant staff knew about people's preferences to provide person-centred care, but some care plans could have provided more detail on people's background and their goals and wishes.
Records contained evidence of admission assessments. These covered people's health needs as well as their preferences, such as what time they liked to wake up and what they liked for their breakfast. This ensured a smooth transition for people coming into the home and meant that staff gathered important information about people to ensure that they could meet their needs. Full medical histories were obtained and guidance from healthcare professionals recorded in people's files when they were admitted.

People had regular reviews and a new 'Resident of the Day' system allowed for people to have an opportunity to raise anything about their care. 'Resident of the Day' was a set day each month when one resident will have a full review of all areas of their care. These covered everything from health needs to housekeeping and maintenance. It provided an opportunity each month for people to raise any issues that they might have. This dedicated day also provided an opportunity to review care plans and to ensure that people were getting the daily support that they needed.
At our inspection in July 2015 we found that complaints were not always acted upon and responded to. People told us that they had raised issues and they had not been responded to.
Following this, the provider set up a plan to improve how complaints were recorded and responded to.

On the day of this inspection, the manager showed us a form that had been developed for staff to record verbal complaints. This meant that complaints were documented and outcomes were recorded. A written log of complaints demonstrated that this was now in place and had been used effectively. Staff had now received complaints training and complaints had been discussed at a team meeting. The manager was in

the process of dealing with a complaint and we saw they were working alongside a healthcare professional to resolve it. This was all clearly documented in the complaints log. The manager has a positive attitude towards complaints and told us, "I see complaints as an opportunity to improve."

People told us they had opportunities to take part in a range of activities. They said they enjoyed the events that were arranged at the home. One person told us, "I enjoy the activities. I like the quizzes, they make you think." Another person said, "The activities have improved as well. We had a lovely fete on Saturday, lots of families came."

Following our last inspection we recommended that the provider considers the types of activities available to people to ensure that they were meaningful to them. On the day of this inspection, the activities timetable contained a range of activities covering different people's needs and interests. There were games, quizzes, films, visits from entertainers and arts and crafts. The activity co-ordinator worked every weekday and had a budget to introduce new activities. They worked with people both in groups and individually with people who were cared for in their rooms, in order to prevent isolation. The activities co-ordinator told us that she meets these people every day to engage in activities meaningful to them. A relative told us, "(Activities Co-Ordinator) is very pro-active, she's good at involving people." We observed a quiz taking place in the lounge. It was well attended and everyone there was engaging in the activity. People, relatives and staff were answering questions and it created a fun atmosphere. People were laughing and told us that they enjoyed the quiz.

Good

Is the service well-led?

Our findings

At inspection in July 2015, we found that people's information was stored in a way that staff could not always access it. People had three different places where their information could be stored.

On the day of this inspection, information was accessible to all staff. Filing systems had been updated and both staff and the manager knew where to find information when we asked for it. People's main files were all in one place with daily notes and charts kept in people's rooms to make it easier for care staff to record notes as soon as they have provided care.

The manager told us that care plans were being improved. Care plans that we looked at contained enough information to provide care to people, but there was not consistency in the amount of information in people's daily notes. For example, one person's daily file contained entries such as, "(Person) got up. Washed and dressed. Taken for breakfast." Their care plan stated that staff needed to sit with them weekly and listen to music. Staff knew that this was in the person's plan but had not always been recording it within the daily notes. Most entries in people's daily notes were task-orientated and did not contain much detail.

We recommend that daily notes be completed in more detail to evidence all care needs are being met.

People spoke warmly about the improvements at the home since our last inspection. One person said, "It's improved so much in such a short space of time. (Manager) is behind a lot of the improvements. I'm impressed with the progress." Another person said, "Everything has changed so much for the better. The whole atmosphere is a lot nicer now." A relative told us, "Things are much improved. Communication is better."

The registered manager had left in May 2016 and the provider appointed an interim manager. They had been in post for four weeks at the time of our inspection. The interim manager told us a new permanent manager had been appointed and was due to take up their post in August 2016. Following our last inspection an action plan to address breaches in regulations had been drawn up. The provider and the manager have worked through this and were able to evidence to us how they had addressed the breaches in regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The improvements made since our inspection in July 2015 had addressed every breach of regulations and every action that we recommended had been carried out.

People told us they noticed that staff were calmer in their approach. One person told us, "The staff seem to be more relaxed. They are often laughing and joking now." Staff were better supported which improved staff morale. People were supported by staff who were relaxed and evidently took satisfaction from their work. Throughout our inspection we observed staff as patient and friendly, spending time to speak to people.

Staff told us that they felt well supported. The manager attended handover meetings whenever they were at the home so as to ensure important messages got to staff and also to hear feedback on things they might need support with. The manager had also observed staff practice to identify learning needs and spoke to

staff about how they could improve. Team meetings were happening regularly. Minutes of meetings showed that staff could discuss concerns openly. For example, the last meeting had been an opportunity to discuss the changes in management and new supervision structure.

The manager was at the home three days a week and worked at another location two days a week. When they were not there, staff could contact them. There was a clinical lead in place who was able to support staff in the manager's absence and provided a line of communication for the manager. Registered nurses that we spoke to had good knowledge of people's needs and were able to offer support and guidance to other staff, we observed this during our inspection. This meant that staff had constant senior support despite the manager's other responsibilities.

The provider had effective systems in place to monitor the quality of care and support that people received. One relative told us, "Before, there was not an open atmosphere. Views were not listened to. Now, our views are listened to." Residents and relatives meetings were happening every three months. The last meetings minutes showed that people were able to raise and discuss issues. For example, the last meeting had included discussions about changes to the menu. This had since been actioned by the kitchen staff.

The visions and values of the service include that residents should, "receive great care". It also commits to staff, "wanting to work for us." The manager told us, "We've introduced an award to recognise good care in the home. It will identify staff that have worked hard and who embody our values." The values are discussed in supervision. For example, recent supervisions had been about the values of "dignity and respect." The manager noticed one staff member's approach to someone living with dementia could have been improved. The manager discussed this with the staff member, and supported them to attend dementia training to improve their approach. This demonstrated that the manager is able to find ways to work with staff to recognise good work and drive improvements for people who live at the home.

Quality assurance checks took place to help ensure a good quality of care was provided and the environment was a safe place for people to live. For example, medicines, catering and infection control audits as well as health and safety checks. The provider undertook general and support visits to the home to check aspects of the care being provided. There were few actions identified and those that had been were being acted upon. For example, a care plan audit had identified that life story work had not been completed for all people. At the time of our inspection, the activities co-ordinator was working through these with people. This demonstrated that quality assurance procedures were robust in identifying areas for improvement and the manager was taking a proactive approach to implementing improvements.

The manager was aware of their responsibilities. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. For example, in relation to any serious accidents or incidents concerning people which had resulted in an injury.