Anchor Trust

Limegrove

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Limegrove provides accommodation, personal care and support for a maximum of 55 people, some of whom may be living with dementia. Accommodation is set over three floors. On the day of our inspection 50 people were living at Limegrove.

This was an unannounced inspection that took place on 4 May 2017.

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 deputy manager assisted us with our inspection on the day.

We carried out this inspection to check the registered provider had taken action in relation to the concerns we identified at out inspection in March 2016. At that inspection we found breaches of regulation in relation to medicines, person-centred care, records and people not being shown respect by staff. Shortly after our inspection the registered manager left the service and since then the service has been without a consistent manager. The provider had implemented management support for the service which was overseen on a daily basis by the regional support manager, deputy manager and weekly visits by the district manager. We found at this inspection many of these areas we had identified had improved. This was mainly down to the hard work of staff and the newly appointed deputy manager. However, there was still further work to be done.

Although there had been a lot of work undertaken on reviewing people's care records, this had not yet been completed and we found some people's care records were not accurate or reflected people's most current needs. We found records relating to medicines were not always completed as they should be. There was a lack of evidence that people were receiving their topical medicines (medicines in cream format) as they should because charts were not being completed.

Overall there was a sufficient number of staff on duty. However we have made a recommendation to the registered provider to review deployment of staff during break times.

There was a good atmosphere in the home where people and staff interacted in an easy-going manner. People and relatives were happy with the care provided and they were made to feel welcome when they visited. Staff supported people to take part in various activities although we have recommended the provider consider introducing more purposeful activities.

Where people had risks identified guidance was in place for staff to help reduce these risks, although some of these risks required updating as people's health deteriorated. Staff were aware of their responsibilities to keep people safe and the registered provider carried out robust recruitment processes in order to help

ensure only suitable staff worked at the home. Care was provided to people by staff who were trained and received relevant support from their manager.

The provider had good quality assurance process and checks were carried out by staff to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. People were asked for their views about all aspects of their care and could make their own decisions.

Staff followed the principals in relation to the Mental Capacity Act 2005 and staff were heard to obtain people's consent before they supported them. Where people had restrictions in place to keep them safe appropriate DoLS applications had been submitted.

People were provided with a choice of meals each day and those who had specialist dietary requirements received the appropriate food. Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, dietician or district nurse.

Complaint procedures were available to people and there was a contingency plan in place should there be an emergency in the home or it had to be evacuated. It was evident staff had maintained a good level of care and had displayed commitment to ensuring people were looked after in a way they should expect during the absence of a consistent manager. The deputy manager had undertaken a lot of work since they had been recruited to address shortfalls in the service.

During the inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made three recommendations to the provider. You can see what action we told the provider to take at the back of the full version of the report.

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.

People may not always receive the medicines they required because records in relation to medicines had not always been completed appropriately. Medicines were stored correctly and safely.

People's risks were assessed and recorded, although we found some needed to be updated.

There were sufficient staff on duty, however deployment of staff required reviewing during certain times of the day. The provider carried out appropriate 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.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff were trained to ensure they could deliver care based on best practices.

Staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their

care.

Relatives were made to feel welcome in the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported to take part in a range of activities, however we have made a recommendation to the provider to introduce more purposeful activities.

People received responsive care, however information in their care plans was not always up to date particularly in relation to people whose needs had changed.

Care records relating to people were not always consistent or contemporaneous.

People were given information how to raise their concerns or make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had been without a registered manager for several months which meant the registered provider was not meeting their requirements of registration.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

People and staff were involved in the running of the home.

Limegrove

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 4 May 2017. The inspection team consisted of three inspectors and an Expert by Experience. An Expert by Experience is someone who has experience of this type of care setting.

Prior to this inspection 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. We had also asked the provider to complete 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 reviewed the PIR prior to our inspection.

As part of our inspection we spoke with the provider's district manager, the deputy manager, 11 people, five relatives, a friend of one person, five staff and one health care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink. Following our inspection we received feedback from a healthcare professional and we reviewed the outcome of the local authority quality visit in December 2016.

We reviewed a variety of documents which included seven people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe living at Limegrove. One person told us, "Having people around makes you feel safe." Another said, "I think so - there is someone keeping an eye on you." A relative told us, "I know she feels safe here – probably because of the number of people around."

Good medicines management procedures were not always followed. At our inspection in March 2016 we identified some concerns in relation to medicines practices and records in relation to medicines. We found at this inspection similar concerns despite the registered provider telling us in their action plan that our concerns would be addressed by July 2016.

Medicines were stored correctly and staff carried out routine stock checks to help ensure medicines were all accounted for. However, we found that one person had not received their ear drops in line with their prescription and other people who were on PRN (as required) medicines were being administered these on a regular daily basis, rather than for a short-term condition. Where people required topical medicines (medicines in cream format) the records indicated that these were not always being applied in line with instructions as the application charts had not been completed. One person should have had their cream applied twice daily however the records indicated that this was only being done once. Another person required their creams three times daily but again the records indicated that they only received it once and on some days there was no entry. We spoke with the district and deputy manager about our concerns during the inspection. We were satisfied that people were being provided with their topical medicines and it was the records that were not being completed by staff. They took immediate action in relation to the person who had missed their ear drops. They also told us the GP was currently reviewing each person medicines (which we had noted from a recent quality audit) and that this would cover regular use of PRN medicines.

We recommend the registered provider ensures that people always receive medicines in line with their prescription guidance and that a review of people's medicines is completed as soon as possible.

People told us they received the medicines they required. One person said, "I don't take much medication. They bring it round and check to make sure I have taken it." Another told us, "I am low sodium so as well as my medication they have brought me crisps." A third said, "They look after my medication. I don't have concerns." A further person told us, "They explain what the medication is for and make sure I take it."

People told us they had regular staff who cared for them. One person said, "There are several regular staff. (Name) is a super chap – always available to help people when needed. Always cheerful." Another told us, "I can't complain. You just have to ask and they answer your questions – mostly regular people." A relative told us, "There seem to be enough regular staff to meet her needs."

People were cared for by a sufficient number of staff, however deployment of staff around the home and during break times could be better organised. We did not see anyone having to wait to be helped or supported during our inspection. One person in particular had quite high needs and there was a staff member within their sight at all times. However, there was a two-hour period when there was only one

member of staff on duty in each unit. This was because each staff member took an hour's break. This meant that if one person required assistance in their room this left up to 11 people without a staff member available. During the morning we could not find any staff on one unit in particular for a period of 10 minutes. Staff told us that this unit and another one in particular felt short-staffed. One staff member said, "There is not enough staff and too many agency. This unit and (unit name) are where staff are stretched." The staff member said this had been raised at a staff meeting with the deputy manager.

A member of staff told us the home was short staffed on the day, telling us, "It's not their fault two agency staff did not turn up." However, we were not told by the deputy manager that there was a shortage of staff. The deputy manager told us they currently had two staff on each unit with one additional staff member to help out. In addition, two team leaders were rostered on each day. Activities staff were also available to help out if needed. Despite this we found during the afternoon a scheduled activity did not take place because we were told by a staff member that they were the only staff member on duty as their colleague was on a break. Most staff told us there felt there was a sufficient number of them to complete all their required tasks and yet have time to socialise with people. A professional told us, "I never have to look for staff."

We recommend the registered provider reviews deployment of staff during busy periods and staff break times.

Risks to people had been identified, however some of these had not been updated as people's health needs had changed. One person had stopped eating and although we noted staff had taken appropriate action in relation to getting professional input, there was no risk assessment in place around their risk of malnutrition. Another person had lost a significant amount of weight and although again, professional input had been sought this was not reflected in the person's care plan and there was a lack of risk assessments to guide staff on signs to look out for to help prevent further weight loss. We spoke with the deputy manager about these two people and the missing risk assessments in their care plans and were told this would be addressed. Other people did have risk assessments in place. Such as one person who was at risk of pressure sores due to weight loss and a pressure mattress had been provided for them. Another person had a risk assessment around them getting up at night and falling and a third person around their behaviours and how staff should monitor this person. This same person was at risk of falling first thing in the morning and staff had consulted with their family and identified that this person needed, 'time in bed after waking up, staff to give (them) a cup of tea before he gets up to allow (them) to become orientated'.

Accidents and incidents were recorded by staff and action taken to prevent reoccurrence. Each month falls were analysed to look for trends and action taken such as referring people for medical advice or to the falls team (a team of professionals who support people who have regular falls). One person regularly attempted to get out of bed despite having poor mobility. This had resulted in some falls. Staff had since placed a sensor mat in the person's room to alert staff on when they got out of bed. One person told us, "All risks are managed. Not had any falls or problems with anything."

The registered provider carried out recruitment processes in a way which helped ensure that only suitable staff were employed to work in the home. For example, we saw staff files contained a past employment history, references, identification and results of a Disclosure and Barring Service check (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Checks on people's eligibility to work in the UK had also been undertaken.

People were helped to remain safe because staff understood their role in relation to safeguarding. Staff described to us the types of abuse that may take place. They were able to tell us what they would do if they suspected any abuse. Staff knew of the role of the local authority team in relation to safeguarding and told

us they knew they could also call the Care Quality Commission. A staff member told us, "I would document it and report it to my line manager. If I wasn't happy I'd go to social services." Another said, "I would have to report it. First of all to the team leader or someone who was working with me." A person said, "There hasn't been any abuse or shouting. Any aggression by residents is handled well."

People would continue to be cared for in the event of an emergency or the home having to close for a period of time. There was a contingency plan in place which gave guidance to staff on what to do in an emergency. Each person had a personal evacuation plan in the event of a fire in the home which described to staff the action the needed to take in the event of an emergency.

Good

Is the service effective?

Our findings

At our inspection in March 2016 we made a recommendation to the registered provider in relation the Mental Capacity Act (2005) and the need to ensure legal requirements were being followed. We found at this inspection, this had been addressed.

Staff had a good understanding of the legal requirements in relation to the Mental Capacity Act (2005). 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 (DoLS). We found mental capacity assessments in people's care records for decisions such as living in the home and the doors being locked. Where it was determined the person lacked capacity to understand, a decision was made in their best interest and a DoLS application submitted when appropriate. We read that decisions were made in conjunction with professionals and family. Where people were on covert medicines (medicines disguised in food) staff had consulted with the pharmacist and doctor to obtain the appropriate authorisations.

Staff understood the need to obtain consent from people. We noted where people were able to they signed to consent to the care they received. We regularly heard throughout the day staff asking for people's consent before providing care or assistance. One person told us, "They (staff) always explain and ask what I think." A staff member said, "People may not understand. I use objects of reference so I can give choices. Before you make a decision you should let people know their choices."

People were offered a choice of meal each day and menus displayed showed a good range of home cooked nutritious food was provided to people. Where people could not make a decision of meal based on the menu they were shown pictures or staff plated up meals to support them to make a visual choice. Staff reminded people of what they were eating. We heard a staff member say, "(Name), did you enjoy your chicken?" Some people chose to have meals that were not part of the daily menu and staff respected people's individual choices. People told us they enjoyed the meals in the home. One person said, "The food is very, very good." Another told us, "There are choices. The food seems well balanced." A third person said, "Food is quite nutritious and well presented. There are also snacks available in all the lounges." Other comments included, "We are well catered for. Choices are good and quality is very good" and, "We have choices each day on what we want to eat. There are plenty of drinks available. I think it's very good." A relative said, "She eats well. I think her nutritional requirements are met."

People's dietary requirements were known by the chef. The chef told us they knew what people could or could not eat and were knowledgeable in relation to allergies people had in respect of foods. They showed us the list they followed which detailed people's individual dietary needs and told us this would be updated when people's needs changed. People who were on soft foods had this presented to them separately portioned and looking appetising. We saw the chef speaking to people as they were having their lunch and

checking if they liked it. One person told them, "Yes, it was lovely."

Where people were at risk of malnutrition staff sought appropriate advice. Some people had been referred to the doctor, dietician or Speech and Language Therapy team in order to receive professional input into their particular requirements. One person was on a fork mashable diet and there was clear information about this person's likes and dislikes in relation to their food as well as a list of suitable foods that could be prepared to the correct consistency. Staff were knowledgeable about people's dietary requirements. One staff member was able to tell us about the textures of food one person should eat and that they could not eat bread. In addition, staff were able to tell us about people's allergies, such as one person who was allergic to fish.

The lunch experience for people was a pleasant one. People were seen chatting to each other and heard commenting about the food. Where people required support to eat this was provided in an appropriate way with the staff member sitting beside the person and supporting them at an unhurried pace. One person said, "On the whole it is quite good – meals are on time." A relative said, "Look. She's sitting talking with people. We are so happy."

People had access to external healthcare professionals when appropriate. We noted from people's care records that staff had involved the doctor, district nurse, podiatrist and community psychiatric nurse in people's care as well as other professionals. One person had become lethargic and stopped eating and drinking and staff had called the doctor to review them. This had resulted in this person being provided with appropriate medical intervention. Another person was found with a skin tear on their arm and staff had made a referral to the district nursing team who had arranged treatment. A third person was noticed by staff as having a chesty sounding cough and the GP had been asked to visit them. One person told us, "I saw an optician a month ago. The doctor comes into the home twice a week." Another said, "I've seen the doctor recently as I wasn't too well." A third person told us, "I haven't needed to see anyone, but all healthcare professionals are available."

People were supported to remain healthy through the actions of staff. People were weighed on a monthly basis and if any weight loss was identified, referrals were made to the dietician or GP. Where weight loss was significant staff checked people's weights on a weekly basis. As a result some people were on fortified diets or supplements in order to help them maintain a healthy weight. A relative told us, "The GP comes in and sees her on a regular basis, just to check on her."

People told us they felt staff were sufficiently skilled. One person said, "Oh yes, they are all very good." Another told us, "By and large, yes. They are very attentive." A third said, "Yes, they are very good at what they do."

Staff received support and training which helped enable them to do their job confidently. When staff were new to the role they shadowed long standing staff to help ensure they were ready to work alone. Staff training included safeguarding, health and safety, moving and handling and the MCA. All staff completed the care certificate. The care certificate is a set of national standards in adult social care. Staff also received training in supporting people with dementia. The registered provider was implementing a programme of good practice in dementia care. As part of this, staff were receiving ongoing training and support to develop good practice in dementia care. One staff member said, "We are supported with all the training we do. We do it on e-learning or face to face and it's very good." Another said, "We do training and the refresher courses." A third told us, "When I started I shadowed for a month until I was confident." Another said, "I had an induction. I was shown around. They tell you about the residents."

Although staff told us they received supervisions, some staff said these had not happened for some time due to the lack of consistent management within the home. We noted from the supervision tracker provided to us that supervision of staff had re-commenced fully in March 2017 when the deputy manager arrived. One staff member said at their last supervision they discussed people's needs as well as their training. Another told us, "The managers and team leaders provide me with supervision."

Good

Is the service caring?

Our findings

We asked people if they were happy living at Limegrove. One person told us, "It's a good caring place." Another said, "It's just like being part of a family." A third said, "In general they are very kind. They are happy and cheerful and there if you need them." Other comments included, "They (staff) are lovely. Can't complain about how they care for us" and, "They will always help out."

Relative's and professionals gave us positive feedback. One told us, "Amazing! Everyone is so friendly. She says she's happy." Another said, "They always have time to stop and talk to her and they make a fuss of her." A professional said, "The staff are very caring"

At our inspection in March 2016 we found that staff did not always show respect towards people. This was because staff were not always as attentive to people's needs as they should have been. The observations carried out at this inspection gave us no reason to feel that people were not being treated by staff who showed them care, kindness and attention.

At this inspection the service was caring as a whole as we observed numerous occasions of good care and people were treated with kindness and attention from staff. We heard staff having a joke with people. One person told us, "Everyone in this place is smiling. I like it here." Another person told us, "I'm well looked after. I don't have to think about anything." Another said, "They are quite nice. Very friendly and they don't get annoyed."

People were cared for by staff who knew them. One person's care plan stated they, 'love reading love stories and all things about fashion'. A staff member was able to tell us this and could describe to us this person's old job. One person told us, "They (staff) understand me well." A staff member told us, "If they (people) can't tell us, we ask families and friends. We speak to healthcare professionals. This helps us understand what they like and need." A relative told us, "She's only been here for two weeks and already they (staff) know her." Another relative said, "They have all got to know her. I am happy with how they treat her." A professional said, "Staff really know people and their needs."

People were made to feel as though they mattered and were shown respect by staff. We heard a staff member ask if one person would like their cardigan because they looked cold. A staff member told us, "I make sure they have everything ready and have chosen their clothes. I keep the door shut and let them know what I'm doing." A person told us, "They (staff) are all very polite and kind." A second person said, "Everyone, even the gardener, will come in and say hello." A third told us, "They always greet you by name. They treat you like a person if you know what I mean." A fourth person said, "They always call me by my name and speak to me, not over me."

Staff supported people to move around the home and be independent. We saw people moving between floors and living areas throughout the day. Several people walked around consistently and they were not restricted from doing this, other took the lift to other floors within the home and one person went out. One person told us, "The carers are lovely. I am going out to the shops and to vote later." Another said, "Whatever

I can do for myself they will let me do." A third told us, "Staff are very respectful when giving personal care. They will help, but not interfere."

People were able to make their own decisions. We heard staff giving people choice throughout the day. This ranged from what they would like to drink or eat from the snack trolley, to where they would like to sit. A staff member told us, "At mealtimes we use pictures of foods or we show them the meals on offer (so people can make their own choices). With personal care, we choose outfits with people." We saw staff supported people at lunch time to make their own choice of meal. One person said, "We have as much say as we originally thought we would have." Another told us, "Very much so (having choice and control), they know my likes and dislikes." A third person said, "When I ask questions, they discuss any decisions and explain any changes."

People were given their privacy. We saw some people chose to spend time in their rooms at different times during the day and staff respected this. When staff entered people's rooms we heard them knocking first and waiting for a response before going in. One person told us, "I like to spend time in my room. They (staff) will knock before coming in." Another said, "I am a bit of a loner and prefer to spend time in my room."

People were supported to maintain relationships with people close to them. We saw visitors arrive during the day and saw staff offer them a cup of tea at the same time as their family member. A relative told us, "We are so happy. The staff are so kind." Another relative said, "Admin are very efficient. When you come in they always greet you by name. Staff are very respectful with mum." A third told us, "I and the family are quite satisfied."

Requires Improvement

Is the service responsive?

Our findings

Activities for people varied and although there was an activities programme the activities that we saw taking place did not reflect what was on the board. During the morning people took part in an activity in one of the lounge areas on the ground floor and we could see that it was being enjoyed by all who attended. However for those people who remained in their own living areas, we did not observe much going on. We were told there was a daily walk in the garden each morning, but did not see this happen on the day. During the afternoon a puzzle game was due to take place in one unit, however when we asked a staff member about this they were unaware that this was the case and as such no activity was held. We noted from the local authority quality visit they had recommended, 'ensure advertised activities take place'.

One person told us, "There's not a lot going on up here (top floor)." A second person said, "It's a lovely place, but not many activities." A friend of one person said, "There doesn't seem to be a lot going on." However a professional told us, "Activities have improved recently. There's usually something going on." One person told us they would like activities during the evening, instead of just watching television.

We spoke with the deputy manager about activities at the end of our inspection. They told us that some people had been out to a local club during the afternoon and this may have been why an afternoon activity had not taken place in the home.

We recommend the registered provider ensures that activities are provided for people across all areas of the home.

At our inspection in March 2016 we found people's care records were not always up to date. This had also been identified during a local authority visit in December 2016. We found similar concerns at this inspection, however upon arrival the deputy manager told us they were aware care plans needed reviewing and they were currently going through each one. This was evident from the files we saw in the deputy manager's office. Senior management from another Anchor location had been drafted in to support the deputy manager with this piece of work.

Some care records for people were not always accurate which meant people may not receive the care they need or new staff may not know how to care for a person. Although care record audits were being carried out, these were not always picking up the lack of up to date information. One person had written in their care plan, 'can wash face, arms, front of upper body. Can shave himself and use toilet independently'. However we heard from staff that this person was on end of life care and unable to do anything for themselves. Another person had recorded in their care plan, 'encourage to mobilise with a zimmer', however we saw this person walking around the home without any mobility aid quite safely. Another person had been on one to one support recently and although this had since ceased, their care plan still indicated they required it. Their care plan stated, 'staff must remain with (name) at all times'. A further person had written, 'weigh daily and contact GP if puts on 2kg+ a day', however this person was losing weight quickly and although staff had taken appropriate action in response to this, this person's care plan did not reflect this. One person had recently moved into the home and because their care plan was incomplete staff were not

able to tell us what care this person was receiving.

General care record keeping not always up to date or reflective of what had taken place. People's topical medicines records were not being completed properly and repositioning charts had gaps on them. Reviews on care plans were not always clear in the records. One person had some care plans that were dated more recently than others, however there was nothing documented on the review section of the file to inform staff what had changed.

The lack of contemporaneous records which meant people's care records may not reflect their current needs was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in March 2016 we found people may not always receive responsive care. We found at this inspection that action had been taken to address our concerns.

Care plans for people included information on their mobility, personal care, nutrition, skin integrity and communication. Staff could read what people felt they were able to do themselves and what they needed staff to support them in. People's past history and background were recorded. This helped staff to get to know a person. One person was noted as liking the colour red and we saw that they were in a red dress during the day. People's care plans included information such as their preferred name. We heard one person being called by this during the day. Another person's care plan noted that they liked 'sitting in the lounge with a book to read' and we saw them do this. A third person was of Italian origin and had forgotten some English. Staff had learnt some Italian words and we heard staff speaking to this person in own language. We also noted staff had added Italian translations to door signs, such as on the bathroom door. Another person had asked that they have their supper slightly later in the day and we read in their daily notes that staff had accommodated them with this.

An agency staff member told us they had a good handover when first working in the home. They said, "We always get a handover and are told about people. We generally work with permanent staff who know people so that helps, but I always make a point of checking people's care needs first." One staff member told us, "We check care plans every month and speak to people and their family."

We read detailed daily notes written for people. These covered the person's mood, how they had spent their date and whether they had eaten sufficiently. Where people had behaviours that may be challenging their care plans contained guidance for staff. Such as one person who was noted as '(name) expresses her anxiety and distress occasionally by throwing objects and shouting'. The care plan stated, '(name) needs reassurance when she is distressed'. We observed this person become agitated and vocal and saw staff providing reassurance and diverting their attention. Staff were aware of this person's needs and we saw staff checking on them regularly.

People told us that on the whole they were involved in their care plan. One person said, "As far as I know yes, although not sure about an update." Another told us, "I've always been involved, everything has been discussed and updated." A third said, "The plan was updated recently." A further person told us, "I get the care I need." A relative said, "I am involved in all of her reviews."

There was a complaints policy available for people. People we spoke with told us they had not needed to complain. On person said, "There has been nothing to complain about." Another said, "I have no complaints. The home itself is very nice; excellent in fact." We noted three complaints had been received since our last inspection. Two of the three complaints related to communication between staff and relatives.

Responses had been sent to all three complainants and we saw on a noticeboard in the reception area an explanation regarding management changes, together with a promise to inform relatives when their family member had an appointment with the GP. One person told us, "There is always someone to speak to if you need to raise a point." Another said, "If I had any concerns my daughter would deal with it – there haven't been any." A third told us, "We have no problem about raising concerns." A relative said, "No need (to complain). They have been so good with her. I'm always kept informed."

Requires Improvement

Is the service well-led?

Our findings

The home had been without a registered manager since shortly after our inspection last year and therefore there had not been a registered manager in post taking responsibility for day to day management of the service since June 2016. This is a requirement of registration with CQC. Although a new manager had been appointed they left within six months of commencing at the home. The provider had recruited for the post and told us the new manager would be starting on the 8 May 2017. This meant there had been a lack of stable management within the home for quite a period of time although the registered provider told us that management oversight had been undertaken by the regional support managers and district manager. The deputy manager had started at the home almost three months ago and had worked hard to address some shortfalls, but there was still work to do. They told us they felt they had achieved a lot in the short period of time they had been in the home. We found overall the home had a better feel about it from our last inspection and in general concerns we had identified before had been addressed.

We asked people and relatives if they felt the home was well managed. One person said, "There have been changes. It hasn't affected us greatly. Overall I think it is well managed." Another said, "They are fine. Always helpful. Everyone gets on well." A third told us, "The management and staff have a good relationship." Other comments included, "On the whole it is quite good. You need to feel someone is in control and there have been problems with management," "It's just changed", "Who the manager is makes no difference. It's the team leaders. They are good. I have nothing to complain about" and, "Haven't been involved with new management as yet." A professional told us, "They just need stable management now." Another professional said, "My concern has been the frequent change of managers within the home."

People were encouraged to give their feedback. One person said, "There are residents meetings. Any problems or suggestions are acted upon." Another person told us, We are asked for feedback at regular intervals."

Residents meetings were held monthly. Topics covered food and activities as well as feedback from activities that had taken place previously together with ideas for new activities within the home. We noted some residents were the 'residents' representatives' and acted as spokespeople. People told us that on the whole they felt their views were listened to. One person said, "You can talk to the management and staff anytime." Another told us, "I am sure they would listen and act."

The deputy manager had instigated relative's meetings and we saw that one had been held in March 2017. Relative's gave feedback on internal activities and made suggestions of how they felt communication between staff and them could improve. We saw this had been addressed by the deputy manager. The registered provider has a 'you say, we did, board which detailed what changes to the home people and relatives had requested. One example was that family had been asked to be notified of GP appointments (with consent from the person). Staff had subsequently introduced a process whereby the team leaders contact the families each day or as and when needed.

Staff were involved in the running of the home. Staff told us, "We have staff meetings every month. I bring a

list of suggestions every time. We have good communication which helps us keep people safe." We read in the minutes of the most recent meeting that the deputy manager had outlined that staff were to offer drinks at all times – to move away from 11am and 3pm 'tea' - as this caused people to become institutionalised. We saw and heard staff offering drinks to people throughout the day. Other topics included training, care plans and to keep activity boards up to date.

Staff told us they felt supported by management and although the home had been without a registered manager for several months they did not feel this had had a negative impact on staff teamwork and the care provided. One staff member told us, "(The deputy manager) comes up every day to thank me (for my work)." A second said, "We are very well supported. I got lots of support when I was promoted." Another staff member said, "There have been a lot of improvements. We're getting up to date with training and care plans now." They told us management now was more open and flexible than before.

Good quality assurance audits were carried out by staff to help ensure a good quality of care was being provided to people. The district manager carried out regular audits and we noted that actions identified were addressed, or being addressed. This included updating some care plans. An external pharmacy audit took place in March 2017 with no particular concerns highlighted. In addition, infection control, laundry, hand hygiene and pressure sore audits took place.

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 and the changes of management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured that people's care records always reflected their current needs.