

Chivrose Healthcare Limited

Brackley Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This was an unannounced inspection which was conducted on the 1, 2 and 3 September 2015. Brackley Lodge Nursing Home is registered to provide nursing and personal care for up to 30 people living with a physical disability, dementia and those who require care for adults over 65 yrs. At the time of this inspection there were 19 people living in the home.

Following our inspection in April 2015 the service was rated as 'Inadequate' due to serious concerns about the

safety and well-being of the people who lived there. The commission placed the service in special measures and the provider agreed not to admit any new people until they had improved the care provided they also gave an undertaking to ensure that there was a registered general nurse on all of the shifts, to ensure effective clinical leadership. At the time of this inspection we found that

Summary of findings

although there were areas where further improvement was needed that significant progress had been made in the way that the home operated and in relation to the way in which care was being provided.

The service is required to 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 2008 and associated Regulations about how the service is run.' The previous registered manager left the service in April 2015 and their registration has now been cancelled. Since our last inspection the provider has employed an experienced registered general nurse as manager; they have submitted an application to be registered with the Commission.

At this inspection we found that the arrangements in place for staffing the home were much improved. Staffing levels were sufficient to meet people's needs and recruitment processes had been strengthened. However there was a need to ensure that two references were obtained for all staff. Systems for staff training and induction had been implemented and staff supervision had been put in place to ensure staff had the skills required to enable them to fulfil their roles and responsibilities.

There has been significant improvements in safeguarding people who used the services. People were more relaxed and content, the atmosphere in the home was much calmer. Staff had received safeguarding training and were aware of the types of abuse and action that they would need to take if they suspected that someone was at risk of harm. People had been assessed for their movement and handling needs and staff had undertaken movement and handling training; this had resulted in safer movement and handling practices.

Systems for the safe administration of medicines had been improved and appropriate safeguards had been put in place for people who required their medicines in food and fluids. The management of risk had been improved;

risk assessments and individual plans of care contained actions to reduce and manage the risks identified, including referrals to other professionals such as the falls prevention service.

The arrangements to ensure that people received adequate amounts of food and fluid had been improved and people received the specific diets they required. People's nutritional well-being was monitored and people at risk were referred the dietitian. Kitchen staff were aware of some of the food allergies that people had however this was not consistent and arrangements to communicate these needs need to be strengthened. The systems to monitor and respond to people's health and welfare had improved; access to emergency equipment had been improved.

People's care was less task-orientated and was delivered in a way that respected people's personal preferences and routines. People looked well cared for and arrangements for ensuring people's privacy had been improved.

Individual plans of care and assessments had been updated according to people's assessed needs; improvements to the staff team meant that staff had appropriate skills to communicate with people effectively and consent was obtained before any care or support was offered. All of the people who used the service had their mental capacity assessed (MCA) and deprivation of liberty safeguards authorisations (DoLS) had been sought from the appropriate authority.

The leadership, quality monitoring and governance arrangements had been re-established. Records were readily accessible and a range of audits had not been completed to identify any risks and improvements were required. Action plans had been developed to manage the required improvements to the quality of the service.

Although we identified a number of areas that still required improvement we were satisfied with the progress that had been made and determined that the provider was no longer in breach of the Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3) The overall rating for this provider is 'Requires Improvement'. This means that the service no longer requires to be in 'Special measures'.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staffing arrangements within the home had improved. However further improvements are required to ensure that all necessary references are obtained for new staff. Staffing levels were sufficient to meet people's needs however there was a need to ensure that there was a registered general nurse on duty on all of the shifts.

Staff were aware of their roles and responsibilities to safeguard people and not there had been no further safeguarding concerns at the home and the processes to protect people were understood and followed by the staff.

Fire safety had been improved and complied with Fire safety regulations.

The management of risk had been improved and strategies were in place to maintain peoples' safety. Medicines were safely managed and safeguards were in place for people who required their medicines to be added to food and fluids.

Requires improvement



Is the service effective?

The service was not consistently effective

People were being cared for by a staff team who had received a sufficiently robust induction, training and guidance to ensure that they were enabled to care for people effectively. Staff had the skills and support to meet people's needs and to communicate effectively with people living in the home.

Although people's general nutritional needs were now being met further improvements are required to ensure that information is shared with kitchen staff about people's individual needs including their food allergies.

Manual handling practices in the home had been vastly improved and were now safe. Accidents and injury were being more carefully managed however there was a need to improve the on-going monitoring to ensure any delayed signs and symptoms were identified.

People were involved in decisions about how their care was provided for and Mental Capacity and Deprivation of Liberty Safeguards had been implemented.

Requires improvement



Is the service caring?

The service was caring

People were cared for in a manner which protected their dignity. Care and support were person centred and people's care was managed in a way that took into account peoples' preferences and choices.

Good



Summary of findings

Staff interacted with people in a caring and compassionate way and people were observed to be comfortable and at ease in the home. Improvements had been made to enhance people's privacy in the home and staff were considerate and showed care and kindness to people.

Is the service responsive?

The service was responsive

Assessments and care plans had been reviewed and updated and the staff team knew the specific care or support needs of people living in the home. People's needs were being met and staff were seen to be responsive to any changes in care and support required.

Staff knew about people's likes, dislikes, hobbies and interests and there were activities available which were enjoyed by people living there. Systems to support people to raise a concern or make a complaint were clear and records showed that complaints had been managed appropriately.

Good



Is the service well-led?

The service was not consistently well led.

There was no registered manager in post, however a new acting manager had been appointed since our last inspection and is currently seeking registration with the Commission.

Good progress had been made to address the homes development needs and there was a need to ensure that the progress achieved to date was embedded in practice and sustained.

The quality assurance and governance systems had been re-established and a range of audits had been completed; action plans were in place to address the required improvements. Communication networks needed further improvement particularly to in relation to the cascade of information between clinical and kitchen staff.

A management structure has been established so that staff received support, guidance and supervision from experienced colleagues. Staff felt confident in the management team and people living in the home and their relatives felt that things had significantly improved since CQC's last inspection.

The provider has taken action to ensure the safety of people living at the home; compliance with Fire Safety Regulations has been achieved and the provider has co-operated with investigation by the police and safeguarding team regarding the safeguarding allegations identified at our previous inspection.

The provider has increased their presence in the home and spent more time speaking to people who use services, relatives and staff. Satisfaction surveys had been undertaken.

Requires improvement



Brackley Lodge Nursing 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 1, 2 and 3 September 2015 and was unannounced. The inspection team comprised three inspectors and an expert by experience, with personal experience of caring for someone who used health and care services.

In planning for our inspection we reviewed the information that we held about the service, including notifications from the service about things that happened in the home and information provided by some of the staff that worked there.

We also contacted Healthwatch Northamptonshire; Healthwatch Northamptonshire works to help local people get the best out of their local health and social care services. We contacted the Nene Clinical Commissioning Group (NCCG). Clinical Commissioning Groups are groups

of GPs who are responsible for designing local health services in England. They do this by commissioning or buying health and care services for Northamptonshire. We contacted Northamptonshire County Council Commissioners and the Safeguarding Team.

Many of the people living at Brackley Lodge were unable to recall their experiences or express their views; however we spoke with twelve of the people living there and we observed the care they received and their interactions with staff. During our inspection we interviewed 15 staff who were both agency and permanent staff. We also spoke with nine relatives and two visitors; we spoke with three visiting professionals comprising a GP, a preacher and hairdresser.

We looked at seven peoples' records including their individual plans of care and their medicine administration records to check whether their needs were being met. We also reviewed all of the accident records and the records of the staff recruited since our last inspection.

We made observations about the service and the way that care was provided. We also used the Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our inspection in April 2015 we found that the provider was in breach of Regulation 18 (1): Staffing. This was because the arrangements for ensuring safe staffing levels were inadequate.

During this inspection we found that each person who lived at the home had had their dependency levels assessed and staffing levels had been calculated accordingly. These staffing levels were reflected within the records that we saw and staff told us that they thought they had enough staff, one member of staff said “We are always busy but there are enough staff to help people when we need it.” Our observations during the inspection confirmed that people did not have to wait for their care to be provided and that there were sufficient members of staff on duty.

The arrangements in place for the deployment of staff had improved. We saw that duty rotas detailed the qualifications, grades of staff and identified whether they were permanent or from an agency. They also identified which member of staff was in charge in the absence of the acting manager. Following our inspection in April 2015 we asked the provider to ensure that a registered general nurse (RGN) was always on duty so that people’s clinical needs were effectively managed. However we found that this had not consistently happened and reiterated the need to have this level of clinical staff available at all times. The provider took immediate action to ensure that a RGN was on duty at all times.

In April 2015 we found that the provider was in breach of Regulation 19: Fit and proper persons employed. This was because staff recruitment processes were poor and some staff lacked the required communication and movement and handling skills.

The management have since recruited 12 new permanent staff including experienced nursing staff and senior health care assistants and we saw that recruitment processes had improved. Staff and records confirmed that a robust recruitment process had been carried out and appropriate clearances had been obtained including, Disclosure and Barring Service (DBS) checks; health checks and staff’s right to work in the United Kingdom had also been checked. Records showed that confirmation had been obtained from

the Nursing and Midwifery Council (NMC) that nursing staff were registered with them and were able to work as registered nurses. However there was a need to ensure that two references were consistently obtained for all staff.

In April 2015 we identified concerns about the management of risks associated with people’s care and support needs and considered that the provider was in breach of Regulation 12 (Safe care and treatment). During this inspection we found that significant progress had been made in the assessment and mitigation of risk in relation to the way that people’s care was being provided.

People had been assessed for the risk of falls and appropriate action was being taken to reduce the risks identified; for example one member of staff told us “We have a pressure mat for one of the residents and staff are alerted if they move from their chair so that we can make sure they are safe.” Where people had had an accident or sustained an injury accident records were completed, however there remained a need to consistently evidence that the required follow up checks had been completed. Accident records demonstrated that these interventions had made a significant reduction in the number of falls for the people concerned; those assessed as being at increased risk had been referred to the falls prevention service.

People who lived in the home had been fully assessed for their movement and handling needs and staff had received training in movement and handling techniques and the use of the hoists. We saw that staff explained how they were going to move people before they started the procedure and continued to reassure them as they were being moved. We witnessed no unsafe movement and handling procedures.

People’s risks relating to the effects of pressure on the skin were being regularly assessed and people had access to appropriate pressure relieving equipment and we conserved that equipment was appropriately set to meet the individual’s personal needs. Records had been completed to document any changes to the condition of people’s skin. None of the records we reviewed indicated people had pressure ulcers at the time of our inspection.

In April 2015 we identified concerns relating to the arrangements for fire safety in the home and referred these to the fire safety officer who visited the home in May 2015. As a result of this visit the provider was served with an

Is the service safe?

enforcement notice requiring them to take action to ensure the safety of people who lived and worked at the home. A further visit to the home by the fire safety officer in July 2015 found that all of the remedial action had been taken and the provider was compliant with Regulatory Reform (Fire Safety) order 2005.

In April 2015 we found that the provider was in breach of Regulation 13: Safeguarding service users from abuse and improper treatment. At this inspection we saw that people who lived in the home were comfortable in the presence of the staff and that the atmosphere within the service was much calmer. All the relatives we spoke with considered the home to now be a safe environment for their loved ones and had not witnessed any poor care; people who lived at the home were also able to confirm this. One person commented. "She [my wife] is being looked after very well."

We found that there had been no further safeguarding allegations about the care that people received and the incidence of unexplained bruising had reduced. All of the current staff team had received training in safeguarding and they were aware of the different types of abuse; they were able to tell us what action they would take if they suspected someone was being harmed. Staff had access to new policies and procedures specific to safeguarding people. One member of staff said "All the people are safe here; the manager is very good she informs us of things we need to know".

At our inspection in April 2015 we identified that the provider was in breach of Regulation 12, (2) (g): Safe care and treatment because medicine systems were unsafe.

During this inspection we found that improvements to the medicine systems had been made; there were effective ordering, stock control and safe storage processes in place, medicines administration practice was in line with expected practice and systems for the disposal of medicines no longer required had been improved. All of the people that required their medicines to be given covertly had had a best interest meeting and their GP had confirmed that it was in their best interest to take their medicines regularly in food or fluids. Guidance had been sought from the dispensing pharmacist about how to prepare medications in this way by crushing or dissolving them in water. Family members had also been involved in decisions about the administration of medicines in this way and where people lacked capacity to consent 'best interest decisions' and 'authorisations' had been obtained from the local authority. One person had a liking for chocolate and their friend brought in chocolate in which their medicine was placed to ensure they received their medicines as prescribed. All of the required information was well documented with the individuals individual plans of care and showed that staff had a good understanding of people's needs for example one person's care records stated that staff talking to one person's 'cuddly animal' may help her to take her medicine.

Is the service effective?

Our findings

At our inspection in April 2015 we found that the provider was in breach of Regulation 14: Meeting nutritional and hydration needs - This was because people's nutritional needs were not adequately assessed and were not supported to obtain an adequate amount of food or fluids.

During this inspection we found that there had been significant improvements to people's dining experience and the way in which their nutritional needs were being met. The furniture had been rearranged in the dining room to ensure a more social environment and people were supported to sit with their friendship groups. Other people were able to eat their meals in their rooms if they wished and there were enough staff available to support people to eat and drink with sensitivity and whilst maintaining their dignity.

The provider had changed the times that meals were served to people. Breakfast was now served when people wanted it and we saw people eating their breakfast at different times in the morning. Kitchen staff told us they worked from 0800 to 1800 seven days a week and they were available to cook special dishes when people wanted them for example if they were unwell or wanted a lighter choice for their meals.

People had been assessed for their risk of malnutrition and dehydration. The Malnutrition Universal Screening Tool (MUST) had been put in place for each person and had been reviewed on a monthly basis to ensure that the details remained accurate. People's weight was being monitored on a monthly basis and we found these were stable and that no one had lost any significant amount of weight. When people were identified as being at risk they were referred to the dietician and other specialists and their instructions were followed; for example we found that people were in receipt of fortified meals.

People's intake of food and fluid was monitored to ensure an adequate intake. Food and fluid charts were now being totalled and monitored by senior staff to ensure people received adequate amounts of food and fluids. Staff were able to identify those people that required prompting to increase their fluid intake. One member of staff said "I know that [name] likes a hot cup of tea, so if I notice that their tea has gone cold, I make another cup and they will usually drink it then."

Kitchen staff were aware of some of the allergies people had and this information was recorded in individual care plans, however there was a need to ensure that this information was passed to the kitchen staff. At this inspection we identified two cases where information about allergies or where prescribed medication impacted upon the diet offered and where this information had not been communicated to the kitchen staff.

Since our inspection in April 2015, the way in which staff were trained and supported has improved and the approach to staff development was more proactive. 12 new members of staff had been recruited; all had undertaken induction training before being allowed to work in the home. One member of staff said "I had one week's induction and spent this observing how people are supported, I was not able to help to move anyone until proof of my manual handling training had been confirmed." Other staff had received training in safeguarding, first aid, fire safety, movement and handling from an established training organisation. Kitchen staff had undertaken training in food safety. A number of staff were also being supported to complete assessors training and NVQ or equivalent qualifications.

There was a system in place to ensure that staff had regular supervision from senior staff. Staff told us that there was a timetable in place to ensure staff received regular supervision and that they found this both useful and supportive. Staff had access the manager and senior staff and were confident that they could always raise any issues with them.

During our inspection in April 2015 we found that the provider was in breach of Regulation 11: Consent - During this inspection we saw that staff had received recent training in the Mental Capacity Act 2005 and the in relation to the Deprivation of Liberty Safeguards (DoLS). The acting manager and staff were knowledgeable about the required procedures and understood what they need to take into account when providing care. We observed that staff spoke softly to people and consistently sought consent before providing any care or support. We saw that people were being supported to make choices; where people had been assessed as not having capacity to make decisions for themselves relatives had been involved in decisions

Is the service effective?

affecting their care. People's individual plans of care demonstrated they had mental capacity assessments and best interest documentation to ensure that the care provided was in people's best interest.

In April 2015 we found the provider was non-compliant with Regulation 9 (3) (c): Person-centred care - This was because we found people's clinical well-being was not adequately monitored, reviewed or acted upon. During this inspection we found that the necessary improvements had been achieved. People had had their base line observations such as their blood pressure checked and recorded at regular intervals. People who were diabetic had their blood glucose levels regularly monitored so that

action could be taken if these readings were higher or lower than recommended. People's fluid intake and output was also now being routinely monitored to prevent complications such as infections and dehydration.

People were confident that their health care needs were being met and that they could see their GP when they needed to. We saw that people had been appropriately referred to their GP or other specialists for example if they had experienced any increase in discomfort, weight loss or were at increased risk of falls. During our inspection the acting manager made contact with two local GPs because of concerns about the well-being of two people living at the home. We spoke with one of the GPs who told us that he had been contacted appropriately and that they were confident that their instructions would be followed.

Is the service caring?

Our findings

In April 2015 we found that the provider was in breach of Regulation 10: Dignity and Respect. This was because people were not supported to maintain their privacy and dignity and because they lacked basic care and attention. During this inspection we saw significant improvement in the way that people were being cared for.

People told us that the staff were very kind and caring. One relative told us they and their partner had recently celebrated a special occasion; they told us the staff had decorated one of the rooms and served them both a special celebration meal. They said "The staff are wonderful, they really gave us a lovely time together, they really are first class." Comments from visitors also included "I think that all the staff are wonderful" and "There were a lot of staff changes but the staff we have now are more caring."

A visiting professional told us "I have seen staff behaving in a caring way, one member of staff has just hugged a person spontaneously and this caused them to give a really beaming smile; the staff really show compassion here." Another visiting professional said "The residents are much happier now, the acting manager has made the home a much warmer place, and the deputy is also very good as well."

We saw several acts of kindness during our inspection for example staff who were employed to maintain the premises or to cook the meals greeted people who lived in the home and showed a warmth and empathy with them as they moved about the home. Staff regularly checked to see if people were comfortable and when thanked they regularly replied 'you are welcome'. Staff were also heard to complement people on their appearance; for example one person had been to the hairdresser and staff said how nice their hair looked.

Several people had had their hair done by the hairdresser and their finger nails were manicured and varnished. Staff told us they knew people liked to look nice and one person liked to wear jewellery and lipstick. People were dressed according to their age, gender and in a way that promoted their dignity. People's property was respected and maintained in a clean and hygienic state. This was managed by the laundress who delivered people's clothes when they had been washed and ironed.

People were supported to maintain their personal care and this was carried out in the privacy of their own rooms. Discrete signage was used on bedroom doors to prevent others from entering when people were being supported with their personal care. Staff were responsive to people's needs and referred to them by their preferred names and spoke to them in a respectful manner; they were also patient with them; ensuring people had time to express themselves, eat their meals and to change their position. People were supported to maintain links with family and friends; they were able to receive their visitors at their chosen times, either in the privacy of their own rooms or in the communal areas. Visitors were able to come and go freely throughout the day. One relative commented "I have always been made welcome here when visiting, I know the staff and they know me."

People were able to be involved in their care if they wished to be, where people preferred their relatives were able to be involved in planning their care and when they had been assessed as lacking capacity to make decisions about their personal and health care needs decisions were in peoples best interests and were subject to regular review.

People were supported to express their views during the course of their activities of daily living; for example they told us they were now able to choose what time they got up, if they had wanted to stay in bed a little bit longer or go to bed for a rest during the day they could do. People were also supported to make decisions about their menu choices, where to take their meals and whether to participate in planned activities. A suggestion box and comment cards had been installed in the main entrance for people to provide comments and suggestions.

A formal satisfaction survey had been circulated to relatives and the results of these were being collated by the acting manager. Comments included "There has been 100% improvement here, all the residents seem so much happier now and they are more alert." Another commented "All the staff are pleasant and helpful, the whole appearance of the home has changed; everywhere looks well cared for and the managers always take time to discuss anything which is so reassuring."

Is the service responsive?

Our findings

At our previous inspection in April 2015 we found that the provider was in breach of Regulation 9 (3) (a) (b) (d): Person-centred care - This was because people were being exposed to the risk of receiving unsafe and inconsistent care following significant staff changes.

During this inspection we found that staff were aware of people's individual care needs and that these were consistently being met. Care plans had been reviewed and improved so that they contained information about people's previous lives. Time has been taken to understand people's life histories and we saw that this enabled staff to engage in meaningful ways and to converse with them about their past life experiences and about the people important to the person.

Records had been improved so that it was clear who lived in the home, their current needs and any associated risk factors. The manager was able to readily identify the needs of people in the home, including people who were in receipt of nursing care, and people with specific needs such as those with diabetes or other medical conditions. All staff understood the care that people needed and were generally happy with the way in which they were being supported.

All of the people who lived at the home had had their needs fully assessed and individual plans of care had been put in place to ensure that they reflected people's individual needs and preferences. Risk assessments and

care plans were now accurate and regularly updated as people's needs changed. Arrangements were in place for people or their representatives to be involved in planning their care and people could have access to their individual plans of care if they wished to see what they contained. A relative said "The Home is now better than it was in April."

During our inspection we saw people were supported to maintain their faith through visiting clergy who conducted regular 'in house' services and these seemed to be well attended and much enjoyed. There was an activities programme provided so that people could participate in group activities if they wished, such as gardening activities, physical ball games and musical entertainers. People who did not wish to engage in group activities were able to access one to one activities provided by the activities co-ordinator.

The provider had a revised complaints policy in place and there was a satisfactory process to manage concerns and complaints and these were responded to in a timely way. The complaints register contained all of the required information and there was evidence that an appropriate investigation had been conducted and that the subsequent outcome had been communicated to the complainant. We saw that the management used the complaints process to identify opportunities to improve the service; for example staff supervisions had taken place following the outcome of an investigation so that staff could benefit from the lessons learned. One of the relatives said "My husband has been at the home a year, and I have no complaints with the way he is looked after now."

Is the service well-led?

Our findings

At our previous inspection in April 2015 we found that the provider was in breach of Regulation 17. This was because of significant multiple failings in the management of the service, which had resulted in people not receiving safe care and proper treatment. Our concerns were so great that we rated the home as inadequate and as a result placed it in special measures. Since the inspection the provider worked closely with the authorities who commissioned the care for people in the home to ensure that the required improvements were made. They have co-operated with safeguarding investigations and have taken relevant action to ensure that people were cared for in a safe environment. This included the dismissal of some staff following the outcome of police investigations.

To focus the improvement agenda the provider has introduced a new managerial team into the home and had worked with a management consultant to help support the manager and the home as a whole. At this inspection we saw that significant improvements had been made to the way in which the home was operated and to the way in which care was being provided. There are some areas where further improvement is needed and there is a need to embed the improvements made so that they are consistently seen in practice. The provider told us that they continued to aspire to the philosophy of care specified within their 'statement of purpose' which included the following 'The home aims to create a secure, relaxed and happy atmosphere for the residents in their care and in which dignity, comfort and well-being is most important and a commitment to the promotion of ordinary life.'

People told us the management of the home has improved. One person said "The change of management has improved things but it [the home] needs time to settle down." A relative said "The home is now more professionally run; some of the staff were bad. The managers are good; I never get phone calls now like the ones I used to get, because of problems." One person told us they had contacted us to raise concerns about the service just prior to our inspection in April 2015; and that they had recently contacted us again to tell us that there had been 'massive improvements to the service since April 2015'.

All of the people who used the service had been reassessed and the management had a good understanding of their

needs; including those who required nursing care and their funding authorities. The care staff we spoke with were able to describe the needs of people they cared for and told us they felt better supported by the management team. A member of staff said "It is now much better [with the manager here], they know all the residents really well, and the place seems to be settling down now."

Our concerns about safety within the home had been addressed and the recruitment of additional staff including registered nurses meant that the manager was being better supported to make the improvements that were required in the home. The new management team had conducted a range of audits and although there were areas where further improvement was possible the communication and record keeping systems had been strengthened. Documentation related to the provision of care had been reviewed and now contained the detail and guidance that was necessary to support the provision of consistent and personalised care. Records could be further improved in relation to the action taken to monitor people following an accident and there remains a need to ensure effective communication between clinical staff and the kitchen staff.

A monthly 'Home Audit' covering a range of subjects and included topics such as staff training and supervision, catering, and activities was being conducted to identify areas for improvement. Other health and safety audits had been conducted and where these identified areas for improvement action plans were put in place to address the issues identified.

A staff training plan had also been developed to ensure that staff received the training that they required to fulfil their roles and responsibilities. The training available provided staff with the core skills required to care for people safely and reflected the needs of the people who use services. New policies and procedures had been introduced and staff were being briefed accordingly. Staff told us that they felt able to raise concerns with the management team and that they were confident that any issues would be addressed.

The provider spent more time in the home to support the manager and told us that a new management consultancy had been appointed to increase clinical leadership and strengthen the service. They were keen to ensure that the manager had opportunities to work with best practice mentors and had authorised a range of training

Is the service well-led?

opportunities to help support their on-going professional development. We saw that the provider visits had been documented and there was a record of their increased involvement in the running of the home.

The provider told us they were encouraging people who use services, their relatives and staff to discuss their views about the service and their suggestions for improvements. Since the inspection in April 2015 they had held two meetings with people who use services and their relatives to ensure that they were kept up to date about the challenges to the service and the action that was being taken to ensure improvement. The manager had

commenced a satisfaction survey that has been circulated to relatives. These are currently being collated however a sample inspection showed encouraging comments including “I have every confidence in the care provided”, “There has been 100% improvement, all the residents seem so happy now and are much more alert”. “The managers are very professional I have noticed that everything is now done much better; I think they’re [the staff] wonderful”. And all the staff are pleasant and helpful, the whole appearance of the home has changed everyone here looks well cared for and the management make time to discuss things which is so reassuring.”