

Wellburn Care Homes Limited

Ryton Towers

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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2 and 15 November 2016 and the first day was unannounced. This means the provider did not know we were coming. We last inspected Ryton Towers in February 2016. At that inspection six breaches of regulations were found. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements. During this inspection we checked that they had followed their plan and that they are now meeting the legal requirements.

Ryton Towers is a care home for older people, some of whom have a dementia-related condition. It does not provide nursing care. It has 43 beds and 32 people were living there at the time of this inspection.

The service did not have a registered manager. A manager was in post and was in the process of applying to become registered with the Care Quality Commission. A registered manager is a person who had registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living in the home were kept safe from harm. Staff had received safeguarding training and were aware of the different types of abuse people may suffer and their responsibility for reporting any potential signs of abuse.

Systems were in place to identify and minimise possible risks to the health and safety of people using the service. General risk assessments were also completed to identify and mitigate potential risks to staff and visitors.

People were assisted to take their medicines by staff who had received training in the safe handling of medicines. Staff were knowledgeable about the medicines people received and medicine administration records we reviewed were up to date with no unexplained gaps. We found records in relation to the administration of topical medicines could be improved to provide clearer instructions to staff.

Staffing levels were calculated based on the dependency levels of people using the service. The manager reviewed the staffing levels on a weekly basis to ensure these continued to meet people's needs.

Staff had been provided with the support they required in terms of training, supervision and appraisal to enable them to perform their roles effectively. Staff told us they felt supported in their roles and able to raise concerns or request additional support.

People's capacity to make decisions about their care and treatment was assessed by the service. Where a person was found to lack the capacity to make a particular decision records showed a "best interest" decision was made on their behalf. However we found people and their representatives had still not been asked to formally consent to their care and treatment.

The service had a complaints policy and procedure in place. Copies of these were available throughout the home for people to refer to. Complaints records were complete and provided full details of the action taken by the service in response to complaints.

New care plan documentation had been introduced by the provider since our previous inspection in February 2016. This documentation covered a wider range of care and support and was tailored to suit the individual needs of people using the service. However at the time of the inspection we found this documentation had not been introduced for all of the people using the service.

People and visitors we spoke with were complimentary about the kind and caring nature of the staff. People told us they were well cared for and that their privacy and dignity was respected.

The service had an activities programme in place to help prevent people from becoming socially isolated. People and relatives we spoke with told us there were plenty of activities for people to get involved in. The activities co-ordinator had also recently started to hold bi-monthly residents and relatives meetings to obtain feedback and suggestions from people and their relatives.

Care plans we reviewed were evaluated on a monthly basis by staff. People and their relatives were also invited to attend formal reviews of people's care and treatment. Although we found these did not always happen at the frequency stated in the provider's policy and procedure.

We found improvements had been made to the service following our previous inspection in February 2016. However we found the provider had not met all of the assurances made in their action plan.

The provider had a range of systems in place for monitoring and reviewing the effectiveness of the service. However we found the records of actions taken to resolve areas for improvement were not always clear or readily accessible. In addition to this we found these systems were not always fully effective at identifying areas for improvement.

People, visitors and staff we spoke with were complimentary about the manager. The manager was described as approachable and staff confirmed where required the manager was happy to assist them in providing care and treatment to people using the service.

We found the service was in breach of the Regulation regarding good governance. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

Staff received training in the safeguarding of vulnerable adults and were aware of their responsibilities for recognising and reporting signs of abuse.

Risks to people, staff and visitors were assessed and where appropriate care plans implemented or actions taken to manage or mitigate identified risks in order to keep people safe from harm.

People were assisted by staff to take their medication safely. Although we found improvements could be made to the records for the administration of topical medication to ensure people were receiving these as prescribed.

Staffing levels were calculated based on people's dependency levels. Our observations and feedback from people, visitors and staff were that staffing levels were sufficient in order to safely meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff had been provided with the support they required in terms of training, supervision and appraisal in order to carry out their jobs effectively.

People's capacity to make decisions about their care and treatment was assessed. Where appropriate there was evidence "best interest" decisions had been made on people's behalf. Although we found people had still not been asked to give their formal consent to their care and treatment.

People were encouraged to maintain a nutritious diet and were assisted to access other healthcare services in order to meet their needs.

Is the service caring?

Good ●

The service was caring. People and visitors spoke highly of the kind and caring nature of the staff.

People's privacy and dignity was respected.

People were encouraged to make choices about their care and treatment and any preferences they may have in relation to this were documented and respected.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed prior to them joining the service. These needs were then re-evaluated on a regular basis by the staff team. People and their relatives were involved in reviews of their care and treatment to ensure it continued to meet their needs.

The service had a policy and procedure for dealing with complaints. Copies of this were on display through the home for people to refer to and included a pictorial version.

The service had started to hold bi-monthly residents and relatives meetings to provide people with the opportunity to be involved in the running of the service. Annual surveys were also used in order to seek feedback from people and their relatives.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The service did not have a registered manager. Although a manager was in post they had not registered with the Care Quality Commission.

Improvements had been made to the service following our previous inspection in February 2016. However we found the service had not fully met their action plan. In addition to this, although the service had a range of system in place for monitoring the quality of the service we found these were not always fully effective in identifying and rectifying areas for improvement.

People, visitors and staff spoke highly of the manager. We were informed they were approachable and were actively involved in the service. This included the provision of care to people.

Ryton Towers

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 2 and 15 November 2016 and was unannounced. This inspection was undertaken by one adult social care inspector.

At our previous inspection in February 2016 we found breaches of regulations regarding staffing, need for consent, safeguarding, person-centred care, complaints and good governance. Following our previous inspection the provider wrote to us to say what they would do to meet the legal requirements. During this inspection we checked to see whether they had followed their plan and were now compliant with the regulations.

Before the inspection we reviewed the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries, which the provider is legally obliged to send us within required timescales. We also contacted other agencies such as local authorities and Healthwatch to gain their experiences of the service.

During the inspection we toured the building and talked with five people who lived in the home and two visitors. We also spoke with staff including the manager, the deputy manager, two team leaders, two care workers, the activities co-ordinator and two members of ancillary staff. We reviewed a sample of seven people's care records, five staff personnel files and other records relating to the management of the service. We also undertook general observations in communal areas and during mealtimes.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said "I'm safer here than I was at home." With the exception of one person, people we spoke with felt there were enough staff to safely meet their needs. People we spoke with told us they had call bells which they could use to call for assistance if they required it. They told us staff came quickly. One of the people we spoke with told us people needed a code to enter the building. They explained this made them feel safe as it meant only people who knew the code could get into the home.

The provider had policies and procedures for the safeguarding of vulnerable adults and "whistle blowing" (reporting bad practice). Copies of these were displayed throughout the home for staff and people to refer to.

Training records we reviewed showed staff had received safeguarding training and staff we spoke with confirmed this. Staff were aware of the different types of abuse people may suffer and the potential signs they may display. They were also aware of their responsibilities for recognising and reporting abuse. All of the staff we spoke with told us if they had any concerns about anyone using the service they would report these to a senior member of staff immediately.

We reviewed the service's safeguarding records. We found three incidents had been recorded during 2016. We saw the service had sought advice from the local authority safeguarding adults' team in connection with these incidents. Safeguarding records were analysed by the manager to establish whether there were any trends. They were also reviewed by the deputy operations manager as part of their regular visits to the service.

The provider's health and safety folder contained a number of risk assessments. These included environmental and task specific risks in relation to people, staff and visitors. Risk assessments detailed control measures in place to minimise any identified risks. For example a general environmental risk had been identified in relation to falls. It was recognised that leaves and debris on the walkways outside the home could contribute towards this risk. Regular cleaning and general maintenance of these walkways was identified as a control measure to help reduce the risk to people, staff and visitors. We saw these risk assessments were reviewed regularly.

Care records we reviewed showed as part of the assessment of a person's needs potential risks were identified. For example people were assessed to determine whether they were at risk of falls or whether their skin integrity was at risk. Where risks were identified we saw there was a corresponding care plan in place in the person's care records which detailed how the risk was to be managed or mitigated. In the care records we reviewed we saw these risk assessments were reviewed on a regular basis to ensure they remained appropriate.

People were protected from financial abuse. Where the service was responsible for managing any money on behalf of a person using the service individual records were maintained. These were all held securely in a

safe in the service which only the manager and deputy manager had access to. Receipts were kept for all transactions. Financial records for all people using the service were checked and audited on a regular basis.

The provider had systems and contracts in place to monitor the safety of the building and equipment contained within it to ensure this remained safe to use. This included the routine servicing of equipment as well as regular checks and tests of equipment, facilities and utilities. The service also had a business continuity plan. This detailed the action to be taken by staff in order to continue the service in the event of an emergency such as a gas leak. Relevant contact details were maintained of the other organisations the service may need to contact in an emergency. Personal emergency evacuation plans were also maintained for each person using the service. These provided advice and guidance to staff on the support people required in order to leave the building in an emergency situation.

At our previous inspection in February 2016 we found staffing levels were based on staff availability rather than the assessed needs of people living in the service. During this inspection we found improvements had been made to ensure staffing levels reflected the needs of people using the service.

We spoke to the manager about staffing levels in the service. We were informed staffing levels were based on the dependency levels of people using the service. The manager told us the service did not use agency staff and that when cover was required, for example when a member of staff called in sick, other staff members would initially be contacted to see if they could provide cover. Where they were unable to do this, we were informed the service would see whether staff from one of the provider's other homes in the area were able to provide cover. The manager who was normally supernumerary also informed us where required they would provide care to people to ensure staffing levels were maintained at an appropriate level. Staff we spoke with confirmed this to be the case.

On a weekly basis the manager used a tool to review the care hours provided against those required to determine whether staffing levels remained appropriate. We looked at these for the five weeks prior to the inspection. We found care hours provided during two of these weeks were significantly higher than those required. Care hours provided on the other three weeks were noted to be lower than those required, however we were advised the deficit in hours had been made up by the manager.

People and visitors we spoke with told us staff came quickly when they called for assistance. Call bell records we reviewed confirmed this as did our observations during the inspection. Only one of the people we spoke with felt the service would benefit from more staff. Staff we spoke with felt staffing levels were appropriate in order to safely meet people's needs.

During our previous inspection we found some of the recruitment documentation lacked clarity. For example we found the application form potential staff members completed did not require them to provide a clear yes or no answer to the question, "Do you have any criminal convictions?" We therefore reviewed the staff files for three staff members who had been employed by the service in the previous 12 months to establish whether improvements had been made to the recruitment process. We found the application form had not been changed since our previous inspection. We discussed this with the manager and the deputy operation manager. We were informed the provider was aware of the deficiencies with the application form and was in the process of revising the recruitment documentation. The deputy operations manager explained changes had been made in other areas of the recruitment process in order to mitigate this. For example potential staff members were now asked during interview whether or not they had any criminal convictions. Interview records we reviewed confirmed this to be the case.

The provider had a policy and procedure for the safe management of people's medicines. During the

inspection we observed a medicines round. We found appropriate arrangements were in place for the ordering, checking and storage of medicines. Staff members responsible for administering medicines had received training in the safe handling of medicines. Their ability to safely administer medicines was also checked on a regular basis through the completion of competency assessments.

Medicine Administration Records (MARs) we reviewed were clear and up to date and had no unexplained gaps. These generally provided clear instructions to staff on the safe administration of medicines. Although we found instructions provided to staff on the administration of topical medicines were not as clear. Body maps were not in place and MARs did not provide clear instructions to staff about where topical medicines should be applied. This meant it was difficult to tell from the records available whether these topical medicines were being administered as prescribed.

We highlighted our concerns about the lack of clarity in the records for topical medicines to the manager and deputy operations manager. We were informed body maps should be in place and MARs should provide clear instructions to staff on the administration of all such medicines. The manager assured us that following the inspection these records would be reviewed and action taken to ensure clear instructions were in place for the administration of topical medicines.

Senior staff members we spoke with, who were responsible for administering medicines were knowledgeable about people using the service and the medicines they received. People we spoke with told us they were supported by staff to take their medicines and did not raise any concerns with us about this.

Is the service effective?

Our findings

People and visitors we spoke with told us the service was effective. People told us they were supported to access other healthcare services. For example one person said; "They will get the nurse out for you whenever you need them to." A visitor also explained how the home had sought treatment for their friend when they needed it. People we spoke with were complimentary about the food. One person told us "You can have any mortal thing you want" when asked whether they were provided with a choice of food.

We spoke to the manager about the training and support provided to staff to assist them in performing their roles effectively. We were informed new staff received an induction and where appropriate they were also enrolled to complete the Care Certificate. This is a standardised approach to training for new staff working in health and social care which was introduced in April 2015. All care staff were required to complete moving and handling training before being allowed to provide care to people. New staff also initially shadowed an experienced member of staff to assist them in becoming familiar with the service and people's needs and preferences.

We reviewed the staff training records to see what training staff had been given. Staff received training in areas such as first aid, infection control, food hygiene, safeguarding, health and safety and dementia awareness. We found that with the exception of fire training, the majority of staff were up to date with their training. We highlighted this to the manager who confirmed refresher fire training had already been arranged for staff.

Staff we spoke with confirmed they had received an induction when they first commenced their employment and that this had involved shadowing an experienced member of staff. Staff confirmed they received regular training to assist them in performing their roles and that the majority of the training they received was delivered face to face.

The provider's policy for supporting staff included a commitment to providing staff with a minimum of six supervisions and an annual appraisal each year. We found the majority of staff had received four supervisions in 2016 and as such the service was not always on target to provide supervisions to staff in line with their policy. However, staff members we spoke with told us they received regular supervision sessions. We were informed these provided them with the opportunity to raise any concerns or issues they may have as well as to discuss any further training or support they required. Staff told us they felt supported in their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We 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.

We found a number of people living at the home were subject of DoLS. We reviewed the records the service kept of DoLS applications. We found these were being made to the relevant local authority where deemed appropriate. These were reviewed and action taken to update these when required.

People's capacity to make decisions about their care and treatment had been assessed by the service. We saw evidence where a person was found to lack the capacity to make a particular decision a "best interests" decision had been made on their behalf. Records showed these had involved relevant healthcare professionals as well as the person's friends or family members.

Formal consent to care and treatment had not been captured in any of the care records we reviewed. This had also been the case during our previous inspection in February 2016. We highlighted this to the manager who assured us action would be taken during reviews to gain people's formal consent to their care and treatment.

Staff we spoke with were aware of the importance of gaining people's consent prior to providing them with care and treatment. Staff told us they would explain what they were intending to do and then ask a person for their consent. Where people did not provide their consent staff informed us they would respect this and would either return later or ask another member of staff to attend to the person. People we spoke with confirmed staff always sought their consent and we observed good practice throughout the inspection.

Systems were in place to identify and meet people's nutritional needs. On admission to the home, people's nutritional needs were assessed to determine whether they had any specific requirements. Eating and drinking care plans were in place for people using the service. These provided details of people's likes, dislikes, any allergies and any specific requirements, for example if people required a pureed diet. Care plans contained information for staff about whether people required assistance with meeting their nutritional needs. For example one of the records we reviewed stated; "[Name] is able to express their likes/dislikes and is able to choose from the menu daily." We saw evidence, people's weight was being monitored on a regular basis and referrals were being made to relevant healthcare professionals, such as GP's and speech and language therapists where there were concerns about people's health.

We spoke with one of the chefs who confirmed they were informed about people's dietary needs. The chef explained a record was held in the kitchen of each person's nutritional needs including details of allergies or any specific dietary needs. Where there was a change to a person's needs the chef informed us they were updated promptly by staff. They told us concerns had previously been raised after a person living in the home had lost weight. Staff had informed them of this and in response they told us they had offered the person fortified foods to assist them in putting weight back on.

We found the service had a four week menu in place. However the chef informed us people were always able to request alternatives and these would be catered for. People we spoke with confirmed this. One person told us "You only have to ask and they'll do it for you" when referring to asking for something which wasn't on the menu. People we spoke with were complimentary about the food and told us they were always provided with sufficient to eat and drink.

Care records contained a section in which contact with other healthcare professionals was recorded. This

included details of any advice or treatment provided. People told us they were supported to maintain their healthcare needs and could see the GP or nurse whenever they needed to.

Is the service caring?

Our findings

All of the people and visitors we spoke with were positive about the kind and caring nature of the staff. People told us they felt well cared for and comments about staff included; "They're very good, very patient", "They're lovely, delightful people", "Very nice" and "The girls are good, they'll sit and listen to you, they're fantastic". One person told us the staff would "Do anything to please." They also told us that if they wanted anything all they had to do was ask and it would be sorted for them. One person we spoke with explained how as the staff had gotten to know them they had become accustomed to their routine. They told us this meant the staff now knew what they would want for breakfast and would have this ready for them when they got up.

Throughout the inspection we observed a very relaxed atmosphere in the home. People we spoke with described the service as "Homely" and told us they were very happy living there. We were informed people's relatives were free to visit when they wanted and people and visitors we spoke with confirmed this.

We observed staff were polite, friendly, patient and caring in their approach to people. Staff got down to people's eye level when communicating with them. People appeared relaxed and at ease in the presence of staff. We saw staff engaging with people on a one to one basis. Staff showed affection and warmth towards the people living in the home.

Staff we spoke with were knowledgeable about the people they cared for. They were able to tell us about people's likes and dislikes as well as their life histories. We observed staff having conversations with people about things which were important to them.

People we spoke with told us they had been consulted about their care and treatment. Visitors confirmed they had been provided with the opportunity to be involved in reviews. People and visitors we spoke with also confirmed they were regularly asked for feedback in connection with the service and the care people received. Everyone we spoke with told us they were happy with the care that was provided.

We found a variety of information was on display throughout the home for people and their relatives to refer to. This included policies and procedures in relation to safeguarding people from abuse and raising complaints as well as the activities programme and information in connection with advocacy services. We also saw the service had a suggestions box and that a noticeboard in the main reception area contained photographs of staff members and their job roles.

People told us they were able to make everyday choices. For example people were able to choose where they ate their meals, what time they got up and went to bed and how they spent their day. We observed staff assisted people to make choices for themselves where possible. For example at lunchtime people were shown the different options that were available to them. People told us staff respected their wishes. For example one person told us they preferred to spend their time in their room and that although staff would encourage them to spend time in the communal areas they respected their wishes if they did not wish to do this.

People's care records contained information about their preferences and details of how they would like their care and support to be delivered. This included guidance to staff on areas where people required assistance as well as information about what people were able to do independently. In the care records we reviewed we saw evidence people had been asked about their wishes in relation to their care and treatment at the end of their lives. This included their wishes in relation to resuscitation.

People's care records included a communication care plan. These provided advice and guidance to staff on how best to communicate with people. For example one record indicated the person did not like to wear their hearing aids. It advised staff to "be at eye level and speak slowly and clearly to enable [name] to understand what is being said" it further advised "[Name] often lip reads." This meant staff had the necessary information to help them to communicate with people and involve them in their care and treatment.

Staff we spoke with were aware of the importance of maintaining people's privacy and dignity when providing care to them. One staff member told us they always explained what they were going to do and sought the person's consent prior to providing any form of care and treatment. They then explained how they would cover the person over whilst providing personal care and ensure the blinds and curtains were closed. Throughout the inspection we observed good practice with staff members knocking on people's doors before entering their rooms or taking people to the comfort of their own bedroom to provide personal care. People we spoke with told us staff respected their privacy and dignity.

We saw people were asked about their religious and spiritual needs and arrangements were in place for people to practice their religion if they wanted to. For example during the inspection a local minister visited the home to introduce themselves and conduct a service. And one of the people we spoke with told us the service had supported them to maintain their religious needs through weekly visits from the Priest.

Is the service responsive?

Our findings

People and visitors we spoke with told us the service was responsive to their needs. People told us they did not have any complaints but confirmed if they did they knew how to raise these. One person explained they would; "Speak to the staff if I had any concerns" and a visitor told us "I've no complaints about how [name] is cared for but if I did I would speak to the manager."

During our previous inspection in February 2016 we found care plans lacked focus, did not set clear goals or provide sufficient weight to the person's strengths and abilities. We also found care plans were not sufficiently flexible. There was only a set range of care plans available and there was no scope for addressing needs which fell outside of these care plans. For example there was no scope for addressing behaviours that challenged. In addition to this, we found the initial assessment completed of a person's needs was not holistic as it did not capture all areas of a person's needs. For example people's social, cultural, emotional and spiritual needs were not covered.

At the time of this inspection, we found new care documentation had been introduced. This included a new pre-admission assessment which was complemented by a new care plan package. We found the new pre-admission assessment was more holistic than the previous documentation and included an assessment of a person's needs in all areas including any social, cultural and spiritual needs. Information captured during this pre-admission assessment was used to determine whether or not the service would be able to safely meet a person's needs.

Following admission to the service, information captured during the pre-admission assessment was used to produce care plans reflecting the person's needs. We found care plans provided information about what people were able to do themselves as well as areas where they required assistance from staff. For example in one of the records we reviewed the person's mobility care plan stated "Staff to maintain and promote independence. [Name] is able to change position independently." Another record we reviewed informed staff the person needed "Assistance of one carer with their personal hygiene as they can get confused as to which order their clothes go on and forget to do things e.g. brush their teeth." We saw people's care plans reflected the fact they were encouraged to maintain their independence. Care plans we reviewed also contained details of any preferences people may have in relation to their care and treatment. For example one stated "[Name] prefers the assistance of a female carer and prefers a bath," another stated "[Name] has no preference re: male/female carer. [Name] prefers to use their en-suite toilet."

We saw care records were reviewed on a monthly basis by staff members to ensure they continued to reflect the person's needs. We were informed formal reviews were supposed to take place with people and their representatives on a six monthly basis. We saw evidence reviews were taking place although these were not always on a six monthly basis. We discussed this with the manager and were advised reviews were scheduled to take place six monthly. We were shown a copy of the resident review schedule which confirmed reviews had been scheduled to take place for all people using the service. We were informed as the service asked people's family members to attend reviews the dates often had to be changed in order to fit in with the availability of people's family members. In the care records we reviewed we saw people

provided positive feedback during their reviews. People and visitors we spoke with confirmed they were provided with the opportunity to be involved in reviews of their care and treatment and gave us examples of where changes had been made as a result.

We spoke to the activities co-ordinator about the support provided to people to help prevent them from becoming socially isolated. The activities co-ordinator told us they planned activities a month in advance. Copies of the activities programme for that month were on display in the service to inform people what was available to them. Both group and one to one activities were available for people to participate in. Organised activities included arts and crafts, various games, visits from entertainers, baking, reminiscence, tai-chi and aromatherapy. We were also informed the provider had recently purchased a new minibus. This meant the service was able to offer regular trips out of the home.

The activities co-ordinator had started to hold bi-monthly residents and relatives meetings. We reviewed the minutes from the previous two meetings and found people and their relatives were asked for their feedback about the activities on offer to them. They were also provided with the opportunity to make suggestions and to discuss any other business.

We found the service issued an annual questionnaire in order to get feedback from people about the service. The last questionnaire had been issued in December 2015 and we found overall positive responses had been received throughout. For example 100% of people who completed the survey felt staff gave them adequate privacy, 100% of people reported they were able to spend time in their rooms when they wanted and 100% of people confirmed staff knocked before entering their rooms. We saw evidence the manager had reviewed the results of the questionnaire in April 2016 and created an action plan. This detailed the actions the service planned to take in response to those areas where people had identified improvements could be made. For example people had reported they would like more activities. We noted in response to this, the service had recruited a new activities co-ordinator and had started to introduce bi-monthly residents and relatives meetings during which people and their relatives were asked for their feedback and suggestions in relation to the activities programme. This showed the service was taking action in response to feedback provided by people and their relatives in order to improve the service.

We reviewed the provider's complaints file. We found only one complaint had been received by the service in 2016. We reviewed the records held in relation to this complaint. We found appropriate action had been taken in response to the complaint. Records indicated the matter had been resolved to the complainant's satisfaction. Complaints records were reviewed by the deputy operations manager as part of their regular visits to the service.

Copies of the provider's complaints policy and procedure were available throughout the home for people to refer to. We found a pictorial version was also on display. These provided information to people about how the service would respond to complaints. Contact details for other agencies were also included in these documents. This meant people had information about who else they could contact if they were not satisfied with how their complaint had been dealt with.

People and visitors we spoke with told us they did not have any complaints. They said if they did they would report these to the manager. People were provided with a guide when they first joined the service and we found this also contained information about the complaints procedure.

Is the service well-led?

Our findings

People and visitors we spoke with told us the service was well managed. People knew who the manager was and said they had a visible presence within the home. People and their visitors told us they would approach the manager if they had any concerns. One of the people we spoke with told us "Out of 10, it's an 11" when asked what the service was like. Other people we spoke with were also very complimentary about the service overall.

At our previous inspection in February 2016 we found breaches of regulations in relation to personal care, need for consent, safeguarding, staffing, complaints and good governance. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements. During this inspection we checked whether they had followed their plan and were now compliant with the regulations.

Although we found improvements had been made in the majority of areas and the service was no longer in breach of the regulations we found they had not fully met all of the actions outlined in their plan. For example although new care documentation had been implemented this had not been introduced for all people using the service. Improvements had been made to staffing levels to ensure these reflected the needs of people using the service rather than the availability of staff. However robust contingency arrangements were not in place to ensure staff cover was available when staff called in sick or during peak holiday periods. Improvements had been made to care documentation and there was evidence appropriate "best interest" decisions were now taking place but people had still not been asked to provide their formal consent to their care and treatment.

We highlighted our concerns to both the manager and the deputy operations manager. We were informed action would be taken to ensure formal consent was obtained from all people using the service. The deputy operations manager advised the provider was still in the process of recruiting bank staff to improve the contingency arrangements and confirmed what the manager had told us about requesting assistance from other homes owned by the provider. We discussed the service's failure to introduce the new care documentation for all people using the service within the timescales outlined in their action plan. The deputy operations manager explained that introducing the new documentation had been a significant project and had required extensive trailing and refining following feedback from staff. This meant there had been a delay in the documentation being ready for the service to use and as such this had impacted on the service's ability to introduce this within the timescales they had set themselves. Following the inspection the manager contacted us to confirm new care documentation had been introduced for all people using the service.

We found the service had a range of systems in place for monitoring the quality of the service. These included the completion of a variety of monthly audits and checks of areas such as housekeeping, health and safety, care records and finances. In addition to this, the deputy operations manager conducted regular visits to the home to report on the quality of the service. We saw areas for improvement or issues identified in any of these audits were recorded in action plans contained within these documents. However we found records maintained of the actions taken to address areas for improvement were not always readily

accessible or easy to follow. This meant it was difficult to establish from the documentation available whether action was being taken promptly to address areas for improvement. In addition to this, the outcomes of audits did not always concur with what we had found during our inspection. For example we found the most recent medicines audit had failed to identify that MARs did not provide sufficient guidance to staff to support them to administer topical medicines as prescribed.

These issues were a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We were informed of the provider's plans to introduce a new computer system which could be used to monitor the quality of the service more effectively. The deputy operations manager explained this would enable them to perform audits and checks of the service remotely allowing them to spend more time speaking to people and observing care when they attended the home. We were also informed the new system would have a number of other benefits. For example we were told all complaints would be recorded on this system and there would be built in controls which meant these could only be approved and closed off by the deputy operations manager once they were satisfied appropriate action had been taken.

In addition to this, the deputy operations manager told us of the provider's plan to employ an in-house trainer. We were informed this would increase the amount of face-to-face training the provider was able to offer to staff and take some of the responsibility for sourcing training away from the manager, therefore freeing up their time to focus on other areas of the service. The deputy operations manager also explained the provider's plans to work with an external catering company to improve and standardise the food which was available to people using the service.

The service did not have a registered manager. Although a manager was in post they had not yet applied to be registered with the Care Quality Commission. They informed us of their intention to register and this was supported by comments we received from the deputy operations manager.

The manager told us they were supported in their role by the newly appointed deputy manager and the team leaders. We saw the manager had delegated responsibility for the completion of certain tasks to the deputy manager and team leaders to assist in the smooth running of the service. The manager also told us the provider was very supportive and that the deputy operations manager regularly visited the home.

We asked the manager about how they kept staff informed. We were informed staff received a handover at the start of every shift that provided them with an overview of what was happening in the service. This also highlighted any concerns about people living in the home and staff we spoke with told us this was useful. In addition to this, we found the manager had held some staff meetings. However we found these were not being held on a regular basis. Despite this, staff we spoke with were complimentary about the management of the service and told us they felt supported in their roles. Staff told us the manager was approachable and they felt comfortable speaking to them if they had any concerns. We were also informed the manager was quite hands on and would often assist in the provision of care to people using the service where required.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems were established to enable them to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.</p> <p>The provider had not ensured that an accurate, complete and contemporaneous record was being maintained in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to care and treatment provided.</p> <p>17(2)(a)(c)</p>