C.N.V. Limited

Eversleigh Residential Care 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 inspection took place on 1 and 2 June 2015 and was unannounced. We had previously carried out an unannounced comprehensive inspection of the service on 10 and 13 October 2014 when we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2010). These were in relation to assessing and reviewing people's care and welfare, respecting and involving people, medicines, procedures to manage foreseeable emergencies, systems to monitor the safety of the premises and equipment. The provider sent us an action plan detailing the action they would take to meet these legal requirements. We carried out this inspection to check the action plan had been completed and to provide a review of the rating for the service. Following the inspection in October 2014 the local authority imposed a suspension of new placements at the service which remained in place at the time of this inspection.

Summary of findings

At the time of our inspection there was a registered manager in post and a new permanent manager due to commence. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider. Eversleigh Residential Care Home provides personal care support and accommodation for up to 30 older people. At the time of our inspection there were 23 people using the service.

At this inspection we found that action required had been taken and improvements had been made. However we were unable to monitor the full effectiveness of some of the systems and processes that were implemented to address areas of concern as most were recently established.

People told us they felt safe living at the home and we observed call bells were effective and were answered promptly by staff. Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

There were systems and processes in place to deal with foreseeable emergencies and the environment and equipment was checked on a regular basis to ensure they were safe. Medicines were administered and stored safely.

Staff recruitment procedures were safe and there were appropriate safeguarding adults policies and procedures in place. Incidents and accidents involving the safety of people using the service were recorded and acted on appropriately.

People were supported by staff that were appropriately supported to deliver care and treatment safely. Staff received appropriate training and supervision to support them in their role.

There were systems in place to assess and consider people's capacity and rights to make decisions about their care and treatment in line with the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards.

People's nutritional needs and preferences were met and people had access to appropriate health and social care professionals when required.

People told us staff were caring and supported them well and care plans demonstrated that people were involved in making decisions about their care and lifestyle choices. Staff responded to people sensitively when offering support and respected their privacy and dignity.

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. People told us they felt confident in raising concerns and they would be listened to.

There were systems in place to monitor the quality of the service provided and people were provided with the opportunity to give feedback about the service or raise concerns.

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?

Requires improvement

The service was mostly safe. New processes to monitor the safety of equipment and premises had been recently introduced so their effectiveness could not be fully assessed.

Risks relating to peoples care, welfare and treatment were identified, assessed and reviewed in line with the provider's policy.

There were safe staff recruitment procedures in place.

Medicines were stored and administered appropriately.

There were safeguarding adults from abuse policies and procedures in place to protect people using the service from the risks of abuse.

There were systems in place to deal with foreseeable emergencies and equipment and premises were maintained and checked regularly.

Is the service effective?

Requires improvement

The service was mostly effective. New arrangements to supervise staff and provide staff with up to date training had recently been introduced so their effectiveness could not be fully assessed.

People were supported by staff who were appropriately supported to deliver care and treatment safely.

There were processes in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish best interests in line with the Mental Capacity Act 2005 (MCA 2005).

Deprivation of Liberty Safeguards (DoLS) were completed to the local authority as appropriate.

People were supported to eat and drink sufficient quantities to maintain a balanced diet and ensure well-being.

Is the service caring?

Good

The service was caring.

People told us staff were caring and supported them well and care plans demonstrated that people were involved in making decisions about their care and lifestyle choices.

Staff responded to people sensitively when offering support and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this.

The home provided a range of activities that people could choose to engage in and a new activities co-ordinator was being recruited.

People's concerns and complaints were responded to and addressed appropriately.

Is the service well-led?

The service was mostly well-led. New systems were in place to monitor the quality of the service provided and people were provided with the opportunity to give feedback or raise concerns. However we were unable to fully assess the effectiveness of these as they had recently been introduced.

There was a manager in post at the time of our inspection.

Requires improvement

Eversleigh Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

We undertook a comprehensive inspection of Eversleigh Residential Care Home on the 1 and 2 June 2015 to check if improvements had been made to meet the legal requirements for eight breaches in the regulations we had found at our inspection on 10 & 13 October 2014.

Prior to the inspection we reviewed information we had about the service. This included reviewing the provider's action plan from the previous inspection and looking at statutory notifications and enquiries. A notification is information about important events which the provider is required by law to send us. We spoke with local authorities who were commissioners of the service and local safeguarding teams including other health and social care professionals to obtain their views.

The inspection team comprised of one inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. There were 23 people using the service on both days of our inspection. We spoke with 18 people using the service and five visiting relatives. We looked at the care plans and records for seven people using the service and four staff records. We spoke with 10 members of staff including the registered manager, team leaders, care staff, maintenance worker, cook and domestic workers. We also spoke with three visiting health and social care professionals.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at care plans and records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and outside grounds.

Requires improvement

Is the service safe?

Our findings

At our last inspection on 10 and 13 October 2014 we found that risks to people's health and well-being were not always monitored or reviewed, policies and procedures were not in place to deal with foreseeable emergencies, medicines were not always stored and recorded appropriately, the monitoring of the premises and equipment were not routinely conducted and the call bell system was not effective. At this inspection on 1 and 2 June 2015 we found that the provider had met the legal requirements, but because improvements were still in progress at the time of our inspection we were unable to assess if the improvements would be maintained.

People told us they felt safe living at the home and staff responded to their calls for support promptly. One person said "Whenever I need help I press my bell and staff come very quickly. They are kind and helpful." Another person told us "I feel very safe here, the staff are wonderful." Relatives visiting the home felt their loved ones were safe and well supported. One person said "I have no worries at all about her safety or her care." Another relative said "She is as safe as she can be, I am very happy with the care." A third relative commented "Their possessions are safe and there are no issues at all with the care provided."

We observed that people who required support had the call bell within reach. During the inspection we tested several call bells throughout the home. We found the call bell system worked appropriately and call bells were answered promptly by staff. There was a clear and up to date laminated list of residents placed beside the call bell display systems throughout the home to ensure staff correctly identified who was calling for assistance and where they were located within the home.

At the last inspection we had found people's risk assessments were not always reflective of their needs or kept up to date. At this inspection in June 2015 we found risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Risk assessments tools were completed relating to areas such as manual handling and falls risk, skin integrity, mental health, physical health, nutrition and behaviour. We noted that several new risk assessment tools were recently implemented which meant we were unable to fully assess their effectiveness at the time of our inspection.

People at risk of pressure wounds were assessed and monitored where appropriate. For example one person's care plan contained up to date observation logs, pressure area monitoring forms which included guidance for staff on managing skin integrity and a body map which highlighted areas of identified pressure and actions taken by staff to reduce this. We spoke with a visiting health professional who felt that staff were effective in meeting people's needs and asked proactively for further specialist guidance. They said "The staff are very helpful and know the residents well. The staff are observant and I have no major concerns about pressure sores within the home."

People at risk of malnutrition were assessed and monitored appropriately ensuring action was taken to address weight loss or identified diet risks. For example one care plan documented that the person had lost a small amount of weight and was unable to take fluids without difficulty. Appropriate referrals were made to health care professionals and thickening fluids were recommended to enable ease of swallowing. Guidance for staff was also documented within the care plan.

At the last inspection we had found people's emergency evacuation plans did not detail the support people may require in an emergency and appropriate evacuation drills were not conducted. At this inspection in June 2015 we found there were systems and processes in place to deal with foreseeable emergencies. There were detailed personalised emergency evacuation plans for people using the service which were contained within care plans and in an emergency folder which was kept in the entrance hall of the home for ease of access in the event of an emergency. The home had a fire evacuation plan and business continuity plan in place to ensure people's safety in the event of an emergency. Staff had received up to date fire training and knew how to respond in the event of a fire and had taken part in fire drills including horizontal evacuations. Records confirmed that staff participated in frequent fire alarm tests and checks on fire equipment within the home were conducted to ensure they were in working order. Fire signage and exit points were clearly displayed and we observed that fire exits were clear and free from hazards. There were evacuation sheets and equipment located on each floor of the home to assist staff in evacuating people from the building in the event of an emergency. First aid refresher training was booked and due to be completed at the time of our inspection and we will monitor progress with this at our next inspection.

Requires improvement

Is the service safe?

Health and safety posters were displayed throughout the home and provided contact information for appropriate persons such as the homes fire marshals. First aid boxes were located throughout the home and in the kitchen where one of which was a specialist burns first aid kit. Records kept for the checking of first aid kits were not up to date, however staff told us they had all been checked within the last month and we observed the contents to be correct and in date. First aid notices were on display and identified staff who were first aid trained.

At the last inspection we found there were no systems in place to monitor the safety of the premises and equipment used within the home. At this inspection in June 2015 we found systems and process had been implemented to regularly monitor the safety of premises and equipment used within the home. However we were unable to monitor its full effectiveness at the time of our inspection as the systems had recently been introduced and in operation for a few months. We saw that equipment was maintained and checked regularly for example, laundry and domestic equipment, sanitary fittings, lifts, fire alarms and emergency lighting, wheel chairs, beds, hoists and hand rails. Legionella and portable appliance electrical testing checks were carried out and records we looked at were up to date.

Systems were in place to reduce the risk of cross infection. Appropriate disposal of clinical waste was observed and bagged waste was kept in a safe designated storage area awaiting collection. Rooms used for chemical storage were locked and secured when checked and displayed appropriate signage. Staff were knowledgeable about infection control measures and how to prevent the spread of infectious diseases. Infection control measures were in place and we observed staff wore appropriate protective clothing. An infection control audit had been conducted in May 2015 and had made several recommendations which were being addressed and there was a good supply of gloves and aprons located in areas throughout the home. We observed that the premises were clean and people's rooms and communal areas were tidy and free from odours. The garage located at the rear of the grounds which was used for maintenance storage had a suitable lock which ensured that people using the service were kept safe. Old furniture and equipment which had been removed from the home was stored near the garage. The amount of these had reduced since our last inspection and precautions were now taken to ensure they were stored securely.

Medicines were administered safely. We observed medicines rounds conducted by trained staff on each floor of the home. Staff administering medicines had received training in the management of medicines and had undergone a competency assessment. A list of staff authorised to administer medicines was kept within the home for reference and this was up to date. Staff undertook appropriate checks of medicines against MAR's (medicines administration records) and checked residents by name and photograph ensuring the correct medicines were administered to the correct people. MAR charts and medicines records we looked at included photographs of individuals for identification, details of people's GP, peoples preferences for taking medicines, names and signatures of staff who administer medicines and information about any known allergies. MAR charts were up to date and accurate with no gaps or omissions evident.

At the last inspection we found the home did not always follow safe practice with regards to the storage and recording of medicines. At this inspection in June 2015 we found medicines were stored and kept safely in locked trolleys which were secured to the wall once administration was completed. Keys to medicine trolleys were retained by senior care staff who administered medicines. Medicines that required refrigeration were stored appropriately in locked refrigerators. Refrigerator temperatures were checked and recorded on a daily basis and temperature readings for medicine trolleys were also recorded. However medicine room temperatures and rooms where trolleys were kept were not recorded on a regular basis. The home had undertaken an audit review of medicine storage with a view to relocating medicine trolleys and medicine refrigerators to a more suitable place within the home where temperatures could be maintained. On the second day of our inspection medicine trolleys were moved and secured in another room within the home which was cooler and temperature recording charts were in place.

The home had a medicines policy dated August 2014 which was under review and staff had access to medicines reference guides. Medicine audits were conducted on a regular basis with the last one dated May 2015. An action plan was in place to address identified issues and to ensure

Requires improvement

Is the service safe?

that appropriate action was taken. However the action plan was on going and therefore we were unable to monitor that effective action had been completed at the time of our inspection.

Staff recruitment procedures were safe. Staff we spoke with confirmed they had received an induction into the home including mandatory training and shadowing opportunities. A recently appointed member of staff told us they had received a three week induction that included working with experienced staff on all floors within the home to gain practical experience of the work and to help build relationships with people using the service. They told us they felt well prepared for their role through training. We observed there were enough staff available to meet people's needs and staff responded to people's requests in a timely manner. Staff rotas confirmed that there were enough staff deployed at any given time to meet people's needs.

There were safeguarding adult's policies and procedures in place to ensure that people using the service were kept safe. We noted that information and guidance relating to safeguarding was displayed on notice boards throughout the home for staff and people's reference. Staff were knowledgeable on how to report concerns appropriately and understood the provider's policies and procedures regarding safeguarding and whistle blowing.

Incidents and accidents involving the safety of people using the service were recorded and acted on appropriately. We saw that the provider had identified concerns and taken appropriate action to address concerns and minimise further risk of potential harm. For example one accident report showed that after suffering from a fall the person was appropriately referred to their GP and the community falls service and was relocated to another room on the ground floor of the home due to their identified poor mobility.

Requires improvement

Is the service effective?

Our findings

At our last inspection on 10 and 13 October 2014 we found that staff did not receive frequent and adequate supervision and training to enable them to carry out their roles effectively and the home did not assess and consider people's capacity to make informed decisions in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. At this inspection on 1 and 2 June 2015 we found that the provider had met the legal requirements, but because improvements were still in progress at the time of our inspection we were unable to assess if the improvements would be maintained.

People told us they thought staff were suitably trained and skilled to carry out their roles and supported them appropriately. One person told us the staff are "Absolutely brilliant" and another person said "They know their job well and what I like." Visiting relatives we spoke with also made positive comments about staff support and their competency. One relative told us "My loved one needs a lot of support and they can do that. For example, they need to eat little and often and staff give them what they need when they need it." Another relative said "Staff know people well and seem to be very good at pairing up people for companionship here. I see it quite a bit."

People were supported by staff that were appropriately supported to deliver care and treatment safely. Plans were now in place to provide regular supervision and appraisal for staff. Staff files we looked at confirmed that staff were beginning to receive supervision on a regular basis and a staff supervision and appraisal matrix had been implemented to ensure that all staff received appropriate support. Staff told us they felt well supported to carry out their roles and one staff member told us "I receive supervision from a senior staff member which is good. We all support each other here. I do feel supported."

Staff told us they received training that was appropriate to their needs and assisted them to support people living at the home. One staff member told us "The training is good and it helps me to do my job better." We looked at the home's training matrix which showed a range of mandatory training provided. This included training on manual handling, first aid, mental capacity, food hygiene and fire safety amongst others. We noted that some training had not been completed at the time of our inspection; however records confirmed that staff were booked to attend this training and we will check on this next time we inspect the service. Staff were also supported to undertake other training and professional development qualifications such as National Vocational Qualifications or Diplomas in health and social care.

There were systems in place to assess and consider people's capacity and rights to make decisions about their care and treatment where appropriate and to establish their best interests in line with the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make specific decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. Applications for authorisations that the home had made followed current guidance and covered different restrictions such as restricting people's ability to leave the home unassisted for their own protection. Care plans contained mental capacity assessments where people's capacity to consent and to make specific decisions was in doubt and authorisations for DoLS where appropriate. Staff had received up to date training on the MCA 2005 and DoLS and were able to explain the process to follow if they had concerns that someone was unable to consent and make decisions about their care and treatment.

People's nutritional needs and preferences were met. Comments from people about the food were predominantly positive. One person told us "The food is very good. I would ask for more, but I don't need it." Another person said "It is very good food, you can have whatever you like really." A third person said "I'm quite happy with it, but it's not always exciting like you would make at home." A visiting relative commented "I sometimes visit when lunch is served and it always smells nice and looks appealing. My loved one always seems to enjoy it."

Menus were discussed with people using the service to ensure a balanced diet that reflected people's likes and dislikes, dietary, religious or cultural requirements and people were offered alternatives if they did not like the food on the daily menu. The cook was knowledgeable about people's allergies and medical dietary requirements and told us that if someone was new to the home they met with them and staff to establish their nutritional needs.

Staff told us the dining room was now located in a larger room at the back of the home and they were pleased with the change as this enabled people to have their meals

Requires improvement

Is the service effective?

together. A visiting relative commented "I think the room changes are for the better, with the bigger room to eat in, it is social and motivating for people to eat together." We observed the lunch time meal experience and saw staff support people to eat in a calm and relaxed environment. There were daily pictorial menus displayed in the dining room to support choice. Staff engaged, supported and talked with people during the meal to make it a pleasant experience. People's weight was checked regularly to reduce any health risk and where appropriate people's food and fluid intake was monitored to ensure they had enough to eat and drink. We saw guidance for staff for those people who required support to eat safely and where concerns about a person's swallowing ability were identified. A relative told us how their family member had lost weight whilst in hospital but through receiving a good balanced diet they were now at a good weight and were healthier.

People told us they had access to health and social care services to meet their needs. One person said "'We have a regular chiropodist here which is free and very good indeed and I've seen the district nurse already about the blister on my foot." A visiting relative told us "'They [staff] phone immediately if he is unwell and are very good." Visiting health professionals told us they felt that people's healthcare was good in the home, because they visited frequently and could respond to referrals rapidly. They explained that the doctor could send requests directly to the phlebotomy service, which could also respond the same day if it was urgent.

People had records of their health needs and detailed guidance for staff of the support they required contained in their care plans. We saw that these were updated regularly following advice from health and social care professionals. Records of health care appointments and visits were kept in people's care plans and confirmed the reason for the appointment and details of any treatment required or advice given.

Good

Is the service caring?

Our findings

At our last inspection on 10 and 13 October 2014 we found that people were not always involved in making decisions about their care and treatment and care plans showed little evidence that staff enabled people to make choices about their care and that they were agreeable. At this inspection on 1 and 2 June 2015 we found that the provider had met the legal requirements and improvements had been made.

People told us that staff were caring and supported them well. One person said "The male carers are very good with me. They are all nice people and I get a feeling of familiarity even when I've forgotten them." Another person called the staff 'happy and helpful', and a third person told how staff had arranged to get their chair from a previous home that closed and cleaned it up and had it put in their room. They said "I was so pleased." Relatives spoke positively about staff and one relative said, "It seems warm and genuine here. I cannot stand insincerity and there's none here." Another relative commented on their family member "They love the staff and forgets we are even here when they are around." A visiting health professional said "All the staff are lovely with the residents and I like to see them actually sitting with them in the mornings. You don't always see that. They all say hello to me and want to be helpful."

Care plans and records we looked at demonstrated that people were involved in making decisions about their care and lifestyle choices. For example one care plan documented involvement from their advocate with regards to their care and treatment. Another care plan recorded how the person enjoyed a 'tipple' in the evenings and liked to participate in spiritual meetings. Another care plan documented the frequency of staff night checks as the person preferred not to have their sleep disturbed. Care plans were signed and dated by individuals or their representatives where appropriate to show people's involvement and agreement with their plan of care. The registered manager told us that the home was introducing new care plans that promoted inclusion and were more person centred. We looked at one that was being developed with the person and saw that pictures were used to aid understanding and assessments were focused on people's desired outcomes. People's spiritual needs were assessed and recorded within their care plans. One person told us "There's a communion service for those who wish, no questions asked." We saw a chaplaincy noticeboard displayed in communal areas so people could participate if they wished. Care plans also contained assessments of people's end of life care needs and wishes ensuring these were respected.

We observed staff interaction with people throughout the course of our inspection in communal areas. Staff treated people in a respectful and dignified manner and there was a calm atmosphere within the home. Staff were patient and gave people encouragement whilst supporting them with personal care and when mobilising. There were daily newspapers available and we observed that staff sat with people and talked with them and supported them to read the paper. Signs of well-being were evident with people smiling, engaging with one another and making choices to spend their time as they wished. Staff acted on people's views and wishes as we observed that one person liked to be called by a forename that was not their own. Staff were aware of this and were happy to do so.

Staff were knowledgeable about people's needs, preferences, and activities and how best to support them. For example we observed how one member of staff observed a person who was using the stairs independently ensuring they were safe but allowing them to increase their independence. Another member of staff spent time finding out who a singer was for a song that was being played when a person asked them about it. We also observed a member of staff carefully placing a pillow to support one person's arm, which looked uncomfortable when they had fallen asleep in the chair.

People were supported to maintain relationships with their families and friends and visitors were seen coming and going throughout the course of the day with no restrictions placed upon them. One relative said, "They [staff] are friendly and welcoming. We visit almost every day and frequently take our relative out, which is fine." Another relative told us "We come in at all different times and they are always welcoming." A visiting hairdresser commented, "I love it here. It's like a family and we are all friends. Of all the homes that I go in, I like this one best."

Staff responded to people sensitively when offering support and people told us that staff treated them well and respected their privacy. We observed staff knocked on people's bedroom doors before entering and when visitors arrived staff advised them they had visitors, before they

Good

Is the service caring?

showed them to people's rooms. Doors were closed when people were supported with their personal care and people who spent time in their rooms by choice were visited frequently by staff to ensure they were well.

Good

Is the service responsive?

Our findings

At our last inspection on 10 and 13 October 2014 we found that care plans and records were not kept up to date or reviewed on a regular basis and care plans were not always reflective of people's preferences, cultural and religious needs and sexual orientation. At this inspection on 1 and 2 June 2015 we found that the provider had met the legal requirements and improvements had been made.

People told us they received care and support that was responsive to their needs. One person said "I don't like showers, I prefer a good wash down and that's fine." Another person told us "They always get me a lady for my personal care. The male staff only do my tablets." A third person said "If I don't like something that's on the menu they will make cheese or something on toast for me." A relative commented that their loved one had changed rooms three times over the years to better accommodate their changing needs.

People were assessed to receive care and treatment that met their needs and care plans were reviewed on a regular basis to ensure this. Care plans contained assessments that detailed people's needs for areas such as physical and mental health, behavioural needs and risks, nutrition, medicines, advocacy, social and leisure, religion and culture and personal care amongst others. We noted that care plans were reviewed each month and a comprehensive review was conducted every six months. During our inspection we met with several relatives who were visiting as they had an appointment to discuss and review their family members care plan. Care plans were reviewed in line with the provider's policy and we saw that changes in people's needs had been documented to reflect their current needs. For example we saw that one care plan was reviewed upon the person's discharge from hospital and detailed the support staff should provide to maintain the person's skin integrity. We also saw that people's care plan diaries which detailed the support people required with personal care were completed on a regular basis by staff and were up to date.

Care plans documented people's preferences, personal history, cultural and religious needs, communication needs and activities. For example one care plan documented that the person liked to walk around the home and had a DoLS authorisation in place. We observed that the person became restless and asked people to let them out of the front door. We saw a member of staff speak with them kindly and escort them into the garden for a walk. The response had a positive effect on the person and helped them to relax.

We saw a weekly activities board displayed in the hall way detailing activities that were provided within the home. Activities included reminiscence, games, flower arranging, knitting, quizzes and exercises amongst others. Activities were also held in the evenings for people who wished to stay up later. Comments about activities provided in the home were largely positive. One person told us they had been out with the manager to buy plants for the garden which they enjoyed. Another person told us they were happy reading books and completing word searches. A third person said "They have little dancing dos here which are good." There was appropriate music playing in the main lounge and large print books were made available. We spoke with the registered manager who told us that they had recently lost their activities coordinator and staff were spending time with people doing activities until another activity coordinator is recruited.

People and their relatives told us they were aware of how to raise a concern and felt it would be dealt with. One person said "If I have any issues I always tell the staff and they put it right." Another person said "I would tell the manager if I had any complaints but I don't." The home had a complaints policy which provided people with details on expected timeframes for responses and listed people and organisations to contact if people were unhappy with the response to their compliant. In addition there was information displayed in the entrance hall on how to make a complaint. At the time of our inspection there were no complaints raised.

Requires improvement

Is the service well-led?

Our findings

At our last inspection on 10 and 13 October 2014 we found that the home had been without a registered manager for a significant amount of time, systems and processes in place for monitoring the quality of the service had not been completed on a regular basis and there were no processes in place to seek feedback from people using the service. At this inspection on 1 and 2 June 2015 we found that the provider had met the legal requirements, but because improvements were still in progress at the time of our inspection we were unable to assess if the improvements would be maintained.

At the time of this inspection on 1 & 2 June 2015 there was a registered manager in post and a new manager had been appointed and was due to commence employment at the home the week following our inspection. We were told they would be applying to register as the manager with CQC. People and their relatives told us of the past instability in management at the home and how this had impacted on staff and the service provided. One visiting relative said "It is more organised now, with less friction among the staff. It is more settled." Another relative commented that they noted, that 'It's gone through many managers which causes uncertainty. A third relative said "Even the 'bad patch' did not affect my loved one's care at all."

Staff within the home were positive about the changes made and the appointment of the new manager. They told us they had noticed many changes including the introduction of the new care plans and a greater emphasis on involvement from people using the service and activities provided at the home. One staff member told us they felt well supported and said, "They [provider] have been good to me." Another staff member said "The home is well led now, and I feel listened to." Staff told us they felt able to raise issues or concerns with the staffing team and manager and they would be addressed. One member of staff said "We have staff meetings frequently but I can also go to the manager at any time if I have issues." Staff told us that team meetings were held on a fortnightly basis and records of meetings held confirmed this.

At the last inspection we found systems and processes for monitoring the quality of the service had not been completed or conducted on a regular basis. At this inspection on 01 and 02 June 2015 we found there were systems in place to monitor the quality of the service provided that had been introduced and recent internal and external quality assurance audits had been conducted. These included medicines, care plans, call bells, equipment and maintenance, health and safety, infection control, risk assessments, staff personnel and fire systems amongst others. In addition we saw that where issues or concerns had been highlighted as a result of audits undertaken action plans had been implemented to remedy the issues. These recorded timescales for completion and whose responsibility it was for taking action. For example a health and safety external audit conducted in May 2015 recommended that there were nominated trained personal in fire safety, fire evacuations were to be conducted on a regular basis and a first aid burns kit should be stored within the kitchen. We saw evidence that actions identified had mostly been completed and systems were in place to ensure these were actioned when required.

At the last inspection we found there were no systems in place to seek feedback from people using the service. At this inspection on 01 and 02 June 2015 we found the home had recently introduced a resident and relative's satisfaction survey that was aimed at gaining a better understanding in the way the home delivers care in order to drive improvements. Areas covered within the survey included premises, catering, staff and daily living. The registered manager explained that they recently sent the surveys out to resident's families but had not received a good response. They advised that they had rescheduled over the coming weeks to send them out again and to also include visiting professionals. We saw evidence that this was planned.

The home had systems in place to ensure people were provided with other means to give feedback about the service. We saw there was a comments and suggestions book located in the entrance hall. We noted one entry recorded related to staff visibility in the main lounge. We saw documentation stating that it would be investigated.

An introductory meeting for residents and their families to meet with the new manager was planned for the week following our inspection. We saw that resident and relatives meeting were then scheduled on a monthly basis. We noted that the schedule of planned meetings was displayed within the entrance hall of the home to ensure that people were aware of the dates and times of meetings. We will check on this process at our next inspection.