Four Seasons (DFK) Limited

The Elms Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Overall summary

The service provides care and support for up to 84 people, some of whom may experience memory loss associated with conditions such as dementia. When we undertook our inspection there were 64 people living at the service.

We inspected The Elms Care Home on 20 and 21 January 2015. This was an unannounced inspection. During our inspection on 21 August 2014 we found there were a number of areas which had breached the Health and Social Care Act (Regulated Activities) Regulations 2010. These covered a lack of actions plans and evidence to support tasks and treatment had been completed; staff had not received training in infection control and were unaware of where to go for advice; there was no maintenance plan in place to ensure the environment was kept safe; records were not stored safely; there was no method to calculate the dependency of people who used the service and how many staff were required to meet their needs; staff had not received sufficient supervision and training.

The provider had sent us action plans telling us how they were going to become compliant. We found the actions they said they would complete had been at this inspection. For full details see the main report.

There was not a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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 manager was in the process of submitting their application to register with us.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection there were no people who had their freedom restricted.

We found that most people's health care needs were assessed, and planned and delivered in a consistent way through the use of a care plan. The information and guidance provided to staff in the care plans was clear. Risks associated with people's care needs were assessed and plans put in place to minimise risk in order to keep people safe. However we found that some people's needs had not been thoroughly assessed and responded to in a timely manner.

People received the medicines they had been prescribed. Assessments on people's ability to give themselves their own medicines was completed when necessary.

People were happy with the service they received. They said staff treated people with respect and were kind and compassionate towards them. People and their relatives found the staff and manager approachable and that they could speak with them at any time if they were concerned about anything.

Staff had the knowledge and skills that they needed to support people. They received training to enable them to understand people's diverse needs. Staff told us they had formal supervision and support which had recently improved.

The provider had systems in place to regularly monitor, and when needed take action to continuously improve the quality and safety of the service.

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 safe.

Checks were made to ensure the environment was a safe place to live.

Sufficient staff were on duty to meet people's needs.

Staff in the home knew how to recognise and report abuse.

Staff were recruited and undertook a period of induction to ensure they were suitable for the post.

Medicines were stored and administered safely.

Good

Is the service effective?
The service was effective.

Staff ensured people had enough to eat and drink to maintain their health and wellbeing.

Staff received suitable training and support to enable them to do their job.

Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005 were understood by staff.

Staff ensured other health and social care professionals were aware of people's needs when they moved between services.

Good

Is the service caring?
The service was caring.

People's needs and wishes were respected by staff.

Staff ensured people's dignity was maintained at all times.

Staff respected people's needs to maintain as much independence as possible and fulfilled their end of life wishes.

Information was given to people to help them understand their illnesses.

Good

Is the service responsive?
The service was not consistently responsive.

Most people's care was planned and reviewed on a regular basis with them. However some people's needs were not planned thoroughly. This meant people did not always receive the support they required.

Staff ensured people were not socially isolated. However there was a lack of staff understanding about developing people's personal interests and hobbies. This meant they were not being allowed to explore how to develop themselves as individuals.

Requires Improvement

Summary of findings

People knew how to make concerns known and felt assured anything would be investigated in a confidential manner.

Is the service well-led?

Good

The service was well-led.

The leadership at the home was open and transparent and people were relaxed in the company of staff.

Checks were made to ensure the quality of the service was being maintained.

People's opinions were sought on the services provided and they felt those opinions were valued, as did relatives and staff.

Links had been made with the local community to ensure people could access events outside the home.

The Elms Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 20 and 21 January 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. An expert by experience is a person who has experience either directly or indirectly in using health and social care services. They were there to speak to people who used the service, relatives and make general observations. A specialist advisor is someone who is currently practicing in their field of expertise and who can give advice on a particular topic. The specialist advisor for this visit was one with expert knowledge in dementia.

Before the inspection we reviewed other information that we held about the service. This included notifications, which are events which happened in the service that the provider is required to tell us about and information that had been sent to us by other agencies. On this occasion we did not request a provider information return.

We also spoke with the local authority and the NHS who commissioned services from the provider in order to get their view on the quality of care provided by the service.

We spoke with nine people who lived at the service, seven relatives, two health care professionals, 11 staff members from across the different staff groups. They were two unit managers, two trained nurses, three senior carers, three care assistants and one cook. We also spoke with the manager and the regional manager. We observed how care and support was provided to people.

We looked at 17 people's care plan records and other records related to the running of and the quality of the service.

Good

Is the service safe?

Our findings

At the last inspection we set a compliance action as the provider had not ensured staff had received training in infection control and staff did not know where to go for advice. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan stating they would complete an infection control audit, including hand washing audit and review the domestic staff working practices. All equipment was to be reviewed, a mattress audit completed and staff to receive refresher training.

We saw the night staff regularly carried out the cleaning of hoists and other equipment. The equipment we examined was visibly clean and free from dust. We examined the mattresses in four bedrooms and saw they were in good repair and free from stains. A mattress audit had been completed. We had to bring to the manager's notice that when hard wood floors were washed in bedroom areas staff were putting the person's walking frame on the clean linen on the beds. As soon as we had made this known the staff were spoken to by the manager and reminded this was poor practice and could be a cause of infection.

Two members of staff had been identified as infection control leads and had completed their training with the local authority. They had initiated staff training and tested staff knowledge by administering questionnaires. 92% of staff had also completed e-learning on infection control. They had carried out infection control audits and hand washing audits. Actions for improvement had been identified and a time scale set. Most had been complete with the exception of the provision of a spillage kit for dealing with body fluids. The staff we spoke with were aware of the requirements for the use of personal protective equipment and clothing and infection control principles. Hand gel was available throughout the home. We found that the provider had completed everything they had set out to do on their action plan and were now compliant.

At the last inspection we set a compliance action because the provider could not tell us how they had calculated the staffing levels to ensure people's needs could be met. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan telling us how staffing levels were calculated and how staff were deployed in the home.

People told us there were sufficient staff on duty to meet their needs which was echoed by relatives. One person said, "You can't fault the staff. If there's a better care home anywhere, well it must be damn good that's all I can say." Another person said, "The staff are brilliant, really kind in every way. You only have to ask and it's done."

The home used a dependency tool to assess the staffing requirement for each unit. Staff told us the results accurately reflected the staffing requirements for their unit and said they made a case for additional staffing based on assessments when required. They told us more staff had recently been recruited and one staff member said, "It's so much better now." Staff said they would help out across the three units of required and this helped their colleagues and gave them other work experiences. The provider was currently recruiting for more trained nursing staff to ensure all shifts could be covered without the use of agency staff. The agency staff used were usually the same people. We looked at three staff files which showed safety checks had been made prior to their commencement of employment to ensure they were safe to work with people. There was evidence to support that the manager was now reviewing the staffing levels on a weekly basis and kept records of decisions made. This ensured suitable numbers of staff were available to look after

people on a daily basis. We found the provider had completed everything they said they would do on their action plan and were now compliant.

At the last inspection we set a compliance action because there was no maintenance plan in place to ensure the environment was kept safe and clean for people to live in. Some areas of the home were in a poor state of repair and cluttered. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan telling us they would review the fire risk assessment, the Café area would be decluttered and sufficient equipment would be available to ensure staff could perform their duties.

We were told the people from each of the units were able to use the facilities of the other units but we did not see evidence of this occurring during our visit. We toured all communal areas and looked in a selection of bedrooms, with people's permission. We also looked at the laundry and kitchens.

Good

Is the service safe?

The home had made substantial improvements since our last inspection but there were a number of areas which still required attention. Staff told us bedrooms were refurbished as they became vacant. Some were still in need of repair but were clean and tidy. The Café area was in the process of being refurbished. Staff told us the area was being created for people to sit with their visitors.

A maintenance plan was submitted the day after our site visit. This detailed the areas to be covered and approximate timescales for the work to be completed inside and outside the home. Maintenance logs showed when faults had been reported and most had been addressed in a timely manner. The provider had completed everything on their action plan and were now compliant.

Fire risk assessments had been carried out by an independent contractor and an action plan developed to address outstanding issues. The fire and rescue service told us they were due to visit to check this to ensure it covered all necessary safety legislation.

During our visit we observed one unit had bathrooms out of order and in another unit a toilet had been out of order for a month. The manager showed us details of their correspondence with the suppliers to rectify the problems. In the meantime we saw staff directing people to other bathrooms and toilet facilities.

Staff told us it was a more pleasant environment to work in, but recognised there was still work to be completed.

All the people we spoke with told us they felt safe living at The Elms. All the relatives we spoke with said they felt their family members were safe and understood about reporting any incident they were concerned about. One relative said, “As a relative I feel my mother is very safe here.” Another relative said, “Things are better now there are more staff.”

The staff we talked with were aware of the signs and symptoms of abuse and they said that if they had concerns they would report it to the senior person on the shift. They said they would be confident to take the issue further if they did not feel any action was being taken and knew about the whistleblowing policy.

People’s care plans gave details of when people had been assessed to ensure they were not at risk of harm. We saw when one person was having difficulty walking that another health care professional had been asked to give advice. The person was provided with a walking frame. Risk assessments were in place when staff had identified specific needs of people. Plans were in place for the evacuation of the building. The assessments included how people might respond when knowing there was a fire in the building and if people required one or two people to help them evacuate the building safely.

When an incident or accident happened in the home the manager quickly let the Care Quality Commission (CQC) know. They made appropriate referrals, when necessary, if they felt events needed to be escalated to the safeguarding adult’s team at the local authority. This ensured people were protected against harm coming to them.

We observed staff interacting with people and taking their health and well-being seriously. They appeared to care about people’s safety. For example we saw a staff member adjusting the footwear for a couple of people and encouraging them to walk with equipment.

People told us they received their prescribed medicines. They said they had them the same time each day and staff explained what they were, when they forgot. Records showed people appeared to receive their medicines according to the doctors’ prescriptions. Staff said they would only give homely remedies such as simple linctus when the person’s doctor agreed. We saw letters which had been received by all GP’s giving permission or not for certain over the counter medicines to be given.

We looked at the storage areas in all three units and found medicines were stored safely and in a clean environment. Processes were in place for the receiving and disposal of medicines no longer in use. However some of the entries in the controlled medicines register were difficult to read. Controlled medicines come under the Safer Management of Controlled Drugs Regulations 2006 and there are strict rules associated with their management. Therefore the entries need to be clear to ensure they have been administered correctly. We saw supervision records which showed staff who could administer medicines had their competency tested within the last year. This ensured they would be able to give medicines safely.

Good

Is the service effective?

Our findings

At the last inspection we set a compliance action because there were insufficient records to show how staff were supported and when they had received supervision. There was no training planner and insufficient records to show what training had been received. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan telling us all inductions of new staff would be completed and all staff would receive mandatory training. A training planner was to be produced for the following six months. They said all staff would receive training four times a year plus an appraisal.

One staff member told us about the induction process they had undertaken. This included assessments to test their competency skills in such tasks as manual handling and fire. We saw the induction records within the person's personal file. This had ensured the person was capable of completing their job role before being offered a permanent post.

Staff we spoke with told us they had completed mandatory training in topics such as basic food hygiene and manual handling. The training records supported this. 85% of staff had completed the training by e-learning and face to face sessions. The manager was aware which topics staff required to complete and submitted a training planner after the site visit.

Staff understood the needs of the people they were caring for and felt they were given the opportunity to undertake additional training when it was needed. They said on the nursing unit there was always a nurse available to refer to if they were unsure or if a person's condition changed.

There was a cascade system for supervision and staff said supervision took place every two months. When we looked at the records we found that approximately 50% of staff had only had two supervision sessions in the last year. Most staff had received supervision within the previous three months indicting the new manager had addressed this. The manager said that although appraisals had taken place within the last year they intended to reintroduce them within the next two months to enable them to get an overall picture of staff's abilities and needs. The manager had completed everything they said they would do on the action plan and were now compliant.

People told us they had confidence in the staff's ability to look after them. They told us they felt staff were well trained. One person said, "Yes I would say staff are very well trained. They are competent, kind and yes they treat me with dignity and respect."

We discussed the Mental Capacity Act 2005 with the manager and other staff. They showed that they were knowledgeable about how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. 100% of staff had undertaken training in the Mental Capacity Act 2005. This ensured they were aware of how to look after people whose capacity to make decisions was being questioned. Staff told us they had completed their training on the Mental Capacity Act 2005 but some had limited knowledge on the implications for their practice.

Staff told us they had completed some assessments with people to test whether they could make decisions for themselves. We saw these in people's care plans. They showed the steps which had been taken to make sure people who knew the person and their circumstances had been consulted. The manager had made an arrangement with the local authority to submit the appropriate deprivation of liberty applications when required.. This ensured staff were aware of people's individual needs regarding their capacity to make decisions.

Staff we talked with were able to describe the actions they would take when caring for someone whose behaviour was challenging to others. One staff member said, "I always talk calmly to them and encourage them. It is often the way you approach people and the way you talk to them that calms them down and gets their cooperation."

We observed the lunchtime meal in two units. One person required minimal assistance to eat their meal but staff ensured the person retained as much independence as possible. One person said, "Meals are very important. It's like having my own pantry here, there's everything I need and being a country lad everything is fresh and local. Nothing is too much trouble." In the case of one person who was not eating well due to their memory loss and not remembering when they ate; the staff had invited the husband to take his main meal of the day with his wife. The husband told us they were happy to do this as they visited at that time anyway and this had improved his wife's dietary intake.

Good

Is the service effective?

The people living at The Elms had been asked their opinions about the meals when meetings were held with them and through questionnaires. They had elected to have cold snack lunches and preferred to have a cooked meal at night. This we observed had been put into practice. A preference book was used on what people liked and disliked. Staff used the book to prepare fresh sandwiches. Staff collected the trays promptly of those who had chosen to eat in the sitting room or their own bedrooms. Fresh cold drinks were available from a machine.

The staff we talked with knew which people were on special diets and those who needed support with eating and drinking. They told us a person who had swallowing problems had been referred to the community speech and language therapist and they followed their guidance. Staff had recorded people's dietary needs in the care plans such as a problem a person was having controlling their diabetes with their diet and when a person required a softer diet. Staff prepared a list for the kitchen staff which we saw but it was not dated but did confirm what staff had told us people's dietary needs were.

Health and social care professionals we spoke to before and during the inspection told us they knew staff gave person centred care as they were asked for their opinions about people. We observed staff liaising with health professionals on the telephone and in person. The staff gave a précis of each person's immediate needs and had information to hand about the person. We observed handovers between shifts in two units. Staff wrote notes for the oncoming staff to read about each person's experience that day and any treatment or advice required from GPs' or district nurses. Staff were all attentive and had opportunity to raise questions. This ensured each staff member knew the needs of each person.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "I'm as happy here as I could be at home." A relative told us, "It is home without a doubt." None of the people we spoke with raised any concerns about the quality of care.

People told us their needs were being met and staff helped them fulfil their lives. In one person's room was a communication aid showing pictures of slippers, shoes and jewellery. Staff told us the person could not verbally communicate so they used the picture aid which they could point to. One person said, "There's no better place to live" and another said, " The staff are brilliant really, kind in every way. You only have to ask and it's done."

The staff all appeared caring and kind towards people. They were patient with people when they were attending to their needs. We observed staff ensuring people understood what care and treatment was going to be delivered before commencing a task, such as changing a wound dressing.

Staff described the actions they took to preserve people's privacy and dignity. They said they would knock on their bedroom doors before entering, closing doors and curtains when providing care and covering them over as much as possible to protect their modesty. We observed staff knocking on doors and washing their hands before entering a room.

We observed many positive actions and saw that these supported people's well-being. We saw a member of staff laughing and joking with someone and saw how this enhanced the person's mood. We saw staff give reassurance to a person who was about to go for a hospital appointment. They took time to explain the process to them about what was going to happen and assured them a member of staff would go with them. When a person who had memory loss became upset when their family member left the home, a staff member was on hand to distract and calm them. The staff member said, "We are aware [named person] gets upset when [named relative] so the relative tells us when they are going so one of us can be on hand as a distraction and calming influence."

Throughout our inspection we saw that staff in the home were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they understood. They also gave people the time to express their wishes and respected the decisions they made. For example one person whose wish it was to remain in bed most of the day required their bedroom door to be left open. This was agreed as long as they covered their body in case others did not like to see them. The person had agreed to that request.

Relatives we spoke with said they were able to visit their family member when they wanted. They said there was no restriction on the times they could visit the home. One person said, "I do try and respect meal times and early morning as staff have a job to do." People told us they enjoyed visits from family and friends. One person said, "If I am in the sitting room staff offer to take me back to my room when my family come but I like others to experience my visit. Some people don't have any one to visit you know." Another person said, "Staff always offer my family tea and biscuits." This ensured people could maintain contact with their family and friends.

Some people who could not easily express their wishes or did not have family and friends to support them to make decisions about their care were supported by staff and the local advocacy service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

The people we spoke with told us staff responded to their needs as quickly as they could. One person said, "I have my bath in a morning because I have done all my life. I like the fact that I am able to choose when I bathe." Another person said, "As far as I can say it is meeting my immediate needs. The district nurse is coming in to dress my leg." Only one relative told us they were disappointed about the staff involvement in a hospital appointment. They said their family member had to get up early for the appointment and although washed and dressed they had not had their breakfast due to lack of time. This had happened on two occasions which they had brought to the staff's notice but they could only apologise.

We saw that staff were responding to people's needs when they wanted help. For example, staff responded quickly when people said they had physical pain or discomfort. When someone said they had knee pain the person was taken to one side and given medication. People told us staff had talked with them about their specific needs. One person talked to us about their time living abroad. However there was little evidence in the person's room to reflect this period in their lives and they told us they needed the help of staff to put up pictures. Some people had pen picture details on boards outside their rooms which staff and the people themselves told us they had agreed to. For example they gave details of when a person had attended art college, their time as a cartographer and being an avid reader. The activities co-ordinator told us this was on going work but people could choose not to have details on display.

People told us they could get up and go to bed when they wanted. One person wanted to get up at 07:30am and this was recorded in their care plan. People told us staff tried to obtain the advice of other health and social care professionals when required. We saw this recorded in peoples' care plans. They said there was opportunity to join in group events but staff would respect their wishes if they wanted to stay in their bedrooms. One person said. "There are activities I can join in if I want to like the quiz. I made some bread last week. I get a daily newspaper." Another person said, "There's a monthly communion service which is important to me. There wasn't one when I first came here, but they have sorted that now."

There was an activities room with a pool table and a variety of musical instruments as well as board games on one unit. Two activities coordinators were employed to work across all three units. Every year the home adopted a different charity after discussions with people who lived there and they did lots of fundraising through coffee mornings which relatives and people's friends were invited to. People also told us they liked the local schools coming to visit. Two visiting dogs were at the home which the people were obviously pleased to see. They were patting them, talking to them. They told us they were regular visitors to the home.

We observed and staff told us there was very little stimulation in the dementia unit for those males with memory loss. Some therapy centred on dolls and prams which females used a lot and staff used as a trigger to speak with people about their previous lives. There was a quiet room and a room with a television. We saw staff move a person whose behaviour was challenging to others from one room to another which calmed them.

The activities described by people were mainly about group sessions such as bingo sessions, music to movement sessions. We only found six people who had been encouraged to develop their own interests. This could result in people becoming more institutionalised rather than the activities being person centred.

The care plans in the dementia unit were very task orientated and gave details of what staff had assisted people with that day but did not state anything else about the people's well-being. Staff caring for the people in that unit would therefore not have a rounded view of what people their previous history was and what they hoped to achieve in the future.

People told us they were happy to make a complaint if necessary and felt their views would be respected. Two people had made formal complaints since our last inspection. We saw the details of those complaints and the outcomes achieved appeared to satisfy one person. Staff told us the outcome had made them think about their practice. The second complaint was on going and had been passed to the area team to investigate.

Staff said that if a person wanted to make a complaint they would listen to the person and try to resolve it. They said they would document it in the care record and inform the person in charge of the shift.

Good

Is the service well-led?

Our findings

At the last inspection we set a compliance action because records were not maintained on a regular basis and insecurely stored. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan telling us they were reviewing the care plan documentation through an auditing process and all documents requiring archiving would be sorted and stored appropriately.

Since our last inspection the manager had put a system in place so staff could review at least one care plan a day in each of the units. Staff said they liked the process as it ensured all care plans were reviewed at least monthly. The care plans we saw had all been reviewed.

We found that the rooms used previously for storing archive material had now been cleared and the records sorted and stored appropriately. There was sufficient evidence to support the provider had completed the tasks on their action plan and they were now compliant.

At the last inspection we set a compliance action because although there was a process in place to test the quality of the service there was a lack of action plans with dates and evidence to support tasks had been completed. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. The provider sent us an action plan telling us the company quality assurance managers would support the home, all audits would be completed and deficits recorded on action plans.

There was sufficient evidence to show the provider had supported the home manager in completing audits to test the quality of the service and actions plans had dates which were signed when completed. This included daily management reports which were submitted to the regional manager. Action plans were picking up themes, such as more focused activities in the dementia unit. This had been escalated to a specialist team within the company who were planned to visit within the next month to assess the needs of people and offer advice to staff. The provider was now compliant.

People said they felt the home was well led. One person said, “I think the staff are well trained and the home is generally well led. There are a lot of managers around. It’s improved.” Relatives also told us they felt the home was run well. One relative told us, “They all do a good job here under difficult circumstances.” This was described as looking after a lot of people whose behaviours were sometimes challenging to others. One person said, “We know they have questionnaires but our sister fills them in.”

All the staff we spoke with told us they felt people were well cared for in this home. They said they would challenge their colleagues if they observed any poor practice. One staff member said, “Poor practice is unacceptable. When this has happened in the past, a long time ago, we reported it straight away. That person is no longer here.”

Links were being made with the local community. There was a regular Anglian Christian church service and visitors from other denominations visited specific people. This was recorded in people’s care plans. We heard senior staff liaising with other local organisations such as the dementia service for home carers and a local men’s club to see if they would like to visit and use the new Café area.

Staff told us they worked well as a team and would help other teams out if they were busy. One staff member said, “It is lovely down here. We all work together and if others are busy we help the other team.” The staff said they were given the opportunity to work on the different units. One staff member said, “You grow here. You are given loads of opportunities and they are really progressing me.” In one unit there was little obvious leadership from the person in charge on one day of our inspection and little interaction between that person and other staff. The person in charge was very task focused for example completing medicine rounds and completing care notes. However, staff appeared capable of organising what was required of them and attended to people’s needs promptly. They told us they were aware the person in charge had practical tasks to complete each day, but as long as they knew their jobs as care and ancillary staff, people’s needs were met. One staff member described this as everyone fitting together like a jigsaw puzzle.

Staff said the manager was available and walked the floor each day. They told us managers were approachable. One staff member said, “They [the managers] are very receptive.” Another staff member said, “If I raise something they act on it.”

Staff told us staff meetings were held more regularly since the new manager had started in the home. They said the meetings were used to keep them informed of the plans for the home and new ways of working. They said they

Good

Is the service well-led?

received feedback and were encouraged to put their views and issues forward at meetings. We saw the minutes of staff meetings held on each unit during November 2014. Each meeting had agenda items related to future plans, staffing, training and issues raised by staff. This ensured staff were kept up to date with events. Staff we spoke with told us there was a whistleblowing policy and they would not hesitate to use it if they felt it was necessary.

The manager and other company representatives who visited the home recorded when they had spoken with people during their visits to the different units. Where possible they also spoke with relatives. We saw this was recorded in logs about the different visits and where people had made suggestions, this was followed through with the home manager.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.