Bupa Care Homes (BNH) Limited

Melford Court Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Melford Court Nursing Home provides accommodation and nursing and personal care for up to 52 people, some of whom were living with dementia. There were 18 people living in the service when we inspected on 5 February 2016. This was an unannounced inspection.

During our previous inspection on 9 June 2015 this service was rated as 'Inadequate' and we instructed them to take action to improve the service they gave people who lived in the service and they sent us an action plan telling us what action they were going to take and set time scales for when they expected the improvements to be made. This inspection was carried out to judge whether they had improved the quality of care they offered people sufficiently.

There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a newly appointed manager in the service, they had taken up their position in December 2015. They told us that they were planning to submit their registered manager application to the CQC, and that they had already started the process to get it done.

During the inspection on 9 June 2015 it was found that improvements were needed in how the service protected people in relation to medicines management and administration. We found during this inspection that the service had made some improvements, but that they still needed to take action to become fully compliant with the law.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon. However, this was not consistently reflected in their records. Medicines were managed and recorded safely so that people received them as the prescriber intended, but there were concerns found in the retention of drugs needing to be returned and the storage and stock rotation of sterile dressings and prescribed nutrition supplementary drinks.
There were procedures in place which guided staff in how to safeguard the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and they were aware of how to report these internally, as well as how to report them to relevant agencies.

There were enough staff to support people safely and they were clear about their roles. Recruitment practices were robust in contributing to protecting people from staff who were unsuitable to work within the care profession. Staff were trained to meet people's needs and they were supported and supervised by the management team to ensure that they were provided with the opportunity to discuss their work and to receive feedback on their work practice.

There were procedures and systems in place to guide staff in keeping people who live in the service safe.

These included checks on the environment and risk assessments which identified how the risks to people could be minimised without unduly restricting their freedom to make choices. Action had been taken to maintain a clean, safe and hygienic environment.

Staff understood the importance of gaining consent from people before delivering their care or treatment. Where people were not able to give informed consent, staff and the manager ensured their rights were protected. The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) were understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

People had enough to eat and drink to meet their needs and staff assisted or prompted people with meals and fluids if they needed support.

Staff treated people with warmth and compassion. They were respectful of people's privacy and dignity and offered comfort and reassurance when people were distressed or unsettled. Staff also made sure that people who became unwell were referred promptly to healthcare professionals for treatment and advice about their health and welfare.

Staff showed commitment to understanding and responding to each person's preferences and needs so that they could engage meaningfully with people on an individual basis. The service offered people a chance to take part in activities and pastimes that were tailored to their preferences and wishes. Outings and outside entertainment was offered to people, and staff offered people activities and supported them on a daily basis. People were asked for their views so that improvements identified were made where possible.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. Staff understood the importance of responding to and resolving concerns quickly if they were able to do so. Staff also ensured that more serious complaints were passed on to the management team for investigation. People and their representatives told us that they were confident that complaints they made would be addressed by the manager.

The service had good leadership; we found an open and positive culture that supported people in a person centred way. The staff told us that the manager was supportive and easy to talk to. The newly appointed manager was responsible for monitoring the quality and safety of the service and was still learning his role, but was being supported by a mentor, a fellow manager of another service within the organisation. The organisation had also made changes to the senior managers overseeing and auditing the service and the manager told us that they felt well supported to do their job.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff were knowledgeable about how to recognise abuse or potential abuse. They were aware of how to report these concerns in-house and to the appropriate authorities.

There were sufficient staff numbers of staff to meet people's needs safely.

There were shortfalls in the systems for managing people's medicines. People were provided with their medicines when they needed them and in a safe manner. However, there was evidence of poor practice in relation to the disposal of unused medicines and their storage.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were trained to meet the needs of the people who used the service and staff were supported. However, we found examples of a lack of clinical knowledge.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager and staff. Where people lacked capacity, the correct processes were in place so that decisions could be made in the person's best interests.

Staff understood how to provide appropriate support to meet people's health, social and nutritional needs.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring. Staff treated people well and were kind and caring in the ways that they provided care and support.

People were treated with respect and their privacy and dignity

was maintained. Staff were attentive to people's needs.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

Is the service responsive?

Good

The service was responsive. People's choices and preferences were respected and taken into account when staff provided care and support.

Staff understood people's interests and assisted them to take part in activities that they preferred. People were supported to maintain social relationships with people who were important to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A more robust quality assurance system has been put in place, but improvements are still needed. The new manager was being supported to improve the quality of standard in the service. Staff felt they were better supported and that the service had improved.

People's comments and concerns were listened to and were used to improve the service.

Melford Court Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 5 February 2016 and was unannounced. The inspection was undertaken by two inspectors and a Specialist Adviser, on this occasion our specialist was a nurse with experience with working with older people, including those who have lived in residential care.

Before the inspection, the manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held on the service before the inspection. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

During our inspection we observed how the staff interacted with people who used the service and spoke with eight people who used the service, three people's relatives, the manager and their supporting/mentoring manager, six care staff, the chef, one kitchen support staff and the maintenance person.

We also looked at nine people's care records and examined information relating to the management of the service such as health and safety records, staff recruitment files and training records, quality monitoring audits and information about complaints.

Requires Improvement

Is the service safe?

Our findings

During our previous inspection on 9 June 2016 we found shortfalls in that this service did not manage or record the medicines that they managed for people properly. At this inspection we found that there had been some improvements in this area, but more improvements were needed to ensure the provider complied fully with the law. We observed how the medicines were dispensed and checked how it was stored. The medicine in use was stored and administered properly, and we saw that while giving the medicine the nurse did so in a caring manner, explaining what they were for and offering a drink to take them with. But we found some examples of poor practice and lack of clinical knowledge.

We were shown the clinical room by the nurse; this room that had recently been refurbished for medicine storage. There were two medicine trolleys securely attached to the wall. There were hand washing facilities and a paper waste bin.

When asked, the nurse explained that they stored the insulin in the fridge and used it straight from there. We discussed Insulin usage and research that had showed that administering cold Insulin from a fridge could be painful for the recipient. The storage instructions for the insulin states that Insulin should be stored in a fridge, but once the vial was in use it could be stored at room temperature and that it could be stored at this temperature for 28 days. This research is fairly new but a registered nurse should be up to date and aware of the correct and best practice with the medications that they administer. After our discussions with the manager about this issue practice has been changed and people are no longer receiving insulin straight from the fridge.

We checked the storage of resident's liquid medication, which was stored in the shelved doors of the medicines trolley. We were told that it was stored in room order, but there was no indication on the door or shelves of room the numbers. The nurse we spoke with had only worked in the service for a short while and was not yet completely familiar with people's room numbers and said that it was time consuming having to search for people's liquid medicines, "It's not very clear and I have to look at them all, it takes time." This is not an effective system of working, as it takes time to locate each resident's medication, this would also be problematic for new or agency nurses.

We were taken to the old clinical room to check on some medical equipment that was stored there. This room was very untidy and had not been properly cleared out once the new clinical room was opened. There were several bins for medicine waste, they were full and some were overflowing. We also found food supplements that had been prescribed for a person who no longer needed them. They had not been returned and were out of date. We also found dressing packs that were also out of date and so therefore would not be sterile or safe to use. The manager has undertaken to get this area cleared and to make sure that the redundant medicine, food supplements and dressings were properly disposed of.

There were no people living in the service who received medicine disguised, hidden in their food or given in any other covert way. During our last inspection in June 2015, we had concerns because somebody was being given one of their medicines covertly hidden in their food. The records stated that this had been

authorised by the person's doctor. However, no DoLS referral had been made to show that this decision had been taken in the person's best interests and was lawful. We were told that staff had worked closely with this person and they were now taking their medicine without the need to disguise it.

We saw that controlled drugs (CD) were stored and recorded safely. The CD cupboard was new and had been securely fixed to the wall as required to ensure its contents were kept safe. We checked three different people's controlled drugs. They were found to be in order, they had all been signed for by two staff, dated and the amounts remaining were recorded accurately. We checked the total recorded against the actual number of tablets and found they corresponded.

We looked at people's medicine recording charts (MAR), and found they had a photograph on the front page, so that the giver of the medicines could be sure they were given to the right person. The charts were signed, dated and contained no gaps, indicating that people received their medicines as prescribed. There was a list of staff signatures and initials so that, if mistakes were found, it would be easy to identify the staff member who had made it.

During our inspection on 9 June 2015 we also found that there were not enough staff numbers in the service to ensure that people received the care and treatment to meet their assessed needs. During this inspection we found that there were sufficient staff on duty to keep people safe and protect them from harm. We saw this during our inspection and detailed on the rotas. When asked if staff came quickly when they need help, one person said, "Sometimes, sometimes not, I make allowances if someone else needs help." One relative told us, "There are busy times, but care is very good here. I come here almost every day and staff are there when you need them." A staff member told us, "It's much better now, the new manager is excellent, we have more care staff and our own nurses now, it's much better."

The manager showed us the dependency assessment document which they used to calculate staffing levels. This calculated the staffing hours needed to meet the specific needs of the people who used the service. They told us that staffing levels were reviewed on a regular basis to ensure there was sufficient staff available to meet people's needs. During our inspection we saw that call bells were answered quickly. The manager monitored a printout of the response times daily and told us they had improved to be within the region of five minutes. Any longer responses were investigated and bought to the responsible staff's attention.

The manager told us that they felt the staffing levels were good now, saying that if a member of staff was unwell they were replaced with another member of the permanent staff team if possible or agency staff were used. They assured us that if they needed to use agency staff, they used regular agency staff whenever possible. This meant that people received care and support from staff who knew them. A person who used the service told us that things had improved with more staff being available and, "Better staff too, I am well cared for."

Records showed that checks were made on new staff before they were allowed to work in the service. These checks included, if prospective staff members were of good character and suitable to work with the people who used the service.

Improvements had been made to ensure equipment was maintained to a clean and hygienic standard. The service was clean and well maintained. Since our last inspection on 9 June 2015 repairs had been carried out, both minor and major repairs. This included repairs to rotting window frames. The manager told us that over 80 windows had been replaced since out last visit. The environment was clean and well maintained.

Repositioning charts were in place for people who needed assistance to minimise the risks of pressure

ulcers developing or deteriorating. The charts were completed and up to date. However, although the pressure reliving mattresses were being used and were all working, we could not find instructions in people's care plans as to what pressure level the mattress should be set at to make sure that each individual had their mattress set in relation to their weight. The manager told us that they have the instruction manuals and they will transfer the information to the care records.

Staff had received training in safeguarding adults from abuse. They understood the different types of abuse and the signs and indicators of these. They knew how to report concerns internally and were clear about how to report concerns of abuse to relevant organisations that have the responsibility of investigating safeguarding concerns. All the staff asked, said they were aware of the provider's whistleblowing policy and said they would feel confident enough to use it if they felt it was necessary.

The manager demonstrated an understanding of keeping people safe. Where concerns had been raised, we saw that they had taken appropriate action liaising with the local authority to ensure the safety and welfare of the people involved. At the time of our inspection the service was being investigated by the Coroner's Office to determine if a lack of action on their part had contributed to the death of someone who had lived at the service. We are awaiting the outcome of that investigation.

Risk assessments were in place that were designed to minimise the risk to people in their day to day lives so that they could keep their independence and self-determination as much as possible. For example the risk of falling, there was guidance for staff on what support people required to reduce the risk. Specialist equipment, such as bedrails, were used where it was felt necessary.

Records showed that people assessed as being at risk of developing pressure areas were receiving the care they needed to prevent deterioration. Specialist equipment was being used, such as pressure reliving mattresses and seat cushions.

There were also policies and procedures in place to manage risks to the service of untoward events or emergencies. For example fire drills were carried out so that staff understood how to respond in the event of a fire.

Requires Improvement

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One relative said, "They [the staff] have a lot of training, if you look in the office there is always a notice saying training is on." Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. This was confirmed in a review of records. There was a training matrix in place, which prompts the manager when training is due. The matrix was electronic and was monitored by the provider's quality assurance department and they will ask for action to be taken if it was noticed that training was falling behind. This system should ensure that staff training was kept up to date and that they would be provided with current information about how to meet people's needs effectively.

We found shortfalls in the clinical expertise of nursing staff. While we were checking that people had sufficient numbers of medical supplies such as dressings and catheter bags, we found a female catheter amongst the supplies in a man's room. When we showed this to the nurse on duty they did not recognise that this was a potential hazard. The packaging stated, 'For Female Use Only.' The catheter was immediately removed from the room. This was dangerous, because of its shorter length. If a female catheter were to be inserted into a man and the balloon inflated it can have serious consequences as the balloon would be inflated in the urethra and not the bladder. A registered nurse working in a nursing home should be aware of this risk and fully trained in this area.

Training records and staff told us that they had had regular supervision meetings to ensure that they were supervised and supported to improve their practice. Supervision meetings provide staff with a forum to discuss the ways that they worked and to receive feedback on their work practice to identify how to improve the service provided to people.

Staff had attended Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager understood their roles and responsibilities with regards to both the MCA and DoLS and when these should be applied to the people who lived in the service, including assessment to consider their capacity to make decisions. They assured us that they were taking action to comply with the March 2014 Cheshire West Supreme Court judgement that had widened and clarified the definition of a deprivation of liberty.

During our inspection on 9 June 2015 we had concerns because the manager told us that they had not made any referrals to the local authority in accordance with the newly updated DoLS legislation. These referrals were necessary to ensure that any restrictions on people, for their safety, were lawful. During this inspection we saw that DoLS referrals had been made to protect people when restrictions were required to make sure that they were safe.

Records identified people's capacity to make decisions. Where people lacked capacity, the care plans showed that relevant people, such as their relatives or GP had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option

was chosen so that people could still make some decisions for themselves and keep control of their lives. A staff member told us, "When I am with anyone, I always make sure I am doing what they want me to do, the way they like it."

During our last inspection in June 2015 we had concerns about people's dining experience and whether people received adequate food and drink that they needed to stay well. During this inspection people's comments about the quality of the food provided were positive. They told us that they were offered choices of food and drink and one person said, "I Feel that there is enough food, drink and staff." Another person told us, "Food has got better lately, they have employed a new chef, I think they are going through their exams, it has got better."

People were given a choice of where they wanted to eat, some people ate in the dining room and some chose to remain in the lounge and were provided with height adjustable tables. Others were supported to eat in their own bedrooms.

The dining tables were well presented with table cloths, napkins, condiments and fresh drinks. People were having congenial conversations between themselves and the staff supporting them. Menus were displayed on the tables, but one person told us the type setting was too small for them to read. The manager had already explained that they had ordered pictorial menus from the providers, but only two had been delivered so far. Those menus were going to be used to help people make a more informed choice about which meal they would choose.

We observed that people were not rushed to eat their food and staff offering choices of drink to people and gently encouraging people to eat their meal. Plate guards and specialist utensils were available for those who found it easier to eat with these aids. This helped to promote independence, meaning that people could manage to help themselves to eat without the need of staff support.

The home had responded to specialist feedback given to them in regard to people's dietary needs and had taken action to meet them. For example, by introducing food that was fortified with cream and extra calories to enable people at risk of malnutrition to maintain a healthy weight. People's weights were monitored so that staff could take action if needed. For example, they would increase the calorific content in food and drinks for those people losing weight or refer them to the dietician for specialist advice.

Care and kitchen staff were found to be knowledgeable about supporting people to eat healthily and meeting their individually assessed dietary needs.

Records showed that people were supported to have access to healthcare services and receive ongoing healthcare support. People said that their health needs were met and we saw that they had access to healthcare professionals as required. One person told us how they were supported by the nursing staff with their condition, "The nurse is one of the best I know." Another person told us, "I am staying in bed today, I'm not well. I saw the doctor yesterday, they gave me some pills."

Good

Is the service caring?

Our findings

People and their relatives commented very positively about the staff. They told us they were kind, caring and well trained. One person said, "I have been here a while. It is lovely, they [the staff] are so nice, it couldn't be better." Another said "I am very happy here I don't want to move." A relative said, "My [relative] is looked after, the staff are kind."

Interactions between staff and people who used the service were caring and appropriate to the situation. Staff demonstrated an understanding of how to meet people's needs. They spoke about people respectfully and behaved with empathy towards people including those living with dementia. Staff spoke with people during the day as they went about their work and did not miss opportunities for interaction. For example, after dinner a staff member bought a person back from the dining room and placed them near to an attractive fish tank and supported them to feed the fish. They admired and chatted about the fish for a while before the staff carried on with their other duties. There was good, clear communication between the two of them.

Throughout the day we observed staff treating people in a respectful manner. People's needs and preferences were understood and the atmosphere was calm, staff engagement was positive and people and staff were comfortable in each other's company. Staff used people's preferred names including people who preferred to be addressed more formally. We saw one person ask a passing staff member to be moved out of the sunlight, which they did immediately and afterwards checked the person was comfortable and if they needed anything else. The person saw us and commented, "Staff are kind, always kind."

Staff spent time sitting in the lounge chatting and being sociable with people and as they went about their work did not miss opportunities for interaction. They spoke with people in a thoughtful manner and asked if they were all right or if they wanted anything. People were offered alternative drinks or snacks if they were unable to voice a preference. We saw genial banter and laughs between people and staff. Staff were familiar with how people liked to be supported and their experiences in life which were important to them. This helped staff communicate effectively with them.

People were treated with dignity and respect and staff were discreet when asking people if they needed support with personal care. One person told us, "All the girls are very respectful." Another said, "It's very lovely, they ask me what I need." Any personal care was provided promptly and in private to maintain the person's dignity. We observed staff knocking on people's doors and waiting to be invited in before entering. Doors were closed during personal care tasks to protect people's dignity and we observed staff discreetly and sensitively asking people if they wished to use the toilet.

Good

Is the service responsive?

Our findings

Relatives told us they were happy with the standard of care their family members received and it met their individual needs. One relative said, "Things have much improved, staffing has improved, things have really improved." People told us that they thought the service responded to their needs, One person said, "They [the staff] listen to what I have to say and ring my [relative] if anything is wrong." Another said, "I's so much better, they have made changes, it's good here."

People and relatives also told us that they had been provided with the information they needed during the assessment process before people moved in. Care plans were developed from the assessments and recorded information about the person's likes, dislikes and their care needs.

During our inspection on 9 June 2015 we found the care plans were not always consistent with people's current care needs and daily records were sometimes incomplete by not having an entry each day or for each shift. Entries were task based and did not identify changes in people's wellbeing and preferences. During this inspection we found that improvements had been made and that care plans reflected people's changing needs and that daily records reflected the support people received individualised to each of them. We did find that, although recorded, some of the skin care records were not easy to access as they were recorded in different areas by different staff. This could lead to confusion.

We spoke to one relative who talked about how things had improved, such as their relatives repositioning and continence support. They confirmed the service held meetings so they could discuss their concerns and relatives were asked for their feedback. The relative now felt they were listened to.

Care plans were detailed enough for the carer to understand how to deliver care to people in a way that met their needs. The outcomes for people included supporting and encouraging independence in areas that they were able to be, as in choosing their own clothes and maintaining personal care when they could. One person told us how hard they were working at keeping on their feet, they said, "I am trying to keep walking, all tell me I am doing marvellously, I have always been very independent you see, so it is hard to let them do things." Later we saw them walking with their walking frame with a staff member walked alongside them encouraging them.

The service had one part time activities coordinator who worked three days a week. There was a full time coordinator as well, but they had recently changed their role within the service and the post was being advertised. There was a program of activities offered, which included indoor activities and trips out to local venues. On the day of the inspection four people when out for a trip to the pub, on person told us they were really looking forward to going. Outside entertainers visited the home regularly as did the Pets as Therapy (PAT) dogs. Photographs in the entrance hall showed memories of their Christmas party and a dog show held at the service last year. Staff supported people to become involved with activities of their choice, such as knitting, dominos, movement to music, quizzes, crosswords and board games. During our inspection we saw the activities coordinator sitting with people discussing the news in the newspapers. We also noted that they did one to one sessions in people's bedrooms.

People told us that there were activities and they could choose to take part or not. One person said, "I can't stand and prefer to stay in my room, one lady comes in for a chat now and again. I have plenty of books to read and I keep my trolley tidy." Another person said, "We have outings, but sometimes I prefer to stay in the warm." Another told us that there were monthly church services they could attend.

People were supported to keep in touch with others that were important to them such as family and friends, so that they could maintain relationships and avoid social isolation. Input from families was encouraged and relatives told us they were always made welcome when they visited.

The provider had a procedure in place to manage any concerns or complaints that were raised by people or their relatives. The complaints procedure was displayed openly in the entrance hall. The manager said that they encouraged people to raise concerns at an early stage so that they could learn from them and improve the service.

People told us that if they had a problem they would speak with the staff or the manager. One person said, "I have complained to the manager and I was pleased with the way it was handled." Another person said, "I have no complaints, staff get things done before it comes to that."

Requires Improvement

Is the service well-led?

Our findings

There was a manager in the service who had only been in position since December 2015. Before that they had held a senior position in the service so they were familiar with service and the people living there. However, this meant that there was no manager registered with the Care Quality Commission (CQC) in the service at the time of our inspection. The new manager assured us that they would be making an application to register with CQC.

During our inspection on 9 June 2015 we found that the provider's quality assurance systems were not robust enough to independently identify shortfalls and to drive continuous improvement. During this inspection we found that improvements had been made and that a more robust quality assurance system was now in place. A registered manager from another of the provider's services was acting as the manager's mentor and was at the service when we arrived. They had just started to carry out an audit in several areas, including an audit of the way medication was managed. They, and the manager, were made aware of the concerns we had found, particularly in the nursing and medicines areas. They agreed with our concerns and undertook to support the manager in taking the action needed to improve the quality of the service and make the service safer.

People and their representatives were asked for their views of the service and kept updated with changes in the service. However, during our inspection in June 2015, we found that where concerns had been identified by people who used the service and their relatives, they were not listened to and no action was taken to make the required improvements. In particular this relayed to poor staffing levels. During this inspection we found that the service had listened to people and in response had made changes to the staffing levels. The manager told us that the organisation chose a selection of people and relatives to participate in an annual customer satisfaction survey. The results were sent directly to the head office where they were collated, analysed and shared with the manager, staff, people who lived in the service and their relatives. An action plan was agreed for the issues highlighted and then monitored.

Again in our previous inspection on 9 June 2015 we found that records of provider reviews and quality manager home visits showed that the majority of shortfalls in the service had not been identified by the provider's quality assurance systems. During this inspection we saw that there had been changes to the management of the service, this included the manager, the manager's line manager and other senior staff responsible for overseeing and the monitoring of the service. We saw that areas we had identified as being inadequate or requiring improvement had either been addressed or were in the process of being dealt with.

The manager was knowledgeable about the people who lived in the service and talked with them daily and monitored staff and the delivery of care closely. Relatives told us that the manager was approachable and made themselves available if they wanted to speak to them. Staff told us they felt supported by the manager and could approach them at any time. One relative told us, "I have been able to get on with the manager, they and the staff tell me what's going on."

All the staff we spoke with told us they felt supported by the manager and were positive about the culture of

the service and told us that they felt they could approach the manager if they had any problems. Staff made positive comments about the manager, one told us, "There have been improvements especially with staffing, the new manager seems good." another said, "My training is up to date, I feel supported and a lot happier." Although, some staff did comment that they hoped the staffing levels would be increased as the number of people living there increased. At the time of our inspection the service was not fully occupied. The manager assured us that for the future as the empty rooms filled they would carry out a dependency assessment and make sure that there were sufficient staff on duty to meet people's needs.