Mrs M Ghouze

The Birches

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 1 February 2017, and the visit was unannounced.

The Birches provides residential care to older people. The Birches is registered to provide care for up to 19 people. At the time of our inspection there were 14 people living at the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection of the service on 20 June 2016 we asked the provider to make improvements in how consent was sought from people. We received an action plan from the provider which outlined the action they were going to take. This advised us of their plan to be compliant with the regulations by October 2016. We found that improvements had been made. People were asked for their written consent to care following their admission to the home. This was in addition to staff agreeing their actions prior to each caring intervention. However the provider had not sought the views of people or their relatives about the installation of CCTV cameras. This demonstrated that the need for consent had not been fully recognised by the provider.

At the last inspection we asked the provider to take action to ensure people were safeguarded from abuse, and improper restraint. We found that improvements had been made and the registered manager had made applications to the local authority to legally deprive people of their liberty. The registered manager and care staff had been trained in the Mental Capacity Act (MCA) 2005. They were also aware of best interests meetings to ensure peoples treatment was in line with the MCA and Deprivation of Liberty Safeguards.

Staff received induction and on-going training for their specific job role, and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse. Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home.

The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours if an equipment repair was necessary. The provider carried out quality monitoring checks in the home supported by the registered manager and home's staff. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service, their relatives and health and social care professionals.

People were provided with a choice of meals that met their dietary needs. The catering staff were aware of people's dietary needs, and sought people's opinions about the menu choices to meet their individual

dietary needs and preferences. A range of activities tailored to people's interests were provided by staff on a regular basis. Staff had had access to information and a good understanding of people's care needs. People were able to maintain contact with family and friends and visitors were welcome without undue restrictions.

Relatives we spoke with were complimentary about the registered manager and staff, and the care offered to their relations. People were involved in the review of their care plan, and when appropriate their relative's views were included. We observed staff positively interacted with people at lunch, where people were offered choices and their decisions were respected. Staff had access to people's care plans and received regular updates about people's care needs. Care plans were being re-written to ensure they were easy to read and described the care and assistance people required. Care plans included changes to peoples care and treatment and people were offered and attended routine health checks, with health professionals both in the home and externally.

Staff were aware of the reporting procedure for faults and repairs and had access to the maintenance to manage any emergency repairs.
We received positive feedback from the staff from the local authority with regard to the improved care and services offered to people at The Birches.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Potential risks to people's needs were managed and concerns about people's safety and lifestyle choices were discussed with them or their relatives to ensure their views were supported. Staff understood their responsibility to report any observed or suspected abuse. Staff were employed in sufficient numbers to support people. Medicines were ordered, administered and stored safely.

Is the service effective?

Good

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent to care before it was provided. The provider had installed CCTV cameras without adequate consultation with people in the home or their relatives.

Staff had completed essential training to meet people's needs safely and to a suitable standard. People received appropriate food choices that provided a well-balanced diet and met their nutritional needs.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals and recognised their privacy and dignity at all times. Staff understood the importance of caring for people in a dignified way, and people were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. People and their families were involved in planning how they were cared for and supported. Staff understood people's preferences, likes

and dislikes and how they wanted to spend their time. People were confident to raise concerns or make a formal complaint when necessary.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

There was a registered manager in post. The provider used some audits to check people were being provided with good care. However the lack of some audits and briefness of information in others, did not demonstrate a well led home.

People using the service and their relatives had opportunities to share their views and influence the development of the service.

The Birches

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 unannounced inspection took place on 1 February 2017 and was carried out by two inspectors. Before the inspection visit we looked at the information we held about The Birches including any concerns or compliments. We looked at the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

The provider is required to send us 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.

The provider, registered manager and senior care staff assisted us on the inspection. We asked them to supply us with information that showed how they managed the service, and the improvements regarding management checks and governance of the home following our last visit. We also received some information following this inspection visit.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people and two visiting relatives to gain their or their relatives experiences of The Birches. We also spoke with the registered manager, deputy manager, a senior carer, two care staff, and the cook.

We looked at three people's care plan records to see how they were cared for and supported. We looked at other records related to people's care such as medicine records, daily records and risk assessments. We also looked at staff recruitment and training records, quality audits, records of complaints, incidents and accidents and safety records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at The Birches and with the staff that supported them. One person told us, "I feel safe here and with the staff. The staff are here to support you." Another person said, "I feel safe, as there is always someone around. My belongings are safe." Another said, "If something happened to me there's someone here to help me. If I fall someone will help me, I like that very much." Another person said, "I feel safe and have no concerns. When I use the call bell the staff usually come straight away. Unless they are with another person, there can be a slight delay but that is fair enough."

A visiting relative said, "My mother is definitely safe at the home, she could not live on her own. Having care 24/7 makes her safe."

Staff we spoke with understood their responsibilities to keep people safe. Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. Staff were able to explain what they would do if they suspected or witnessed abuse of any person who used the service. They told us they would share their concerns with the managers or the staff member in charge. A staff member said, "If a person appeared quiet and was not as talkative as normal I would speak with the manager about my concerns." This demonstrated a knowledgeable and well trained member of staff as a change in a person's behaviour could indicate potential abuse. Another member of staff said, "I would ring the safeguarding team or CQC I felt the manager was not dealing with concerns." This demonstrated that the provider had taken steps to ensure people were safeguarded from harm.

We spoke with staff who gave examples of how they kept people safe. A staff member told us, "I make sure visitors sign in and out when visiting someone at the home. I also ensure people are using the right equipment such as a Zimmer frame if they had been issued with one."

Staff we spoke with had a clear understanding of the different types of potential abuse. Staff told us they had received training on how to protect people from abuse or harm. Staff were aware of their role and responsibilities in relation to ensuring people were protected and what action they needed to take if they suspected abuse had occurred. All of the staff we spoke with were aware of whistle blowing, and said they had not seen anything that required reporting or gave them cause for concern. They also knew which authorities outside the service to report any concerns to if required, which would support and protect people. The registered manager was aware of her responsibilities and ensured safeguarding situations were reported through to the Care Quality Commission as required.

The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse. Staff we spoke with had received training in protecting people from harm. Staff had a good understanding of the different types of abuse and were aware of their responsibilities to report on concerns they had about people's safety.

Staff demonstrated their awareness of people's individual needs, and the support they required to stay safe. We saw people were offered the support detailed in their care plan and risk assessments. People's care

records included risk assessments, which were reviewed regularly and covered the activities related to people's health, safety, care and welfare. Care plans and associated risk assessments identified any changes in risks to people's health and wellbeing. The care plans provided clear guidance for staff in respect of minimising risk. Visiting relatives told us they were involved in discussions and decisions about how risk was managed.
One person said to us, "There seem to be enough staff. When I use my call bell the staff respond fairly quickly I don't have to wait for a long time." A visiting relative said, "There are enough staff now, up until a little while ago there were times when they were short staffed."

We found that staff were employed in sufficient numbers to care for people safely. People told us and we saw people's needs and requests were responded to promptly. We spoke with the registered manager who explained the staffing numbers were adjusted in line with people's dependencies, to ensure a safe living environment for people.

Staff told us that they felt staff were employed in adequate numbers. We found staff were employed in numbers sufficient to ensure people's safety. Staff confirmed there was the care manager or senior carer and two care staff in a morning, afternoon and evening, and one waking night staff with an additional care staff sleeping in. In addition, there was the registered and deputy manager and catering staff. We confirmed these staff numbers were typical with the staff rota.

Staff told us they felt staffing levels were sufficient to meet people's need safely and that there were enough staff to support people. One staff member said, "There are enough staff at the moment we are fully staffed. There are enough staff to cover the shifts. However as a last resort we may have to get agency staff, if the existing staff are not able to cover shifts." Another staff member told us, "Care wise we have enough staff. However I feel that maybe in the afternoons, we could do with another staff member to support people with activities. Sometimes it's not always possible to support people with activities due to carrying out care tasks." Another staff member said, "There are enough staff." We spoke with the registered manager who clarified there was little need for agency staff to cover shifts, and there had only been one in the previous eight weeks.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for three staff, and found that the relevant background checks had been completed before staff commenced work at the service. Staff we spoke with confirmed that they did not commence employment until they had the required pre-employments checks in place. This included a disclosure and barring check (DBS) and references. A staff member said, "My DBS has been recently updated by the provider."

One person said, "I always receive my medicines on time; on the whole I am aware what my medicines are prescribed for." Another person said, "I get my medication on time; the staff bring your medication to you. I don't need any pain relief."

Two staff told us they supported people with their medicines and had undertaken training in this area. However they told us they had not received competency assessments since they completed their training in medicines administration. Staff understood the signs and symptoms that some people may display when they may require PRN to be administered. A staff member said, "I would ask a person if they needed their PRN medicine and look at the signs such as a rubbing their arm or leg." We observed how staff administered medicines to people. People were being offered pain relief which was prescribed on an 'as required' basis. We saw staff encouraged people to take their medicine, and provided explanations to what they were. Staff stayed with people to ensure their medicines were taken, which demonstrated that staff understood the safety around administering medicines.

We found that medicines were stored securely and at a temperature to ensure they remained active. We looked at the medication administration records (MARs) for five people which were kept with the medicine. All the MARs were signed appropriately, and had people's photographs in place to reduce the risks of medicines being given to the wrong person. Information about identified allergies and people's preference on how their medicine was offered was also included. This helped to ensure that people received their medicines safely. People in receipt of 'as required' or PRN medicines had instructions added to the MARs to detail the circumstances when these should be given and the maximum dose the person should have in any 24 hour period.

Staff who administered medicines told us they had received training to ensure people's medicines were administered appropriately. Staff told us that the group quality manager had observed their practice to ensure they continued to administer medicines safely. We viewed the training matrix which confirmed staff had undertaken regular medication training.

Good

Is the service effective?

Our findings

During our last inspection on 20 June 2016 we found evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, consent. We asked the provider to ensure that consent was sought from people before they offered personal care. At this inspection we found improvements had been made, and people's written consent had been recorded and kept on their personal file.

People's consent to care and treatment was sought in line with legislation and guidance. However we saw the provider had fitted closed circuit television cameras (CCTV) to public areas within the home and outside the front door. There had been no consultation with people who lived in the home or their relatives. This did not demonstrate that people were consulted or informed before these were fitted. We spoke with the provider who initially decided to fit external cameras only. The plan had changed but he did not share this with any of the people living in the home their relatives or staff.

We did however hear people being asked for consent to care before this was undertaken. We heard staff asking one person, "(Named) can I help you through for your breakfast." The person agreed and the member of staff proceeded to assist the person from the lounge to the dining room. Another example was where a staff member asked a person, "Have you finished with your dinner?" Before removing their plate. That demonstrated the staff group were aware of communicating effectively and gaining people's consent before offering care.

People told us they were happy with the staff that supported them. They told us they felt staff understood their needs and how they liked to be cared for. We observed people were offered the support detailed in their care plan and risk assessments.

During our last inspection we also found evidence of a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 safeguarding service users from abuse and improper treatment. We found that improvements had been made and the registered manager had made applications to the local authority to legally deprive people of their liberty.

Records showed that people who used the service had mental capacity assessments in place with regard to making certain choices and decisions. When people lacked capacity to give their informed consent, the law required registered persons to ensure that important decisions were taken in their best interests. A part of this process involved consulting closely with relatives and with health and social care professionals who know a person and have an interest in their wellbeing.

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

can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We found that the registered manager had ensured that three people were protected by the DoLS. Records showed that the registered manager had applied for the necessary authorisation from the relevant local authority. Some people have been represented by a family member. They can represent the person's views to those responsible for making decisions about their care and treatment, and check those working with the person, adhere to the main principles of the MCA and act as a safeguard for the person's rights. The registered manager stated they were in the process of providing a notice board for people to explain the DoLS processes and restrictions.

When we spoke with care staff they spoke about the training on MCA and DoLS and who was subject to a DoLS restriction. Care staff told us that they felt they would be able to recognise if a person's liberty was potentially deprived and required a DoLS application to be completed. Records we viewed confirmed that care staff had been trained in both the MCA and DoLS.

Staff felt the support and communication between the staff team was effective. One member of staff said, "We are a good team, we all work together." Staff told us that they had not received regular supervision. One staff member said, "I have not had formal supervision, however the registered manager is sorting this out." We spoke with the registered manager about this and she showed us the plan of proposed staff supervisions. Supervision is one way to develop consistent staff practice and ensure training is targeted to the individual.

We saw there were daily handover meetings which provided staff with updated information about people's health and wellbeing. Staff also told us they were supported through regular staff meetings with the registered manager. Staff supervision is used to support and check staffs' knowledge, training and development by regular meetings between the management and staff group. This benefited the people using the service as it helped to ensure staff were well-informed and able to care and support people effectively.

Staff told us that they commenced their training with an induction programme and then had access to courses relating to their role in health and safety, manual handling and food hygiene and infection control. We confirmed the induction programme by speaking with and looking at the records of a member of staff who had recently been employed. This was followed by training in safeguarding, moving and handling, food and hygiene, fire awareness, health and safety and dementia care. The registered manager confirmed the staff induction training and on-going training were linked to the care certificate, which is a nationally recognised training course. Staff told us they felt they had enough training and felt they had no gaps in their knowledge.

We saw the training matrix that all staff had updated essential training. The registered manager said the training matrix had been updated and would inform the management staff when training required to be updated. We saw the registered manager had started to book in further training for the forthcoming year. People told us they felt the meals provided were good. One person said, "The food is very good, we have a choice. If you don't like what's on the menu the cook will get you something else." Another said, "The meals are very good, we always have a choice."

We found people were provided with a balanced and varied diet that helped maintain their weight. We saw where people had been referred on to medical professionals where staff were concerned about potential

weight loss. Records relating to nutrition and hydration were completed where people were at risk of malnutrition or dehydration. We saw that monitoring of some people's food intake was on-going due to them being at risk of malnourishment.

We observed staff offer a variety of morning drinks to people and staff also offered snacks such as biscuits or fruit. Menu preferences were discussed at 'resident and relative' meetings between people using the service, their relatives and staff. Information about people's likes and dislikes of food and drink were recorded in their care plans, which were available to staff. This information included any known food allergies was made available for catering staff. The staff were able to explain what this meant for people, and how the information was used. That helped to ensure meals prepared were suitable for everyone.

People had the choice to eat in the dining room, lounge or their bedroom. People were assisted to choose meals by staff providing a verbal choice before lunch. This demonstrated staff were able to communicate with people and promote choice.

We observed people at lunchtime. People looked relaxed throughout the meal and staff supported people to eat without rushing them. We saw some people eating independently struggled to eat their food. We spoke with the registered manager who said they would look at providing adapted cutlery and plate guards to assist these people. Others required prompting and some needed one-to-one assistance to eat their meal. This was done at a pace to suit the person, and staff were positioned appropriately to provide good eye contact. This demonstrated staff were aware how to make the meal time pleasurable for the person and maintain an effective relationship.
Staff served the ready plated meals from the kitchen, which included gravy. This meant people were not given a choice as to whether they wanted gravy or how much. We spoke with staff about this and they told us they knew the people and their individual likes, dislikes and allergies.

Staff were attentive and responded to requests when people wanted second helpings or assistance with cutting their food into smaller pieces. We saw all staff maintained relaxed conversations with people throughout the meal. Fluids such as water and cordial were freely available in the dining area. Staff were observed to give choices to people throughout the meal.

We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP, speech and language therapist (SALT) and the dietician. This ensured any changes to people's dietary needs were managed in line with professional guidelines. Some people were recorded as having a poor appetite. Records showed how much the person ate and drank to ensure they had sufficient to maintain their health. The registered manager said if they had concerns about the health of anyone monitored this way, they would seek further medical advice. This approach ensured that people received effective support with their nutrition and hydration.

One person said to us, "The staff will call the GP if you are under the weather." Another person said, "Oh yes, if you're not feeling well, the staff will ring the GP." People's care records showed that people received health care support from a range of health care professionals and were accompanied by relatives and staff to routine medical appointments. Records we viewed confirmed people were subject to regular health checks by the GP, specialist nursing staff and hospital consultants. One person confirmed, "I have had my eyes tested and dental checks. Both the optician and dentist come and visited me at the home." A relative said, "The communication is good, staff call me regularly if there have been any changes in my mum's needs or if the GP has been called out. The staff are always quick to get the GP out."

Good

Is the service caring?

Our findings

People told us the staff were caring. One person said, "The staff are very caring; they always bring you a drink whenever you want one. They also help me to wash and dress." Another person said, "The staff are genuine and kind." And another person added, "The staff are very kind."

One relative said, "The staff are very caring and respectful. Mum would tell me if something was wrong." Another relative added, "The staff are wonderful I cannot fault them. They [staff] are always respectful and caring." Another relative said, "[Named registered manager] has a good rapport with the residents and gets on well with the staff."

We observed people were treated with kindness and compassion by a caring staff group. We observed staff interactions with people throughout the inspection which showed that staff were caring, helpful and people were treated respectfully. We observed two members of staff who assisted people to eat their lunch. We saw where a member of staff prompted another person to eat their meal. They told us this was important to preserve people's skills and independence. The staff ensured that people's clothes were protected from food spillages, which assured their dignity. That demonstrated staff took steps to promote people's dignity.

We saw a member of staff assist a person to mobilise with a walking frame. This was done in a caring and unhurried way giving the person time to follow the instructions given by the member of staff. We observed staff greeting people in a friendly manner when entering communal areas. People were given the choice of where they wanted to sit. We observed care staff had a good rapport with people and engaged them in meaningful conversation throughout the day.
Some people were unable to express their views and opinions. Records showed that family members had been involved in care plan reviews, where the person was unable too. One relative said, "I have been involved in my mums care plan and I would have seen a copy."

The registered manager told us care plans reflected people's needs and were reviewed every month. Staff confirmed people were asked to take part in care plan reviews but only a few of them chose to take part in this process. The care manager added relatives and close family members were informed when people's health or wellbeing changed.

We observed that staff checked on people's well-being throughout the day. Individual choices, preferences and decisions made about people's care and support needs were recorded. These daily records included the care and support people received, and demonstrated that staff supported people's decisions about how they wanted to be cared for.

Staff said there was a good staff team who knew people's needs and they worked to help each other. Staff said they enjoyed working at the home and got on well with the people they supported.

People told us that staff respected their privacy and dignity. When we asked people how staff promoted and respected them. One person said, "The staff respect your privacy and dignity. The bathroom door is always

closed whilst you are being supported." Another person said, "The staff knock on my bedroom door and then enter."

One relative said, "I can see the provider is gradually responding to improving the environment, for example there is a new shower room." The registered manager also showed us one bedroom which had the addition of an en-suite toilet, and plans to convert another two. That meant the provider recognised the benefits of enhancing people's privacy and dignity with improved facilities.

Staff told us how they respected people's privacy and promoted their dignity. One staff member said, "When the GP is visiting we take the person to their bedroom." Another staff member said, "I make sure the door is shut and curtains drawn when I am supporting a person with their personal care." Another staff member said, "We always encourage people to maintain their independence such as encouraging them to wash their face if possible." That demonstrated staff were aware of the need to ensure people's privacy and dignity.

Good

Is the service responsive?

Our findings

People told us they felt the staff knew them well since they had moved into the home. We looked at people's care plans and found they included pre-admission assessments, which identified each person's individual needs. The registered manager said the care plans were being adapted to slim down the number of parts of the plan to make them more user friendly. The registered manager showed us the format that the care plans were being changed to, in order to make them easier for people to read.

Care planning was linked to people's needs which ensured care plans were individualised. We saw evidence of information on allergies, likes, dislikes, wishes and aspirations, and past life histories completed by people and their families. We saw where the staff had responded to the changes in people's lives, and made application to the local authority for DoLS restrictions. We also saw where they had arranged medication to assist a person's sleep pattern, which in turn decreased the confusion they suffered during the day.

A staff member said, "Care plans are updated monthly. There has been an external agency who have come in and are supporting us with the quality of care plans." Another staff member said, "The care plans and risk assessments include more detail now and are reviewed."

One relative said, "I have been involved in reviews to see how her placement is going." Another relative said, "The routines are flexible. The staff leave mum until she is ready to get up."

Staff had access to people's plans of care and received updates about their care needs through daily handover meetings. The care files we viewed were comprehensive, and revealed regular reviews, which demonstrated the care process was responsive to people's changing needs. We saw that the staff had planned changes to one person's care plan, in advance for end of life care.

Staff told us a handover took place at the start of each shift, so staff could be updated about people's needs and if any changes in their care had been identified. A staff member said, "During handover we report on how each person has been during the shift, such as any changes in their needs. Whether a person has had any visitors and how they have been." Another staff member said, "We are given good quality information in handover." This ensured staff were kept informed of any changes in people's needs and the support they required.

We spoke with people about activities. One person said, "We do have a lot of activities, but I prefer to spend time in my bedroom." Another person said, "We do have activities but cannot remember what they are." Another said, "There are organised activities, but I prefer staying in my room. I have everything here that I need. I like reading, crosswords and have a TV if I want to watch anything particular." One relative said, "There is always some sort of activity happening. Last week the residents baked cakes. There is also a singer that comes into the home."

We did not see staff undertaking any activities when we inspected, though we did see people watching television and one person reading a magazine. We spoke with the registered manager about how activities

were decided in the home. They said people were asked through meetings for those in the home. We looked at the copies of the 'residents meetings' which included discussions around activities, food and asking if people were happy with the care that was offered. The registered manager said people also had the choice of speaking privately to her or a preferred member of staff if they had any concerns.

The provider had new systems in place to record complaints. One person said, "I have no concerns and have not had to make a complaint." Another person said, "The staff listen to you if you have any concerns."

One relative said, "I am aware of the complaints process, however I have had no reason to make a complaint." Another said, "There are no concerns with the staff, cannot say a bad word about any of them." And added, "I raised an issue which was sorted out straight away, since then I have not raised anything else."

Staff we spoke with knew how to respond to complaints. They told us if anyone raised a concern with them, they would escalate this to the registered manager or their deputy.

People we spoke with said they knew how to make a complaint, some said they would speak with a member of staff. The relatives we spoke were aware how to make a complaint, and were aware who to approach in the staff group to have these followed up. The registered manager could not find the historic complaint records. She assured us they had received no written complaints in the last 12 months. The registered manager explained how the process would work by providing an outcome for each, and how changes made to the service would be communicated.

The registered manager added complaint information would be shared with staff through staff meetings or individual supervision sessions, so that staff were aware of the issue and any change required.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection on 20 June 2016 we found evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance. We asked the provider to ensure that systems were established to ensure regular monitoring of the quality of the services to identify, assess and manage risks relating to the health, welfare and safety of people using the service.

At this inspection we found areas that we previously identified as required improvement had now been sufficiently addressed. We found the provider's audit processes to monitor the quality of the service provided, had commenced and if continued would be sufficient to ensure people consistently received safe levels of care.

People who lived in the home, their relatives and visiting professionals were asked to comment through the quality questionnaires that were sent out annually. The previous registered manager had distributed these, but no outcomes had been shared with the staff. The newly registered manager said there was going to be new questionnaires sent to the people in the home, their relatives and staff.

People who used the service and their relatives were enabled to contribute to the quality assurance process and quality of care in the home. One relative said to us, "There is a residents meeting which I have not been able to attend. I have had a questionnaire for our views on the home."

Questionnaires were distributed by the last registered manager in August 2016, which enabled people to comment about the quality of service offered by the home. Staff confirmed people participated in the process and if necessary staff assisted them in completing questionnaires. We saw some of the feedback had been adopted by the provider, and changes had been made to food and nutrition, and the assistance one person receives at meal times.

The registered manager demonstrated what audits had been introduced, and the records made by staff to ensure people in the home were safe and well cared for. However some audits had not been undertaken, and others that had, had only been completed once. That meant the registered manager had not undertaken enough audits to demonstrate how the service had continuously improved.

The registered manager has commenced audits with the assistance of the deputy manager and staff in order to ensure health and safety in the home was maintained. We saw records of these checks that had been completed to ensure the building was safe for people. These included regular checks on the medicines system, care plans, risk assessments, accidents and incidents, people's weight loss or gain and their nutritional and dietary requirements. These had resulted in follow up appointments being arranged for people at risk of malnutrition.

The provider's procedures for monitoring and assessing the quality of the service operated at two levels. The deputy manager oversaw staff who carried out a range of scheduled checks and monitoring activity to provide assurance that people received the care and support they needed. The registered manager also

undertook some quality checks, oversaw the checks that staff had done and discussed any changes to ensure that people who lived in the home were safe and well cared for. The registered manager also spoke with people, visitors and staff whilst in the home to ascertain how effective the staff group were.

People who lived at the home and visiting relatives told us they had good relationships with the managers' and staff in the home. One person said, "I am aware that [Named] is the manager. My opinion is that there has been a vast improvement. All the staff get on with her; she is very approachable and is getting the job done." Another person said, "It's definitely a well-managed home. [Named] is the manager and she is friendly."

One relative said, "[Named registered manager] is okay you are able to speak with her and takes on board what you have to say and will act upon it. For example the communication has improved." Another relative said, "We were informed of the changes in management we were given a letter about the changes." They added, "The management changes have been for the best. [Named registered manager] is hands on and approachable." The relative also said, "The management change is very good. The registered manager is involving all the staff, residents and their families in the changes."

The registered manager understood their responsibilities and displayed a commitment to providing quality care. Staff were aware of their accountability and responsibilities to care for and protect people and knew how to access managerial support when required. Staff felt the registered manager was approachable and understanding, and told us the registered manager was supportive.

We asked the provider for the records of safety tests. The periodic test of gas and electrical appliances and water safety tests were in date. Regular tests of the fire alarm system, emergency lighting were also in place and tested by staff on a weekly basis. That demonstrated the registered manager ensured the home was safe and demonstrated good management skills. Staff were aware of the process for reporting faults and repairs, and had access to a list of contact telephone numbers if there was an interruption in the provision of service. Other information included instructions where gas and water isolation points were located and emergency contact numbers if any appliances required repair.

People who lived at the home and their relatives were also invited to meetings with the home's management team. Since the newly registered manager has taken over in January 2017, there has been one meeting. We looked at the minutes of this meeting, which provided an outline of how the home will be developed in the foreseeable future. Also discussed was changes to the menu and cooked breakfasts and additional options for tea were suggestions that have been adopted. The registered manager also discussed the installation of external CCTV cameras, however this has now been changed and internal cameras have also been fitted.

The registered manager understood their responsibilities and ensured that we were notified of events that affected the people, staff and building. The registered manager had a clear understanding of what they wanted to achieve for the people at the home and they were supported by the group quality manager, deputy manager and staff group. There was a clear management structure in the home and staff were aware who they could contact out of hours if needed.

Staff had detailed job descriptions and had regular staff meetings; however supervision meetings had yet to be organised regularly. The registered manager explained these will be used to support staff to maintain and improve their performance. Staff confirmed they had access to copies of the provider's policies and procedures. They understood their roles and this information ensured that staff were provided with the same information. This was used to provide a consistent level of safe care throughout the home.

Prior to our inspection visit we contacted health and social care professionals, health commissioners and the local authority commissioners responsible for the care of people who used the service. They had positive comments about the newly registered manager, the staff and the quality of care provided.