Countrywide Care Homes (2) Limited

Mary Chapman Court

Inspection report

Mary Chapman Close
Dussindale
Norwich
Norfolk
NR7 0UD

Tel: 01603701188

Date of inspection visit:
14 June 2016
15 June 2016

Date of publication:
17 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 14 and 15 June 2016 and was unannounced.

Mary Chapman Court provides care for up to 31 people. The home supported people who were over 65 years of age, some of whom were living with dementia. The building offered accommodation over two floors.

There was a registered manager in place, and a tier of senior staff. At the time of the inspection there was a vacant deputy manager post, but a recruitment process was under way. 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.

The service did not follow their own procedures in the safe administration of medication.. Good practice was not being followed in all areas in the administration of medicines. Medication audits had not always identified issues with medicines, or found timely solutions to any issues discovered.

There were insufficient numbers of staff to keep people safe and meet people's needs. The service had acknowledged this issue and there was a recruitment plan in place. However, robust interim measures had not been put in place before new staff were appointed.

The service identified and responded to the risks people faced. However, the service had not monitored people's weight for some time.

People benefited from being supported by staff who were safely recruited, trained and who felt supported in their work by their colleagues and by the manager. Although staff did not have regular supervisions, the manager was addressing this issue.

Staff understood how to protect people from the risk of abuse and knew the procedure for reporting any concerns.

Staff told us despite the staffing levels they were happy working at Mary Chapman Court. They assisted people with kindness and compassion. People's dignity and privacy was maintained and respected.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for authorisation to the local authority DoLS team. The service was working within the principles of the MCA.

People's care plans contained important, relevant and detailed information to assist staff in meeting

people's needs. People and their relatives had been involved in making decisions around the care they received. People's needs had been reviewed. However people's assessments were not person centred. Staff lacked a full picture of the people they supported.

People were supported to maintain good health and wellbeing. The service responded proactively to changes in people's health and social care needs.

The service was making positive steps to make good links with the local community.

People were encouraged to maintain relationships with others and the service actively welcomed family members and visitors to the home. However, there was a lack of planned activities, due to staffing levels, staff did not have the time to talk and engage with people on a regular basis. The service was aware of this issue and they had made plans to resolve this issue.

There was a positive and open culture. There was a homely and welcoming atmosphere to the home. Relatives felt involved and listened to. They were confident that any concerns they may have had would be addressed.

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 consistently safe.

The service had not done all that was reasonably practicable to mitigate the risks associated with medicines management and administration.

There was not always sufficient staff to keep people safe.

People's weight was not being monitored on a regular basis.

Staff understood about what constituted abuse and harm.

Staff had been safely recruited.

Is the service effective?

Good

The service was effective.

Staff had knowledge of the MCA and worked within its principles.

Staff were trained and committed to the service.

The service ensured people received food and drink of their choice. People had enough to eat and drink.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

Is the service caring?

Good

The service was caring.

Staff supported people and delivered care in a respectful and caring manner.

Care and support was provided by staff in a way that maintained people's dignity.

People, and those important to them, were involved in making decisions around the care and support they needed.

Is the service responsive?

Good

The service was responsive to people's needs.

Although there were currently limited activities and staff did not have time to support people with their social needs the service had identified this issue and was making concerted efforts to change this.

People felt comfortable making a complaint. There was a complaints process.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had an auditing system in place that monitored the quality of the service provided. This was not effective in all areas.

The manager was visible and approachable and provided regular support to the people who used the service, their relatives and staff.

There was an open and positive culture. The manager and staff were committed to the service.

Mary Chapman Court

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 June and was unannounced. Our visit was carried out by one inspector and an 'Expert by Experience.' An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, the provider 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.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. During our inspection we spoke with nine people who used the service. We also spoke with four relatives of people using the service. Observations where made throughout the inspection.

We spoke with the manager, the cook, and six members of the care staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of four people and the medicines records for nine people. We also looked at records relating to the management of the service. These included training records, health and safety check records, audits, three staff recruitment files.

Requires Improvement

Is the service safe?

Our findings

When we visited Mary Chapman Court there were insufficient numbers of staff to keep people safe. The manager told us they had assessed the staffing levels in order to meet people's needs, but they were not always able to provide this level of staff. Often this meant there was one less member of staff on duty one each shift. We were told this was due to members of staff leaving, combined with existing members of staff being on planned leave. The manager told us the provider, with the exception of one occasion, would not authorise the use of agency staff. Instead staff were asked to complete overtime. The manager said this still meant there were times when there was not enough staff.

The staff we spoke with told us the reduced staffing level had been an issue since January 2016. Staff told us they felt tired and were concerned about this because, "Mistakes could happen." One member of staff told us how they had supported a person with their mobility needs. A health professional had assessed this person needed two members of staff, when staff used a particular piece of equipment. This member of staff told us they supported the person on their own, because there was not enough staff available to assist the person. This action placed the person at risk of experiencing harm. We spoke with other members of staff who said there were not sufficient numbers of staff to support, in a timely way, people who required two members of staff.

The manager was aware of this incident. They told us they had spoken with staff about the importance of following the guidance of professionals, and they will be revisiting this in supervisions. The manager told us they recognised this action was a result of reduced staffing levels.

During our visit we noted people's bells in their rooms rang for long periods of time before they were answered. People told us they did have to wait for assistance and they had noted that there was less staff than what the service had before. Although none of the people we spoke with told us waiting caused them any distress.

We spoke with the manager about the staffing issues. The manager told us they had now recruited more staff who will soon start their induction. Other posts were still being advertised and the manager and quality assurance lead for the home were interviewing shortly for a deputy manager.

The service had historically been regularly monitoring people's weight in order to take appropriate action if people lost weight. However, when we looked at people's records we could see people had not been weighed since January 2016. We looked at people's weight records. Some people had started to lose weight at this point. Without weighing these people the service could not say with confidence these people were not at risk of being under weight. We spoke with the manager about this who explained the service no longer had working equipment to weigh people. The manager said they would address this issue and ensure people were weighed regularly and take appropriate action to manage any weight loss.

On our visit to the service we observed a senior member of staff administering people's medicines. We noted they had misunderstood the instructions with one person's medicines. They had not realised the GP had

asked for this medicine to be administered daily. We looked at the medicines administration record (MAR) for this person. There were no signatures or marks to suggest the medicine had been offered to the person. Therefore from looking at this record, we could not determine if the person had received their medicine as the prescriber had intended.

We looked at the MAR of nine people. We found that there were numerous gaps in the charts which meant we could not establish whether medicines had been administered to people as the prescriber had intended. We looked at the previous month's MAR charts and found there were many occasions when this had also happened. We counted some people's medicines, where there were missing entries on the MAR charts, and we found the correct number of medicines remained in the blister packs. However, because the MAR charts had not been signed we could not determine whether these medicines had been administered to these people, as the prescriber had intended.

Staff administering medicines were also not always recording the room temperatures were the medication was stored. We found one of the medication rooms where some of the medicines were stored was hot. The purpose of recording the temperature of where medicines are stored is to ensure the medicines remain effective. The manager had completed a recent audit of medicines, but they had not observed that the temperatures of one medicine storage cupboard were not being recorded on a daily basis.

People were protected from the risk of potential abuse. The manager and staff we spoke with had a clear understanding of what constituted abuse or harm. Staff told us how they would identify if a person was experiencing harm in some way. Staff told us if they had concerns they would report it to the manager. We were told about an incident where staff had concerns about a person who lived at the service. The manager investigated further, alerted the local authority safeguarding team, and took appropriate action to ensure this person was safe.

Although staff told us they had recent training on how to safeguard people from abuse, most staff were not aware of outside agencies they could report their concerns to. None of the staff we spoke with were aware of the local authority safeguarding team. Some staff told us there were contact numbers, "Somewhere in the building" or "I think they are in the staff room." When we looked we could not find these numbers clearly displayed anywhere.

The manager and a member of staff had told us about a potential breach to a person's dignity. Two members of staff had been disrespectful about a person's private property. The matter was investigated by the manager. The manager told us how they addressed this incident; we concluded the manager had taken appropriate action. However, the manager was only told about this incident some weeks after the event. The member of staff who had witnessed this incident had not spoken with the manager about their concerns. We spoke with the manager about this who told us they will be addressing this issue in supervision with staff.

The staff we spoke with said they treated people as individuals and if they felt a person was being discriminated against they would address this with the manager.

We looked at people's care records and we could see most people had a thorough assessment of their physical and health needs. There was information about how to support people who were at risk of choking, developing pressure areas, and people who were at risk of having infections. Some people were unable to summon assistance, so these people had regular 30 minutes or hourly checks to ensure they were safe or if they needed support in any way.

The service managed people's risks in a way which did not restrict their freedoms. We spoke with one person who was at risk of falling. This person had a pressure mat near their chair which alerted staff if the person was mobile in their room. The person indicated they were happy with this arrangement; they pointed to their frame and a cut on their leg and said "It's okay." Another person needed some supervision when they ate their meals in their room, this person did not want a member of staff in their room while they ate, so the staff member would stand outside their room, in order to be available if there was an issue.

The manager had plans to respond to emergencies. We were shown a document which had a list of emergency contacts if a utility supply failed at the service. Staff told us about what they needed to do if there was a fire at the service.

The service had a system in place to respond to accidents and incidents. The senior member of staff was informed and they would analyse the situation. As a result they may then make an onward referral to a health or social care professional to respond to this incident. On people's records we saw the GP or district nurse had been contacted by the service to address a change in a person's health needs. One person had fallen, the GP had been contacted and a referral had been made to a specialist team to address why this person was falling. The service had also ordered equipment and looked at ways to prevent this from happening again.

The service had identified people who were at risk of developing pressure areas. This was done by completing risk assessments, reviews and monitoring the changes in people's health needs. We saw on people's care records that there were plans in place in order to prevent the development of pressure areas. When we looked at people's daily care records, they showed that staff were taking the action set out in the care plans to prevent pressure areas from developing. We also noted the service made referrals to the district nurse when people had developed pressure areas, and specialist equipment had been requested.

People were kept safe as recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of some members of staff. We could see the appropriate security checks had been completed. Staff identification had been verified and the Disclosure and Barring Service (DBS) checks had been carried out.

Good

Is the service effective?

Our findings

The people we spoke with told us that the staff had the skills and knowledge to be effective in their work. One person told us, "The staff are well trained here. We have a good relationship and work well together. I have confidence in the staff." Another person told us, "The staff are great, they certainly know what they're doing."

The manager and staff told us about the induction programme for new members of staff. New staff would spend time reading people's care records and the policies and procedures of the service. A list of the people living at the service and a brief outline of their needs was given to new staff. We spoke with a recently employed member of staff and they showed us this document and said they found it, "Very helpful." Also as part of their induction, new staff completed training in key areas, such as fire safety, safeguarding, and first aid. Following this, new staff worked with a senior member of staff until they were ready to start working independently.

We spoke with a member of staff who said they felt their induction and training they received had prepared them for their new role. However, we spoke with another member of staff who said they didn't feel their induction was sufficient to prepare them for the work ahead. Some staff said the e-learning courses they completed as part of their induction were not an effective way of learning. We spoke with the manager about this who said some more traditional ways of learning was needed to ensure staff fully understood the subject. The manager said they had trained some staff to provide training on moving and handling in a class room setting.

We saw on the training record that all staff were up to date with their training in key areas. For example staff had received training in health and safety, first aid, infection control, food safety, mental health and dementia care. The manager told us staff were not allowed to work at the service until the training had been completed.

The manager told us due to the recent issues with staffing levels, staff had not had regular supervisions. The manager said they were planning group supervisions and they ensured there were regular staff meetings. Staff told us they felt they, "Needed" or were "Overdue" supervision. However, staff also told us they did speak with the manager or senior member of staff if they had any questions or needed advice.

The manager also told us, they regularly observed staff practice, to assess the competency and skills of staff. The manager said they would also regularly, "Walk around" the service monitoring staff. They also worked shifts most weeks, either day or night, in order to monitor staff practice. The staff we spoke with confirmed this.

During our visit we observed staff communicated clearly and professionally with one another when they supported people. Staff told us of the importance of attending staff meetings and staff 'hand over' at the beginning of each new shift. One member of staff said, "We need to be on the same page."

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff had a good understanding of the MCA. Staff told us they encouraged people to make decisions for themselves. The staff we spoke with said they always gave people choices, one member of staff told us it was also important how the choices were communicated to the person, to ensure they understood what was being said. Another member of staff told us about one person who could become overwhelmed if they were given too many choices. The result being the person may not be able to then make a choice. The member of staff said, "I give two or three choices, and support them to narrow down little bits." The service had made DoLS applications to the local authority and was working within these principles.

We saw on people's care records that the manager had completed mental capacity assessments. People had also been asked for their permission to consent to support with personal care and to use certain equipment to assist people with their mobility needs. On one person's record the service had consulted with the GP about the less restrictive options to keep someone safe who did not have capacity. The service involved people's relatives in making 'best interests' decisions, about some people's health and care needs.

The people we spoke with were very complimentary about the food. One person said, "No complaints at all. There's a choice and if we don't like what's on the menu, they [kitchen staff] make you something else. Enough to eat? Oh yes this is fine." Another person said, "Do you know we had smoked salmon the other day. There are two choices for lunch and a choice of pudding. We have a buffet for Sunday with tea and cakes."

When we visited the service we observed the chef going round to people's rooms asking them what they wanted off the menu for lunch and for supper. We later observed lunch and found people had different meals. People were asked throughout the meal if they wanted more drinks, some people had asked for wine, which the staff poured. When people's meals were served people were asked again if they were happy with their choice. People were asked what vegetables they wanted.

During our visit we observed people being offered drinks throughout the day. In the afternoon a hot drinks trolley came round to each room. There was again a range of choices for people to have. Meals were appropriately spaced. We saw people looked excited and heard them make positive sounds when the food was presented to them. People and the chef told us how the food was, "Home cooked." One person told us, "There are freshly cooked cakes."

People were encouraged to have a healthy diet, one person said, "Oh yes vegetables come with lunch and there's fruit on the tea trolley in the afternoon. There were oranges, strawberries, bananas and apples the other day." When we spoke with the chef and kitchen assistant we observed a selection of fruit being prepared for people to eat later.

People were consulted with in creating the four weekly food menus. We spoke with the chef who said people had recently said they wanted to have a change from the regular menu. The chef said they created a new monthly menu, the manager and the chef then spoke with everyone individually and talked through the menu with them. The chef said they made alterations and checked people were happy with these changes. We concluded people were very involved in making decisions about their food preferences, and enjoyed what they ate.

Some people had complex needs with eating and drinking. We saw on their records the service had made referrals to specialist health teams to support people who were at risk of choking. When we spoke with staff, staff were able to tell us what people's eating and drinking needs were. We looked at the record of one person who was at risk of choking. It gave guidance of what foods this person could safely eat. Some people were given full assistance to eat. The chef told us they were updated after staff hand over if a person's needs had changed, in relation to their eating and drinking. The chef showed us records of what different types of diets individuals had.

People told us they felt the service supported them to have access to healthcare services. One person said, "I'm very well looked after by the home's doctor. He comes every week. They sort all that out for us." Another person said, "I see the doctor when I need to."

On the day of our visit a person was supported to attend a hospital appointment. We saw in people's records when staff had concerns about a person's health needs the GP or district nurse was contacted. The service had detailed when a health professional had visited and what action they had taken. We saw in these records the service requested follow up appointments from health professionals. The manager and people who lived at the service told us the GP visited once a week as a minimum.

Good

Is the service caring?

Our findings

The people we spoke with at Mary Chapman Court told us they felt cared for. One person said, "The staff are always patient and kind." Another person said, "They [staff] are my angels, I call them my angels." A relative told us, "They [staff] are absolutely brilliant."

During our visit we observed staff being supportive and kind to people. We saw staff place their hands on people's shoulders, and speak to people in a kind and comforting way. One person had fallen asleep in the dining room before their meal was served; a member of staff gently woke the person, speaking softly to tell them it was lunch time. We heard staff entering people's rooms in the morning; they were greeted by people in a positive and friendly way.

We asked staff if they could tell us something about the people they supported. Staff were able to tell us about people's needs, but most were unable to tell us more about the person's preferences, their personal histories, and their achievements.

People told us they felt staff listened to them and involved them with their day to day care needs. One person told us, "Of course they listen and I'm respected. The staff are great." Another person said, "Oh yes, I'm in control." People told us that staff supported them to do as they liked. One person told us they will decide where to have their lunch, they tell staff so they can arrange this. We spoke with another person who said, "They know me and they know what time I go to bed."

The manager told us the service held "Resident's meetings," to gain people's views and listen to their concerns. The manager had recently consulted with people at the service about how to decorate an area of the dining room. The manager discovered a lot of people had worked in Norwich's shoe industry and people had suggested that the area be decorated in a way which reflected this. The manager showed us some literature which they will be using to create some ideas to show people how they could do this. Some of the people we spoke with confirmed the residents meetings took place and they felt involved. One person said, "Yes, we go to the meetings. The manager does notes and sends them round to everyone afterwards."

During our visit we noted that people's private information was protected and kept securely. Some people had given permission for their information to be shared with certain relatives. We saw on people's records the service had updated and informed people's relatives, as directed by the person they supported.

People told us they were treated with dignity and respect. One person said, "They listen if you want something and certainly do treat us with respect." We observed staff knocking on people's doors before entering them. People told us staff were respectful when they were supported with their personal care. We spoke with staff who told us how they ensured people's dignity was protected when they supported them in this way.

People also told us they were supported to maintain their independence. One relative said, "My [relative] is very independent and they [staff] are encouraging her to remain that way." We spoke with another relative

who told us the staff were encouraging their relative to remain independent with their daily routines. Staff spoke about encouraging people to make their own decisions.

People's relatives told us they felt welcomed and able to visit the service whenever they wanted to. During our visit to the service we observed many relatives visiting. We observed positive, friendly interactions between members of staff, and relatives. One relative told us, "Oh absolutely, we're welcome to come when we like. We're taking [relative] out for lunch today." Another relative told us, "I come and go as I please. I like to show the staff how much I appreciate them, so occasionally I bring them in ice creams."

Good

Is the service responsive?

Our findings

People told us they were involved in the planning of their care. One person told us, "Yes we agree what needs doing." Another person told us, "Of course, yes. We sorted all that out." A relative also told us, "I am involved in care plan reviews. I always sit in and contribute."

We looked at people's care records, their initial assessments when they joined the service and their reviews. We found most of these records contained detailed information specific to the individual person. From reading these documents we gained a picture of the person's physical needs and the risks to their health. People had regular reviews and we could see the service had responded appropriately to changes in people's needs.

We saw on peoples records either the person had been consulted with when planning their care or a relative had been consulted with. Some people who the service supported lacked insight into their care needs. So the service made regular contact with the person's relatives to update them and seek permission regarding certain decisions. We found records detailing these conversations.

However, from looking at the records it wasn't possible to gain an understanding of the character of the person. The service had enquired about people's likes and dislikes regarding food but they had not found out about people's hobbies, interests, life achievements, and how people wanted to live their lives. This was especially important when it related to people who were no longer able to communicate with others.

We spoke with staff and asked them to describe some individuals who lived at the service. One member of staff was able to tell us about one person's family members; however other staff were unable to tell us much. Although we were told and observed, staff and the people living at Mary Chapman Court had warm friendly relationships with one another, when we spoke with staff, staff didn't appear to know people in detail and the records we looked at confirmed this.

There was a lack of activities and social stimulation for most people. The manager told us the service did not have an activity co-ordinator at present and combined with reduced staffing levels their role had not been temporarily replaced. We were told about events the manager had arranged. On Chinese new year the manager had arranged for a Chinese take away to be delivered, on Valentine's day the manager had decorated the dining room and people were given valentine gifts. The service had recently had a 'street party' for the Queen's birthday. However there were no regular activities which people had requested or suggested.

We didn't see staff spending time having conversations with people. When they did speak they were task orientated. Staff told us they, "Didn't have time to chat to people." Although the staff we spoke with said they tried to make time for this, it often didn't happen due to the staffing levels. We observed most people were in their rooms for most of the day and their doors were generally open. When staff walked past there was no interaction.

Some people were unable to leave their beds, they lacked capacity, and had limited communication. When we looked at some of these people's records we often saw the statement, "Family provide daily social support." During our visit we observed staff checking on these people at spaced times, to ensure they were safe, but we did not observe staff spending time with them, or engage with them in conversation.

The manager and staff told us that the provider had recently purchased a mini bus, they had advertised for a driver, and hoped with more staff people could have regular trips out. The service had also recently advertised for an activities coordinator and was actively recruiting more care staff. We concluded the service had identified more social stimulation was needed and were looking at practical ways to resolve this issue.

People were given choice in their daily lives. We spoke with staff and the manager about one person who had complex needs with eating and drinking. This person had been assessed by a specialist health team to have a pureed diet. This person had told staff they no longer wanted to eat food in this way. The manager spoke with the person and found out what type of foods and meals they wanted to eat. The manager said this person was able to make this decision and their role was to support people to have choice and respond to how they wanted to live their lives. The manager advised us of a system where they would monitor this person to eat the foods that they wanted to eat. The manager told us they would regularly assess this situation and they had advised the relevant health professionals.

The people we spoke with told us they felt confident in raising a complaint or discussing any concerns with staff or the manager. One person said, "I'd speak to [Manager's first name], she's the Manager." Another person said, "I'd speak to the carers if I had to." The manager showed us some complaints which some individual relatives had made. We could see a thorough investigation had taken place, on one occasion the provider's quality assurance lead had been involved with a complaint. We could see in each case the service had taken the matter seriously and responded. One relative had complained about the windows. The manager told us windows are scheduled to be replaced later this summer.

Requires Improvement

Is the service well-led?

Our findings

The manager had not completed robust and sufficient audits in medication. We found there were missing signatures on the MAR. Although the manager had told us there had been recent medication errors, they had not considered what actions were needed to prevent this from happening again. The manager suggested medication administration training for some staff on the day of our visit. Although the manager had completed an audit of medication and was addressing issues with the pharmacy and surgery, the manager had not noticed staff were not completing the temperature checks where medication was stored.

The manager told us they were aware there had been historical difficulties with managing the temperature where medication was stored and had been in conversations with the provider about this. When we raised this with the manager they later confirmed a contractor had been sourced to resolve this issue.

People had not been weighed since January 2016. The manager told us the weighing equipment was broken. However, the manager had not addressed and resolved this issue. When we addressed this with the manager on the day of our visit the manager said they would ensure people were weighed and any appropriate action taken.

The people we spoke with who lived at Mary Chapman Court and the staff were all very complimentary of the manager. One person said, "[Manager's name] is always around. [They are] very good." Staff said the manager was, "Lovely." A member of staff said, "I haven't worked with a nicer manager."

People told us they are involved in developing the service. People told us they had raised some issues they had with the menu and the manager worked with them to make the changes they wanted. One person told us, "Yes, your voice is heard. They [manager and staff] are responsive to suggestions and issues." People and their relatives told us they attended meetings and were encouraged to express their views. The manager told us they had been consulting with people about redecoration plans in the dining room and an upcoming event. One person said, "They [manager and staff] say this is your home."

The staff we spoke with said there was an open and transparent culture at the service. Staff told us they found the manager, "Approachable." Staff told us you can discuss issues and make suggestions to the manager.

The staff we spoke with said they attended 'handover' at the beginning of each shift and team meetings in order to be updated about people's needs. Although the manager and staff said they attended 'handover' which took place 30 minutes before a new shift began, staff starting on a new shift were not paid for this time, technically the service did not request they attended, but staff did because they wanted to be informed of people's needs before their shift began.

Both people living at the service and staff said the manager was very visible and involved in running the service. One person said, "[Manager's name] is very good. She will muck in and help if they [care staff] are busy or short-staffed." Staff also told us the manager had been, "Very supportive" and assisted staff due to

the recent staffing issues.

The manager told us they were trying to involve the local community. They recently had a street party, where people living in the local area were invited, the manager said, "We flyered the area with invitations." The manager also told us of another event they are planning with people at the service to which they will again invite local people. The manager said once their staffing level had stabilised they had plans to have volunteers at the service. On the day of our visit we observed several relatives visiting the service.

The manager told us the values of the service. To be caring and to listen to people. The manager said, "To be there for residents, we are a family, I am looking after staff and residents." The staff we spoke with shared these values, adding, to be caring and treat people with dignity. One member of staff said, "It's their home."

The manager told us the staff meeting was used to promote key areas such as safeguarding. The manager said they recently delivered a quiz to staff about how to protect people from harm. We were told about incidents and concerns staff had and how these were brought to the manager's attention. We were also told about an incident which was not raised with the manager for some weeks after the event. However, the manager had a plan to address this issue, and said they encouraged staff to always share their concerns with them.

The manager fully understood their responsibilities and the information we hold about the service, told us they reported incidents to the CQC as required.

The manager said they received support from the provider; however they also said they didn't feel the provider responded effectively to their recent issue with staffing levels. All the staff we spoke with felt the service's manager was very responsive to the needs of people and the service, but staff were critical of the provider's response to the staffing issues.

The manager told us the service needs more staff in order to fully meet people's needs. The manager told us about the services recent recruitment plan, and we could see new members of staff had started working at the service, we were also told further interviews were taking place. The manager said "It's important we get the right people."

The service had also arranged planned improvements to the building. New flooring was planned in the corridors, windows were being replaced, and the conservatory was being redecorated. We could also see some communal areas had been redecorated.