Whisselwell Care Limited

The Priory Residential Care Home

Inspection report

10 Paternoster Row
Ottery St. Mary
Devon EX11 1DP
Tel: 01404 812939
Website: prioryresidentialcarehome.co.uk

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Ratings

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

Overall summary

An unannounced inspection took place on 1 and 7 July 2015. It was carried out by a lead inspector who was accompanied by a second inspector on both days. A pharmacy inspector also visited the service due to previous concerns relating to medicines management. This team was arranged because of the type of breaches of the Health and Social Care Act (2008) after inspections in December 2014 and May 2015.

After the comprehensive inspection in December 2014, CQC took enforcement action because the service was not well led and improvements were needed to ensure the well-being and safety of people living at the home. The provider met with us and provided an action plan explaining what they would do to meet legal requirements in relation to improving their service. A focussed inspection in May 2015 took place to look specifically how the service was run. We judged at the time that there had not been significant improvement.

Summary of findings

The Priory Residential Care Home provides accommodation and 24 hour care for up to 21 people. There were 17 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.

We found at this inspection that there had been significant improvements to the overall management of the home. All breaches of regulation had been met. There were still some areas that needed to improve. However, the registered manager had already begun to take steps to address these areas.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection, four applications had been made to the local authority in relation to people who lived at the service.

Some improvements were needed to manage some risks to some people's safety and well-being, for example the sharing of information between staff groups when people's care and health needs had changed.

There were improved quality assurance systems in place to monitor, identify and manage the quality of the service. However, these processes needed to be embedded and sustained to help ensure people experienced a consistent high standard of care.

Staff had received appropriate training. Staff received supervision to ensure they could carry out their job safely and effectively. Staffing levels met people's needs. Staff who worked at the service had undergone a robust recruitment process and knew how to recognise and report allegations of abuse.

People living at the home were positive about the atmosphere of the home and felt safe. People were supported to access healthcare services to meet their needs.

Staff were kind and caring. Staff were knowledgeable about people's individual needs.

People's safety and well-being was monitored and there were risk assessments in place to try and reduce potential harm to people. Medicines were managed safely and people received their medicines appropriately.

People were offered a choice of food in accordance with their dietary needs. People had access to activities that complemented their interests.

Systems had been instigated to help ensure the registered manager could monitor that the staff group were providing a safe and responsive care. People living at the home had the opportunity to influence the way the service was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Medicines were managed safely.

Staff knew their responsibility to report safeguarding concerns.

Staffing levels met people's emotional and physical care needs.

Checks were completed to ensure the environment was safe.

Recruitment was managed well to help ensure suitable staff were employed at the home.

Is the service effective?

Requires improvement

The sharing of information between staff groups needed to be improved when people's care and health needs changed.

Staff received appropriate training.

Supervisions now took place more regularly meaning that staff were supported in their work.

People had access to health care services to help manage their health care needs.

Referrals to the Deprivation of Liberties safeguarding team showed staff knew their responsibilities to protect people's rights.

Is the service caring?

Good

Staff were kind and caring. They knew people well and changed their approach to suit the individual.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good

Care planning and the quality of recording the care given had improved which demonstrated that people's care needs were met and planned for appropriately.

The management of complaints continued to be managed well.

People's social needs were supported by a range of activities.

Is the service well-led?

Requires improvement

Improvements have been made to the way the service was run and managed. There was more management presence in the home and systems had been put in place to audit the quality of care.

However, systems and new ways of working needed to be embedded in the culture of the home and sustained.

The Priory Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 and 7 July 2015 and it was unannounced. The home is registered for 21 people and 17 people were living at the home. The inspection team consisted of four inspectors, which included a pharmacy inspector.

Nine people told us about their experiences of living or staying at the home. Three visitors commented on the standard of the care. We also spoke with the management team and seven staff members. We contacted a health professional who visited the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not comment directly on their experiences of living at The Priory Residential Care Home

During the inspection, we looked at records relating to monitoring audits which included staff recruitment, staff inductions and supervisions, safety of the building, and risk assessments. We also looked at medication records and the care records for six people.

Before the inspection, we reviewed the information we held about the home and notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law. The service did not complete a new Provider Information Return about how they ran the service as they had completed one in December 2014.

Good

Is the service safe?

Our findings

When we inspected in December 2014 there were breaches in regulation connected to safeguarding, managing risks, the safety of the building, recruitment and medicines. We found at this inspection that improvements had been made and all these regulations were now being met.

Staff were knowledgeable about how to recognise signs of abuse and how to whistle-blow on poor or abusive practice. Staff knew who they should contact to make a safeguarding alert either within the company or via an external agency. Recently the registered manager had protected a person who was at risk of financial abuse. They demonstrated awareness of their responsibilities to liaise with other external agencies to safeguard the person. A social care professional confirmed the registered manager had acted in a timely and appropriate manner. A concern raised after the inspection was also responded to appropriately by the registered manager and measures put in place to monitor the situation.

The quality of recording of incidents and accidents had been sustained and these were now collated so staff could pick up patterns and potential triggers for events. There was evidence of action being taken to reduce the risk of events occurring again. For example, improving staff training in catheter care and providing clearer guidance.

Since the beginning of 2015 there had been changes in the care staff team. Records showed six care staff out of a team of 18 care staff had started working at the home in 2015. The recruitment process at the home was more robust than on our two previous CQC inspections. For example, all four sets of recruitment records showed all the checks and information required by law had been obtained before four new staff were employed in the home. These checks included full employment histories for each staff member and written records of telephone references, which showed the management team recognised the importance of ensuring the recruitment process was thorough. Interview notes were recorded to demonstrate candidates experience and understanding of their role in care.

During the inspection in May 2015, discussions with the management team highlighted there was a misunderstanding about when staff disciplinary measures would be implemented. Recent minutes from a staff meeting demonstrated how staff had been informed of the new disciplinary process, which had been put in place. The management team were clear about when these would be implemented. Staff said these new measures were to ensure care staff recognised the importance of accurate record keeping.

Staff said there was nobody who currently looked after their own medicines, but they told us people could do this if it had been assessed as safe for them to do so. Medicines were stored safely and securely. For example, there was a separate refrigerator for medicines needing cold storage. Records were available to show that the temperature was being monitored to make sure that medicines were stored correctly and would be safe and effective for people.

Records were kept and regular checks and audits took place. The medicine charts for 17 people showed records were well completed. Any changes to people's medicines were clearly recorded on the charts, and checked by a second member of staff to make sure they were correct. There were separate charts for recording the use of creams or other external preparations, although staff said this system was under review. These included instructions for care staff on how and when to apply these preparations. Records of when medicines were delivered to the home were kept and records were kept of medicines being sent back to the pharmacy.

There was a system for recording and dealing with any medicines issues or errors, although staff reported there had been no medication errors since our last inspection in May 2015. Training and checks had also been updated for any staff who had been involved with any medicines incidents. Records showed that staff had received medicines training, and had regular checks to make sure that they could give medicines safely. Staff confirmed this practice. There were policies and procedures in place to guide staff as to how to look after medicines in the home. A new system of regular monthly audits and spot checks of medication handling was being introduced. The supplying pharmacy had visited recently and actions suggested in the report were being implemented.

Four people's care plans were checked and information was recorded about their medicines. For two people who lacked the capacity to consent to their medication and were receiving their medicines covertly, information was

Good

Is the service safe?

recorded that this had been agreed with the doctor and the person's family. However this decision made in their best interest had not been fully documented in their care plan, which the management team said they would address.

A handyperson was employed to work at the home; they completed maintenance records, which included weekly and monthly safety checks, such as water temperature. Records showed maintenance issues were reported by staff and signed off by the handyperson when the work was completed. Repairs were addressed promptly. One vacant room required maintenance work but the management team explained the action that was planned before it was occupied again.

Staff told us about the risks to people's safety and well-being, for example the risks to a person when their mood was low. There were clear instructions to staff not to leave people with drinks if they needed assistance to drink to prevent choking; a person at risk of choking was assisted with drinks but was not left alone with a drink. This addressed a risk to people's safety that had been identified in our last inspection in May 2015.

One person was in a low mood and was distressed about a lot of things. Their care plan showed how staff had sought medical advice to support the person appropriately and to minimise risks to their safety and well-being. A new member of staff was clear about the potential risks to this person's safety and how they should be supported. This example showed how staff were provided with information to help them care for people safely.

A staff member assisted a person to move in a communal area; the person lost confidence during the transfer from wheelchair to chair and other staff were called to assist. The staff member recognised the person was at risk of falls. However, they discussed the person's varying mobility with us and how they had assessed how they assisted the person to move. This decision was based on the person's risk assessment in their care plan, which the staff member showed us. Another person who used equipment to move said "Sometimes I feel safe, but sometimes it is a bit wobbly..." Records showed equipment to move people had been serviced to ensure it was safe. A staff member commented "A while back there was some problem with the wrong equipment, but that is all sorted now."

Time was spent in communal areas to help us judge if people felt relaxed in their surroundings as some people living at the home were unable to comment directly on their experiences of care. People walking around the home looked confident and people looked at ease with staff. Several people commented they felt safe, for example "It is absolutely safe here, yes. It is very comforting here and you do feel safe – I do anyway!" While a staff member commented "Yes, people are safe here, I know so because it's a small house so we're on top of each other...it is like a formal family."

People who were being cared for in bed had access to a call bell to request help from staff; bedrooms had call bell systems fitted. This helped keep people safe, although one person said they did not like the call bell being near them and asked staff to move it. The management team sent us information to show how they had discussed the person's decision with them. They confirmed they would consider other options with the person to help keep them safe.

People said there were enough staff; staff were attentive to people's need for emotional reassurance and physical support. However after checking staff rotas for a three week period, one shift showed two newly recruited staff had worked with only the support of an experienced senior. Both care staff members were still on their induction. The management team acknowledged this was not ideal but advised a member of staff had rung in sick at short notice and additional staff, including agency staff, were not available.

A commissioning team also queried if enough staff were on duty during one of their visits. After checking the rota for this period, it showed the management team were in the building but the care staff had not counted them when considering what cover was available in the home if they needed additional help.

Requires improvement

Is the service effective?

Our findings

When we inspected in December 2014 there were breaches in regulation connected to training, supervision and consent. We found at this inspection that improvements had been made and all these regulations were now being met. But there were some areas relating to the sharing of information and reacting to changes in people's health that needed to be improved.

A representative from the community nursing team had no current concerns and acknowledged the work of staff in recently providing good end of life care. Charts relating to people's pressure care were now completed appropriately. However, a health professional queried whether the sharing of information between day and night care staff needed to be improved to ensure timely changes to practice.

Staff told us how information was shared with them about people's care needs, which included staff handovers and through written information. A handover session took place for staff coming on shift, which included agency staff; staff confirmed this was usual practice. However, further work was needed to ensure key changes in people's care were consistently communicated to all relevant staff. The management team provided information to demonstrate how they had addressed this issue with care staff.

For example, based on feedback from our inspection, the speech and language team were contacted by the management team to assess a person's risk of choking. The management team advised us they had made changes to the person's care plan and communicated this change to the care staff in writing. However, the changes had not been effectively shared with staff and led to the recommendations not being followed, potentially putting the person at risk of choking. This example showed further improvements were needed within the service to ensure communication was improved between different shifts. The management team told us of the steps they had taken to immediately address this issue.

Work had been undertaken to improve the reviewing of people's care. Records showed there was a system in place to review people's care each month. However, care plans showed this had not happened in April 2015 demonstrating this system still needed to be embedded. Monthly records were kept of people's weight; staff explained gaps in the records meant the person was cared for in bed or had declined. An alternative method of monitoring their weight and risk of malnutrition had not been put in place. Before the end of the inspection, suitable training had been arranged for staff to help address this gap in monitoring.

People had access to a chiropodist, which was confirmed by a person living at the home and from minutes of a meeting with a person who had recently moved to the home. However, the management team planned to ensure a person needing specialist foot care was seen regularly as we noted the person's toe nails were overgrown. People told us and records showed that people were supported to see an optician. A visitor was pleased how staff had arranged for their relative to see a dentist because of discomfort and the chef had changed the preparation of their food to address this change in their health. They said "The staff care for X very, very well, no worries on that score. They are recording everything that X eats and drinks and they have turn charts and charts for everything...overall we are as happy as it can be. I don't think X could get better treatment anywhere..."

Records showed health professionals had been consulted for advice on suitable equipment to meet the changing mobility needs of a person. For example, staff talked to us about the new equipment that had been bought and how it was used. People confirmed they were visited by health professionals, including the district nursing team. Staff spoke with people about these visits and showed an understanding of the health treatment people were receiving.

Five staff members said they had received a lot of training recently; on the first day of our inspection a number of staff members were completing training on two topics from an external trainer. Staff told us training was a mixture of e-learning, distance learning and group work. Staff could provide examples of how training had led them to review their practice and introduce changes, for example managing supervision. Five individual staff files contained confirmation of the skills of new staff and previous experience. Records showed the majority of staff at the home held a national qualification in care. A copy of the staff training matrix was provided at the inspection, which demonstrated the range of training.

A number of new staff had joined the staff team; the management of inductions had improved and records demonstrated how essential information was introduced to

Is the service effective?

new staff. For example, new staff confirmed key policies, such as those linked to safeguarding and whistle-blowing, were shared with them. A new staff member said they had been given "loads of information" which included personalised information about the people they supported, such as their likes and dislikes. They confirmed their practice had been assessed and observed by senior staff at the home as part of their induction. Since our CQC inspection in December 2014, observations of staff practice had been recorded as part of the home's action plan to demonstrate staff members' skills and competency.

Previous CQC inspections in December 2014 and May 2015 highlighted poor management of staff supervisions. Since May 2015, supervision arrangements had been improved, which included the introduction of a supervision session after three weeks of employment for new staff. Senior staff had completed training to improve their skills in managing supervision. The completion of supervision records had improved. There was a commitment from senior staff to ensure supervisions took place on a regular basis. A staff member commented "supervision is monthly; it is very helpful I know if I've got a problem I can talk to my supervisor and get a plan of action."

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Deprivation of Liberty Safeguards (DoLS) provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

Since the inspection in December 2014, the management team advised there were four DoLS applications in place. The management team were able to demonstrate their knowledge of when safeguards would be appropriate through their practice. A discussion with another staff member confirmed their understanding by giving us examples of when an application would be needed. Other staff said they had undertaken training in this subject, which was confirmed by staff records. Some recording of people's capacity to consent had been completed retrospectively, such as regarding the use of covert medicine, to address previous shortfalls. Discussion took place to ensure people's capacity to consent was routinely recorded in the future.

People were supported appropriately to assist them with their meals and drinks. For example, a staff member supported a person at an appropriate pace, involved them and ensured they knew what they were eating. It was clear that staff knew people's food and drink preferences and how food should be prepared for individuals. This was also recorded. A person told us their preference for smaller portions was known by the cook.

Staff preparing food liaised with care staff to understand the health needs of people. For example, they were pureeing food for one person because they had a sore mouth. The person's relative confirmed this happened and commented positively on the practice of the cook to keep all the flavours separate to ensure the person still enjoyed their meal. People were positive about the food, for example commenting "the food is lovely" and "the food is good". A person said "No, I don't know what's on the menu but I'll tell you it will be absolutely lovely". The menu was on display in the hall and the cook spent time with people each day to check their meal preferences.

Bedrooms and communal areas were generally well maintained, although one staff member commented that in their view some furnishings were dated. A new carpet was due to be fitted in the TV lounge, which contained six armchairs that had worn arms, and internal painting work was being carried out during our inspection. Since December 2014, staff advised they had replaced a large amount of bedding to improve the quality of bed linen.

Good

Is the service caring?

Our findings

Practice had improved since our last CQC inspection in December 2014. Staff understood the importance of respecting people's dignity and they were respectful when they spoke about how they supported people living at the home. One staff member forgot this approach when they mentioned someone's disorientation to another staff member in front of others. However, most staff practice was respectful and caring. Staff were discreet when they supported people with accessing toilets.

Several people said they would recommend the home to other people. For example, one person said "I am very happy here" and another said "It's lovely here...staff are good, rooms are lovely, it's just great, I love it here. It is nice". Visitors were positive about the care provided by staff, for example they said their relative was "very well cared for". Another visitor said their relative was "well looked after" and their relative had told them the staff were "lovely people". They also commented the staff made them welcome.

People said staff were kind and respectful when they helped with personal care. Staff told us how they cared for individuals and they gave examples of their practice. For example, staff spoke about people in a caring manner and it was clear they recognised people's individuality. There were good relationships built between staff and people living at the home. People told us their friendships with other people in the home were respected by staff. Minutes from a residents' meeting in June 2015 showed how staff supported people to remember several people who had died at the home and had been part of their community. The minutes recorded people "toasted the memory of the friends who had left us" with a drink of their choice.

It was clear from our discussions and observations that staff knew when to adapt their approach in recognition of people's individuality. Staff were generally observant to people's changing moods and responded appropriately, which was demonstrated through their practice.

There had been improvements in the way people were consulted about their care. For example, records from meetings showed how the management team had met with people to discuss their heath and emotional needs. A person told us how they felt supported with making changes to their diet. At lunchtime, people were given their medication in a safe and caring way, with staff monitoring people's pain.

Staff practice had improved since our inspection in December 2014. For example, a staff member supported a person with their meal in a caring and sensitive manner. Staff checked with people how they wished to be supported and listened to their opinions. For example, where people wanted to sit, and what they wanted to drink and eat. People told us they chose how they spent their day and whether to participate in activities in communal areas. Some care records showed people were consulted on day to day decisions but other records lacked this detail. People's mental capacity was assessed to support them make decisions in different areas of their care and life.

Good

Is the service responsive?

Our findings

When we inspected in December 2014 there were breaches in regulation connected to care planning and management of complaints. We found at this inspection that improvements had been made and these regulations were now being met.

After the CQC inspection in December 2014, work took place to address shortfalls in the planning of care for people living at the home. This included producing information that was person centred to each individual. As well as a summary section to highlight key facts to help staff care for people appropriately. People's needs were assessed by the management team. After discussion with individuals, and where appropriate their families, a care plan was created. There was care information recorded in six people's files, which was individual to them, but it was not always clear if the person or, where appropriate a representative, had agreed to the content of care records. The management team confirmed this was work which still needed to be completed.

Staff said they liked the new format for care plans and found the changes to the daily records very helpful. Daily records were generally well completed with individual information which gave a detailed overview of the physical and emotional well-being of people.

A file had been created to provide key pieces of information for agency staff. The management team said the file was kept in the office but decided during the inspection this should be kept in a more accessible place. An agency staff member who had not worked at the home before had not been shown this file before starting their shift but said they had received a "full handover" before their shift. Another agency staff member demonstrated detailed knowledge of the people they were supporting. A person living at the home said agency staff knew how to care for them. A newer member of staff told us how they were given "loads of information" regarding people's care needs, including their likes and dislikes. They said the written information contained in care records reflected the needs of the people they supported at the home.

Care planning considered the needs of the individual person and staff knew their responsibilities to support people's well-being. For example, staff completed a behavioural chart for one person to help understand the triggers for their frustration with the aim to reduce these incidents. A staff member supported a person who had become distressed; they followed the guidance in the person's care plan to explain what was happening around them to try and reduce the person's anger. Staff discussed possible triggers for the person's behaviour and actions they would take to reduce a similar response happening again.

One of the senior staff members organised the social events at the home, which included visits from external entertainers. Records showed these events were planned in advance and well organised. During the inspection, there was live music and some people joined in singing. There was also a quiz, although some people chose to watch the tennis on television. People were positive about the variety on offer; one person said "They entertain a lot here, all sorts of things, but I don't stay very long. I'm too old now, my dancing days are done." Another person said staff let them know what was going on in the home but they could choose whether they participated. The home did not have a garden but one person told us they enjoyed sitting in the small enclosed courtyard when there was good weather. Staff chatted to them as they sat outside and encouraged them to spend more time outside of their room. Improvements had been made to how activities were recorded to enable staff to review if people's social needs were being met.

In our last inspection in May 2015, improvements had been made to the way complaints were recorded and the style of response. A complaint since this inspection showed this improvement had been sustained and action had been taken to remind staff about the importance of maintaining a person's appearance and dignity. The person's care plan also stated the importance of providing good personal care to support their dignity. One person said "If I didn't like something or it wasn't as I'd expect it to be I would say because I don't see the point in not saying so". Another person said they could approach either the registered manager or assistant managers if they had a concern and felt they would be listened to. Although a third person had less confidence about sharing a concern. A visitor said "There have been problems, but the management listen and sort it..." Another visitor implied sometimes things got forgotten by staff but they felt comfortable to remind them and keep them "on their toes!"

Requires improvement

Is the service well-led?

Our findings

When we inspected in December 2014 there were breaches in regulation connected to notifying CQC about incidents in the home and the effectiveness of quality assurance systems in the home. We took enforcement action and served a warning notice because of the poor management of the home. We found at this inspection that improvements had been made and these regulations and the warning notice were now being met.

The home is owned by a limited company; the registered manager is one of the directors. Our last inspection in May 2015 found there had not been significant improvements in the management and leadership of the home. On this inspection, further action had been taken to improve the quality of the audits and systems within the home to help ensure people benefited from a well-run home. The registered manager had increased the time they spent at the home and provided us with details of the additional days. Staff confirmed these arrangements. However, the systems to monitor and review the quality of care and the safety of the building still need time to become embedded and be consistently applied.

Previously, records relating to people's pressure care and nutrition were not consistently completed. The registered manager confirmed there were now systems in place for senior staff to check the quality of completion. Records were well completed but not all had been signed off by senior staff so this was still an area for improvement. Monthly reviews of people's care took place but there were gaps in several people's records for April 2015 because the responsible staff member had left and their role had not been delegated to another staff member.

Some of the work to establish new systems and ways of working had been delegated to three assistant managers, including creating more robust recruitment, supervision and induction processes. Evidence from this inspection showed these processes were becoming more established and were now being audited by the registered manager.

Since the last inspection in May 2015, the registered manager had also completed an audit of the quality of people's care plans. This included checking the quality of daily entries relating to people's care. She had found some gaps in daily records. She had called an emergency meeting to ensure staff knew the importance of completing records accurately. Minutes from this staff meeting in July 2015 showed the registered manager had informed staff of new disciplinary measures to address poor recording practice.

Previously assistant managers had not been formally supported by the registered manager because supervision had not been provided. Staff now confirmed these arrangements were in place. These were also complemented by a new arrangement to commit to regular assistant managers' meetings. Since our inspection in December 2014, observations of staff practice had taken place and were recorded. Staff confirmed their practice had been observed and understood the purpose. The registered manager told us how staff members on a probationary period had their practice observed. They said this would be increased if there were concerns about their practice to ensure they were suitable for their role.

Since our inspection in December 2014, the registered manager had participated more regularly in meetings with staff and people living at the home, which minutes confirmed. People living at the home said the registered manager visited communal areas on the ground floor. The registered manager had begun to keep records of her informal meetings with people to show how she gathered people's view on the service. She also planned to introduce a short survey which people could respond to anonymously.

Minutes from staff meetings since the last CQC inspection showed the management team reminded staff on the importance of quality record keeping. Staff said the management team listened to staff feedback, for example the format of the new care files, and that there was "good communication across the board" with regular staff meetings. A staff member observed there had been a number of changes in recent weeks. They commented the management team had "pulled their socks up" and another person said "you can always get advice from a senior or the management team ... the management are responsive." Another staff member felt new staff had made the care team more motivated and said "the staff that work here now want to do it right." An agency member of staff said "I love it here, absolutely love it here. I think it's brilliant, love the staff, the residents I like the way we work as a team here."

The registered manager had been open with people living and visiting the home about the home's previous CQC

Requires improvement

Is the service well-led?

rating, which was confirmed by minutes from a meeting. A poster was also displayed in the hallway so people were made aware of the home's current rating. A relative was aware of the previous CQC 'inadequate' rating but was pleased with the current standard of care and the attitude of staff.

The registered manager had delegated visits to people on the upper floors to other staff. This delegation included safety and maintenance checks for the building. These records were now regularly audited and action was taken to address gaps in these records. For example, the registered manager had ensured a problem with hot water was resolved. Previously steps had not been recorded to show that a poor hot water supply in people's bedrooms had been addressed. On this inspection, actions were recorded and our checks showed there was now hot water in these rooms. People living at the home confirmed the availability of hot water had improved.

This inspection showed there had been a marked improvement in the way risks and people's care was managed. The support to staff had improved and quality assurances systems were becoming more established. However, many of these improvements had been made after the May 2015 inspection and therefore CQC need to be confident that they can be sustained over a longer period of time.