Monarch Healthcare Limited

Clifton Manor Residential Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 1 December 2015 and was unannounced. There were no breaches of legal requirements at our previous inspection in November 2014, but we did ask the provider to make some improvements to the service.

Clifton Manor Residential Home provides accommodation and nursing care for up to 47 people who have nursing or dementia care needs. There were 42 people living there at the time of our inspection. We spoke with six people living at the home, six relatives, six care staff, one senior care staff and the manager.

There was no registered manager at the service; a manager is required to register with us by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our last inspection in November 2014 we found that, there was no registered manager in place and there were also a number of other improvements required. People were not supported to have sufficient to eat and drink. Activities did not always reflect people's needs. People did not always receive responsive care and staff did not always feel confident that concerns raised would be dealt with.

At this inspection we found that the provider had made some improvements.

Staff were not always deployed appropriately as people raised concerns and said staff presence was sometimes limited in areas of the home where they were needed. The provider recruited staff with the right skills and where required they took appropriate action to ensure people were kept safe.

People received their medicines as prescribed and in a timely manner. There was no system in place to ensure people who required prescribed creams and lotions had them applied correctly. Medicines were not always stored in a safe way.

People felt safe living in the home. Their relatives were confident people were safe and knew how to raise any concerns. Safeguarding issues were reported and investigated appropriately. People were able to take informed risks and these were managed by staff.

People gave positive feedback about the staff skills and knowledge to do their job. The provider was following the requirements set out for the MCA and DOLs and acted legally in people's best interests if they did not have the mental capacity for particular decisions. However, some staff were not fully aware of what this meant for people.

People were supported to have a balanced diet that promoted healthy eating and drinking. They had access to other health care professionals and referrals were made if staff had concerns regarding people's health.

People experienced a positive caring relationship with the staff who supported them. People were involved in making decisions about their needs and felt they were given choices and preferences. People were treated with dignity and respect at all times.

People's feedback was positive about the care they received, but staff were not consistently responsive to people's personalised needs. People participated in activities that helped stimulate them. Systems were in place for people to share their views and experiences. Complaints and incidents were addressed and dealt with in a timely manner.

The manager of the service was not registered with CQC at the time of our visit. We received positive feedback from people, their relatives and staff on the approachability of the manager and how they felt supported by them. Improvements had been made in regards to the quality monitoring of the service. There had been improvements identified, however to ensure this was consistent further monitoring was required. Management had discussed shortfalls and concerns at team meetings. The vision and values of the home were more positive.

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?

Requires improvement

The service was not consistently safe.

Staff were not always deployed appropriately as people raised concerns and said their presence was sometimes limited. Appropriate action to recruit staff with the right skills.

People received their medicines as prescribed and in a timely manner. There was no system in place to ensure people who required creams and lotions had them applied correctly. Medicines were stored correctly, but not always in a safe way.

People felt safe living in the home. Their relatives were confident people were safe and knew how to raise any concerns. Safeguarding issues were reported and investigated appropriately. People were able to take informed risks and these were managed by staff.

Is the service effective?

Requires improvement

The service was not consistently effective.

The provider was following the requirements set out for the MCA and DOLs and acted legally in people's best interests if they did not have the mental capacity for particular decisions. However, some staff were not fully aware of what this meant for people.

People felt their needs were met by staff that were knowledgeable and skilled to ensure they received effective care. People were supported to have a balanced diet that promoted healthy eating and drinking.

People had access to other health care professionals and were referred if staff had concerns about the person's health. However, staff did not always ensure people received effective care relevant to their needs.

Is the service caring?

Good

The service was caring.

People were encouraged to form positive caring relationships.

People were supported to express their views and actively involved with decisions about their care needs.

People were treated with kindness and compassion and their privacy and dignity was respected.

Advocacy information was available.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People received personalised care, however, their needs were not always responded to.

People were supported to follow their individual interests and social activities.

People and their relatives were encouraged to share their experiences and raise concerns if needed.

Is the service well-led?

The service was not consistently well-led.

There was no registered manager at the home, but the person in charge was reported to be open and approachable.

People were encouraged to be actively involved with the service.

The provider had systems to assess and effectively monitor the quality of the service they provided.

Requires improvement

Clifton Manor Residential 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 December 2015 and was unannounced. The inspection team consisted of three inspectors 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 the inspection we reviewed the information we held about the home. This information included notifications. A notification is information about important events which the provider is required to send to us by law. We contacted commissioners of the service to obtain their views on the service and how it was currently run.

During our inspection we spoke with six people living at the home, six relatives, six care staff, one senior care staff, the manager and an area manager. We reviewed ten care records, observed care and reviewed other records relating to the management of 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 talk with us.

Requires improvement

Is the service safe?

Our findings

People told us they did not feel there were enough staff. One person said, "There are sometimes not enough staff, especially when there was a tummy bug going around." Two more people raised concerns and told us there was not enough staff available when they needed assistance to go to the toilet. One said, "It can sometimes take a bit of time to get attention, and you are in the main lounge. I need two care staff to support me and sometimes it's a while before there are two free." The second person told us the service used agency staff at night. who were not the same as the regular staff and could sometimes be a bit rough, especially if they had already asked to go to the toilet. We spoke with the manager and they reassured us they had addressed this issue. Another person told us they get a strip wash every day. They said, these girls are so hard working and kind to me they do their best, but there are not enough of them." Another person said, "I have trouble moving around by myself, which is hard. It takes time to get staffs attention or for them to respond to my needs when they are busy.

Staff told us they were not very often short of staff. However, one staff member said, "Sometimes the bells ring for a while in the morning when people want to get up. The longest wait is about three minutes." Two staff told us that when a staff member phoned in ill it coursed a disruption with the staffing levels. They said this happened about once or twice a week. The manager told us they had one vacancy at the home, but covered the shortfalls with agency staff. They said that they made sure there was always an experienced member of staff at night and weekends to ensure continuity of care for people.

To ensure safe recruitment of staff the service was following robust policies and procedures. Staff confirmed that relevant checks were undertaken by the provider to make sure they were safe to care for older people. Staff files we looked at identified staff had completed an induction and appropriate processes had been followed to help ensure staff employed were safe to care for people in the home.

People received their medicines as prescribed, safely and at the right times. Those we spoke with told us staff observed them to ensure they took their medicines. One person said, "They [staff] watch me while I take it." Staff confirmed they had received training and competency tests for medicines before they administered any medicines to people. They described how they followed the correct procedure and used non-touch techniques, signed the Medication Administration Record (MAR) and observed people take their medicines.

The service had implemented a new electronic system that was easier to monitor and minimised any errors when staff were administering medicines. The MARs that we looked at included a picture of the person so staff could be sure they were giving medicines to the correct person. Any allergies were clearly identified and it was clear when medicines had been discontinued. Where medicines were time critical the system did not allow medicines to be administered until the correct time. We checked that all the medicines could be reconciled with the amounts recorded as received from the pharmacy and administered. There was evidence from looking at medicine records and speaking with staff that PRN medicines (those given when required, such as for pain relief) were given appropriately and safely. Staff followed relevant procedures for disposing of medicines.

However there was not a robust system in place to ensure people who required them, had creams and lotions applied. The procedure in place was not followed as staff were not signing MAR charts to confirm if people had received their creams. One person's care plan advised staff to apply a prescribed creams and the manager told us this was no longer prescribed to the person. We also found aqueous cream in the person's room with no prescription label. The manager told us this had been brought in by the family and they would remove and dispose of it. This showed us the system in place for prescribed creams and lotions was not robust and people may be at risk of not having the correct or required creams applied.

We could not be assured that medicines were securely stored with only authorised care staff having access to them. Neither of the two medicine trollies were secured to the wall during our visit and one trolley was unlocked, but the door to the medication room was locked. The service kept accurate records of fridge and room temperatures to ensure medicines were effective when used. This told us the service were not adhering to relevant guidance on how to keep medicines fully safe and secure.

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse.

Requires improvement

Is the service safe?

People told us they felt safe living in the home and comfortable with the staff who cared for them. One person said, “I do not have to worry about living here at all. It’s very nice here, couldn’t be better.” Another person told us they had an issue with two care staff that were a little rough with them. They said, “I am not afraid to speak out and I complained about it.” They told us the issue was dealt with appropriately. A relative said, “I feel confident my relation is well looked after.”

Staff told us that people were protected from avoidable harm and abuse. We spoke with five staff who told us they had received recent safeguarding training. Staff were able to name different types of abuse, and knew who to report any suspicions or concerns to. One staff member told us, “I would not be afraid to speak up if I thought there was a danger.” Records we looked at showed relevant referrals had been made to the local safeguarding team when concerns were noted.

The manager discussed the process for reporting concerns of a safeguarding nature. This included how to contact the local authority and the Care Quality Commission. There had been a number of safeguarding concerns raised in the last 12 months. However we felt reassured that if any issues did arise they would be dealt with. Comments we received from visiting healthcare professionals were positive around safeguarding issues and how they had reduced since the provider had put a new management structure in place.

Individual risks were identified and managed; systems were in place to manage accidents and incidents to ensure action was taken to mitigate any potential risks to people. We found recorded on relevant care files any injury or accidents that people had received. These records were monitored on a regular basis to address themes and trends of any incidents that may occur .We found appropriate action was taken when required.

We found there had been an incident of a small fire at the home. One person described how they felt during the experience. They said, “I was really scared as my room was near to where the fire started. The procedure was to stay in my room until the fireman came.” We noted all people had a personal evacuation plan (PEEP) in place for emergencies, such as, fire. We found the home followed relevant procedures when they evacuated the home. They reported and recorded the incident as per the providers reporting process.

Staff supported people to keep safe and to minimise any risk of harm. We observed staff assist people to move around the home and to transfer between chairs and, wheelchairs. They used suitable equipment when moving people and communicated with each person throughout the task to give reassurance and to make sure they were safe.

We looked at care plans for ten people. Throughout the plans we noted up to date risk assessments, which informed staff how to manage any potential risks, such as falls and behaviours.

Requires improvement

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff with the relevant skills and knowledge. People were complimentary about the staff and how they cared for them. One person said, "The staff treat you well here and they know what you like." A relative said, "I feel confident that [Name] is well looked after."

Staff confirmed they had received training to support them to provide people with effective care. Training had taken place during our visit. Two staff members arrived for their shift and were talking to people about the training they had attended. People asked questions to the staff, who in turn explained what this meant for people living at the home. Staff told us they had received and records we saw confirmed they had attended relevant mandatory training, an induction and received supervision every two months. They were also supported to undertake additional training to meet specific needs. The training programme was an electronic system that identified when staff training and refresher courses where required. The manager told us the system was monitored on a regular basis. We saw all training was up to date, but it had been identified from care plan reviews that there was an issue with staff knowledge around mental capacity and best interests for people. We saw further MCA training had been booked.

Staff received supervision every two months and annual appraisals. One staff member told us they had received an appraisal, but not recently. Another staff member said they had just started, so were not aware of the annual appraisal systems in place. From staff files we looked at we saw this information was accurate. Overall this told us staff had a thorough induction and were supported to carry out their roles and responsibilities.

People were asked their permission before staff undertook any tasks or support. Staff told us they encouraged people to be independent, for example, they always asked people if they would like to choose their own clothes to wear or ask if they required assistance.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The requirements of the Mental Capacity Act (2005) were adhered to in that when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interest documentation had been completed.

People had signed documents on their care files relating to consent to care and treatment. However, we found not all staff we spoke with had the appropriate skills and knowledge around the Mental Capacity Act. All staff had received training in this area, but some staff clearly had limited understanding of mental capacity, and how decisions might be made in someone's best interest if they lacked capacity. We discussed this with the manager and area manager. They told us they had realised some of the training given to staff was difficult for staff to understand and they were in the process of looking at ways to make it more easier and more user friendly. Staff were not clear if capacity assessments had been carried out for people. They thought best interest decisions were carried out, but were not clear about implications these had for people.

When people behaved in a way that may challenge others staff managed these situations in a positive way that protected people. From the sample of care records we looked at we saw appropriate assessments had taken place for MCA. In one file, where a person's behaviour was challenging to others, we found detailed instructions on how staff should care for that person. Staff were able to describe how they cared for the person and what they should do to calm the person down should their mood and anxiety increase. Appropriate DoLS applications had been made for people whose liberty was restricted or lacked capacity to make decisions for themselves.

People were supported to maintain good health and wellbeing and this was supported by having access to healthcare services. People told us if they required a doctor they attended promptly.

Requires improvement

Is the service effective?

We saw people had access to a GP, chiropodist or dentist when needed. One person said, "I know the doctor comes regularly, but I haven't had to see them. The chiropodist comes in to see me due to my condition." There was evidence in some care files that external specialists had been used by the provider. For example, the local dementia outreach team to help staff support and understand some behaviour that challenges people and others. The care plan for one person gave detailed information on how best to support the person, while still allowing them to have choices and control of their care support as much as possible. This demonstrated that people using the service received additional support when required to meet their care needs.

There was appropriate pressure relieving equipment in place and record of position changes one to two hourly during the night along with checks for incontinence for those people at risk of skin damage. Visiting professionals we spoke with gave positive feedback regarding action they had requested. However, we found that one person's skin integrity care plan stated cream should be applied as prescribed. The manager confirmed that the person was prescribed a cream, but that this was out of stock and had been ordered on the day of our inspection. There were no records, so we could not tell when it was last applied. In addition, a care plan review stated this person had been provided with heel protectors 'for carers to use', but there was no further information or advice. We spoke with five staff and four of them told us the person should wear the heel protectors every time they were out of bed. One staff was not aware that they should have been in place. We spoke with a healthcare professional and they clarified when the equipment was put in place, but they were not in use on the day of our inspection. Staff put them on the person when prompted by us. This meant there was a risk people would not receive effective care relevant to their needs.

People were supported to have sufficient to eat and drink. We asked people if they had access to food and snacks if they felt hungry between meals. They responded with, "Get enough to eat." People were offered a choice to make sure they received the food they wanted to eat. One person said, "The food is really good since the chef came. I am putting on weight." One person commented, after staff asked them why they had not eaten all their meal, "You think they would realise if I haven't eaten it all by now, I am not hungry." A relative told us, "The food was good, there is always enough for people." Another relative told us how their family member liked sitting with the other people at lunch, as they sometimes gave their relation their puddings, which they thought was kind, but they [The relation] was now putting on weight and the relative felt this should be monitored more frequently. A third relative described how they were concerned their relation was not eating sufficient, as they had a phase of not eating. They said they had spoken with staff and they monitored their relative's food intake. They said, "If there are any concerns then staff contact me, so between us we make sure they eat enough."

People were assessed to determine if they were at risk of malnutrition. We saw food and fluid charts were in place for people who were at risk, but they were not always completed. For example one person's care plan stated that the person should have four meals and snacks a day and that their food intake should be monitored. We saw their food chart was not always completed and records of supper or snacks were not recorded. We saw a recommendation that the person's fluid intake should be 1290mls per day. We saw from completed fluid charts that the recent fluid intake for this person was recorded as variable amounts between 1035 mls and 300mls per day. We could not tell if this was accurate as staff were not always recording correctly.

Staff told us If they had concerns about a person's food or fluid intake they would put food and fluid chart in place. We found they did not always consistently complete them. Staff also told us and we saw there was a tea trolley with snacks and drinks available throughout the day. Staff said, "If we were worried we would monitor the persons eating and drinking and refer to a GP or the speech and Language team (SALT)." We saw referrals had been made, but we were not confident all referrals would be made in a timely manner as records were not accurate.

We found staff were knowledgeable about what people had to eat and drink, one said some people like small meals some people prefer larger meals. Kitchen staff had a system in place to identify people's dietary requirements. The list was colour coded for clarity and enabled staff to see at a glance if a person required a special diet. This showed people's nutritional needs were understood. We found when a person was not eating properly and lost too much weight the service contacted a dietician and

Requires improvement

Is the service effective?

monitored their food intake. We observed the lunch period and found people received their food in a timely manner. We saw staff offered drinks and supported people with their meals where they required assistance.

Good

Is the service caring?

Our findings

People experienced a positive caring relationship with the staff that supported them. One person said, "We all get a Christmas present and because of my condition, they [staff] know not to give me chocolates." Another person told us that they had not got a special friend, but they chatted to whoever was sitting next to them this included staff. We observed staff using people's names, often using gentle body contact at the same time lowering themselves to the same level as people. They also gently repeated what they were saying to people to ensure they understood what they were saying to them.

We saw staff appeared caring towards people. One staff member told us, "The people who live here are lovely." They said, "I use touch sometimes, on the person's hand or shoulder especially if the person has a memory problem. I treat people like I would like my mother to be treated." We noticed staff were patient when supporting people. We saw staff helping a person to wrap gifts. The staff member was wrapping the gift at the same pace as the person. This was to make sure the person didn't feel rushed. Another staff member was walking with a person. The staff member spoke reassuringly to the person and encouraged them to take small steps.

People were actively involved in making decisions about their care and felt they were given choices. One person said, "I don't have to worry about living here at all. It's very nice. It couldn't be better – anything you want you just have to ask for it." One relative discussed how their family member was reluctant and frustrated when getting dressed. They said, "The staff are very kind and patient with [family member]."

Staff told us they liked to involve people in their care and support. One staff member said, "We have to do our best, they depend on us." Another staff member told us about a person who liked a regular shave. They said, "They don't like stubble. They always wear deodorant and like to be fresh. They are not themselves without their shave." Staff told us they had learned some techniques from the dementia outreach team. For example, one said that when supporting some people with their personal care they stood with them in front of a mirror with a flannel, so the person could see what they need to do when washing their face. This helps them be a little independent. We looked at ten care plans and found personalised information about the way people wanted care to be delivered, but there was very little life history. Staff did not have detailed information about people's previous lives. Personal history can be important and helps staff understand what was important for people they care for. We saw care plans were reviewed regular and updated, according to the needs of the person. This showed care planning took account of people's changing needs.

There were details displayed on the noticeboard in the home about how people could access an advocacy service. Advocacy services use trained professionals to support, enable and empower people to express their views. We also found this was referred to in the service user guide. We spoke with a representative from Age UK who provides an advocacy service. They gave positive feedback and told us they were forming a good relationship with the service and the manager of the home.

People told us and staff confirmed they were treated with dignity and respect. Staff had a good awareness of privacy and dignity; they described how they maintained people's dignity. One staff member said, "I always speak to people to let them know what is happening and ask if it is ok. I also offer to let them do tasks for themselves." Another staff member told us, "If I use the hoist, I will cover the person with a blanket to protect their dignity if required." All staff told us they offered people choices and asked their permission before they provided any care or support. We observed people being encouraged to be independent where possible. We saw staff take people to private areas to support them with their personal care.

People told us they liked their family and friends to visit. One person said, "My friends come to see me and the staff know I look forward to their visits. Seeing them makes me happy." Another person said, its great now, as family can visit anytime they want, whereas before there were limited visiting times." Relatives we spoke with confirmed the visited any time of the day. One relative said, "The family can come at any time, so we can see that the care is continually good." We observed people visiting their friends and family during our inspection. The manager told us there was no restricted time for people to visit.

Requires improvement

Is the service responsive?

Our findings

During our previous inspection in November 2014 we saw there were a lack of activities to reflect people's hobbies and interests. During this visit we saw improvements had been made. We noted one person had their nails painted. They said, "The care staff does them for me. I am working my way through all the colours they have." Another person told us they wanted to have their hair done. They said, "The hairdresser comes each week, which is nice. I expect they will be busy for Christmas." Two people told us they went out with their families. One person said, "I just have to tell someone and then sign out, so they know where I am." Another person said we go out for a ride in the car, it's nice, a change of scenery." A third person told us, "If I want to sit and stare at a wall I can."

One relative told us their relation enjoyed the regular activities the home had now provided. We noted people had been out on trips to the local shops, Christmas market and some people had attended the local goose fair. We were shown photographs of other days out people had attended. The staff member responsible for activities within the home told us they planned activities on a weekly basis and these were on the noticeboard, which we saw. They told us that volunteers came in to the home to sing and that a representative from the church visited once a month. They were aware of people's interests, such as walking, shopping or going out for meals. During our visit we observed only a small amount of people were involved with an activity. Other people were uninterested in the activity that was taking place or chose not to participate. We noted although staff looked in the room, we did not see any meaningful interaction with people. The manager told us they were looking at ways to improve the activities and staff interaction and this was an ongoing process.

People's feedback about the service was positive, but sometimes the service was not responsive to people's personalised needs. For example, one relative told us their family member required encouragement at all times. They felt that if the staff spent a little more time with the person they would do more things, such as walk more. However, another relative described how the staff responded to their relatives need, as before their relation came into the home they used to have a dog when they were living in their own home. The relative said, "[Name] really misses them. Sometimes the service has a dog visit the home. [Name] likes dogs a lot and this involvement makes them smile."

We observed staff numbers at the time of our visit. However, we saw some people were left alone in one of the lounges without much interaction from staff. The staff flitted in and out of the room on limited occasions without verbal contact with people. The only contact they had was to see who would like a drink or snack. This showed some people were left isolated and without personal contact for part of the morning and part of the afternoon. People did not have access to any call facilities while in the lounge areas, for example a call bell. Some people were living with dementia and were reliant on staff for their safety and well-being. The provider had not deployed staff effectively.

From discussions we had with people they were involved in identifying their needs, choices and preferences. However, care plans we looked at did not appear to be written with the involvement of families or the person themselves. Most of the care plans did not contain signatures by either the person or their family member. It was not clear if the person had been consulted. The manager told us the care plans were under review and being rewritten.

Systems were in place for people to share their experiences, raise a concern or complaint. A family member raised a concern with us during our visit regarding an issue involving a particular member of staff. The relative said that they had reported the issue to the previous manager, but nothing had been done. We spoke with the new manager who was unaware of the historical issues of the home. They told us the member of staff in question had been monitored and observed of their care practices recently and they had found no concerns, but would investigate the issue. We also spoke with the staff member responsible for training staff and they told us the staff member had completed all relevant training and they had no cause for concern. Another relative described a time their relation was assessed to use a different type of equipment than they were used to for moving and handling them. The relative told us this action caused the person some distress. The relative told us they complained and the manager arranged for another assessment and the original equipment was returned. People and their relatives told us that they would raise concerns informally with staff or managers. They told us they would be confident that

Requires improvement

Is the service responsive?

they would get an appropriate response; especially since the new manager had been appointed. Staff we spoke with told us they knew how to respond to a complaint, but told us they had not received any. One staff member said, "if I received a complaint, I would try and deal with it myself, but then report to someone more senior to resolve it."

Guidance on how to make a complaint was displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised. We did not find any information in relation to how to make a complaint in the service guide. (This was a guide for people and their families to gain information about the service the home provided.) This meant people may not receive full information on how to make a complaint or raise a concern. However, we saw all complaints received in the last 12 months had been addressed and responded to in a timely manner.

Requires improvement

Is the service well-led?

Our findings

During our visit in November 2014 we found there was no registered manager in post. There had been subsequent changes in management arrangements of the home. At the time of this inspection visit there was a new manager in post who had not yet submitted their application. We contacted the provider to ensure there were no further delays in this process. The manager of the home understood their role and responsibility. They told us they were fully supported by senior management to ensure they delivered the care and support required to meet people's needs.

People told us they felt the home had improved since the appointment of the new manager. One person said, "I do not know the name of the managers as there has been a few, but I know what the new one looks like as they are always walking around the place. You never saw the other one." Another person said, "The new manager is lovely and smiley. They always know our names and stop for a chat if they can. I really like her." Both people living in the home and their relatives were encouraged to see the positive changes since the new manager had been in post and commented how glad they were responsible for the home. One relative said, "I sometimes think they (senior management) put too much pressure on them and then they leave, which doesn't help." Visiting healthcare professionals were complimentary about the manager and their deputy. They felt they were both approachable. They gave positive feedback about how concerns or issues would be handled, if they did arise and felt confident action would take place. Staff also felt the mangers were approachable. Staff talked positively about the new manager. One staff said, "I can approach them if I have any concerns." Another staff member told us, "It's much better here now since the new manager came." They told us the manager was visible and helped to support people if they were short staffed.

The manager told us they worked alongside the staff team and were involved in the day to day running of the home. They said, "I like to walk around and get to know the people who live here." They told us they liked to lead by example and promote good care. We discussed the vision and values of the service. The manager described the improvement that had been made, but also acknowledged there was still work to do. They told us they had met some of the key challenges, but were aware they now needed to maintain them. They said that the biggest achievement was that people and relatives had complimented them in feedback from questionnaires the provider had sent out and that they could see the improvement they had made.

The manager told us they completed monthly reports, which were submitted to the head office for them to monitor the process and improvements. We saw action that had been identified was followed up appropriately. The provider had introduced an electronic system so medicine auditing was made more efficient.

People and their families were actively involved in development of the home. They were supported to express their views, for example, meetings for people who used the service took place. The manager had an open door policy. Questionnaires were made available for people, their families and other professionals. Daily discussions took place with regards to people's care needs. The feedback we received was positive. We saw copies of questionnaires that had been completed. Feedback was positive and complimentary towards the staff and the care they received.

We asked staff if there was anything they would like improved. One said, "Not having to work 13 hour days." Staff also said the best thing about the service was communication between staff. One said, "I have seen a lot of improvement over the last three months. The people here are always happy."

Incidents, accidents and complaints were responded to in a timely manner. People and their relatives told us they would know who to speak to if they had any concerns. We saw that incident and accident forms were completed. Themes and trends were monitored and action taken when required.

We saw that safeguarding concerns had been responded to appropriately and appropriate notifications were made to us as required. The service worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the service followed their legal obligation to make relevant notifications to CQC and other external organisations.