Dignity Group Limited

The Old Rectory Singleton

Inspection report

The Old Rectory
Singleton
Chichester
West Sussex
PO18 0HF
Tel: 01243 811482
Website: www.dignitygroup.net

Date of inspection visit: 28 and 29 July 2015
Date of publication: 25/08/2015

Ratings

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

Overall summary

The inspection took place on 28 and 29 July 2015 and was an unannounced inspection.

At our last inspection in July 2014, the registered provider was found to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to Cleanliness and Infection Control. At this inspection we found that improvements had been made.

The Old Rectory Singleton is a residential care home that provides support to a maximum of 19 people who have a range of learning disabilities. The home comprises one building that has distinct areas, known as the 'main house', 'garden flat' and 'rafters', within it. The home is situated in Singleton, a small village on the outskirts of Chichester, West Sussex. At the time of this inspection there were 17 people living there.

The service has a registered manager who started in post in February 2015 and was registered with us in April 2015. 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 2008 and associated Regulations about how the service is run.

There was a happy and open atmosphere at the home. People were engaged in a variety of activities and were encouraged and supported by staff to pursue their interests and develop their skills. People were able to come and go freely. There were enough staff on duty to meet people's needs and enable them to participate in individual and group pursuits. People enjoyed positive relationships with staff and were treated respectfully.

People felt safe at the home and were able to speak up if they had concerns. Risks to people's safety had been assessed and were managed in order to maximise their independence. Improvements had been made to the fabric of the laundry facilities which helped to promote good infection control. People received their medicines safely in the privacy of their own bedrooms.

Staff had received recent training in line with their responsibilities and had attended supervision meetings with their managers to discuss their work and professional development. New staff received support and training which included shadowing experienced staff as they got to know people. Staff knew people well and helped them to make decisions relating to their care and support. We observed that staff took time to discuss options with people and respected their wishes. Staff understood how people's capacity should be considered and had taken steps to ensure that their rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were able to access the kitchen to prepare drinks and snacks, supported by staff where necessary. There was a choice of menu which included people's preferred dishes and suggestions they had made.

People were involved in planning their care and were supported to be as independent as they were able. Staff monitored people's health and were kept up-to-date via handovers and regular staff meetings. People were involved in monthly meetings with their keyworkers which gave them a formal opportunity to discuss their social and health needs. Where there were changes in people's needs, prompt action was taken to ensure that they received appropriate support. This often included the involvement of healthcare professionals, such as the GP, Speech and Language Therapist (SALT) or specialist nurses.

People spoke highly of the registered manager and relatives told us that they had noticed a positive difference in the service. One said, "With the introduction of (the registered manager), things seem to be on an even keel". People, staff and relatives told us that they were able to approach the registered manager or provider if they had concerns. They felt confident that these would be addressed. There were regular meetings for residents and relatives and surveys were used to gather feedback.

The registered manager had introduced changes to the governance systems in use at the home. These changes had brought about positive results, such as a reduction in the number of incidents and medication errors. Further work was needed to ensure that the systems worked effectively and that all staff understood their responsibilities in relation to record keeping and quality assurance. The manager had identified these gaps and actions had been agreed to address the issues.

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?
The service was safe.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and regularly reviewed to ensure people were protected from harm and that their freedom was not unduly restricted.

Staff numbers were sufficient to meet people's needs safely.

Medicines were stored, administered and disposed of safely.

Good

Is the service effective?
The service was effective.

Staff were knowledgeable about people's care needs. They had received training to carry out their roles and received regular support from their managers.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People could choose their food and drink and were supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

Good

Is the service caring?
The service was caring.

People received person-centred care from staff who knew them well and cared about them.

People were involved in making decisions relating to their care and encouraged to pursue their independence.

People were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People received personalised care that met their needs.

Activities and outings were tailored to people's individual needs and interests.

People were able to share their experiences and were confident they would receive a quick response to any concerns.

Good

Summary of findings

Is the service well-led?

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

The registered manager led by example and worked collaboratively with people and staff.

The registered manager used a series of audits to assess and monitor the delivery of care that people received. Further work was needed to embed the systems and ensure that they worked effectively.

Requires improvement

The Old Rectory Singleton

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 28 and 29 July 2015 and was unannounced.

One inspector and an expert by experience in learning disability undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the 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. We also reviewed six previous inspection reports and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We looked at care records for five people, including medication administration records (MAR), monitoring records of people's behaviour and weights, accident and incident and activity records. We also looked at five staff files, staff training and supervision records, staff handover records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we spoke with nine people using the service, the registered manager, the deputy manager, two team leaders, five support workers, the chef, the cleaner and a representative of the provider. Following our visit, we contacted four relatives. We also contacted professionals to ask for their views and experiences. This included two social workers and a specialist learning disability nurse who had involvement with the service. They consented to share their views in this report.

Good

Is the service safe?

Our findings

People told us that they felt safe at the home. One smiled broadly as we asked them about this. Another told us how they felt relaxed after a nice lie in that morning. A third explained that they had a combination lock on their bedroom to keep their belongings safe. Staff had attended training in safeguarding adults at risk. The registered manager told us that this was the first training course staff were expected to complete. She told us, "They need to know how to protect my residents". Staff were able to speak about the different types of abuse and described the action they would take to protect people if they suspected they had been harmed or were at risk of harm. Staff told us that they felt confident to raise any concerns. One said, "I haven't got any concerns but if I had I would raise them with (registered manager)". Another told us, "I would go straight to management, if not taken seriously I would go to CQC".

Before a person moved to the home risks relating to their personal care and to the environment were assessed. These included an assessment of a person's risk of malnutrition and the administration of their medicines. There were also assessments of risk to the person in using the kitchen, laundry, public transport and accessing the grounds. For each risk identified, guidelines were in place to describe how to minimise the risk and the support that people required from staff. People had been involved as much as possible in discussing and planning how to manage risks to their safety. For example, one person had agreed to a spending limit on alcohol as a means of managing their drinking. The risk assessment was signed by the person. Where accidents or incidents had occurred, these had been recorded and reviewed. The registered manager completed a monthly audit which helped to identify any patterns or trends. There had been a reduction in the number of incidents in the period since February 2015, from 14 down to nine in July 2015. One staff member told us, "All incidents are recorded. We will then carry out observations, we may meet and make changes to care plans finding the least restrictive option".

The registered manager had reviewed the risk assessments in place and had taken positive action to limit restrictions. For example, locks had been removed from the snack boxes where people kept their personal supply of food and drink. Restrictions on people's access to their personal snacks were only in place when a specific risk had been identified, such as when the person was at risk of choking or if their nutritional intake required careful management. Another person had been out in the home's car to visit a relative. This had been made possible by a review of the risk assessment and trialling alternative strategies to limit the risk in this activity.

People and staff participated in regular fire evacuation drills and were clear on the actions to take. The registered manager had completed a detailed fire risk assessment for the home. The provider had since commissioned an external audit which had been completed in the week prior to our visit. The registered manager and representative of the provider told us about actions that had been identified, such as updates to fire doors and emergency lighting. We found that the registered manager had taken proactive steps to assess and manage risks.

People told us that staff were available to support them when needed. We observed that staff were present in communal areas and were actively involved with people and their chosen activities. One person who was enjoying dancing to music told us, "There's always someone there to keep us dancing". A number of people had one to one support from staff for all or part of the day. The shift was managed by a team leader with one staff member allocated to each of the communal areas and one, known as 'the flexi', was available to support where required. The registered manager said, "The flexi is brilliant, they can do all the unexpected things". In addition to the support workers on duty, the registered manager and deputy manager were usually available to assist if required. Staff were happy with the staff numbers. One said, "In general we are quite covered". Another told us, "There's always someone on hand".

On a daily basis, staff were allocated to support individual people or to specific tasks. This included, supporting people to attend activities or health appointments. In addition, kitchen, cleaning and maintenance staff were employed. The staffing level provided flexibility. Staff explained how when one person who usually declined to go out seemed keen to go, they were quickly able to make arrangements to take them out to the local town. At night time there were three staff on duty. At the time of our visit,

Good

Is the service safe?

there were three vacancies in the staff team. Most shifts were covered by existing staff, with just one regular agency staff member working some night shifts. This provided continuity of care for people.

Staff recruitment practices were robust and thorough. Staff records showed that, before new members of staff were allowed to start work at the service, checks were made on their previous employment history and with the Disclosure and Barring Service. In addition, two references were obtained from current and past employers. This helped to ensure that new staff were safe to work with adults at risk.

People's medicines were stored in locked cupboards in their bedrooms. Information on people's preferences were recorded, such as on how they liked to take their medicine and when, for example before or after breakfast. We observed part of the lunchtime medication administration. People were asked individually if they were ready to take their medicines and then returned to their bedrooms. There was guidance for staff on medicines that were prescribed on an 'as required' basis. This included the dose, frequency of administration and anticipated effect. We observed the staff member provided information to people on what the medicines were for, supported the person to take them and completed the Medication Administration Record (MAR). For medicines prescribed on a variable dose, records included details of the dose given. People told us that they were able to ask for pain relief outside of the usual medicine times and that they received their medicines reliably. One said, "If they (staff) know I have to have it at that time they will give it at that time".

At our last visit, we raised concerns that the laundry room was in a very bad state of repair with exposed brickwork, a leaking washing machine and a build-up of lint around the dryer. At this visit, we saw that the laundry room had been refurbished. The walls were now sealed to reduce the risk of infection and the area was clean and tidy. Given the structure of the building, it was not possible to have separate entry and exit points to manage the flow of dirty and clean laundry. There was, however, a system in place to keep dirty and clean items separate and to manage the risk of contamination. Staff were able to describe the process in place. This included personal protective equipment (PPE), segregation of laundry and the use of water-soluble bags for heavily soiled items.

Since our last visit, a deep cleaning schedule was in place. A member of housekeeping staff told us that their hours had been increased to allow for communal areas of the home to be deep cleaned and that steam cleaners had been purchased. They said, "We all had a good discussion and got our heads together. We put the hours up as I couldn't fit it all in". Care staff were responsible for daily cleaning of the laundry and a monthly deep clean of people's bedrooms. There was a list of tasks that included washing curtains and dusting on top of furniture. Cleaning checklists and records were in place and completed. When we asked one relative if they found the home to be clean, they responded, "Recently, yes". Another said, "Things have been smartened up a lot". The steps taken meant that the compliance action concerning cleanliness and infection control, set under the former regulations, was met.

Good

Is the service effective?

Our findings

People had confidence in the staff supporting them. In the residents' survey conducted by the provider, one person had commented '(Staff are) very helpful to me'. The registered manager had taken action to bring staff training up-to-date. Staff completed training in topics including safeguarding, mental capacity, fire and emergency, food hygiene, health and safety, moving and handling and medicines. This was delivered using workbooks and tests that were sent off to an external company for verification. The provider was due to introduce in-house training in specific topics including epilepsy, autism and dementia. Staff were satisfied with the training on offer. One said, "I'm quite good now at calming (person) down. I was told and trained in how to deal with that". Staff who found that the format of training did not suit their learning style were supported. One said, "I'm going through my training with (the registered manager)".

New staff were supported. On their first day of employment they were introduced to people and given a tour of the home. This included an overview of health and safety procedures. They were then able to shadow more experienced staff as they got to know people and learnt more about their role. One staff member told us, "The induction process is more detailed now to when I started three years ago. All staff have to work through work booklets to build up their knowledge and skills. Support is given with these in house. There is shadowing that goes on to get the new staff to feel confident in their role". A new staff member said, "They've given me all the support I need" and told us, "If I'm unsure there is always someone to ask".

Staff felt supported by their managers. Records indicated that staff supervision had fallen behind the provider's plan of six per year for some staff. The registered manager had taken action to address this and we saw that almost all staff had attended supervision since May 2015. One staff member said, "We look at our goals and targets. I have been here a year now and have had my first annual appraisal".

During our visit we observed that staff involved people in decisions and respected their choices. One person told us, "Yes I am able to make decisions, I like it here". Staff understood the requirements of the Mental Capacity Act (2005) and put this into practice. For example, staff followed the presumption that people had capacity to consent by asking if they wanted assistance and waiting for a response before acting on their wishes. We saw in people's care records that decisions to refuse care or treatment had been respected. We read, '(Name of person) refused her flu jab today' and, '(Name of person) refused personal care'. In one person's care plan we read, 'I am meant to wear hearing aids. I very rarely do and usually hide them so I can't'. There was guidance for staff on how to communicate effectively with this person and on how to support them in their interactions with others. For example by reminding them not to stand too close to another person and respect their personal space.

People's care plans included guidance for staff on how to support them to make decisions. An initial capacity assessment had been completed. This considered their capacity to make decisions on daily living, their choice of accommodation and on taking medicines. Most people were able to make decisions on how they liked to dress, what they liked to eat and on how they wished to spend their time. Where people had been assessed as lacking capacity to make specific decisions, we saw that this was recorded and that appropriate action had been taken. For example, one person had been assessed as lacking capacity to manage their finances. They had worked together with staff to agree a weekly budget which enabled them to participate in regular external activities and save up for tickets to events they enjoyed. Staff had worked with another person to help them understand a particular health need. A specialist nurse who had been involved told us, "The staff had a daily conversation with (person) about it to try and help them understand". They explained that there had been an appreciable difference in the person's understanding at the subsequent meeting. They told us, "The process has been good and they've been supportive of (person)". We found that staff helped people to participate to the best of their ability in decisions that affected them.

There was guidance for staff on how to support people through best interest decisions. A best interest decision needs to be made where a person lacks capacity to make a particular decision. Relevant professionals and relatives are consulted and a best interest decision is taken on a person's behalf. We read, 'Work in partnership with health professionals, help me to attend appointments, make information accessible and easier for me to understand, involve me in decision making to the best of my ability,

Good

Is the service effective?

involve my family'. The requirements under the Mental Capacity Act (MCA) 2005 and associated legislation, Deprivation of Liberty Safeguards (DoLS) had been discussed in staff meetings and guidance shared with the team. Staff had a good understanding of their responsibilities under this legislation. DoLS protects the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We saw that applications had been submitted for each person who lived at the home. One application included the use of a sensor alarm used to alert staff when a person left their bedroom. The home had received decisions on two applications from the local authority.

People were offered a choice of food and drink. Throughout the day we observed that people made use of the kitchen to prepare food and drinks, supported as necessary by staff. Information on people's preferences was recorded and this had been used, in conjunction with feedback at residents' meetings, to compile the menu. At lunchtime most people had sandwiches. They were offered a choice of filling and bread. There was a choice of dish for the main meal and we heard staff asking people for their preference. One person told us, "If it is a dish I don't like and if the option is just as bad as the first the chef says 'I'll make you something else'. He won't let you go hungry". We heard one staff member say to another, "You have to give (person) a choice – she might change her mind one day and give you a shock!"

Staff spoke knowledgably about people's individual dietary needs. One person needed a soft diet to aid their swallowing and this person was observed by staff when eating to reduce the risk of choking. Another needed assistance to cut their food into manageable size pieces. As people ate at different times, especially in the middle of the day, the team leader kept a record of who had eaten to ensure that everyone was catered for. One person told us, "If I need a drink or a snack I am able to get these by asking someone, we have fresh fruit available on the side in the kitchen". Staff helped people to manage their nutrition and recorded their weight on a monthly basis. Any undesired weight loss or gain was addressed and input sought from external professionals such as the Speech and Language Therapist (SALT) or Dietician as required. The relative of one person whose food intake had to be carefully managed told us, "They've kept his weight stable which is brilliant".

People had access to healthcare professionals to ensure that their health needs were met. One person said, "They're very good, they are very concerned. They actually do it, they make appointments for me". People were asked on a regular basis whether they had any health concerns. In one monthly review meeting a person was asked, 'Is there anything you are worried about or would like to see the doctor about'. We noted examples of people who had seen the GP, physiotherapist, dentist and chiropodist. We found that some health records contained gaps, for example in annual eye tests or annual health checks with the GP. On investigation we found that these appointments had been made but that people had refused to attend. The registered manager told us that she was working with staff to ensure that the records were completed, to include refused appointments. This is important to demonstrate that people have received appropriate support and opportunity to review and meet their health needs.

Good

Is the service caring?

Our findings

There was a relaxed and happy atmosphere at the home during our visit. People and staff appeared to enjoy each other's company and were busily engaged in a variety of activities and tasks. People were free to come and go and staff were quick to notice when they required reassurance or assistance. One person told us, "They look after me, they are very caring". Another said, "They sometimes make me a cup of tea or breakfast but I can do this all myself, it's just nice". In the recent residents' survey one person had written, 'I like all the staff'. People were supported to maintain relationships with people who were important to them. This was often facilitated by staff who accompanied people on visits or on journeys to meet their relatives or friends.

Staff were able to tell us about people's interests. We observed that they adapted their approach to suit individual needs, sometimes acting in an extravert way, other times sitting quietly chatting on a one to one basis. Staff valued people's individuality and knew how to support them to live well with their peers. The registered manager explained how when one person had been in their room for a while, staff would take them a cup of tea. This had helped them to re-join others in the communal areas and had reduced the incidence of disagreements with other people living at the home. One relative said, "It's so personalised. They found creative ways to support him. Creativity is quite a hallmark of the place". A social worker told us, 'I found the staff committed and caring'.

People were involved as much as possible in determining their care. Each person had a keyworker who took the lead in ensuring that they had everything that they needed and were supported in pursing individual interests. People told us about their keyworkers and knew who they were. Monthly meetings between people and their keyworkers were documented. These records were used as part of staff supervisions so that staff could demonstrate how they had helped people achieve their goals. It also helped to ensure that any concerns people had voiced were acted on. The registered manager told us, "I view the keyworker as the resident's advocate". There were examples of people being supported to apply for paid or voluntary work, to save for events they wished to attend and to plan their holidays. One relative told us, "They don't give up with (person's name)" and said, "They're very good at always involving him. Nothing changes without a discussion with (person's name)".

People's care plans included information on the tasks people could manage independently and where they required assistance. For example, we read, 'I can dry myself and I am able to get out of the bath myself', 'I am able to do buttons, laces and zips myself' and 'I use public transport on my own'. People were encouraged to do as much as possible for themselves. One person told us, "They try and make me as independent as I can". The registered manager described her vision for the service. She said, "It's the residents' home, they are free to be who they are and we help them to grow and feel safe". This approach was visible in the way that staff were encouraged in their professional development. In one appraisal record we read, '(Staff member) demonstrates empowerment in her approach but needs to ensure that she is supporting each resident to participate in their care and daily lives, 'doing with' rather than 'doing for''.

Staff treated people respectfully. They addressed people by their preferred names and gave them time to consider and respond to questions. People's care records included information on their preferences and on how they liked to be spoken with. A summary of this information was available in people's bedrooms. People spent time in company or in the privacy of their rooms as they wished. The provider was planning to decorate the home in autumn and people had been involved in choosing how they would like their rooms. One relative told us, "Staff always knock on the door before they go in, all those things count". We were present as one person discussed options for their hair style and eyebrow shaping with a staff member. This came across as a conversation between friends, where the person was valued and respected.

Good

Is the service responsive?

Our findings

Staff knew people well and understood how they liked to be supported. When a person moved to the home they and their relatives were asked for information about their experiences and interests. This was added to by staff as they got to know people better. Care plans included information on what people enjoyed doing, what was important to them, things they liked and did not like. This information was detailed. In one we read, 'Likes 'pure orange juice (no bits)'. There were sections entitled; sensory, personal hygiene, mobilisation, sleeping, eating and drinking, communication, expressing sexuality, work and hobbies and motivation. These were reviewed on a monthly basis. The team leader on duty told us, "The keyworker does the monthly review and looks to see if anything needs updating on the care plan". On an annual basis, people, their relatives and a representative from social services were invited to a care review. These meetings were documented in people's care plans.

Monitoring records were in place for some people, including for seizures if they had epilepsy or for behaviour monitoring if they presented with behaviour that could be seen as challenging. This information had been used effectively. One person had been referred to the GP when it was noted that their absence seizures were becoming more frequent, another had resumed a course of treatment which helped them to control their anxiety.

There was a staff communication book and a system on handovers so that information was shared and all staff were aware of changes in people's support. We saw that updates were added to people's care plans when changes occurred. In one there was a handwritten update saying that a person required more support than usual with personal care as they were in pain due to a particular complaint. A staff member speaking about one person said, "(Person's name) has his plate, cup and bowl in black so he is able to see them better, he also has a high edged plate to help him with scooping. In the past week he has needed support with eating so we are looking at that. He may need an adapted spoon, fork, and knife". We found that staff took notice and responded to changes in people's needs.

People were involved in activities that interested them. Each person had a schedule for the week but this was flexible. On the first day we visited some people went horse riding in the morning, on the second several people had been out shopping, known as their 'budgeting session'. Those who remained at home were also engaged, some in helping to prepare lunch, others chatting with staff or listening and dancing to music. One person had a tablet computer and appeared to enjoy using it. Throughout the week people went on trips to local towns, including to the seaside and on Sundays, some people went to church. There were a number of pets at the home; two pigs, hens, guinea pigs, rabbits and birds. We joined one person as they went to feed and check on the animals. They told us that they enjoyed this and looked after the animals each day when they were at home. A staff member said, "They do a lot. They go horse-riding, (person's name) goes and looks after hedgehogs, (person's name) is off to the Goodwood Revival in September". Another staff member told us, "It's whatever they want to do".

The home had a car available for use and the home was located on a bus route. Bus timetables were displayed in the communal area and some people were able to use public transport independently. The registered manager told us about plans to open up the 'clubhouse' in the grounds as a day centre. This was planned for the autumn and would be run by adding a staff member to the shift. Staff had been asked for materials they would need to run sessions, such as art and craft or drama workshops.

People told us that they were able to speak to staff if they had concerns. One said, "I have made loads of complaints and I am happy to do that. I always talk to my key worker about any issues I have and they sort it out". Resident meetings were held every two months and future dates were displayed in the home. One person told us, "We get to discuss what we want, anything we'd like improved". When we asked if things changed as a result, they told us, "They do". A residents' survey had been completed in April 2015 and the results were displayed, along with an action plan. We saw that action had been taken in response to any concerns or negative comments that were made. A suggestions box was available for people to use if they wished to share an idea or raise an anonymous concern. The registered manger told us, "If they ask, something is done about it".

Relatives had been invited to a meeting with the new registered manager in April 2015. In the minutes we saw that they had expressed concern over earlier changes in management. Relatives that we spoke with felt optimistic

Good

Is the service responsive?

about the future of the home. One said, "I think it has got so much better. It was a concern but they've addressed the issues". Another told us, "The one or two times when I have had to say something it's always been immediately dealt with".

People understood how to complain and felt confident to do so. A poster explaining how to complain was displayed in the home in an easy-to-read format. People had also been asked if they had any complaints during resident meetings. The registered manager had not received any formal complaints since they started in post. The provider had a complaints policy which was shown to us. The policy detailed the timescale for response to complaint and information on organisations people could contact if they were not satisfied with the outcome. This information was not displayed at the time of our visit but the registered manager told us that they would do so in order that people who complain might know what response they can expect.

Requires improvement

Is the service well-led?

Our findings

The provider had taken action in response to our last inspection and had invested in upgrading the laundry facilities. A representative of the provider carried out monthly audits of the home and in May 2015 had completed a 'mock inspection' which included observation of care, speaking with staff and residents and a review of records. The registered manager had an action plan which pulled together the actions from their own audits and those completed by the provider. These were reviewed on a monthly basis and it was used to monitor progress. Initial actions included, 'Paperwork systems in place are hectic and staff are repeating paperwork for no known reason' and, 'Medication systems unclear with over recording and too many staff involved'.

The registered manager had been in post for six months at the time of our visit. There was clear evidence of positive action that had been taken to improve the quality and consistency of the service. The registered manager had completed audits of care plans, staff files, infection control, fire safety and medication systems since starting in post. These audits had identified where improvements were needed and it was clear that progress had been made. In relation to medicines the number of errors had reduced from six in February 2015 to one in July 2015 and a new system had been introduced to monitor the stock held in the home. Staff had updated their training and attended recent supervision sessions. There had been a reduction in the number of incidents and the home had achieved an improved score in their monthly infection control audit.

The manager completed a daily health and safety check on the home. This looked at maintenance issues, fire safety such as whether fire doors were propped open and at cleanliness. Where issues were identified these had usually been addressed immediately. During our visit we saw that the lock on a medicine cabinet was loose. The medicines were removed and stored safely while the maintenance staff were called to attend to the repair. This was completed very quickly. Relatives spoke of the improvement they had noticed. One said, "It's 200% better than it was two years ago". Another told us, "Things are much better, the new manager has got her finger on the pulse".

The registered manager had introduced improvements but identified that there was still work to be done in order to ensure that the systems functioned effectively. We found that actions identified through audits were not being consistently addressed. For example, audits of care plans in the previous four months had identified some gaps in monitoring records, such as keyworker notes or in the frequency of appointments including annual eye tests. In the MAR chart for one person a gap had been noted ten days earlier but action had not been taken to address this with the staff member who had been on duty. When we checked the stock of medicines we found that the records did not always correspond. For example, the stock of an emergency medicine for the treatment of seizures was not accurate because new stock had not been added to the total. The registered manager had introduced monitoring systems to identify areas where the service could be improved and had recorded actions to address the remaining gaps. We found, however, that follow up action was not yet fully embedded in practice and further improvements were needed.

People, staff and relatives spoke positively about the registered manager. One person told us, "(The registered manager) is absolutely lovely. She is a really good manager. She gets things done". Another said, "She will sit with us to enjoy a cup of tea, we find her fun". A staff member said, "(The registered manager) is really good. She's always happy to have a chat. She cares properly, she makes it efficient and as easy as possible. If you have a worry, I trust her to actually listen".

The registered manager described herself as, "An emotive manager, I work with my heart". She shared examples of approaches that she had tried with people which showed insight into their needs. One relative said, "(The registered manager) has come now and things are on the up. (Name of their relative) is very fond of her, he's taken to her like a duck to water. She gets the best out of him. She is a hands on person and she reads his needs". Another relative told us, "The staff seem to be more in tune with what the residents want". The registered manager was supported by a deputy manager. One relative said, "I find (the registered manager) and (deputy manager) very pleasant and easy to talk to".

There were regular staff meetings. Staff described these as collaborative and felt that their opinions were valued. One said, "We have a really open dialogue". Another told us, "Staff meetings are where we discuss things – we're not told". The registered manager provided clear direction and

Requires improvement

Is the service well-led?

led by example. The deputy manager said, “She knows where she wants to go with things. She knows her staff”. The registered manager felt supported and attended monthly supervision meetings with a representative of the provider.

The provider had introduced monthly manager meetings for registered managers and heads of departments from all of their services. These meetings helped to share learning across the organisation. The registered manager also attended provider forums run by the local authority which helped to keep abreast of changes or innovations in the sector.

There was a happy and open atmosphere at the home. People enjoyed the company of staff and they appeared to have great fun together. The door to the registered manager’s office was open and people came in regularly for a chat or to share their news. The registered manager told us, “The residents know it is their home and I think that is the most important”. There was a positive culture and staff felt able to raise any issues that arose. One said, “If I do have any issues I can go to (registered manager) and they sort it out”. Another told us, “We have a no secrets policy at work, all the relevant numbers are clearly marked on the noticed board should anyone need them”. A third explained, “There has been a lot of change recently with management and it been hard for the team and the residents to settle but things have been feeling a lot more settled now with a new manager since February”.