Four Seasons (No 11) Limited

Regency Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 25 and 26 April 2016 and was unannounced. We last inspected the home on 23 June 2015. At that inspection, we found the service was not meeting all the regulations in relation to sufficient staffing, confidentiality, dignity and respect and the lack of effective management systems.

At this inspection, we found that the service was meeting all the regulations apart from sufficient numbers of staff. Although improvements had been made in relation to the overall staffing arrangements for the home, on Heaton Unit we found that this was not the case.

Regency Care Centre is a purpose built home, situated on a main bus route leading to Manchester and Bury. The home is registered to care for up to 60 people and is divided into three separate units each providing either residential, nursing or dementia care. The residential unit is known as Springwater, the nursing unit as Philips and the dementia unit as Heaton. On the day of our inspection there were 44 people using the service.

The home does not have a registered manager. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run. A new manager was in place who had been previously registered with us at a different service. We had received an application from them to register with us as manager at Regency Care Centre. Since our last inspection, there has been a change in the organisation of the service, with a new team recently taking over the management of the service.

We found that there had been a reduction in the use of outside agency staffing, the levels of permanent staffing sickness levels had reduced and the provider was recruiting above the dependency needs. However, on Heaton Unit were people lived with dementia we found that although the number of people living there were low, their needs were high which meant additional staff were needed to support people to eat their meals and supervise the lounge at busy times when people were getting up or going to bed.

The lack of sufficient staffing was a breach of Regulation 18 Staffing.

You can see what action we have told the provider to take at the back of the full version of the report.

People who used the service told us, "Staff always come when I press the buzzer," "It's brilliant. Staff work so hard. There are enough of them now," "There are sometimes too many agency staff on at night. Day staff know me well" and "It varies how long it takes for staff to respond when I press my buzzer but it's been better recently."

We found that overall the system for managing medicines was safe. We found that appropriate risk assessments were not always in place for medicines given covertly which means without the person's

knowledge. The staff addressed this issue immediately during our inspection.

All areas of the home were clean and well maintained and procedures were in place to prevent and control the spread of infection. There was an on-going improvement plan for the redecoration of the home.

We saw that suitable arrangements were in place to help safeguard people from abuse. People told us, "I feel safe here," "I feel safe because people can't get in" and "I feel safe with the staff." Staff were able to demonstrate their understanding of the whistle-blowing procedures for the reporting of unsafe and poor practice. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

Recruitment systems were in place to check that staff were of suitable character to work with vulnerable adults. We saw that staff received the training and supervision they needed to support people safely and effectively.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People we spoke with gave mixed responses to the food they received. "Food is okay," "The food is not as good as it used to be. The menu always includes a fancy dish. I asked for less gravy yesterday and the chef responded positively," "There is always a choice. I am quite sure they would make me something else if I didn't like what was on the menu," "The food is good; you can get anything you want" and "Food is sometimes good but there is not an awful lot of choice. They will oblige if I don't like anything. My main criticism is the way the vegetables are overcooked. I mentioned it yesterday."

We saw how the staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment. We had a brief discussion with a visiting healthcare professional. They said, "The home is fine no issues. The management is now settling down" and "I liaise directly with senior carers who are always knowledgeable about people's needs."

People told us, "I like it here. They let you do what you want "I find it very nice," "Staff are kind and caring." "Staff are all very pleasant. They are caring; that's the top and bottom of it." "It's alright. All the staff are okay. They are kind" and "If you were looking for faults you would have a job."

A relative told us, "Things have been fine. Staff were caring and fantastic on the nursing unit. [Relative] is looked after very well. I am happy with the care they receive. Staff are kind. They are very caring. The nurse on the nursing unit was absolutely fantastic."

We found that confidential information in respect of people's care was securely maintained.
People's care records contained enough information to guide staff on the care and support they required.

Staff we spoke with had a good understanding of the care and support that people required. Staff told us there was enough equipment available to promote people's safety, comfort and independence.

People we spoke with told us, "The new managers are an improvement on what we've had. They have shown they intend to change things they think are not right. I am very happy with them and know I can speak with them at any time," "The managers are in at weekends as well so they can see what happens

then," "Things are being done now and I fell more confident because of it" and "The new manager came a couple of days ago to ask me questions using the iPad. She seemed friendly enough."

Prior to our inspection we contacted the local authority commissioners and the clinical commissioning group (CCG). They informed us they had no concerns about the service.

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 always safe.

Although we found improvements had been made to staffing levels overall, we found that there were insufficient numbers of staff provided to meet the needs of the people on Heaton Unit.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

We saw that there were risk assessments in place in relation to people's health and well-being.

We saw that there were systems in place to manage people's medicines safely and the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Staff received the training they needed to support people safely and effectively and there were a range of supervision methods in place to help support staff.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Staff worked in cooperation with other health and social care professionals to ensure that people received appropriate care and treatment.

Is the service caring?

Good

The service was caring.

The atmosphere at the service was relaxed, warm and friendly. There was a good rapport between people who used the service

and staff.

Information that was private about people was securely maintained.

Is the service responsive?

Good

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided.

Activities were available for people to participate in if they chose to.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well led.

The service did not have a registered manager. However we had received an application from a new manager to register with us.

The service sought the views and opinions of people who used the service about the quality of the care provided in the home.

Systems were in place to monitor the health and safety of the service provided.

Regency Care Centre

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 25 and 26 April 2016 and was unannounced. The inspection team comprised of two adult social care inspectors

We had not requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was because the inspection had been brought forward.

During this inspection, we spoke with ten people who used the service and one relative. We also spoke with the new management team, which included the home manager, the deputy manager, the regional manager, the new resident experience manager. And also one registered nurse, eleven care staff including night staff and one agency care worker, housekeeper, laundry assistant and a chef. We did this to gain their views about the service provided.

We looked around most areas of the home, looked at how staff cared for and supported people, looked at nine people's care records, medicine records, three staff recruitment and training records and records about the management of the home. We also observed the lunchtime experience on the units.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, we found that the service was in breach of the regulations in relation to not having sufficient numbers of staff in place. This was because of the number of vacant staff posts and levels of sickness that had led to the high use of agency staff. This meant that people who used the service were not supported by staff who knew them well.

At this inspection, we found that overall the situation had improved with a significant reduction in the use of agency and levels of sickness, which was closely monitored by the new manager. The manager told us that there was one vacancy for a registered nurse on nights and applications were in progress. The new manager also told us that the new organisation also wanted the home to recruit to 20% above the level of need to allow for staff absence.

People who used the service told us, "Staff always come when I press the buzzer," "It's brilliant. Staff work so hard. There are enough of them now." "There are sometimes too many agency staff on at night. Day staff know me well" and "It varies how long it takes for staff to respond when I press my buzzer but it's been better recently.

With the exception of one unit staff told us, "Staffing levels are better now we have four carers on in the day. We use agency staff if unable to cover sickness or annual leave with own staff," "There are two staff on residential units on nights. Quite a few people need two carers but we manage ok" and "They like to keep the same staff on the unit. Residents like that and it is better for consistency."

However, on Heaton Unit staff said, "I think sometimes we struggle with staffing levels. Most people need two carers. We have to leave the lounge and it's dangerous. We have mentioned to the managers but they have told us there are only eight residents so we have enough staff." We observed on this unit at lunchtime that staff had difficulty ensuring people had the support they needed to eat their meals. We discussed this with the manager and the regional manager who told us that they would look at redeploying the hostess staff and increasing the numbers of staff at peak times to ensure that the lounge area was monitored at all times.

We found that the lack of sufficient staff deployed to meet the needs of people on the Heaton Unit was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection, we found that there was a breach in the management of risk. We saw that the service had introduced the recording of 'clinical hotspots' onto people's care files, which could be monitored and audited by the homes management systems. Clinical hotspots or risks included, for example, where a Do Not Attempt Resuscitation (DNARCPR) was in place or a person lacked capacity to make decisions about their care and treatment. They also included where people were at high risk of falls or had experienced weight loss.

We reviewed an internal investigation, which had been carried out by the new manager for a recent

safeguarding concern. This was seen to be detailed with clear actions and risk management plan in place.

We saw that suitable arrangements were in place to help safeguard people from abuse. People told us, "I feel safe here," "I feel safe because people can't get in" and "I feel safe with the staff."

Inspection of the training plan showed that 92% of the staff had received training in the protection of adults. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed. A staff member said, "I would report any safeguarding concerns to the manager, head office or CQC."

We looked at three staff personnel files to check how the service recruited staff. We found that a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The files held an application form that documented a full employment history, a medical questionnaire, a job description and at least two references.

Where a nurse was employed, checks were carried out to ensure that they were registered with a professional body and that there were no concerns about their ability to practise. Checks had been carried out with the Disclosure and Barring Service (DBS) for all staff. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw that staff were interviewed as part of the recruitment process and records of the interview were held on file. Interview questions included the applicant's experience, training, personal qualities, understanding of teamwork and challenging poor practice.

We saw that the home was in the process of being redecorated. We looked around most areas of the home and saw that the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. Since our last inspection, the health protection nurse had visited and had assessed the home as achieving 89 out of 100%.

We talked to the head housekeeper who told us about the arrangements in place to keep the home clean. People's rooms were cleaned everyday with an additional deep clean carried out every month. Housekeepers had colour coded mops to use in different areas of the home and used disposable cloths in bathrooms. We saw that the red bag system for transferring soiled items to the laundry was used. Commercial washing machines were also in place that had high temperature washing cycles to kill any bacteria that could lead to an infection.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets.

In the kitchen we saw that staff had access to a hand washing sink to keep their hands clean, had colour coded chopping boards to prepare foods separately and took fridge and freezer temperatures to ensure that food was stored safely.

We records that showed that the service was undertaking regular health and safety checks in areas such as gas safety, electrical fittings, portable electrical appliance testing and lifting equipment. Staff told us that there was no shortage of equipment.

We saw that regular checks were being completed on fire alarms, nurse call bell systems and the emergency lighting. When we walked around parts of the home, we found store rooms that should be kept locked as part of the home's fire safety precautions were locked. We saw that people had a personal emergency evacuation plans (PEEP) in place to assist the emergency services in the event of an emergency arising. We also saw that home had an 'emergency grab bag', which contained items, and information staff might need in the event of an emergency.

We checked the systems for the receipt, storage, administration and disposal of medicines on all three units. We also checked the medicine administration records (MARs) of people who used the service. The MARs showed that people were given their medicines as prescribed, ensuring their health and well-being were protected. We found that medicines, including controlled drugs, were stored securely and only the qualified nurses had access to them. However we did find that where medicines were being given covertly there was not always a risk assessment in place to guide staff as to what action to take. This issue was addressed immediately by the service. One person told us, "I self-medicate, it gives me that independence."

Good

Is the service effective?

Our findings

We asked one of the nursing staff to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that people had a comprehensive needs assessment before they were admitted to the home. This was to help the service decide if the placement would be suitable and to ensure the person's' individual needs could be met by the staff. We saw evidence of the assessments in the care records we looked at.

People told us they were able to make decisions about their daily routines and were able to consent to the care and support they required. They said, "I can get up and go to bed when I want. Staff always ask for my consent" and "I tell the staff straight. I can be myself."

We asked staff to tell us what arrangements were in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent.

Staff told us, "To give all care to a particular person we need to know about their needs" and "We know all about people's communication, verbal and non-verbal. We understand them. We know what people want."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager was clear about what their responsibilities were in requesting to deprive people of their liberty with the local authority and on the people's files, were appropriate, that we reviewed authorisations were in place.

We found information to show staff received an induction on commencement of their employment and that they were suitably trained. The induction programme contained information to help staff understand what was expected of them and what needed to be done to ensure the safety of the staff and the people who used the service.

We saw that verbal and written handover meetings were undertaken on each shift to help ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. The manager or deputy manager carried out a daily walk round to find out what was happening in the home and also gather people's views and opinions using the home's iPad.

Staff we spoke with gave positive feedback about working at the home. They said, "It's alright. I like it." "Everyone is pleasant. Staff work well together" and "I love working here." Staff told us they undertook induction training. A member of the night staff told us, "I did 1.5 weeks on days then onto nights. I met residents', learned how to move and handle people, and shadowed other staff. They asked if I was ready to work independently."

We saw that most of the basic training staff received was e-learning. Training included first aid, basic life support, medicines, fire safety, infection control, food hygiene, safeguarding children and vulnerable adults, the mental capacity act and deprivation of liberty safeguards and equality and diversity. Records showed that the staff team had yet to achieve full compliance with all the e-learning training with an average figure of 85% of the team. The new manager was monitoring this.

We saw that the new manager and the deputy manager had started to look at introducing more face-to-face training for staff to attend in small groups. They had put together power point presentations to cover the principles of good record keeping and fluid balance recording guidelines. The new manager also intended to become a member of the Bury Adult Care Training Partnership to enable staff to be able to access mandatory training through them.

The new manager told us what systems were in place to ensure the staff team received meaningful supervision. We saw that there were supervision guidelines in place and also the staff record sheet which showed when meetings had taken place and when the next meeting was arranged.

The new manager who was a registered nurse was responsible for the face to face supervision of the nurses. The new manager and the deputy manager supervised the senior care staff. The manager told us that some of the arrangements for supervision of the care staff had been cascaded down to the senior care staff. Other supervision opportunities took the form of small group supervision sessions. We saw that a clinical group supervision meeting had taken place on 19.04.2016 and discussed recording keeping, nutrition, positional charts, choking risk assessment and confidentiality. Unannounced spot checks were undertaken by the manager to check on working practices, for example, check record keeping.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that the majority of people dined in the large downstairs dining room and noted that it was a relaxed and pleasant dining experience.

People we spoke with gave mixed responses to the food they received. "Food is okay," "The food is not as good as it used to be. The menu always includes a fancy dish. I asked for less gravy yesterday and the chef responded positively," "There is always a choice. I am quite sure they would make me something else if I didn't like what was on the menu," "The food is good; you can get anything you want" and "Food is sometimes good but there is not an awful lot of choice. They will oblige if I don't like anything. My main criticism is the way the vegetables are overcooked. I mentioned it yesterday."

We looked at the comment book about food, which gave people the opportunity to give feedback on the meals that they had. The comment book suggested that there had been problems with food but this had improved lately.

We saw that drinks, including fruit smoothies, snacks and cakes were available mid-morning and in the afternoon. We saw that hot and cold drinks were served regularly throughout the day. We were also told that food was available out of hours and that sandwiches were always an alternative to the supper snacks that were provided.

A private catering firm provided food. The chef told us that they were aware of the need to ensure that people had the correct nutritional intake and to check for food allergens. They told us about the special diets people had, for example, diabetics and soft diets. People who were on soft diets had the foods arranged separately on their plate to help make it look more appetising. Double cream was also added to certain foods like mashed potato to help increase the calorific value of the meal.

Records we looked at showed that following each meal staff completed records for those people who required monitoring of their food and fluid intake. The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw that people's weights were being monitored and action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

The care records we looked at also showed that, to ensure people's healthcare needs were met, they had access to external health and social care professionals, such as social workers, GP's, community nurses, palliative care nurses and chiropodists. People we spoke with told us, "They would definitely get the doctor if I'm not well" and "I go to the dentist regularly."

One person told us about the efforts staff had made to help them get better; so much so that they were in the process of looking at a more independent living situation.

We had a brief discussion with a visiting healthcare professional. They said, "The home is fine. No issues. The management is now settling down" and "I liaise directly with senior carers who are always knowledgeable about people's needs."

Good

Is the service caring?

Our findings

At our last inspection, we found breaches in the regulations about treating people with dignity and respect and also not maintaining people's right to confidentiality. At this inspection we saw that people's right to confidentiality was maintained and we did not see any information left in communal areas or that could be seen on noticeboards.

People told us at this inspection "I like it here. They let you do what you want "I find it very nice," "Staff are kind and caring." "Staff are all very pleasant. They are caring; that's the top and bottom of it." "It's alright. All the staff are okay. They are kind," and "If you were looking for faults you would have a job."

We saw staff being respectful and kind and providing reassurance when a person became anxious about a relative visiting. "Staff help me to have a shower. I am not worried about my dignity and privacy. Staff encourage me to do as much as I can for myself."

A relative told us, "Things have been fine. Staff were caring and fantastic on the nursing unit. [Relative] is looked after very well. I am happy with the care they receive. Staff are kind. They are very caring. The nurse on the nursing unit was absolutely fantastic."

Staff told us, "I like to think we offer good quality care here. I would be happy for a relative to be cared for here. I feel staff genuinely do care and try their best" and "I look after people in the way I would want a family member to be cared for. I respect people and protect their dignity and privacy. I encourage people to do as much as they can for themselves."

The manager told us that when new people arrived at the home they tried to help people to feel welcome. They did this by providing them with information about what they could expect from the home and made sure the person's room contained fresh flowers, chocolates, toiletries and a card welcoming to the home. People were able to bring personal items into the home with them to personalise their room.

We saw that the home had introduced a staff recognition award scheme. A staff member had been identified for the award and a keepsake had been produced to mark the occasion. Some people told us about staff small acts of kindness, for example, going to purchase items for them from the shop.

We saw that people looked well cared for. We talked to the laundry assistant about what systems were in place to ensure people's clothes did not go missing. A special tag system was used to identify clothes. We saw that a lost property weekend had recently been held, which gave people the opportunity to look for lost items. We saw in the minutes of a recent residents and relatives meeting that the laundry assistant had been complimented for the efforts they made to keep track of people's clothes.

At the time of our inspection, no-one was receiving end of life care. We were told that if a person was at the end of their life they were usually moved to the nursing unit. The new manager said that although some staff had completed the end of life training called Six Steps more staff needed to undertake this training and

told us contact was to be made with the local co-ordinator to strengthen current arrangements. One staff told us that they were attending a course for advanced care planning in death and dying.

Good

Is the service responsive?

Our findings

People we spoke with told us, "I don't encourage staff to speak about my care plan. I am not interested but I am getting the care I need," "I would say something if I needed and am sure that any concerns would be addressed immediately" and "If I need to make any amendments to my care plan, that can be done." Staff told us, "I discuss care plans with residents. I read them out to people and ask if they want to add anything. I also involve relatives as appropriate."

We looked at nine care records for people who used the service. We saw the plans were reviewed monthly and that information was detailed about how care had been delivered during that month. They contained detailed information to guide staff on the care and support people required.

The care records were reviewed regularly to ensure the information reflected the person's current support needs. We saw evidence in the care records to show that either the person who used the service and/or their family had been involved in the care planning and decision making.

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort. Staff told us that although some people needed assistance with some tasks they did their best to enable people to keep their independence as long as possible.

We saw that activities were available for people to participate in. During our inspection, we saw that people had been involved in St George's Day celebration at the weekend, some people joined the 'Knit and Knatter' club on the Monday and some people joined in making cakes which were eaten by them on the Tuesday. Some people told us that they had no interest in activities. People said, "I like to go downstairs if they are watching a film or they have music on. Otherwise I like to watch television."

On the unit where people lived with dementia we heard a radio playing quietly in the lounge. There were some items available for people to use such as soft toys and a typewriter. Memory boxes were outside of people's bedrooms to help them find their rooms independently. We saw people colouring in the main lounge and the staff member responsible for activities asking people about their past history and encouraging them to share memories.

We looked at how the service managed complaints. A copy of the complaints procedure was displayed in the reception area and was included in the Service User Guide. The procedure explained to people how to complain, who to complain to and the times it would take for a response. We saw that all complaints were appropriately recorded and managed. The manager showed us copies of the complaints they had been involved in responding to. We could see that complaints were responded to in a timely manner.

The service also recorded any compliments it received. We saw several compliments about the care received by people who used the service. Several thank you cards on display. Comments included, 'Thank you for all the dignity you afforded my dear friend during her final days in your care,' 'I have always felt

confident that [my relative] was receiving the best care' and 'Thank you so much for all the love and care you showed to [my relative].'

Good

Is the service well-led?

Our findings

At our last inspection the home did not have a registered manager. Since our last inspection there had been a manager registered with us at the home, however due to organisational changes the registered manager moved to another part of the company. The service as a whole moved to another section of the overall organisation. This resulted in the home being managed by a new regional manager who had since brought in a new manager to run the service. The new manager had submitted an application to register with us as manager at Regency Care Centre.

The manager who was also a registered nurse was supernumerary from the nursing staff so that they had time to carry out their management role. The manager told us that they felt well supported by the regional manager and the resident experience lead and they were receiving managerial and clinical supervision from both. The manager also told us that there was weekly support in the form of a teleconference, which was attended by all managers within the organisation to discuss any concerns that they might have and also overall performance from audit and monitoring tracking.

The organisation was also in process of developing deputy managers through the deputies programme. The aim was to ensure that the deputy had the knowledge and skills to undertake the role of the manager in their absence, for example, compliance with the regulations and day to day management. We talked to the deputy manager about this role and saw their work they had undertaken. Areas included challenging poor practice and the 'emotional' reading of staff. The deputies within the organisation had a support network available to share concerns and ideas.

People we spoke with told us, "The new managers are an improvement on what we've had. They have shown they intend to change things they think are not right. I am very happy with them and know I can speak with them at any time," "The managers are in at weekends as well so they can see what happens then," "Things are being done now and I feel more confident because of it" and "The new manager came a couple of days ago to ask me questions using the iPad. She seemed friendly enough.

Staff told us, "I see the manager as she comes in very early. She has not been here long and is still finding her feet," "The manager seems alright. She is always wandering around," "I get support from the manager and deputy. Things seem to be improving with the new managers. They are really supportive" and "I feel we have some way to go. New paperwork is being introduced. The care has improved. The atmosphere and morale of staff has also improved."

The manager told us that during the first week they started at the home they carried out a resident and relative's opinion survey to find out what people thought about the home. Sixteen residents and five relatives completed the forms. Overall feedback was positive though people thought there could be improvements in relation to the food and activities. The manager had started to make improvements in these areas. A residents and relatives meeting was held on 26 February 2016 and open door surgeries were also held by the new manager. This had helped the new manager to find out what the areas of concerns were within the home and look at where improvements needed to be made.

We saw that an iPad had been introduced to gain feedback from people and this information, which could be completed anonymously, went straight into the organisation's monitoring system and the 'See It Fix It Plan' where it was monitored until a satisfactory conclusion was reached. We saw on the notice board a feedback from the service titled, 'What we asked, what you said, what we did.'

The new manager told us they were going to join the Bury Adult Care Training Partnership, which gave managers and providers an opportunity to attend meeting to keep up to date with changing legislation and practice, raise concerns and share ideas. Prior to our inspection, we contacted the local authority commissioners and the clinical commissioning group (CCG). They informed us they had no concerns about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 18 HSCA RA Regulations 2014 Staffing People who use services were not protected against the risks associated with unsafe staffing levels. Regulation 18 (1)