

Four Seasons (No 10) Limited

Summerdale Court Care 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?	Requires Improvement 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Summerdale Court Care Home was inspected on 20, 22 and 25 April 2016. The first day of the inspection was unannounced. There were 77 people living in the home at the time of the inspection.

The home is registered to provide accommodation and nursing or personal care for up to 110 people. The home provides care for older people, people who have a physical disability and people living with dementia. There are four units within the home. Two of these units provide residential care, the other two units provide nursing care, one of these specialises in nursing care for people living with dementia. The home is fully accessible and divided across two floors. There are a variety of communal areas including gardens for people who live in the home.

There was no registered manager in place at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The manager in post had joined the service a month prior to inspection and had not yet submitted their application to become registered.

The last inspection of the service took place in October 2015. During that inspection we found the provider was in breach of a number of regulations. The breaches related to safe care and treatment, medicines management, safeguarding adults, consent to care, person centred care, staffing and good governance.

We found significant improvements across all areas of the service during this inspection. We have found the service is no longer rated as inadequate for any of the five key questions. Therefore, Summerdale Court Care Home will no longer be in special measures and we have stopped taking enforcement action against the provider. Services are placed in special measures when rated as inadequate and we have significant concerns about the quality of the care delivered. We found the provider is no longer in breach of the regulations. However, we identified some areas where further improvements can be made, which are detailed below.

The management of medicines, including the administration and recording of topical medicines, had improved and medicines were now managed in a way that ensured that people received them safely. There remained some issues regarding guidance for medicines that had been prescribed on an 'as needed' basis. We have made a recommendation about medicines.

People's care plans contained a variety of risk assessments and plans to mitigate the risks faced by people living in the home. The home had received support from relevant professionals regarding supporting people with behaviour which challenged the service, however, this had not been incorporated into people's care plans. We have made a recommendation about supporting people who present with behaviour which challenges the service.

At the last inspection we found the service was not meeting the needs of people who identified as being lesbian, gay, bisexual or transgender (LGBT). Although there had been some improvements in this area, staff lacked confidence in supporting people with this aspect of their lives. We have made a recommendation about supporting people who identify as LGBT.

People were supported to receive the support of relevant healthcare professionals as required. There were some inconsistencies in how this information was shared among staff providing support.

The new management team had introduced a range of quality assurance audits and improvements to the management structures of the home. These had not yet been embedded into the usual practice of the home.

People were protected from avoidable harm and abuse. Staff were knowledgeable about their role in safeguarding adults from harm. Relatives and people told us they felt safer in the home.

There were sufficient numbers of staff working in the home. Staff had been recruited safely. The home had reduced its reliance on agency staff. Staff training had improved, although there remained inconsistencies in the support and supervision provided to staff. The home had a clear plan in place to address this.

Consent to care and treatment was sought in line with legislation and guidance. The home was meeting the requirements of any Deprivation of Liberty Safeguard authorisations in place at the home. Care plans were not always clear about how to support people whose capacity to make decisions fluctuated and this had been identified by the home management. Staff understanding of the Mental Capacity Act 2005 had improved since our last inspection.

People were supported to eat and drink enough to maintain a balanced diet. Where people had specific needs in relation to their nutritional and hydration these were clearly recorded and well understood by staff supporting them. People were able to choose their meals from a rotating menu, and individual alternatives were offered if people did not like what was on the menu.

Staff told us they had time to build up caring relationships with people who used the service. Observations showed that interactions between staff and people were kind and sensitive. Work had been completed on peoples' life histories and care plans were more personalised. People and their relatives had been invited to review meetings to update their care plans and this was clearly recorded. People's care plans were reviewed and updated regularly to ensure care continued to meet their needs.

People were treated with dignity and respect. People who were in the last stages of their life were treated with compassion and kindness. There had been improvements in end of life care at the home.

The home had a robust complaints policy and records showed that complaints were responded to in line with the policy. People and relatives knew how to make complaints. The home had various systems in place to capture feedback from people and their relatives. Records showed action was taken in response to feedback received.

The leadership and management of the service was improving, and staff, people and relatives were optimistic about the future of the home. Various systems to monitor and improve the quality of the service had been introduced, which had led to clear action plans to complete. People, relatives and staff gave positive feedback about the new manager, describing them as visible and approachable.

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 not consistently safe.

Care plans regarding supporting people who presented with behaviour which challenged the service were not detailed or robust.

Guidelines for medicines prescribed on an 'as needed' basis were not in place in all the units.

There was a clear plan in place to complete the backlog of maintenance issues which had accumulated at the home.

People's medicines were managed in a way that ensured they received them safely.

People were protected from avoidable harm and staff had a good understanding of safeguarding adults.

Risk assessments were in place and included measures to reduce the risk of harm.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff had received training to support them in their roles, although not all staff were receiving supervision to develop their skills and knowledge.

Consent to care and treatment was sought in line with legislation and guidance, however, guidance for staff on how to facilitate people's decision making was not always clear.

People were supported to access healthcare professionals and receive on-going healthcare as needed. Sharing of health professionals' advice was not consistent across the units.

People were supported to eat and drink enough to maintain a balanced diet.

Requires Improvement ●

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

Staff had now received training in equality and diversity, however, they still lacked confidence regarding supporting people who identified as lesbian, gay, bisexual or transgender.

Staff told us they had time to develop positive, caring relationships with people and this was supported by our observations of care delivered.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

The personalisation of care plans had improved and there were clear plans in place to continue this improvement.

People's care plans were reviewed and updated regularly to ensure care was responsive to their needs.

There were a range of different activities available to people living in the home, and plans in place to develop activities for people who could not leave their bedrooms.

There was a robust complaints policy in place and complaints were responded to in line with the policy.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The manager had introduced a range of audits and quality assurance mechanisms which had not yet been embedded into the service.

Staff told us they felt the culture of the service was improving, although some people and their relatives were more cautious regarding improvements.

People and staff were optimistic that the recent improvements in management and leadership would continue.

Summerdale Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20, 22 and 25 April 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor with expertise in nursing care 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. This expert-by-experience had expertise in services for older people living with dementia.

Before the inspection we reviewed all the information we held about the service, including notifications the provider had sent us. We received feedback from the local authority commissioning and safeguarding teams. A provider information return, which tells us about how the service is managed and planned improvements had not been requested.

During the inspection we spoke with 11 people who used the service and six relatives. We spoke with 17 members of staff including the home manager, the regional manager, the clinical lead, the deputy manager, the activities coordinator, a cook, five nurses, two senior care assistants and four health care assistants. We viewed the care records, including care plans, risk assessments, medicines records and reviews of 18 people. We viewed the staff files, including recruitment records, training, and supervision records of 18 staff. We reviewed a variety of other records, including policies and procedures, safety and quality audits, accident and incidents records, complaints records, maintenance logs and other documents related to the management of the service.

Is the service safe?

Our findings

During our last inspection the service was not effectively keeping people safe from avoidable harm and abuse. The service was not identifying and escalating incidents as safeguarding concerns, staff did not understand their role in safeguarding adults from harm and people told us they did not always feel safe. At this inspection records showed that incidents were being appropriately identified as safeguarding concerns and escalated as required. Records showed that 95% of staff had completed training in safeguarding adults. Staff we spoke with were knowledgeable about safeguarding adults from harm. One staff member said, "We're always talking about safeguarding here." Staff with responsibility for escalating concerns to outside agencies understood their responsibilities and clearly described the actions they would take to keep people safe. People and their relatives gave us mixed feedback about how safe they felt in the home. One person told us they did not feel safe, they said, "It's quite frightening here." However, a relative told us, "I feel better about things, I think [relative] is safer." This meant that progress had been made and people were better protected from avoidable harm and abuse than they had been.

At our last inspection we found that routine maintenance and health and safety checks were not being completed. The home had not had a maintenance person employed since August 2015. A new maintenance person was employed in January 2016. Between October 2015 and the employment of the maintenance person essential checks were completed by the deputy manager and unit managers. This included water temperature checks, fridge and freezer temperature checks and other equipment checks. The service utilised the company's resources to provide occasional support from another maintenance person who completed other essential health and safety checks. Records of meetings showed that people, relatives and staff were concerned about the physical condition of the building and the need for maintenance work to be completed. There was a clear plan in place and records showed the maintenance person was working to complete the backlog of issues. The regional manager informed us there was a plan to recruit a second maintenance person as the size of the home required two people to ensure its condition was maintained. The manager told us they had completed an application to the parent company to release resources to decorate and refresh the appearance of the building.

The provider had a robust recruitment policy in place. Records showed that the service checked people were suitable to work in care through checking employment references and completing a criminal records check. Records showed the service had addressed the previous issue regarding checking employment references and these checks were now in place. Recruitment practices ensured that staff were suitable to work in care.

During our last inspection in October 2015 staffing levels were maintained through high agency use. At this inspection the service had reduced its use of agency staff and no agency staff were working during our inspection. Feedback about staffing levels from people and their relatives remained mixed. One person said, "Sometimes [there are enough staff]. They usually take time to answer the call bell." Another person said, "They [staff] are a bit rushed at times." A relative told us, "It's not too well staffed at the weekends." Most staff told us they felt the staffing levels were adequate and had improved since our last inspection. Staff told us they were confident they could request additional staff if people's needs required it. One member of staff

said, "[The staffing levels] are the best it's ever been. They take into account behaviour and supervision needs now." There were sufficient staff to meet people's needs.

At our last inspection risk assessments were inconsistently completed and did not provide staff with clear information on how to reduce and manage risks faced by people. In particular, people who were at risk of skin breakdown and pressure wounds did not have robust risk assessments in place to mitigate the risk of harm. At this inspection care files contained detailed risk assessments with clear instructions for staff to follow to mitigate risk. Risks addressed through these assessments included moving and handling, nutrition and hydration, skin integrity, medicines, and psychological and emotional needs.

Skin integrity assessments were completed and updated monthly and the measures in place to manage risk were clear. For example, the equipment in use was clearly recorded as were instructions regarding how often people should be supported to change their position. Records confirmed these instructions were being followed. There remained some inconsistencies regarding how concerns regarding people's skin condition were diagnosed and treated. In one unit the nursing staff had recorded that one person had developed a specific grade of wound but the records of the visiting tissue viability nurse did not address this concern. A member of nursing staff explained that the tissue viability nurse diagnosed the grade of wounds and the record made by the service's nursing staff had been mistaken.

The home had a robust medicines policy and clearly designated staff to administer prescribed medicines. Staff who administered medicines described the process of administering medicines correctly and were able to explain what actions they would take if they discovered an error. Records showed staff who administered medicines had received training in doing so, and the competency of staff was regularly assessed by the deputy manager. Medicines stocks were checked and audited by staff who did not work in the unit where medicines were administered. Records showed that staff were not completing these audits correctly as they were failing to consider the balance brought forward. This had been identified by the manager who had taken action to address the issue. Checks of the balances of medicines found one error where the balance was half a tablet different from the actual medicine in stock. The home investigated this, found the tablet and completed a report which included actions to prevent recurrence.

The home administered controlled drugs. The administration of controlled drugs is strictly regulated to ensure the safety of people who used the service. At our last inspection the administration of controlled drugs was unsafe and did not follow safety guidance. At this inspection the administration and recording of controlled drugs had improved and was now completed safely in accordance with guidance.

At the last inspection people were not receiving prescribed creams as directed by health professionals. At this inspection records showed that people were receiving topical creams as prescribed and the records used by care assistants matched those used by nursing staff.

The home used printed medicines administration records (MAR) supplied by their pharmacy to record medicines administered to people. During the inspection all MAR charts were taken away from the service to renew prescriptions. This meant that for more than two hours no medicines could be administered. People living in the home were prescribed medicines, such as pain relief, on an 'as needed' basis. However, while the MAR charts were out of the building staff could not administer these medicines. This was brought to the attention of the manager. The manager assured us they would find an alternative way to renew prescriptions that did not prevent people receiving medicines as required. MAR records reviewed were well completed, indicating when people had taken or refused their medicines, with appropriate explanations recorded when necessary. Our review identified that some units were using the wrong codes to record some medicines. This had also been identified in the home's audit and records showed this was being addressed.

When people are prescribed medicines on an 'as needed' (PRN) basis staff require instructions on when and why this medicine should be offered. These were clear and in place in one of the nursing units. However, they were not in place in the other nursing unit. This meant that nursing staff were relying on their knowledge of the people and the medicines they were prescribed to know when to offer PRN medicines. Nursing staff were able to describe this in detail, however, it should be recorded so that new staff, or staff who are less familiar with people, know when to offer medicines.

We recommend the service seeks and follows best practice guidance regarding instructions for the administration of medicines prescribed on an 'as required' basis.

At our last inspection care files of people who displayed behaviour which challenged the service did not contain information on how to support people and staff to manage this behaviour. Records viewed at this inspection showed a specialist in supporting people with dementia had been involved with the service and had completed assessment and recommendation reports for people. These had not yet been incorporated into people's care plans. Staff understanding of how to support people with behaviours which challenged the service was mixed. In the two residential units that specialised in supporting people living with dementia, staff were observed providing proactive, sensitive support to de-escalate situations where people's behaviour was causing distress to themselves and others. However, this support was not captured in documentation. For example, one person's care plan stated, "Staff need to be attentive and give [person] time to express himself" and, "Staff need to anticipate [person's] needs through [their] non-verbal signs." This did not describe the support that staff needed to provide to de-escalate situations.

The home had recently appointed a clinical lead whose professional background was in dementia care. The clinical lead and manager had identified through their audits of care files that care plans relating to behavioural needs were not yet robust. There was an action plan in place which included staff training, involvement of external professional experts and updating and reviewing care plans.

We recommend the service seeks and follows best practice guidance on supporting people living with dementia who present with behaviours that may challenge the service.

Is the service effective?

Our findings

At our last inspection we were unable to view supervision records as we could not access the files where they were stored. The home had changed how they stored supervision records since then. Records showed that nursing staff were now receiving regular group and individual supervision. However, the provision of supervision to non-nursing staff was inconsistent. Records showed that care assistants based in the residential units were receiving supervision. However, senior care assistants and care assistants based in the nursing units did not have supervisions recorded in their files. The manager told us the management team in place since our last inspection had focussed on the nursing units as these had been the units with the highest level of concern, though they recognised that the senior care assistants and care assistants also required support and development. There was a clear schedule in place for each of the units to ensure that all staff receiving on-going support and supervision.

At our last inspection in October 2015 we found that staff training was inadequate and staff were not receiving the support they needed to perform their roles. Records showed that staff training had improved. Staff had now completed 86% of required training compared to 54% in October 2015. Records showed that only 10 staff currently employed by the service had a valid practical certificate in moving and handling, the remaining 66 had either not completed this training or their previous training had expired. A large proportion of people living in the home required support with moving and handling and there is a risk that they may be supported inappropriately or unsafely by staff who had not been trained in this area. This was discussed with the manager who sent through a training schedule to ensure all staff had an up to date moving and handling practical certification within three weeks of being made aware of the issue .

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. 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. Records showed that appropriate assessments and referrals for DoLS had been made and where conditions were in place these were being followed. The service was notifying CQC as required.

Staff understanding of the principles of the MCA, capacity and consent was poor at our last inspection. This had improved among nursing staff and senior care assistants who were knowledgeable about the principles of the MCA. They described how capacity was assessed for each decision and understood how people might lack capacity for some decisions but retain it for others. One member of staff described how they must respect people's rights to refuse medication and how staff can encourage the person to make their own decisions through using gentle interactions.

Each person's care file contained a section called "Rights, capacity and consent" which explored people's capacity to consent to their care and treatment. The information contained in these care plans was not always consistent with the information in the rest of people's files, particularly when their capacity to make decisions fluctuated. For example, one person was described as, "Unable to make decisions about [their] care." However, their views and wishes about how they wished to receive care were clearly recorded throughout the rest of the plan. The MCA requires that people are provided with any necessary support to facilitate their capacity, such as alternative communication methods. In this person's file it was stated that staff should facilitate their capacity by giving them time and "Provide any kind of aid that will help [person] to understand." There were no details of what kind of aid may assist their understanding. The manager told us they had picked up on staff understanding of the MCA being limited to DoLS rather than its wider application. They planned to address this through staff meetings, trainings and supervisions.

At the last inspection staff training on the MCA and DoLS had low completion rates. The provider requires staff at a grade of senior care assistant and higher to have completed DoLS training and all care staff to complete training in the MCA. 85% of required staff had completed training in DoLS and 92% of required staff had completed training in the MCA. This was an improvement on the training levels since our previous inspection.

Care files contained detailed information on people's health conditions and how to support people to maintain their health. Where there were concerns about people's health, appropriate referrals were made. Records showed that advice from health professionals was captured and incorporated into people's care plans. Staff feedback regarding how information about changes in people's health conditions and what support should be provided varied across the units. In three of the units staff were clear that this information was shared easily between the different grades of staff during handovers and was included in daily records of care. In one of the nursing units, care assistants reported that they did not always receive updates on how to support people's health needs in a timely manner and that nursing staff did not consistently share this information. This lack of consistency in information sharing had been identified by the new management team. In the units where staff felt information was shared effectively daily handover meetings were held with all staff, there were plans to introduce these in the fourth unit.

People's care plans contained a nutritional profile for each person which recorded people's dietary preferences and needs, including specialist dietary requirements. Where people were identified as being at risk of malnutrition appropriate referrals to dieticians had been made and where appropriate meals were fortified to support people to maintain a good diet. Where people were identified as being at risk of choking there were appropriate risk assessments in place and clear records of specialist advice regarding modifying the consistency of food. All staff spoken to were knowledgeable about the different consistencies of food that people may require and how to support people with eating and drinking safely. The kitchen staff had records of people's specialist needs and preferences.

The chef developed menus on a four-weekly basis adjusted for the seasons to ensure fresh vegetables could be used. The chef had incorporated feedback from residents meetings and made changes to the menu. The home operated 'a resident of the day' system where one person on each unit was able to choose a special meal of their choice. Staff and most people and relatives told us that the home was flexible if they did not want to eat the food as described on the menu and the kitchen would prepare an alternative. The home had introduced dining experience audits where staff evaluated the dining experience of the other units and asked people for their feedback. This produced action plans. This had resulted in the dining areas being prepared with napkins and had changed how people were supported to eat. A member of staff told us, "The food's got so much better and it's more flexible. People can pick things that aren't on the menu. People have been putting on weight."

Staff told us, and records confirmed that staff joining the service now received a thorough induction including shadowing more experienced colleagues and time to read people's care files. Staff who had been promoted to more senior positions were provided with a mentor who supported them with their development. Staff told us this was helpful and supportive. However, there were a number of staff who had joined the service between our last inspection and the current management team being in place, who told us they had not received an induction and had not had time to go through people's files. They told us they had relied on their previous experience and the goodwill of experienced colleagues to learn about people and their needs. This was discussed with the manager who recognised that these staff may benefit from revisiting the induction process.

We recommend the service seeks and follows guidance about re-visiting induction for staff employed by the service.

Is the service caring?

Our findings

Observations of care delivered showed that staff delivered care and support in a patient and sensitive manner. Staff talked about the people they supported with kindness and affection. One member of staff told us, "After the training [on dementia care] we're all more mindful of how it feels to be cared for." Another member of staff said, "I work from the heart, I serve them [people who lived in the home]." Staff told us how they supported people to maintain their dignity while receiving care, for example by ensuring that doors and curtains were closed and that people remained covered during personal care. One member of staff said, "You knock on the door, even if they can't respond you still knock before you go in."

Care plans contained details of people's personal histories and cultural background. Where people were members of religious communities this was recorded. One staff member explained how staff met a person's cultural needs by speaking the same language as the person. Another member of staff told us how they supported one person to practice their faith and listen to the music of their faith. People had brief personal histories with pictures, photos and important information about them on their bedroom doors. This gave staff a glimpse of the person's life before they moved to the home.

At our last inspection we made a recommendation regarding supporting people at the end of their lives. This was because people living in the home had not been supported to record their wishes for the end of their lives, even when they had agreed that they did not want to receive cardio-pulmonary resuscitation (CPR) to sustain their lives. Records showed that since our last inspection people had been supported to record their wishes about how they wanted to be supported at the end of their lives. Where appropriate relatives had been asked to contribute to these conversations and this had been appropriately recorded.

During our inspection the home was supporting several people who were at the end of their lives. Staff talked about this with sensitivity. One member of staff said, "We get time to stay in the room with them. They might not talk but they can still feel lonely and will want more than someone just checking on them." Staff understood the importance of ensuring that people at the end of their lives were supported to be as comfortable and pain free as possible.

At our last inspection we made a recommendation regarding supporting people who identified as lesbian, gay, bisexual or transgender (LGBT) in care homes. This was because a low number of staff had completed training in equality and diversity and this was reflected in the language used when discussing people who identified as LGBT. At this inspection 89% of staff had now completed training in equality and diversity. However, in conversation staff lacked confidence in talking about people who identified as LGBT. For example, one member of staff said, "I can't say yes or no [that the service supports people who identify as LGBT]. It's not in the care plan so I can't say for definite. I'm not sure." Another member of staff said, "I don't know of any [people who identify as LGBT] here. It's private to them and it's not been communicated to us." Care plans did, however, contain information regarding whether or not people had been in committed heterosexual relationships. The manager recognised there was more work to do in this area.

We recommend the service seeks and follows best practice guidance on supporting people who identify as

LGBT in care homes.

Is the service responsive?

Our findings

At the last inspection in October 2015 we found that care plans lacked detail, were not person centred and were not always kept up to date. Records showed that care plans had been updated and now contained detail regarding how people should be supported. For example, one care plan contained details of which specific products the person liked to use during personal care. In addition, people had person centred care plans that were held in their bedrooms which contained detailed information about their life histories and preferences. The quality of care plans remained varied across the units and this had been identified by the home's audit processes. There were notes in people's files where audits had identified that more detail needed to be added.

Care plans and risk assessments were reviewed at least monthly and updates were made when required. The reviews were carried out by senior staff and there was limited evidence that people were involved in the reviews of their care. Although people's voice was clear in the records held in their bedrooms, and in the care plan, it was not captured that they had provided feedback in the monthly reviews. Records showed the home had been completing a programme of reviewing and updating all care files and had invited people and relatives to meeting to discuss their care. Care plans referred to these meetings and reflected the opinions expressed by people and their relatives regarding their preferences. The personalisation of care plans had improved since our last inspection and there were clear plans in place to continue the improvements.

Previously people and their relatives had fed back that there were limited activities for people who were unable to get out of bed. This was recognised by the manager as a continuing issue. The manager was working with the activities coordinator to arrange for volunteers to visit the home to help support people who could not leave their rooms. The home subscribed to a magazine which specialised in dementia activities and themes. The magazine included articles about historical events and puzzles. Staff said this helped them to find ways to engage with people living in the home and reading it with people could help them engage in conversation. Staff were observed reading this with people during our inspection. There was a flexible programme of large and small group activities on offer at the home which included films, exercises, arts and crafts activities and games. In addition people were supported to attend a local day centre.

The service had a complaints policy which was on display in the reception area of the home. It included clear timescales and information on how to escalate concerns if people were not happy with the response. Records showed the service responded to complaints in line with this policy. In addition, feedback and concerns that had been raised in annual review meetings had been responded to as complaints in order to formalise the response.

The service used an electronic feedback system where people and relatives could complete surveys using a tablet computer. Ten relatives surveys and 149 surveys for people living in the home, some of which had been supported by staff, had been completed between January 2016 and April 2016. These showed that people said they felt safe and were generally satisfied with the care delivered in the home. Both relatives and people living in the home had raised maintenance and the garden as issues and the home had a plan in

place to address these issues.

There had been one meeting for people living in the home and their relatives since our last inspection. Records showed the manager had held this on 14 April 2016, soon after they had joined the service. The meeting had discussed CQC's inspection, reviews, food and activities for people in their bedrooms. Records showed the home was taking action in relation to the issues raised. This meant the service was listening and responding to people's experiences, concerns and complaints.

Is the service well-led?

Our findings

At the inspection in October 2015 the service was not well led as management audits were not effectively identifying issues with care plans and risk assessments, and where issues had been identified action had not been taken to address them. At this inspection there was an improvement in the quality of audits completed. At the last inspection the home had not been submitting notifications to CQC as required. The home had been submitting the correct notifications since October 2015.

There were systems in place to monitor the quality of care files and clearly recorded actions where standards had not been met. Records showed that staff had received training to support them to complete the actions generated by the audits. Unit managers were completing audits of each-others' units, as well as the management team completing assessments of the work completed. This meant there was both peer and managerial oversight of the quality of care delivered. The management assessments of the peer audits had identified where these had not been completed properly, for example, where medicines audits had failed to consider the balance carried forward, and when care files did not contain full consent records. There were clear plans in place to improve the quality of recording systems.

The management team that had been in place during our last inspection were no longer involved in the service. In the interim the provider had ensured management support was provided by specialist quality managers with the support of a regional manager. A new manager had been recruited and had joined the home a month prior to our inspection. They had not yet applied to register with CQC. Since they had started at the service the manager had introduced a range of measures designed to monitor and improve the quality of the service provided. These included daily meetings with the heads of departments, including the unit manager, domestic manager, chef, activities coordinator and administrator. Records showed these were used to discuss issues on the units, issues affecting the whole home and as a forum for sharing good practice. The unit managers told us they found these useful and one unit had introduced an equivalent meeting within the unit to ensure information was shared across the staff team. Members of the management team conducted spot checks on the service, both during the day and at night and these had highlighted where improvements could be made.

At the last inspection staff told us they felt unsupported and overworked. Staff at this inspection told us things had improved. One member of staff said, "[New manager] is already making a difference. We have more time to spend with the residents. We're getting supervision now and we've had a lot of training." Another member of staff said there was now clear leadership and direction for the service, they said, "We have a straight line to follow." A third member of staff acknowledged it had been a difficult time for the service and said, "It feels like we're coming out the other end now."

The manager held a staff meeting during our inspection and staff told us they had found this meeting useful. One member of staff said, "It was useful, we can raise issues directly." The meeting was used to recognise good work in the units, for example, one of the units won a prize for having the best presented dining room. A member of staff said, "It was good [getting a prize] it makes us all want to do well."

The manager had introduced a 'home manager listening form' which staff could fill in, anonymously if they wished, to record positive feedback and any concerns. Records showed staff had raised staffing numbers and uniforms and the manager had provided updates and feedback on these issues during the staff meeting.

Some people and their relatives provided positive feedback about the manager. One person said, "Management are quite approachable." A relative told us, "I've had a couple of meetings with the new manager, [they're] really caring." However, other people and relatives were more cautious as this was the third management team within a year. A relative said, "It seems ok, it's early days."

Staff provided positive feedback about both the interim management arrangements and the new manager. One member of staff said, "[Interim managers] really turned it around." Another member of staff said, "[Manager] is visible. They come on the units and see what's going on. They talk to us and the residents. They aren't afraid to get their hands dirty." One care assistant had noted that when the manager had been on the unit they had recorded observations in a person's care record as they could see the unit staff were busy. Another member of staff said, "It's 100 times better. We don't feel like we're left in the lurch." During our inspection we saw relatives came and spoke with members of the management team as they needed.

The manager recognised there was still work to do to embed the progress that had been made to ensure that it was sustained. They also recognised that the service had been through a turbulent time with different managers and needed a period of stability. The manager told us their priority was to establish consistent standards of quality across the home and then to sustain them.