Care Quality Commission

Sammi Care Homes Limited

Himley Manor Care Home

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 24 March 2015.

Our inspection of August 2014 found that the provider was not meeting four of the regulations associated with the Health and Social Care Act 2008 which related to; the care and welfare of people who use services, safeguarding, staffing and assessing and monitoring the quality of the service. Following the inspection we asked the provider to take action to make improvements. The provider sent us an action plan outlining the action they had taken to make the improvements. During this inspection we looked to see if these improvements had been made and found that they had.

Himley Manor Care Home is registered to provide accommodation, nursing or personal care for up to 51 people. People using the service have conditions related to old age or dementia. At the time of our visit 45 people were using the service. Whilst most people lived there permanently the service also provides care to people on a short term rehabilitation basis, often following discharge from hospital.

The registered manager had left the service in December 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care

Summary of findings

Act 2008 and associated Regulations about how the service is run. The provider had appointed a new manager in late December 2014 who told us that they were in the process of applying for registration with us, following successful completion of their probationary period with the provider.

Over half of the staff had not received training in regard to how to protect people using the service from abuse or harm. However, staff we spoke with were knowledgeable about the types of potential abuse people may be exposed to and understood how to report any concerns.

Medicines were stored, handled and administered safely. Guidance was available for staff to ensure that 'as required' medicines were provided in line with instructions from the prescribing doctor.

The provider had made improvements following our previous inspection in respect of staffing. Recruitment had taken place and at busier times of the day staff were more readily available to support people and maintain their safety.

Records showed and the manager confirmed a proportion of staff, including newly appointed staff had not received the expected level of basic training from the provider. The manager assured us that this would be rectified as soon as possible and that those staff, for example who had not received moving and handling training would not be supporting people in this aspect until training had been provided.

The provider had failed to assess the mental capacity of people using the service in accordance with guidance set out in Mental Capacity Act 2005 (MCA). Training in regard to the Mental Capacity Act 2005 (MCA) was also lacking for a large proportion of staff.

People's nutritional needs were monitored regularly and reassessed when changes in their needs arose. Staff supported people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration.

Staff were responsive to people when they needed assistance. Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity. People told us they were encouraged to remain as independent as possible.

People and their relatives told us they were provided with verbal information about the service and their care and treatment. People were supported to continue to maintain their religious observances.

Information was not readily available for people or their relatives about local advocacy services. The manager agreed to seek this information and share this with people, relatives and staff.

People and their relatives were consulted about their care needs and involved in planning how their care was delivered. People's care was delivered in line with their care plans with reviews and updates regularly undertaken.

Activities that were on offer to people considered people's interests and hobbies through consultation with the individual and their relatives. People and their relatives were asked to provide feedback about the service through meetings or through use of a suggestions box.

The complaints process was displayed for people and their relatives to refer too. This contained the contact details of external agencies and where any concerns or complaints about the service could also be reported.

People, their relatives and staff spoke confidently about the leadership skills of the new manager. Daily walkabouts were undertaken by the manager or deputy manager in order to check that the care being delivered was safe and of high quality.

The manager undertook regular reviews and analysis of systems in place to ensure that quality and safety was being maintained. However, systems for monitoring staff training and assessing people's mental capacity were not robust.

Improvements had been made in respect of the provider undertaking analysis of incidents and accidents that had occurred. This included identifying trends or patterns through monthly auditing.

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 who used the service were protected from the risks associated with medicines.

Staff were knowledgeable about how to protect people from harm.

The service operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs.

Good

Is the service effective?
The service was not always effective.

A large proportion of staff had not received training or timely updates in regard to the provider's basic level of training.

People were provided with and supported to have the diet and fluids they needed.

The provider had failed to formally assess people's level of mental capacity in line with the guidance set out in Mental Capacity Act 2005 (MCA).

Requires Improvement

Is the service caring?
The service was caring.

People and their relatives were complimentary about the staff and the care they received.

People and their relatives told us they had been given verbal information about the service and they felt this was satisfactory.

We observed that people's privacy and dignity was respected by the staff supporting them.

Good

Is the service responsive?
The service was responsive.

We saw that care was delivered in line with the person's expressed preferences and needs.

Activities offered within the service were planned in consultation with people using the service.

People and their relatives told us they knew how to make a complaint and felt confident that the manager would deal with any issues they raised.

Good

Is the service well-led?
The service was not always well-led.

Requires Improvement

Summary of findings

People were complimentary about the new manager and how the service was being developed and run on a day to day basis.

The quality assurance systems in place for monitoring the quality and safety of the service were not robust.

Regular staff meetings were held support to discuss the developments planned for the service.

Himley Manor 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.

The inspection of Himley Manor Care Home took place on 24 March 2015 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience of older people's care services. An Expert of Experience is someone who has personal experience of caring for a user of older peoples services.

Before the inspection we reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

During our inspection we spoke with 8 people who used the service, two relatives, one member of kitchen staff, six care staff, the activities coordinator, the deputy manager and the manager. We observed care and support provided in communal areas and with their permission spoke with people in their bedrooms. Prior to our inspection we also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

We also used the Short Observational Framework for Inspection (SOFI) during the morning in the largest communal lounge. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the home was managed. This included looking closely at the care provided to four people by reviewing their care records, all the staff training records, five medication records, minutes of meetings and a variety of quality assurance audits that the manager completed. We looked at policies and procedures which related to safety aspects of the home and also looked at whistle blowing and safeguarding policies.

Following our inspection we contacted healthcare professionals who had regular contact with the service to obtain their views.

Good

Is the service safe?

Our findings

During our inspection in August 2014 we found insufficient numbers of staff were on duty at busier periods of the day, particularly in the morning. People and their relatives told us they had no concerns over staffing levels. One person said, "There are staff around all the time to make sure I am alright". A second person told us, "When I press my call button, they come more or less straight away". A third said, "I think there are enough staff around to care for me". We saw during this inspection that there were sufficient numbers of staff on duty to meet people's needs. We spoke to the manager and staff and reviewed the staff rotas; we saw that improvements had been made and appropriate recruitment had taken place. Staffing numbers had been increased and at busier period's, both in the early morning and later in the evening, shifts had been adapted to increase the availability of staff on duty to ensure that people were safely supported.

During our inspection we observed that people were responded to in a timely manner, including the answering of call bells. We saw that staff were apparent and available to assist people in communal areas. A relative said, "There appears to be sufficient staff to care for [family member's name], the call bell is answered in a reasonable amount of time". The manager told us that staffing levels were determined in line with peoples changing needs using a staffing guidelines tool. The manager told us that at present there was some reliance on a small amount of agency staff. They told us this was a temporary measure as they were awaiting receipt of the appropriate checks and references for bank staff they had recruited so that any sickness or leave can be covered by a core of staff who will know people and their needs more readily. One staff member told us, "It will be better when the more regular staff are on board; although we always put agency staff with more experienced staff." Another said, "I think the staffing is a lot better now we have more permanent staff and fewer agency".

People and their relatives told us they felt the support available within the service and the environment was safe. One person told us, "Staff are ok and they do keep me safe". Another said, "They keep me safe, well and happy". One relative told us, "I'm confident that my relative is well cared for even when I'm not here". One staff member said, "I think the care is good here and people are kept as safe as they can be".

Records we reviewed showed that less than half of the staff had undergone training in how to protect people from potential abuse or harm. Some of the staff we spoke with told us they had undertaken training of this kind in previous employment. However, staff we spoke with were clear about their responsibilities for reporting any concerns and were able to describe the procedures they would follow if they witnessed or received any allegations of abuse. Staff demonstrated they had the necessary knowledge and information they needed in order to protect and keep people safe. They were able to describe the different types of abuse, discrimination and avoidable harm that people may potentially be exposed to. We saw a folder with useful contacts and information relating to safeguarding that staff could access. We spoke to the manager who told us they intended to access training and any updates due for all staff in this respect as soon as possible.

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These referred to the individual's abilities and areas that they needed assistance with in order to avoid harm and reduce any potential risks. One person told us, "Staff keep me safe and well by helping me move into the armchair or when I get into bed; they make sure they don't hurt me as well". Records in relation to risk were regularly updated and reviewed.

Staff we spoke with knew the emergency procedures to follow and knew who to contact in a variety of potential situations. Each person using the service had their level of need for assistance assessed should evacuation of the building be required.

We found the recruitment and selection process in place ensured staff recruited had the right skills and experience to support the people who used the service. Staff we spoke to confirmed that appropriate checks and references had been sought before they had commenced their role.

We reviewed how medicines were stored, administered and handled. People and their relatives told us they felt medicines were provided in a safe way, at the appropriate times. A person told us, "Staff are good with my medication, they give it to me at the same time every day

Good

Is the service safe?

and never miss". Another said, "I have my tablets every day and they haven't ever forgotten to give them to me". We looked at the Medicine Administration Records (MAR) for five people and found they were fully completed without any unexplained omissions. We checked individual stock levels of medicines against the MARs and found that the balances were correct. We saw that records were in place to instruct staff in what circumstances medicine prescribed as 'when required' should be given. Storage facilities were secure and medicines for disposal were suitably stored and disposed of safely. Arrangements were in place to ensure that checks on medicines management took place each week, with a more in-depth audit undertaken on a monthly basis. One person was receiving their medicines covertly and records showed this had been agreed by their GP. We saw that the pharmacy providing medicines to the service also undertook regular audits and outlined actions for the registered manager to take to ensure best practice was observed; we saw that these actions had been completed.

Requires Improvement

Is the service effective?

Our findings

People and their relatives we spoke with told us they felt the staff were skilled and trained to meet people's needs. One person said, "Staff are good and seem well trained". Another told us, "The staff are great and do a good job". Staff we spoke with knew people well and were able to tell about their needs and how they met them.

We spoke with staff about how they were supported to develop their skills to meet people's needs effectively. Staff we spoke with told us they had been provided with training which they felt had equipped them to perform their role effectively. Records showed that training and updates in respect of the provider's required level of basic training were not consistently provided for all staff. This included training in how to protect people from abuse and in respect of health and safety which included infection control. Staff we spoke with told us that they had been provided with an induction where they familiarised themselves with the provider's policies and procedures and then went on to shadow more experienced staff. One staff member told us, "All new staff are put with more experienced staff; they are never put on their own". We spoke to the manager in regard to the absence of some basic training for some staff and the delays we noted in training newly recruited staff. They told us that basic training was often delayed due to the provider's reliance upon the local authority's training programme, which lacked availability of sessions when urgent training was required and spaces were often limited. The manager was aware of this and was in the process of sourcing an independent provider of training that would meet staff training needs in a timelier manner. We received assurances from the manager that staff who had not undertaken for example, moving and handling training did not support people in this aspect until they were adequately trained.

Staff received regular supervision and an annual appraisal. We saw that these processes gave staff an opportunity to assess their performance, review their knowledge and discuss their training needs. Staff we spoke with told us that the supervision they had received was of value to them. One staff member stated, "I have supervision and it is useful". We saw from the minutes of staff meetings that they were well attended and used to gather feedback, and to discuss planned changes and developments within the service.

Records showed that less than half of the staff had received training in respect of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. Records showed as part of people's initial and/or ongoing assessment, no formal assessment of the people believed to lack mental capacity had been completed or sought by the provider. Staff we spoke with had a basic understanding of their responsibilities in gaining peoples consent. We observed that people's consent was sought by staff by those who were able, before assisting or supporting them. One person told us, "I am asked what I want; they always ask".

The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation of the DoLS and to report on what we find. DoLS had been authorised for one person who used the service and another had been referred and this application was being processed by the local authority. Prior to this authorisation no assessment of the person's mental capacity had taken place by the provider, although DoLS referrals had been made appropriately.

We reviewed the records that related to the peoples resuscitation status. These records demonstrated how the decision was made, who was responsible for deciding that Cardio Pulmonary Resuscitation (CPR) was not to be attempted and how people who use services and those close to them had been involved in the decision.

People were supported to take a nutritionally balanced diet and adequate fluids. We observed lunch being served with two choices of main meal and two desserts on offer. A menu was displayed in the dining area and reception area. Staff took a sample of the meals on offer, on plates to people to help them decide which meal they would like to eat, they also described what each meal contained. A choice of drinks was offered to people. One person told us, "The food's nice and I have things to choose from". Another told us, "The food is wonderful and I really enjoy it, it's hot and tasty". We saw that people were offered alternatives from the menu and extra portions.

Requires Improvement

Is the service effective?

People told us they were consulted about their likes and dislikes and records we reviewed reflected this. Meals were nutritionally balanced with people's specific dietary needs catered for. A relative told us, "The food is lovely, and [family member's name] rarely refuses what's on offer but when they do, the staff arrange for other food to be available". The kitchen staff told us that changes to people's nutritional needs were communicated to them by staff, which they kept records of for reference. Staff we spoke with knew which people were nutritionally at risk. Records we looked in were reflective of people's current risk in regard to malnutrition or dehydration and how they should be supported to minimise those risks.

People were supported to access the healthcare they needed to promote good health and well-being. Discussions with people, their relatives and staff confirmed that people's health needs were identified and met appropriately. One person told us, "The other day I needed to see my doctor, so staff arranged for him to come and see me". A second person said, "If I need to see my GP or anyone, the staff arrange it for me". We saw examples in records of staff accessing support by health care professionals in response to people's changing health needs, for example liaising with district nurses and the person's GP when end of life care was required. A relative said, "Staff call the doctor and let us know if there are any concerns about [family members name] health". Records showed people were supported to access a range of visits from healthcare professionals including opticians and dentists. One staff member said, "Access for people to healthcare is good here". Records showed that staff quickly alerted emergency services when people needed urgent medical attention.

Good

Is the service caring?

Our findings

During our inspection in August 2014 we saw that the consideration of the care and welfare of people was lacking in respect of the delivery of care and support available to them. We found that the service did not meet peoples individual needs and that their emotional needs were not always met in a timely manner. On this inspection we saw improvements had been made. Peoples care plans had been adapted with their or their relative's involvement to outline their individual wishes about their preferred choices, for example, for their time for going to bed and getting up. Staff we spoke with had a clear understanding of people's individual needs and described how these were met day to day. Through our observations and from the feedback we received from people and their relatives we saw that any distress or discomfort being experienced by people was addressed in a timely manner.

People spoke positively about the caring attitude and kindness shown to them by staff. During our visit we spent time in the communal areas and saw that people were at ease with asking staff for assistance and a relaxed atmosphere was observed. One person told us, "I do like the staff, they are very kind". Another said, "Staff are good and give me nice attention". We observed staff interactions with people and saw that they were caring and friendly in their approach towards them. A relative said, "I think there is a good feeling about this place; staff are chatty and helpful to [family members name]".

Staff we spoke with knew people well and this was demonstrated through the interactions we observed, for example we saw a staff member supporting a person to walk; throughout their interaction they used encouraging language such as 'you are doing really well' and 'nearly there'.

People were asked about their cultural and spiritual needs as part of their initial assessment. One person said, "We can go to church or someone from church comes here sometimes". People told us that staff respected their wishes and if they wanted to address any specific cultural or spiritual needs, they felt they would be fully supported by staff to fulfil these.

People were encouraged by staff to remain as independent as possible. One person said, "I am able to do some things for myself, but what I can't do the staff do for me". We observed staff asking people what level of support they needed and what they were able to do for themselves. Another person said, "Staff encourage me to try to do as much myself as I am able". A staff member said, "People living here seem happy, we are always trying new ways to occupy and stimulate people that they are able to do or take part in".

Information about local advocacy services was not displayed. Staff we spoke with were unsure how to access advocacy services for people. We spoke with the manager who admitted they did not have any up to date information regarding local advocacy services but agreed to remedy this straight away. Advocacy services had not been sought for anyone living at the home but relatives or those with lasting power of attorney had been involved in decision making alongside people using the service.

People told us staff respected their dignity and right to privacy. One person told us, "Staff support me to have a shower and they only do the parts I can't reach, they are kind and go at my pace; lovely people they are". Another person said, "When they [staff] come to get me up in the morning they knock on the door, tell me who it is and then they come in when I say". A third said, "They [staff] wash me every day, they tell me what they want to do and make sure its ok with me". Staff we spoke with gave a number of examples of how they respected people's dignity and privacy, such as giving people the opportunity to wash themselves if they can or changing people's clothing when it becomes stained. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way. For example, when staff were supporting people to eat and drink, they interacted with them and used respectful encouraging language throughout.

A written guide or leaflet about the service and what it provided was not available for people or their relatives to refer to. People and their relatives we spoke to told us that staff took the time to verbally explain any questions or queries they had about their stay, care or treatment. The manager said a guide had previously been available but this was outdated and not fit for purpose, they were in the process of reissuing this and planned to make a copy available in each person's room.

Good

Is the service responsive?

Our findings

Care plans were developed with people and their relative's involvement and were centred on their views and wishes. People we spoke to were confident that they had been asked about the care they needed and wanted, but some people were not clear as to whether this was documented. One person said, "Staff asked me about my needs but I don't think I have a care plan or if it's written down". Another said, "I have been asked about what I want but I don't think they write it down". Relatives we spoke with said they had been involved in planning the care with their relative present; they understood this was written down in the form of a care plan. One staff member said, "We do our best to involve people in all aspects of their care plan". We observed that people's care was delivered in line with their care plans. Regular review and updates of these plans was evident when people's needs had changed.

People and their relatives were involved about decisions regarding their care and had been given the information they needed. One relative said, "Staff will talk to me about my relative's care and any changes that need to be made". Another told us, "If there are any concerns or changes to do with my relative, staff will discuss them with me and if I am not here they call me at home". We saw that records gave a detailed overview of people's health and well-being and these were completed at regular intervals throughout the day by staff.

Staff were knowledgeable about each individual's personal history and preferences. Care records contained information about people's family, work and personal history. A person told us, "There are activities here I like most days which is good because it stops me getting bored; I'm very content here". We saw that people's rooms had been personalised and displayed items that were of sentimental value or of interest to them. The provider employed a dedicated activities coordinator. We saw that a structured range of activities were on offer daily and also some individual sessions with people with particular focus on reminiscence, past hobbies or interests. They said, "One of the activities residents most enjoy is going to the local pub for a meal, they can chat and like just leaving the home and being part of the local community". Through our discussions and observations on the day of our inspection, we saw that people were actively supported to access community activities. Photos displayed showed people involved in a variety of trips and outings. A staff member told us, "Yesterday, people did painting, arts and crafts and some gentle exercises, which people enjoyed".

People were supported to maintain links to family and friends during their stay, reducing their potential for social isolation. Visiting times were open and flexible for relatives and friends of people. A relative told us, "I can visit my relative at any time which is ideal for me".

People we spoke to and their relatives said they felt any concerns or complaints they had would be listened to and acted upon by the manager. One person told us, "If I was unhappy or needed to complain I would talk to the staff". Another said, "The manager comes and chats with me like the other staff do, she's lovely and I know if I complained to her she would help put it right". Information was displayed which outlined the providers complaints procedure. The information included contact details for external agencies that people could also raise complaints with. The service had received one complaint since our last inspection, which the manager was in the process of responding too. The manager discussed the process for dealing with complaints and the provider's timescales for acknowledgment, investigation and resolution of the compliant. No one we spoke with during our visit had had cause to complain. A staff member said, "If anyone has a compliant we let the manager know straight away".

The service produced a monthly newsletter for people and their relatives. This contained general information, for example any dates for the diary such as meetings and also included written pieces by people using the service which described memorable times in their lives. Copies were freely available in the reception area.

People were encouraged to express their views. People and their relatives had the opportunity to attend regular meetings to contribute their thoughts and ideas about how the service was developed. A person told us, "We have meetings where we can talk about things such as what kind of activities we like to do". A suggestions box was situated in reception for people or their relatives to utilise.

Requires Improvement

Is the service well-led?

Our findings

During our inspection in August 2014 we found the provider had not notified the local authority or us, as required, of some incidents that had occurred within the service. Through our discussions with the manager, speaking to staff and a review of the notifications received by us prior to our inspection we noted that improvements had taken place. The manager showed a clear understanding of their responsibilities for reporting incidents of concern to us and other external agencies of events that may occur or affect people who used the service. We reviewed the notifications received from the service prior to our inspection and we found incidents had been appropriately reported and in a timely manner.

The manager began working at the service in late December 2014. People, their relatives and staff spoke positively about their leadership skills and the improvements they had seen in the service since they had been in post. The manager demonstrated a good level of knowledge about the people who used the service. One person told us, "The manager is very nice and often pops in to see me and we have a little chat". A relative said, "I feel the management team are doing a good job". A staff member commented on the leadership of the manager and told us, "It lacked organisation here before, now it's more organised".

The manager told us the provider had been supportive in relation to their plans and ideas for developing the service. A staff member said, "I love working here. I have met the providers too as they come in most days". Staff we spoke with understood the leadership structure and lines of accountability within the service; they were clear about the arrangements for who to contact out of hours or in an emergency.

Staff we spoke with told us that the manager was supportive towards them. A staff member stated, "The manager is friendly and approachable". Another said, "The managers do listen to staff, they take on board what you say". Staff meetings were held each month, with a good level of attendance, information was cascaded and there was opportunity for staff to provide their feedback. Staff told us two staff meetings had taken place since the new manager had taken up her post. One staff member told us, "We had a staff meeting in February to inform us of changes being made and we talked about the needs of the service and people using it". A second told us, "The new manager is good and staff morale has definitely lifted in the past few months". A third said, "The new manager has put some good ideas forward".

The manager had met with staff to discuss what values were important to them in respect of the service they provided and in their day to day interactions with people. The most common values had been agreed and shortlisted; a values statement had been formulated and displayed in a variety of communal areas within the home. Staff confirmed that they had been involved in this exercise and were clear of the values of the service that had been selected.

We saw the manager actively promoted an open culture amongst the staff and made information available to them to raise concerns or whistle blow. Staff were able to give a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on induction and a copy was also available in the staff office. This detailed how staff could report any concerns about the service including the contact details of external agencies they may wish to report any concerns to.

At our previous inspection in August 2014 we found that there was inadequate review of incidents and accidents which meant that opportunities to learn and avoid similar occurrences were missed. At this inspection we found that improvements had been made. We saw that arrangements were in place to continually review concerns, incidents and accidents to make sure trends were identified. One staff member told us, "We have to make the manager aware of all accidents and incidents that happen". When incidents had occurred within the service that related to people being at risk, we saw examples of newly adopted practices within the service as a direct result of learning from such situations. Staff were aware of the changes and understood the reasons for these.

We saw that effective systems for internal auditing and quality checks were in place. The manager conducted regular 'walk abouts' around the units to assess the quality and safety of the service being delivered, which included observation of staff practices in respect of moving and handling practices. A number of key areas of risk for people, for example safety of equipment, were regularly reviewed by the manager. Where omissions or areas for improvement were identified we saw that an action plan

Requires Improvement

Is the service well-led?

was developed and actions completed. However, during our inspection we requested records in respect of staff training, these were not up to date and therefore the manager was not clear about how many of their staff required initial training or updates in respect of the provider's basic level of training. This information was provided to us a few days after our inspection.

The provider had sent out questionnaires in November 2014 but very few had been returned and no collation or analysis of the results had been undertaken or shared. The manager showed us their plan for development of the service and this incorporated a more formal way of gaining feedback or ideas in respect of the quality of the service was included.

The provider had appointed a new manager in December 2014, but they had not yet submitted an application to be registered as the manager with the Commission. The manager told us that they were in the process of applying for registration with us, following successful completion of their probationary period with the provider.