Care Quality Commission

Southern C C Limited

The Meadows Nursing Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 3 and 4 August 2015 and was unannounced .

At our last inspection on 30 and 31 October 2014 we asked the provider to take action to make improvements to protect people who lived at the home. The provider did not work within the guidelines of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS). People could not be confident that their rights were protected because the Mental Capacity Act 2005 Code of practice had not been followed when people were not able to make their own specific decisions about their care. We saw that restrictive practices were in place in order to keep people safe. However, measures to make sure that these restrictions were lawfully applied had not always taken place. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. The required standards of the law related to the Deprivation of Liberty Safeguards (DoLS) were being met. This was because where it was felt people received care and support to keep them safe and

Summary of findings

well which may be restricting their liberty applications had been made to the supervisory body. These actions made sure people's liberty was not being unlawfully restricted.

The provider of The Meadows Nursing Home is registered to provide accommodation and nursing care for up to 36 people. The facilities within the home are arranged over two floors and divided into three units, Pine, Willows and Beeches. Pine and Willow units are on the ground floor and care for older people with mainly nursing care needs. The Beeches unit is located on the first floor and cares for people with dementia related care needs. At the time of our inspection 33 people lived at the home.

The provider is required to have a registered manager in post. The former registered manager deregistered with us in October 2014. The provider had taken action and a new manager was appointed in June 2015 and is currently in the process of submitting an application to be registered with us. 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 Act 2008 and associated Regulations about how the service is run.

Although the provider managed the risks to people by making sure the home environment and equipment were regularly maintained and serviced, the daily home environment checks were not always effective. There were hazards that potentially placed people's safety at risk. These included items of equipment, torn flooring by a person's room and a loose electrical plug socket. The manager took action when we pointed these out to them to reduce these hazards for the benefit of people who lived at the home.

People had their prescribed medicines available to them and these were administered by staff who had received the training to do this. The protocols for 'when required' prescribed creams for some people were not in place and staff had not consistently signed to confirm when people's creams had been applied.

We saw staff did not always apply their knowledge gained from training in an effective way when responding to the individual needs of all people who lived at the home. This included their communication skills so that people's mental health and emotional needs were consistently supported and met. The manager put into practice their skills and knowledge to reassure some people who lived at the home when they needed this on the day of our inspection. They viewed this as one positive method of guiding and supporting staff to provide good care.

We saw there were some missed opportunities where staff provided care which was focused upon a care task being completed as opposed to being responsive to people's individual needs. This included supporting and enhancing people's wellbeing by having opportunities to do fun and interesting things, as these were not routinely promoted. Recruitment was in progress for a member of staff to help promote people's access to follow their social interests.

Staff knew how to protect people against the risk of abuse or harm and how to report concerns they may have. Checks had been completed on new staff to make sure they were suitable to work at the home. People told us there were enough staff to meet their needs although at times staff could be busy but they did not have to wait for assistance for too long. The manager had recently increased staffs opportunities to gain support to effectively carry out their caring roles and discuss any issues they had with weekly meetings where staff could meet with the manager.

People told us they were supported to access health and social care services to maintain and promote their health and well-being. A doctor visited people on the day of our inspection and spoke with staff about people's changing health needs. When people needed support to meet their dietary and hydration needs a referral was made to the right health care professional so that people remained healthy and well.

People we spoke with told us they felt their privacy was respected and they felt safe. We saw conversations between staff and people who lived at the home were positive in that staff were kind and polite to people. People knew how to make a complaint and felt able to speak with the staff or the manager about any issues they wanted to raise.

People were getting to know the new manager and they felt they were approachable and visitors to the home felt that they were welcomed. The manager had introduced more opportunities for people and staff to make

Summary of findings

suggestions about the services people received. Staff understood their roles and responsibilities and felt that the new manager was trying to make things better for staff and people who lived at the home but they felt it would take time.

Since the new manager had been in post they had and were continuing to introduce a range of checks to make sure the quality of the services people received were of a good standard. From carrying out these checks the manager was working towards making key improvements such as strengthening staff support to promote good care. At the time of this inspection there was limited evidence to determine whether these improvements were effective and had had a sustained positive impact on the quality of care people who lived at the home received.

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 not consistently safe.

People's safety was not always fully considered as there were environmental hazards, such as, the clutter of equipment and torn flooring. People's medicines were available to meet their health needs. Systems for recording the administration of some people's prescribed creams were not robust.

Staff were aware of their role and responsibilities in reporting potential abuse. There were sufficient staff on duty to keep people safe.

Requires improvement

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

Staff practices did not always show staff applied their knowledge consistently to meet people's individual needs so that they were effective in their roles.

People were supported to make their own decisions. Where people were unable to make their own decisions these were made in their best interests by people who had the authority to do this. People had sufficient amounts of food and drinks and had access to health care professionals to meet their specific needs.

Requires improvement

Is the service caring?
The service was caring.

People told us staff treated them with kindness and were polite and staff respected their privacy. People and their relatives were involved in identifying their wishes and preferences about their care.

Good

Is the service responsive?
The service was not consistently responsive.

People did not consistently receive care which was centred on them and supported people to have fun and interesting things to do to enhance and respond to their wellbeing.

People felt that their concerns were listened to and would be acted upon.

Requires improvement

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

The manager knew further improvement work and action was needed so that the service people received was well led for the benefit of people who lived at the home.

Requires improvement

Summary of findings

People felt the manager was approachable and they were taking action to make improvements to aspects of care people received. Staff felt the manager was supportive and was developing opportunities for them to be involved in the running of the services people received.

The Meadows Nursing 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 2024.

This inspection took place on 3 and 4 August 2015 and was unannounced. On 3 August 2015 the inspection team consisted of two inspectors, a specialist advisor 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. They had knowledge and experience of care for older people. The specialist advisor had knowledge and skills in working with people with dementia. On 4 August 2015 one inspector returned to complete the inspection.

As part of our inspection we checked information held about the service and the provider. We looked at our own systems to see if we had received any concerns or compliments about the services people received. We also looked at information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We asked the local authority and the clinical commissioning group (CCG) who commission services from the registered provider for information in order to obtain their views about the quality of care provided at the home. We contacted Healthwatch to obtain information about the service. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care. We used this information to help us plan our inspection of the home.

We spoke with nine people who lived at the home and four relatives. We also spoke with the operational manager, the home manager, deputy manager and seven members of staff which included the cook. We did this to gain people's views about the care and to check that standards of care were being met.

We spent time looking at the care people received in the communal areas of the home where people were happy to share their experiences of life at the home. We also used the Short Observational Framework for Inspection (SOFI) because some people were unable to communicate with us verbally so we used different ways to communicate with people. SOFI is a specific way of observing care to help us understand the experience of people living at the home.

We looked at the records of seven people, which included their plans of care, risk assessments and medicine records. We also looked at the recruitment files of three members of staff, a range of policies and procedures, maintenance records of equipment and the building, quality assurance audits and the minutes of meetings.

Requires improvement

Is the service safe?

Our findings

We saw the provider managed the risks to people associated with the home environment and equipment by regular maintenance of the heating and water systems and hoists and slings. Despite this we were concerned about some environmental hazards which posed a risk to people's safety. In a bathroom there was a walking frame lying over a bath, an item of equipment stored in front of the sink, a large opened cardboard box which held aids and opened toiletries displayed. These presented hazards for people as they were able to access this bathroom independently. In another room where people could relax with sensory objects we saw there was a mop bucket with dirty water just inside the door area. There was also an chair arm which had come off a chair lying on the floor. We showed the manager what we saw. The manager or staff we spoke with could not provide us with an explanation as to the reasons why these rooms had not been tidied so that any hazards were removed to protect people's safety. The manager took action so that the items which posed a risk to people's safety were removed.

Although we saw safety checks had been carried out around the home environment we saw some examples where these had not identified improvements were required. For example, a plug socket was loose and this was used by staff and could be potentially accessed by people who lived at the home. There was also a piece of torn flooring by a persons' room which was a potential trip hazard. We spoke with the maintenance staff member who told us that they had a maintenance book where staff should be recording all repairs that required their attention. The hazards we saw had not been written down in this book. The maintenance staff member repaired both the plug socket and torn flooring after we had identified these to them.

The manager told us as part of their morning walk around the home they would now include the home environment. This was to make sure repairs and any hazards were identified and action taken in a timely way so that people's safety and wellbeing were not placed at risk.

We asked staff how they supported people with aids and equipment so that risks to people's wellbeing were managed. For example, they were able to tell us what support people needed to help them change position with the use of a hoist or move around the home with the use of walking aids. We saw this happened on the day as staff supported people with aids and equipment where required. One person told us how staff were observant as they always supported them if they needed it when they moved from a chair. We saw and heard that staff had sought advice from health professionals in assessing how risks such as not eating or drinking enough could be reduced, such a, providing people with a soft diet when required.

Some people had medicine prescribed to them on a 'when required' basis. We saw there were written protocols in place for such medicines as guidance for staff to refer to reduce the risks of people not receiving these medicines consistently and safely. However, this was not always the case for some people's prescribed creams so that people could always be assured they had their creams applied in the right way. We also saw staff were not signing to confirm some people's creams had been applied. When we spoke with a member of staff about this they told us staff had applied these creams but acknowledged the system of recording this had happened needed to be improved. This member of staff assured us this would be done so that people's creams were consistently recorded and managed safely.

Arrangements were in place so that medicines were available for people when they needed them. One person told us, "I have regular tablets and without support from the nurse I would not remember to take them." Another person said, "The staff always make sure I have my tablets on time and ask if I need anything for pain." Medicine records we looked at showed people had received their medicines as prescribed by their doctor. We saw staff who supported people to take their medicines checked each individual medicine and checked people had taken it prior to signing the records. Staff we spoke with confirmed they had appropriate training.

We saw people were comfortable around the staff who supported them and people who spoke with us told us they felt safe living at the home. One person told us a member of staff was, "Very nice to me." Another person said, "I am happy and safe here, people always around me.' A further person told us, "I need the care and I get it." Staff spoken with had a good understanding of the types of concerns that could be possible abuse. One member of staff told us how a situation between two people who lived at the home was managed. This made sure risks to both people were

Requires improvement

Is the service safe?

reduced by the arrangements in place to monitor this situation. They confirmed they had attended training on how to protect people from abuse and knew what their responsibilities were to help protect people from potential harm. One member of staff said, "I would report any abuse to the nurse or [manager's name]. They would take the action needed; I have no doubts about this."

People we spoke with told us they felt there were enough staff around when they needed care and support although they were busy at times. One person told us, "A lot of people here, staff don't always have time." Another person said, "Generally well looked after, have to wait a while for staff, they are doing other things, generally enough staff." Throughout our inspection we saw staff supported people without unreasonable time delays which included when people needed assistance with their personal care needs. We received mixed views from staff about whether they felt there were sufficient staff to meet people's individual needs and keep people safe. One staff member told us, "Always staff around, four staff is enough, very busy if there were less staff." Another staff member said, "Not always enough staff to cover shifts so we have to get agency staff." We saw there was an agency member of staff on duty on the day of our inspection. The manager confirmed that regular agency staff were used to promote continuity of care for people so that the impact upon people was reduced. When we spoke with this member of staff and we found they knew people they provided care and support to.

We looked at staff rotas and saw that the manager undertook assessments with regards to staffing numbers to make sure there were sufficient staff to meet people's needs. We saw there were nurses on duty at all times, who were supported by care staff. The manager told us if they needed more staff to support people such as to go to health appointments then staffing numbers would be increased. We saw this happened on the day of our inspection as one person needed to attend an appointment and was accompanied by a staff member. This did not deplete the required number of staff needed to meet people's individual needs and cover the shift. There had been a turnover of staff and the manager was in the process of recruiting new staff so that people received continuity of care from people they knew well. This included a staff member to plan and organise social events. We saw that appropriate checks were completed on new staff before they started to work at the home. One staff member we spoke with confirmed they had not started work at the home until checks were completed to make sure they were suitable to work with people who lived at the home.

Requires improvement

Is the service effective?

Our findings

At our last inspection we found that arrangements for obtaining people's consent did not always ensure people's rights were taken into account. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements and to send us an action plan outlining how they would make these improvements. At this inspection we saw improvements had been made.

Staff had received training and understood the principles of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff understood how to support people to make choices and consent to their day to day care, such as what to wear, what they wanted to eat or what they would like to do with their time. Staff told us they supported people to make their own decisions about their day to day care and offered them choice. One staff member said, "I always ask and explain things." We saw staff put this into practice as they that obtained people's consent and supported them to make their own decisions in regards to their care and support during our inspection. For example, during the medicine round people's consent was gained by staff before they supported people with taking their medicines. Staff were aware if people did not have the mental capacity to make specific decisions these would be need to be made on their behalf by people who knew them well in their best interests. We also saw that in order to keep some people safe within the home appropriate applications had been made to the local authority to lawfully deprive them of their liberty in line with the DoLS.

We saw staff did not always use their knowledge and skills effectively when they supported some people who had emotional and or dementia care needs. An example of this was at lunchtime when we saw a person was unsettled which impacted upon other people who lived at the home and staff. We asked a staff member how they would effectively support this person with their emotional needs. They told us they would assist this person to move away from the room into a quieter one where staff could talk with them to help them feel better which was the approach noted in this person's care records. This did not happen and each staff member responded in different ways to this person. We saw this did not help this person has they became more emotionally unsettled. This did not make for a positive meal time experience and one person became unnerved by the situation and verbally expressed this.

We asked one staff member about how they supported people with dementia care needs. They told us this was, "Part of their behaviour, part of their character." However, they did not recognise people may possibly be expressing a need they required staff to support them with. When we spoke with two staff members about their training in meeting the needs of people with dementia they told us they had had training some time ago and felt they needed a refresher. The manager was aware of any gaps in staff training and refresher courses and was addressing these. The manager told us since they had come into post they had become aware that some staff needed more guidance and training. They were working on plans to make sure all staff effectively used their skills and knowledge to support people with dementia care needs. Some of these plans had already been recently implemented such as, providing opportunities for staff to discuss their roles and the manager working alongside staff to promote positive examples of effective care to people. Staff we spoke with confirmed to us that the current manager had planned staff one to one meetings since they came into post and group staff meetings. One member of staff told us they felt these would be supportive as they could share any issues about their work and identify any training needs they had. We saw the minutes from a group staff meeting held recently where the manager discussed with staff their observations of where staff practices needed to be improved so that people received consistent effective staff support. These staff support mechanisms were still in their infancy at the time of our inspection and more time was needed to see what difference they made to the effectiveness of the care and support people received.

People who we spoke with were positive about the abilities of staff to meet their needs. One person told us, "Get well looked after, I think staff are well trained, know what I need, they are pretty good." Staff we spoke with told us they had received an induction when they started to work at the home where they shadowed staff who knew people well and received training to carry out their roles. Staff we spoke with were able to tell us about the individual care and support needs of people we asked about, as well as any health conditions that affected their care. We also saw staff

Requires improvement

Is the service effective?

used their knowledge and skills when they supported people with their health and physical needs. For example, we saw staff knew how to use any equipment or aids to effectively meet people's individual needs..

People told us they had enough to eat and drink to maintain their health and wellbeing. One person told us, "Food is good, it's me I am very picky." Another resident said they were, "Thankful to the chef, who makes good food and I always finish my plate." A further person told us they would like the menu to be changed more often but liked the food they received. We saw some positive examples of where people were supported to maintain their independence when eating and drinking. For example, one person was supported to eat their meal in the way they preferred at their own pace and ate all of their lunch. The chef was on leave on the day of our inspection but the staff member who was covering was able to confirm they knew people's food preferences and dietary needs. For example, they were aware of people who needed food pureed and what ingredients were used to support people to keep well. Staff told us that people at risk of weight loss had been reviewed by their doctor and people who had difficulties in swallowing their food were referred for specialist advice from Speech and Language Therapists (SALT). We saw staff were aware of which people required special diets and we saw soft food options were offered to people who wanted or needed these.

Staff supported people with their health needs so that these could be effectively met at the right time and by the right professional. One person told us, "If I felt unwell the staff would get a doctor for me." Another person said that the doctor did weekly visits to the home and if they wanted to speak with the doctor about their health they could. During our inspection a doctor visited the home and we saw a staff member spent time with the doctor to discuss people's health needs. One person was unwell and we saw staff spoke with their relative to inform them of how their family member was feeling. The manager gave us an example where one person had been referred to their doctor and their medicines were reviewed. Another person was accompanied by a staff member to a planned health appointment on the day of our inspection. People told us they had access to chiropodists and opticians.

We saw that some adaptations had been made to the design of the home environment to support people with dementia. For example, textured art work was displayed in corridors and each person's door was painted a different bold colour and had a door knocker and number. However, there was limited signage for reassurance and to support the independence of people with dementia. The manager told us there were refurbishment works planned and acknowledged some improvements could be made for the benefit of people who lived at the home.

We recommend that the provider considers the Kings Fund website which has information to support in adapting the environment to support people with cognitive difficulties and dementia.

Good

Is the service caring?

Our findings

People who lived at the home told us staff were kind. One person told us the staff were, “Like a family to me whilst I am here, I shall miss them when I’m gone.” Another person said, “The staff are marvellous, they are very kind.” A further person told us, “Staff very good, they angels to me.” People who lived at the home and their relatives told us that visitors were made welcome. One relative told us staff had, “Organised a fun-day in the garden and invited all the family members.” Another relative said that they visited everyday and felt involved in their family member’s care and liked to help them to do their hair in the style they preferred.

We saw some very positive and caring responses from staff who knew people’s needs and knew how to reassure people and did so with kindness. For example, one person was assisted by staff to brush their hair. The conversation between the member of staff and this person showed the staff member cared and was interested in this person’s experience. For example, the staff member brushed some of this person’s hair and then gave the brush to this person who brushed some of their own hair. On another occasion we saw a person was supported to move from a wheelchair into a comfy chair. Staff were patient and showed they cared as they explained and reassured this person throughout and made sure they were comfortable with each step of the support they provided. We saw this person smiled at staff when the support had been provided to show they were contented to be helped into a comfy chair.

During our inspection we saw the manager showed they cared and they spent time communicating with people. For example, they sat alongside one person and gently spoke in a kind way to them. We saw this helped to support this person as their facial expressions showed they became more relaxed.

Staff were knowledgeable about people’s individual preferences and how they liked to spend their time. We saw that staff involved people in their care, such as, to establish what people would like to eat or drink. One person told us staff always respected their choices. They said, “I don’t like to be shut in” and chose to have their door, “Open all night.” Another person was asked by a staff member if they wanted to sit in a, “Nice chair by the window.” This person responded by confirming they wished to remain where they were. Where people were unable to make choices because of their illness, staff had approached their families for information about their lives, preferences, likes and dislikes. One relative said, “I was involved in their care and staff consult me all the time.” Relatives told us that staff kept them up to date on people’s care needs and any changes.

We saw that people were treated with dignity and staff were polite when speaking with people. We saw staff respected people’s right to decline support. Staff told us that they encouraged people to remain independent and let them attend to their own personal care needs where they could. Staff told us they maintained people’s dignity by asking people’s permission to help them and made sure that their doors were kept closed when helping with personal care. One person told us, “The staff always knock on my door and ask if they can come in.” We saw this happened during our inspection.

Requires improvement

Is the service responsive?

Our findings

We saw examples where staff provided caring and responsive approaches to meeting people's individual needs in the way people preferred, such as, when assisting people with where they wanted to be in the home and what they wanted to drink. However, we also saw some examples where staff missed opportunities to provide care which was responsive to people's individual needs and not always centred on tasks. For example, at lunchtime a person was assisted by a staff member to eat. This person was assisted with their meal but there was no supportive conversation and the staff member did not go at this person's own pace which meant they turned their head away from the spoonful's of food. Another example was when a staff member was responding to a person and in doing so turned their chair around with them sitting on it without communicating their actions to this person before they did it. The manager acknowledged this was not good practice and had started to implement plans to improve staff practices so people received consistent individualised care from all staff members.

People who lived at the home and relatives we spoke with told us that activities had not always taken place since the member of staff who did these with people had left. One person said, "Why is there no one in these rooms to occupy us." Another person told us, "I just walk round the block and like to feed the birds." One relative said it would be nice if staff had more time to spend with people to break the social isolation at times. We heard music, some people were reading and other people spent time with their visitors. There were some staff members who did spend time with people individually. For example, one person was supported by a staff member to do some flower arranging. Other people spent much of their time watching what was happening around them or sleeping with very little stimulation other than when staff responded to their care needs.

We spoke with staff about the arrangements for people to participate in leisure interests and hobbies. One staff member told us, "We try to do some activities here, hand massages, go to the pub and games." Another staff member said there was not enough stimulation for people every day which increases people's agitation. A further staff member told us they included activities when they could but most of their time was devoted to other care tasks.

From what people and staff told us and what we saw at the time of our inspection hobbies and interests were not routinely planned to provide people a quality of life and to maintain their individual interests.

A member of staff had been employed to plan and carry out social activities with people but this person had recently left and dedicated support for people to follow their interests had lapsed. The manager told us and we saw this was an area of care the manager had identified for improvement. For example, recruitment was underway to support people with their social interests and an interview was scheduled for a staff member to lead on assisting people to follow their interests on the day of our inspection.

People we spoke with told us they were confident they were supported by staff to meet their needs in the way they preferred. One person said, "Staff know about me." Another person told us they were, "Fairly well looked after." A further person said, "My family may be aware of my care plan, I am happy here and don't want to be involved in any paper work." People's care needs, preferences, wishes were recorded in their care plans and staff were aware of these. One relative told us, "When [person's name] moved here, the manager sat with me to talk about [person's name] to ensure they had all the relevant information." We saw people and their relatives were involved in attending review meetings and had been kept fully informed of any changes. One relative told us, "They [staff] inform me of any changes so I am kept in the picture about [person's name] care."

Staff we spoke with described how people received care that responded and met their needs. One staff member said, "Unless I read care plans I will not move a person. Will wait until I know about a person." Another staff member said, "I know about people from the nurse, sometimes look at care plans but more information in handovers, tells us all we need to know." We saw staff had handovers that took place at the change of each shift and staff told us they were able to refer to the notes during the shift so that any changes in people's needs were met appropriately. One person was unwell on the day of our inspection and staff we spoke with knew about this as it had been shared with them during handover.

The manager since their appointment had improved the opportunities of people who lived at the home and their relatives so that they were able to raise any concerns or

Requires improvement

Is the service responsive?

complaints they had. We saw dates for regular group meetings for people who lived at the home and their relatives were displayed. The manager had also introduced weekly 'drop in' meetings for people who lived at the home and their relatives so that they had another opportunity to raise any concerns and to also make suggestions for improvements.

The provider had complaints procedures and information for people on how to complain was displayed so that people and visitors had the knowledge about how they could make a complaint.

We asked people and their relatives how they would complain about the care if they needed to. People who lived at the home were aware they could tell staff if they were unhappy. One person told us, "I know where the manager is if I need to speak with them." We saw there was a system in place to record complaints received. The complaints records showed that when the manager had received a complaint they had completed an investigation. We looked at one complaint received. The manager had acted on the complaints raised and people had been informed of the outcome and any actions taken.

Requires improvement

Is the service well-led?

Our findings

A new manager had come in post since our last inspection and was in the process of applying to become the registered manager. The operations manager told us that the provider had identified improvements needed to be made for the benefit of people who lived at the home.

At this inspection we saw some staff practices were not always effective and responsive to the individual needs of people who lived at the home. Therefore we looked at the arrangements the provider had in place to drive through improvements in staff practices so that people consistently received effective and responsive care. We saw that since the manager came into post in June 2015 they had introduced and held meetings to gain the views of people who lived at the home and their relatives about the quality of the services they received. Where comments had been received the manager was acting on people's views and work to introduce improvements was in progress. For example, we saw the manager had introduced one to one meetings and group meetings with staff and was observing staff practices to drive through improvements. However, this work was in progress and improvement changes were in their infancy at the time of our inspection. Therefore there was little evidence to support consistent changes or improvements were all in place and had been sustained to reflect their effectiveness and the impact these had on people who lived at the home.

Although the manager told us about the daily checks they would be progressing to spot any areas of improvements or what was working well we saw there were hazards which placed people's safety at risk. For example, equipment stored which could be a hazard for people using the bathroom on the Beeches and a torn piece of flooring. The manager acknowledged these potential risks to people's safety. They told us they would be adding the home environment to their daily checks and using staff meetings and staff training when required to promote and drive through consistent good practices for the benefit of people who lived at the home.

The manager had started to utilise the information they had received from completing their own quality checks in the form of looking at different aspects of the care people received. For example, the manager had looked at the dining experiences of people on the Beeches. They told us there were some learning points for staff from these initial observations, such as, making sure music played was chosen by people, more jugs were needed and menu's needed to be in place. One staff member told us they found it useful to hear from the manager about areas of staff practices that could be improved upon so that people continually received good care. We spoke with one person who told us, "No idea what I will have for dinner, would be good to have a menu to look at." Following our last inspection in October 2014 the provider sent us action plans which confirmed picture menus were being implemented. However, the manager and staff at this inspection told us photographs of meals for menus were in the process of being done which showed improvement actions had not always been followed through in a timely way. The manager acknowledged that improvements were needed with how the quality assurance checks were undertaken and actions were followed through.

People we spoke with knew who the manager was and felt that they could approach her if they wanted or needed to. One person told us the service was good but not marvellous and "Needs lots of improvement." One relative said they felt the new manager could bring a lot of good changes for people who lived at the home. Another relative said, "I am glad, they have new manager here who is approachable and has started a drop in session every Thursday to raise any issues or concern's we may have." We saw the manager had listened to a relative at one of these meetings about the lack of social activities for people and were in the process of recruiting again to this post. The manager told us that they were frequently visible to people should people wish to raise anything with them. We saw this was the case and on one occasion the manager spoke with one person about whether they found their clothes were being laundered to their liking now. This person said that improvements were being made by staff who were laundering their clothes. The manager confirmed with this person that new bed linen was on its way.

The manager was improving support systems for staff and told us, "I can confidently sit here and say I support my staff. I do agree with my staff having their say." Staff told us the manager was approachable and supportive. One member of staff told us, "Manager is approachable, trying to sort everything out, will listen to us." Another staff member said they felt the manager was supportive and trying to help staff by providing feedback about their work so that they knew what they were good at and what needed to be improved. Staff we spoke with were aware

Requires improvement

Is the service well-led?

the manager had organised weekly 'drop in' meetings where they could meet the manager to discuss any issues about their caring roles and or suggestions they had for improvements. We also saw the manager was committed in using their own practice to show staff positive examples of how to effectively support some people with their emotional needs. Through the manager's calm and reassuring approach we saw people's anxieties and distress were effectively diffused.

Staff spoken with had an understanding of their role in reporting poor practice for example where abuse was suspected or regarding staff members conduct. They knew about the whistle blowing process and how to report any concerns so that people were not at risk from poor staff practices.

The manager was supported by the operational manager who regularly visited the home and was there at the time of our inspection. They acknowledged there were aspects of staff practices which needed to be improved and were responsive to our findings. Both the operational manager and the home manager told us of their commitment to take further actions to improve and develop the quality of the service for the benefit of people who lived at the home.