Care Quality Commission

Sweet Homes Limited (A Joshi)

Sweet Homes Limited t/a Carshalton Nursing Home

Inspection report

28 Salisbury Road
Carshalton
Surrey
SM5 3HD
Tel: 020 8669 2592
Website: www.sweethomesltd.com

Date of inspection visit: 20 January 2015
Date of publication: 30/03/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
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 20 January 2015 and was unannounced. We last inspected the service on 10 July 2014 and found they were meeting the regulations we looked at.

Sweet Homes Limited, trading as Carshalton Nursing Home, provides personal care and permanent or respite accommodation for up to 33 people. The home specialises in the nursing care and support of older people living with dementia. Accommodation is arranged over three floors and there is a passenger lift to enable people to move freely between floors. All the bedrooms are single occupancy, but people can choose to share. None of the bedrooms have en-suite facilities. Communal space includes an open plan lounge/dining area on the ground floor.

Summary of findings

There were 15 older people living at the home when we visited.

The service has not had a registered manager in post for over a year. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The current acting manager, who had been in day-to-day charge of the home since September 2014, had not applied to the Care Quality Commission (CQC) to become the registered manager of the service. The CQC considers this to be an unnecessary delay and therefore regards the service to have breached their legal requirements.

We found a number of breaches of the Health and Social Care (Regulated Activities) Regulations 2010.

Although people told us Carshalton Nursing Home was a comfortable place to live, we found the home's physical environment was not always adequately maintained. For example, we saw most of the wooden chairs in the dining area were wobbly, the kitchen floor was damaged in places, and wardrobes, dressers and curtains in some people's bedrooms looked shabby and worn.

The service's fire safety arrangements were not adequate. Although staff demonstrated a good understanding of their fire safety responsibilities and roles, and had received fire safety training, we found the service had not carried out regular fire evacuation drills and tests of fire safety equipment. This has put people using the service, staff and visitors at risk because the provider cannot be confident the homes fire alarm system will work or that people know exactly what to do in the event of fire. We have referred our concerns about the home's fire safety arrangements to the London Fire and Emergency Planning Authority (LFEPA) who are the regulator responsible for fire safety.

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

We also found that people did not have enough opportunities to participate in meaningful social activities that reflected their interests. We made a recommendation about the opportunities people using the service have to participate in meaningful leisure and recreational activities that reflect their social interests.

People were safe living at the home. Staff knew how to protect people if they suspected they were at risk of abuse or harm. Risks to people's health, safety and wellbeing had been assessed and staff knew how to minimise and manage these to keep people safe from avoidable harm or injury.

There were enough properly trained and supported staff working at the home to meet people's needs. People told us, and we saw for ourselves, that staff had built up good working relationships with people using the service and were familiar with their individual needs and preferences.

People received their medicines as prescribed and staff knew how to manage medicines safely.

People told us they were happy living at Carshalton Nursing Home and staff who worked there were kind and caring. Our observations and discussions with relatives during our inspection supported this. For example, we saw staff treated people with dignity, respect and compassion.

Staff supported people to keep healthy and well through regular monitoring of their general health and wellbeing. Staff also ensured health and social care professionals were involved when people became unwell or required additional support from external health care services.

People had a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Each individual was involved in making decisions about their care and had personalised care plans that they had helped create. People had agreed to the level of support they needed and how they wished to be supported. Staff supported people to make choices. Where people's needs changed, the provider responded and reviewed the care provided.

When people were nearing the end of their life they received compassionate and supportive care.

People were encouraged to maintain relationships that were important to them. There were no restrictions on when people could visit the home and staff made visitors feel welcome.

Summary of findings

There were effective systems in place to monitor the safety and quality of the service provided at the home. The provider regularly sought people's views about how the care and support they received could be improved.

The registered manager understood when a Deprivation of Liberty Safeguards (DoLS) application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

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?

Requires Improvement

The service was not as safe as it could be. Although people told us the home was a comfortable place to live, we found that failures to adequately maintain some aspects of the home's physical environment and have sufficiently robust fire safety arrangements in place had placed people using the service, their visitors and staff at risk.

There were safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it. Risks were identified and steps were taken to minimise these without restricting people's individual choice and independence.

There were enough staff to meet the needs of people using the service. People were given their prescribed medicines at times they needed them.

Is the service effective?

Good

The service was effective. Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act 2005. Staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with external health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Good

The service was caring. People told us that staff were caring and supportive and always respected their privacy and dignity.

People were fully involved in making decisions about the care and support they received. Care was focussed on what was important to people and how they wanted to be supported. Staff were aware of what mattered to people and ensured their needs were met.

People received compassionate and supportive care from staff when they were nearing the end of their life.

Is the service responsive?

Requires Improvement

The service was not as responsive as it could be. People did not have enough opportunities to participate in meaningful social activities that reflected their interests.

Summary of findings

Care and support was centred on people's individual needs and wishes. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Care plans provided staff with clear information and guidance about how to meet people's needs and wishes.

The service had suitably robust arrangements in place to deal with people's concerns and complaints in an appropriate way. People felt able to talk to staff if they had a concern and were confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not as well-led as it could be. Although people spoke positively about the acting manager and how they ran the home, the service had not had a registered manager in post for over a year, despite being required to have one by the Care Quality Commission (CQC).

The provider asked people using the service, their relatives and staff for their views on how the service was run and how it could be improved and took these into account

The provider regularly monitored the care, facilities and support people using the service received which they used to drive improvement.

Sweet Homes Limited t/a Carshalton 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 checked 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 was carried out by one inspector on 20 January 2015 and was unannounced.

Before the inspection we reviewed the information we held about the service. This included notifications and safeguarding alerts we had received from the service and the provider information return (PIR), which we asked the acting manager to complete. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spoke with seven people who lived at the home, ten people's relatives or friends, a community nurse, an Independent Mental Capacity Advocate (IMCA), the service's acting manager, the deputy manager and four other members of staff.

We also spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Finally, we looked at various records that related to peoples' care, staff and the overall management of the service. This included five people's care plans, four staff files, the complaints log, medicines administration records (MAR) sheets, accident and incident forms and quality assurance tools.

Requires Improvement

Is the service safe?

Our findings

People told us Carshalton Nursing Home was a relatively comfortable place to live and that it met their needs. One person said, "I've got everything I need in my room and I was allowed to bring some of my own furniture and ornaments from home."

However, although people felt comfortable living in the home, we received mixed feedback from visiting relatives about the quality of the homes interior décor and some of its fixtures and furnishings. Four relatives and friends felt some aspects of the services interior décor, soft furnishings and furniture was shabby and worn in places. Two others who had participated in a recent satisfaction survey conducted by the acting manager about the service also said the homes interior décor could be improved. We toured the premises and found that some aspects of the home had not been adequately maintained. For example, we saw most of the wooden chairs in the dining area were rather wobbly and no longer fit for purpose or safe, the kitchen flooring was damaged in parts, and wardrobes, dressers and curtains in some people's bedrooms looked rather worn and shabby. We also saw duvet covers and bedding used in the home looked and felt worn out and threadbare. The acting manager told us they had arranged a meeting with the owner to discuss the condition of premises and outstanding maintenance issues. The provider had failed to adequately maintain the premises. This breached Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service's fire safety arrangements did not always ensure the safety of people and that of others. Staff told us they were required to read fire safety and evacuation policies and procedures as part of their induction and that they had all recently received fire safety training, which the acting manager confirmed. However, although staff we talked with were clear what they needed to do in the event of a fire, we found no recorded evidence that fire evacuation drills and tests on the fire alarm system were being undertaken at regular intervals by the home.

The acting manager told us that they were not aware of any fire drills or fire alarm tests being carried out at the home within the previous four months. This was confirmed by discussions we had with people using the service, their visiting relatives or friends and staff. This meant that people using the service, staff and visitors may be put at unnecessary risk because the provider cannot be confident the home's fire alarm system would work or that staff, people and others would know what to do in a fire emergency. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We have also referred our findings to the London Fire and Emergency Planning Authority (LFEPA) who are the professional regulator responsible for fire safety in the region.

The service took appropriate steps to protect people from abuse, neglect or harm. People told us they felt safe living at Carshalton Nursing Home. One person said, "I've never felt safer, especially when you compare it to the place I lived in before." Relatives and friends also told us people were safe at the home. One person said, "My friend is a lot safer living here."

We saw policies and procedures about safeguarding people from abuse provided staff with clear guidance on how to prevent and where appropriate report abuse. Staff confirmed they were required to read these policies and procedures as part of their induction. It was clear from comments we received from staff that they knew what constituted abuse and neglect and the action they would take if they witnessed or suspected people had been abused or neglected at the home. Records showed that all staff had received up to date training in relation to safeguarding adults.

Records held by CQC showed the service had made appropriate safeguarding referrals when this had been necessary and had responded appropriately to any allegation of abuse and/or neglect raised in the past six months. Where safeguarding concerns had been raised, the provider had liaised with the local authority and other professionals to investigate events. This showed they had followed the correct safeguarding protocols.

The provider managed risks appropriately so that people were protected. Care plans we looked at each contained personalised risk assessments that identified the hazards people might face which provided staff with clear guidance on how they should prevent or manage these identified risks. These included environmental risks and those associated with people's individual health care and support needs. For example, we saw personalised risk assessments that related to people's medical conditions, mobility/falls, moving and handling, skin integrity and nutrition/weight. We noted staff reviewed these risks

Is the service safe?

regularly with people so that they were informed about what these risks were and how they could stay safe. Staff demonstrated a good understanding and awareness of how they could support people in such a way as to minimise the risk of injury or harm to them.

The service managed accidents, incidents and safeguarding concerns appropriately. Records of accidents and incidents we checked were appropriately maintained by staff and regularly reviewed by the acting manager and nursing staff to determine whether or not any themes or trends had emerged. There was evidence in people's care records that risk assessments and support plans had been updated in response to any incidents which had involved them. For example, we saw risk assessments had been reviewed and updated accordingly to reflect recent changes in one person's mobility needs and another individual's diet.

There were sufficient numbers of staff available to keep people safe. People using the service and their visiting relatives and friends we talked with all said staffing levels in the home were adequate. One relative said, "I visit the home a lot and always see plenty of staff on duty." Another relative told us, "There always seem to be lots of staff around when you need them." It was clear from discussions with the acting manager that staffing levels were flexible and determined according to the number and dependency levels of the people using the service. During our inspection we saw staff were always available in the main communal area. Staff confirmed, and duty rosters we looked at indicated, that a qualified nurse was always available in the home day and night.

People told us they received their prescribed medicines on time. Each person had a profile which explained what their medicines were for and how they were to be administered. It included information about any allergies, the type of medicine, the required dosage and the reasons for prescription. We saw all medicines were kept secure in locked medicines cabinets and a trolley stored in the home's clinical room. We checked five people's medicines administration record sheets and saw they were up to date and contained no recording errors.

There was an up to date procedure for the safe management of medicines and staff authorised to handle medicines in the home had all received up to date training on the safe handling of medicines. Nursing staff we spoke with understood about the safe storage, administration and management of medicines. The deputy manager told us they were responsible for undertaking regular audits of the home's medicines. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had recently completed a full medicines audit. Their subsequent report stated they were satisfied the service's medicines handling arrangements were safe.

Good

Is the service effective?

Our findings

People received care from staff who were appropriately trained and supported. People told us staff knew how to care and support them properly. One person said, "The staff are excellent. I think they're all really good at what they do." Relatives and friends felt staff had the right mix of knowledge, skills and experience to meet the needs of their family members or friends. One relative told us, "the staff here are really good at their jobs. No complaints about the staff whatsoever", while another person told us, "I'm happy with the staff that work at the home. I don't know what training they get, but it must be pretty good as they all seem to know what they're doing".

Training records showed all staff had received recent training in dementia awareness, moving and handling and pressure sore prevention and management. Staff spoke positively about the training they had received, which the acting manager confirmed was ongoing. Staff also felt the training and guidance they received ensured they were competent to meet the needs of older people living with dementia. It was clear from training records all new staff had to complete a thorough induction before they were allowed to work unsupervised with people who lived in the home. This was confirmed by a relatively new member of staff we met. The acting manager told us it was mandatory for all new staff to shadow and observe more experienced members of staff perform their duties as part of their induction.

Staff had effective support and supervision. They told us they received all the guidance and support they needed to meet people's needs from the acting manager, the deputy manager and other senior nursing staff who worked at the home. Records showed staff regularly attended group meetings with their peers as well as individual supervision sessions with the acting manager. Staff told us the acting manager and nursing staff regularly carried out spot checks to assess their moving and handling practices. All staff had their overall work performance appraised annually.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards help ensure a service only deprives someone of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. We spoke with the acting manager who understood their responsibility for making sure people's liberty was not unduly restricted. An Independent Mental Capacity Advocate (IMCA) told us the service had initiated their visit to carry out a mental capacity assessment on two people who lived at the home. Training records we looked at showed staff received training in understanding and putting into practice the Mental Capacity Act 2005 (MCA) and DoLS. We also saw policies and guidance regarding the MCA, DoLS and consent were available to staff. The acting manager and staff told us they had been given all the training and guidance they needed to understand their roles and responsibilities regarding mental capacity and DoLS. The acting manager confirmed they had made two DoLS applications to the local authority. Records showed the service had involved people close to the person who lacked capacity as well as other professionals such as an advocate, care manager and GP in making best interests decisions where people were unable to make decisions.

People told us they liked the meals they were offered at the home. One person told us, "the food is nice here", while another said, "staff always ask you what you would like to eat at mealtimes". Feedback we received from visiting relatives and friends was also complimentary about the food provided at the home. One relative told us, "The meals usually looked and smelt fine." During lunch we saw people could choose to eat their meal in the dining area or in their bedroom. One person said, "I always have my meals brought to my room although I could go downstairs if I wanted. Staff are very happy to do this for me." We also saw staff take their time to appropriately support people who needed assistance to eat and drink at mealtimes. For example, during lunch we observed two members of staff in a very respectful and patient manner sit down next to and continually explain to the individuals they were assisting what they were having for their lunch and how they were going to support them to eat.,.

People's nutrition and dietary needs had been assessed and reviewed regularly. For example, we saw care plans included information about people's food preferences and the risks associated with eating and drinking, such as choking. Care plans showed us people's food and fluid intake was routinely recorded and monitored by staff using food, fluid and weight charts where people had been identified at risk of malnutrition and dehydration. Care

Good

Is the service effective?

plans also contained information where people needed additional support. For example, where people needed a soft diet, the care plans explained how the person should be supported.

People were supported to maintain good health. People's health needs had been assessed and recorded in their care plan. Each appointment with a healthcare professional had been recorded with actions for staff to follow if required. There was written information from healthcare professionals who gave advice about caring for people.

Staff told us everyone who lived at the home was registered with a local GP surgery and that they would always contact health professionals if they had any concerns about a person's well-being. We saw timely referrals had been made to other professionals where necessary and accurate records were kept of these appointments and outcomes. One visiting professional said, "The staff here are very good at getting in contact with us if a person's health deteriorates. I think the staff meet people's health care needs."

Good

Is the service caring?

Our findings

People were supported by caring staff. People were very positive about the attitude of the staff who worked at the home. For example, people said they were treated well by the staff and typically described them as "kind and caring". One person said, "The staff do a really, really good job. All of them are friendly and my key-worker is always making me laugh". Another person told us, "The staff treat us so well here. Definitely a very caring bunch". Feedback we received from relatives and friends was equally complimentary about the standard of care and support provided by staff at the home. For example, one relative told us, "To be honest the staff saved me and my family. They do a marvellous job. I wouldn't like to think where my mother and I would be right now without this home".

Throughout our inspection the atmosphere in the home remained pleasant and relaxed. We saw that interactions between people who lived there and staff were characterised by kindness, respect and warmth. People were relaxed in staffs' company and we observed lots of friendly interaction between people living at the home, staff and visitors. In discussions with staff we noted they talked about people who lived in the home in a very respectful and affectionate way. The staff were also friendly and patient when providing support to people. For example, we observed staff on several occasions take their time to patiently explain to people what they were about to do before they assisted people to drink or transfer from one place to another using a mobile hoist.

People told us, and we saw staff respected people's rights to privacy and dignity. One person told us, "I'm a very private person and like to spend a lot of my time on my own, which staff don't seem to have a problem with." Relatives also told us staff respected their family member's privacy and dignity. One relative said, "Staff are pretty good at knocking on doors and asking permission to enter." We saw staff kept bedroom, toilet and bathroom doors closed when they were providing personal care and knocked on doors before entering people's rooms.

People were supported to maintain relationships with their families and friends. Relatives and friends told us that they were able to visit their family member or friend whenever they wished and were not aware of any restrictions on visiting times. One person said, "The staff are so kind and always make my friends feel welcome." Another person told us, "I come and visit [my relative] as often as I can and I've never known there to be problem about visiting times." Care plans identified all the people involved in a person's life, both personal and professional. We saw information about local advocacy services was clearly displayed in the home, along with the services visitors' policy which stated that visitors were welcome at any time.

During our tour of the premises we saw the home had a call bell alarm system in place, which people could access from their bedrooms, toilets and bathrooms, and other communal areas. This enabled people to summon assistance from staff when they needed it. People told us, and we saw during our inspection, that staff responded quickly to people seeking assistance through the use of their call bell. Relatives and people's friends told us staff were good at coming to peoples' aid as soon as they could and that they were not aware of any unreasonable delays in staff responding to call bells. We saw people could access their call bell easily when they needed to gain staffs' attention.

When people were nearing the end of their life they received compassionate and supportive care. People told us their key-worker helped them decide how they wanted to be supported with regards to their end of life care, which we saw was reflected in their care plans.. Staff confirmed they had received end of life care training. The acting manager told us the service was in regular contact with palliative care specialists to seek their advice and input into end of life care matters.

Requires Improvement

Is the service responsive?

Our findings

People did not have enough opportunities to participate in meaningful social activities that reflected their age and interests. We saw a weekly programme of activities displayed on an information board in the main communal area, which staff told us was not always implemented. Care plans contained some information about people's social interests and we saw some home entertainment equipment and resources were available in the main communal lounge, such as a large flat screen television, radio, books and puzzle. However, half the people we spoke with told us there was not always enough to do in the home. One person said, "It's pretty boring here most of the time". Another person told us, "The staff sometimes sit with us, but that's not often". Most relatives or friends we spoke with also felt giving people more opportunities to participate in meaningful social activities was something the service needed to improve. One relative said, "I think the home would benefit from employing an activities coordinator to arrange activities for people who live here".

It was also clear from discussions we had with the acting manager they were aware the home could benefit from having a full time activities coordinator to help stimulate and entertain the people who lived at the home. The acting manager confirmed that they would be discussing this issue of lack of stimulation for people living at the home with the owner at their next meeting.

Most people were aware they had a care plan and said they had been given a copy. One person said, "I don't really look at my care plan, but I know I've got one." Another person told us, "Staff make changes in my care plan when they need to." People were involved in assessing and planning the care and support they received. Before a person came to live at the home their needs were fully assessed. This was achieved through gathering information about the person's life history, abilities, wishes, aspirations and needs. Records showed people who lived at the home, their relatives (where appropriate); staff from the home and care managers had been fully involved in the assessment and care planning process.

People told us they had each been allocated a key-worker who were familiar with their abilities and needs. We saw and relatives told us staff were familiar with their family member's life histories, strengths, likes, preferences and needs. We saw care plans provided staff with detailed guidance about what was important to each individual who lived at the home and how they should support them. It was also clear from discussions we had with staff that they were familiar with the life histories of people living in the home. For example, one member of staff was able to tell us in detail about several peoples' work histories', dietary preferences and spiritual needs.

People's care and support needs were regularly reviewed by staff. Relatives told us staff were good at keeping them informed about any incidents or changes that might have adversely affected their wellbeing or health. One relative told us, "The staff are pretty good at letting us know if there's an issue with [my relatives] health." Records showed that people had regular opportunities to have individual meetings with their key-worker and be involved in reviewing their care plan to make sure they were getting all the care and support they needed and wanted. Staff told us, and records indicated that where changes were needed they updated people's care plans accordingly to ensure they remained relevant to the needs of that person.

We saw staff appropriately maintained daily records which reflected people's day-to-day experiences, health and wellbeing, and any other significant issues. Staff told us they shared information at each shift handover which ensured they were kept up to date with any changes concerning people's care and support.

People told us they could choose how they lived their lives at the care home. For example, several people said they could decide what time they got up or went to bed, what they wore, what they ate and drank, and what they did during the day. One person told us, "I like to stay in my room and have all my meals there as well." Another person said, "Staff show me what clean clothes I've got in my wardrobe every morning so I can decide what I'm going to wear." People also told us they could choose the gender of staff who provided their personal care.

People told us they felt comfortable raising any issues or concerns they might have with the acting manager and other staff at the home. One person told us, "If I wasn't happy I would tell the manager about it who I'm sure would do something about my concern." A few relatives gave us examples of concerns they had recently raised with staff about their family members care at the home, which they all felt had been taken seriously by the acting manager and resolved quickly to their satisfaction. We saw people were given a copy of the provider's complaints procedure

Requires Improvement

Is the service responsive?

when they first came to live at the home. We also saw copies of the provider's complaints procedure were available throughout the homes communal areas. The procedure clearly outlined how people could make a complaint and the process for dealing with them. We noted all complaints received by the service were logged by the acting manager and any actions taken to resolve these issues were well documented.

We recommend that the provider review the provision of activities in the home and seek advice and guidance from a reputable source about supporting people living with dementia to participate in meaningful social, leisure and recreational activities.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager in post although it is was a condition of the provider's registration that there should be one in the day to day management of the service. The last registered manager left in 2013. The current acting manager, who had been in day-to-day charge of the home since September 2014, told us they had not yet applied to the Care Quality Commission (CQC) to become the registered manager of the service. The CQC considers this to be an unnecessary delay as there has been no registered manager in post at this care home for well over a year. We are addressing this separately with the provider.

People told us they felt the service was well run by an experienced and competent person. They spoke positively about the acting manager's approach to running the home and about how accessible they were. One person said, "The new manager is fabulous. I hope she stays." Relatives we talked with were equally complimentary about the acting manager's leadership style. One relative said, "You can see the difference [the acting manager] has made in a relatively short period of time. I have never seen such a dramatic change for the better since the new manager's arrival", while another told us, "The new manager seems to know her stuff".

People using the service and their relatives were asked for their views about how the home was run and the care and support provided. People told us they felt involved in helping staff make the home at better place to live. For example, two people said they had wanted to bring their own furniture from home to furnish their bedroom, which we saw had happened. Another person said staff had redecorated their bedroom when they have asked for the colour to be changed.

Records we looked at showed us that people using the service and their relatives were given the opportunity to participate in a satisfaction survey about the home, which had been conducted by the acting manager. It was clear from people's written comments that most people were happy with the standard of care and support provided at the home.

The manager encouraged staff to express their views about the home. Staff we spoke with felt they worked well together as a team and that there were good communication systems in place than enabled them to keep up to date about any change in people's needs. For example, we saw staff attended a daily handover meeting with their co-workers before commencing their shift and could access the home's communication book. It was also clear from discussions with staff that they attended regular team meetings with their fellow peers where they were able to discuss issues openly and were kept informed about matters that had affected the service and the people who lived there. Three members of staff said they felt able to raise any concerns they might have about the home with the manager, and were confident they would be listened to. One member of staff said, "The new manager is great. Always on hand to offer advice or a helping hand. "Another told us, "The manager's door is always open. I wouldn't think twice about speaking to her if any of the staff stepped out of line here."

The provider had a number of arrangements to support the acting manager. The acting manager told us they had regular meetings with them to discuss what they needed to do to make the home a better place for people to live. The acting manager told us they had recently carried out a comprehensive audit of the home to determine what the service did well and what they could do better in relation to staff training, staffing levels, staff support, record keeping, maintenance and repair issues, and social activities. We saw the subsequent report the acting manager had completed following this audit, which highlighted all the issues they had found as a result. The acting manager told us a meeting had been arranged with the provider where they planned to discuss all the issues identified and develop an action plan that would state clearly what the service needed to do to improve.

Other quality assurance records showed that senior staff regularly carried out other audits, which included checks on people's care plans, risk assessments, medicines, infection control, fire safety, food hygiene and record keeping. Where areas for improvement were identified the provider developed an action plan which stated what the service needed to do to make the home at better place for people to live.

There was evidence that the service learnt from accidents and incidents that took place and that appropriate changes were implemented. We saw records of accidents, incidents, safeguarding and complaints were reviewed and included an analysis of what had happened and

Requires Improvement

Is the service well-led?

improvements that could be made to prevent similar events reoccurring. The registered manager gave us an example of an incident of challenging behaviour. It was clear from discussions with the acting manager and staff that lessons had been learnt from this incident. We saw the individual's care plan had been amended accordingly so staff were much clearer what they needed to do to minimise the likelihood of a similar incident reoccurring.

CQC records showed that the acting manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises People who use services were not protected against the risks associated with living or staying in unsuitable premises because these were not always adequately maintained. Regulation 15(1) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person did not have effective fire safety systems in place to identify, assess and manage risks relating to the health, welfare and safety of people using the service, their visitors and staff. Regulation 10(1) (b)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.