

Pressbeau Limited

Hill Top Lodge

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?

Good



Overall summary

This unannounced inspection took place on 13 October 2015.

At our last inspection in March 2015, we 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, the management of medicines, assessing and monitoring the quality of service provision and staffing. Following the inspection we asked the provider to take action to make improvements. The provider sent us an

action plan outlining the actions 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 been.

Hill Top Lodge is registered to accommodate and deliver nursing and personal care to a maximum of 85 people. The majority of people who live there were living with dementia or an associated need. The home has three units' within the premises; these were called Willow (ground floor) Lavender (middle floor) and Bluebell (top

Summary of findings

floor). Recent temporary closure of Bluebell unit meant that the service was only able to accommodate 51 people. At the time of our inspection 46 people were living there.

There was no registered manager in post, but the provider's operations manager was acting as manager at the time of our inspection. A manager had been recruited for the service and had commenced their post the day before our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that overall medicines administration within the service was safe. The provider needed to provide more detailed guidance for staff in relation to 'as required' medicines and ensure that staff followed instructions available in relation to administering medicines within food or drinks.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

The provider had a suitable number of staff on duty with the skills, experience and training in order to meet people's needs. People using the service, their relatives and staff were satisfied that there were enough staff available within the service.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff had the opportunity to undertake training in addition to the standard level of training to develop their skills.

Staff were able to give an account of what a Deprivation of Liberties Safeguard (DoLS) meant for people subject to them and described how they complied with the terms of the authorisation when supporting that person.

Mealtimes were not structured in a way that encouraged people to identify it as a social event or an opportunity to interact with others. We found the ground floor environment was not conducive for supporting people with dementia and did not promote people's independence.

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.

Records contained little information regarding people's past life history and the staff we spoke with lacked any detailed knowledge about people's personal history, for example their career or family history.

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

Information was on display about how to make a complaint. The provider demonstrated to us how they had effectively investigated complaints that they had received.

Little account had been taken of people's individual preferences or previous interests when planning activities. People, their relatives and stakeholders were asked to provide feedback about the service through questionnaires and meetings.

People, their relatives and staff spoke confidently about the leadership skills of the acting manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

The acting manager undertook regular checks on the quality and safety of the service.

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 always safe.

Overall medicines were administered, handled and stored in a safe manner. Guidance available for staff in relation to variable dose and 'as required' medicines was not detailed enough to ensure the consistency of their administration.

We saw that care was delivered in a way that ensured people's welfare and safety was considered.

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

Requires improvement



Is the service effective?

The service was not always effective.

We found the environment was not conducive for supporting people with dementia.

People's nutritional needs were met, however mealtimes lacked structure and were missed opportunities for people to be involved in a social event and to interact with each other.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Requires improvement



Is the service caring?

The service was caring.

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

Information about the service or their care was available for people using the service and their relatives.

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

Good



Is the service responsive?

The service was not always responsive.

Complaints received by the service were dealt with effectively.

We saw that the support people needed to maintain their health was delivered in line with their expressed preferences and needs.

Staff we spoke with lacked knowledge and also records were not consistently completed in relation to people's life history.

Requires improvement



Summary of findings

Is the service well-led?

The service was well-led.

People and their relatives spoke positively about the approachability of the acting manager.

We saw that effective communication systems were in place which enabled staff to have up to date information about people's health and well-being.

The provider's quality assurance systems were effective in identifying issues with the effectiveness and safety of the service.

Good



Hill Top Lodge

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 Hill Top Lodge took place on 13 October 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector, a specialist advisor in dementia care and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. 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.

During our inspection we spoke with seven people who used the service, four relatives, six members of staff, a volunteer, the chef, the recently appointed manager and the acting manager. We observed care and support provided in communal areas. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI) during the afternoon in the lounge area. SOFI is a 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 service was managed. These included reviewing four people's care records, looking at the staff training matrix, three staff recruitment records and eleven people's medication records. We also reviewed a range of records used in the day to day management and assessment of the quality of the service.

Is the service safe?

Our findings

At our previous inspections in August 2014 and March 2015 we found the provider to be in breach of the law by failing to demonstrate that medicines were consistently administered in line with the manufacturer's guidelines and/or prescriber's instructions. The provider sent us an action plan following our last inspection and gave us assurances that as a result of implementing new systems for auditing and the introduction of a 'medicine lead' who would oversee the medicine systems, that the necessary improvements would be made. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

At this inspection people and relatives we spoke with told us they were satisfied with how their medicines were provided. One person told us, "They [staff] are good and do give me my medication when I should have it". We observed staff offering one person their medicines, they were not keen to have them stating, "I'm not having it". The member of staff moved away from the person and then shortly afterwards, another member of staff approached the person. They quietly explained what the medication was for and that the person's GP had prescribed it, explaining how it would help the person, who then accepted the medication and said, "Thank you".

We looked in detail at 11 medicine administration records (MAR) and found that people were receiving their medicines at the frequency prescribed by their doctor. We found that where people needed to have their medicines administered by disguising them in either food or drink the provider had applied the necessary safeguards, for example a best interests decision meeting or a safety check by a pharmacist, to ensure that the methods used for administration were safe. We found the provider had in place the necessary guidance which detailed how all of the prescribed medicines were to be prepared and administered. However, when speaking with staff we found that the guidance, which described what type of drink or food should be used to disguise the medicines, was not always being followed. This was shared with the acting manager who agreed to ensure staff adhered to the guidance in future. Where people needed to have their

medicines administered directly into their stomach through a tube the provider had ensured that the necessary guidance was in place to ensure that these medicines were administered safely.

The provider had ensured that guidance was available for staff outlining how and when 'as required' medicines and variable dose should be given. We looked at the guidance for staff for those people who had been prescribed such medicines and found that not enough detail was provided for staff in relation to the reason for administration; for example statements such as 'for agitation' or 'for pain' were stated without any further explanation about how these symptoms may be expressed by the individual. We also found the guidance for staff when administering pain relief prescribed 'as required' with a variable dose lacked detail. For example, we saw a pain assessment chart had been completed for one person and the level of pain they expressed was always the same but there were variations in the quantity of tablets that were administered by staff to treat this level of pain. The lack of detail to describe symptoms or specify the quantity of tablets to be administered meant that there was a risk that people might not get the most appropriate treatment when they needed it. Medicines were being stored securely, and at the correct temperatures, for the protection of people using the service.

At our previous inspections in August 2014 and March 2015 we found the provider to be in breach of the law in relation to the care and welfare of people who use the service. People who used the service were not protected because the delivery of care did not ensure their welfare and safety, for example by not using moving and handling equipment in a safe manner. The provider sent us an action plan following our last inspection. On this our most recent inspection we found that the provider had made the improvements necessary in order to meet the requirements of the law.

People and their relatives told us they were happy with the support available and that they felt safe when being supported by staff. One person told us, "Yes I feel safe when staff move me". One relative told us, "[Person's name] is safe here; I never have to worry about them being here".

We observed that the communal areas and individual rooms were clutter free allowing people to move about safely. A staff member told us, "We do spot checks every morning on the environment to make sure there is nothing

Is the service safe?

in the corridors to obstruct people and there are no other risks apparent for people”. We saw that people had access to the equipment they needed to assist them to move within their reach. Records showed that assessments had been completed in respect of any risks to people’s health and support needs. Staff we spoke with were aware of how to safely support people in relation to any identified risks, for example moving and handling and providing pressure relief to maintain healthy skin. The assessments referred to the individual’s abilities and areas that they needed assistance with in order to avoid harm and reduce any related risks. We observed staff using moving and handling equipment in such a way as to protect people from harm and in line with their individual needs outlined in their care plans.

At our previous inspections in September 2013, August 2014 and March 2015 we found the provider to be in breach of the law by failing to have enough staff to provide continuity of care and meet people’s needs appropriately. We previously identified that there was a delay in people receiving the care they needed when they needed it due to inadequate staffing levels. On this our most recent inspection we found that the provider had recently reduced the number of beds occupied by temporarily closing one unit, making some staff redundant as a result and were planning to refurbish the unit before reopening. The acting manager told us that at the time of our inspection that the service was operating slightly above their required staffing levels due to this recent reduction in bed occupancy.

People and their relatives told us they had no concerns over staffing levels. We saw that there were sufficient

numbers of staff on duty to meet people’s needs. We observed people being responded to in a timely manner, including answering of call bells. A relative said, “There appear to be enough staff on duty”. Another relative told us, “I think there are enough staff here. A staff member said, “Staffing is better at the moment, but we can at times be stretched if people call in sick”. The acting manager told us where possible cover for sickness was found through their usual staff or an agency worker, if necessary and that staffing levels were determined in line with people’s changing health needs and dependency levels using a staffing guidelines tool.

Staff were clear about their responsibilities for reporting any concerns. One staff member said, “[Acting manager’s name] has an open door policy, you can go and speak to her about anything”. Staff told us they felt the training they had received had equipped them with the necessary knowledge and information they needed to keep people safe. They were able to describe the procedures for reporting if they witnessed or received allegations of abuse; they were knowledgeable about the types of potential abuse, discrimination and avoidable harm that people may be exposed to.

Records demonstrated that the provider had undertaken the appropriate pre-employment checks, which included references from previous employers and criminal records checks. Staff confirmed that the appropriate checks and references had been sought before they had commenced their role. We found the processes in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service was in place.

Is the service effective?

Our findings

People were complimentary about the abilities and skills of staff within the service. They said they felt confident that staff were competent and well trained. A person said, “They [staff] know what they are doing”. A relative told us, “The staff know what they are doing and look after [person’s name] really well”.

We spoke with staff about how they were able to deliver effective care to people. They told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service, for example dementia care training. Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people’s health conditions. A staff member said, “I feel well equipped to do my job. The acting manager keeps telling us if we want to do any extra training we only have to let her know”. Another staff member told us, “There is always room for more training I think; perhaps having more stability of management would enable us to focus more on training”. Staff told us they had recently attended a meeting where the acting manager had set out their plans for providing additional training for staff that was relevant to their role. We saw that staff had received the appropriate level of training and updates to maintain and improve their knowledge about how to look after people safely.

Staff received regular supervision and told us how this gave them an opportunity to get feedback about their performance, review their knowledge and discuss their training needs. One staff member told us, “I get regular supervision, about every two months”. We reviewed staff training records and found that staff were up to date and a clear system was in place for staff to access timely updates.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects the rights of adults by ensuring that if they are felt to lack mental capacity and there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people’s mental capacity was considered in relation to specific interventions when they were unable to give clear informed consent. We observed that people’s consent was sought by staff before assisting or supporting them. DoLS had been applied for and/or authorised for a number of people who

used the service at the time of our inspection. We saw that staff were aware of who was subject to a DoLS, what this meant in practical terms and demonstrated how they were complying with the conditions of the authorisation.

We reviewed records that related to decisions reached about not attempting Cardio Pulmonary Resuscitation (CPR). The documentation was clear about how the decision was made, who was involved in and responsible for making the decision and when the records should be reviewed. People spoke positively about the quality of food and drink available. One person said, “The food’s pretty reasonable here”. A relative told us, “I eat here about three times per week; the food is very good”. Another relative told us, “[Person’s name] likes all their food on a sandwich so the chef makes sure they have bread and butter available to them at every meal time”. We saw that drinks were offered and within people’s reach throughout the day. One person said, “I get plenty of drinks”. We saw that staff supported people in line with their care plan and risk assessments in order to maintain adequate nutrition and hydration.

We observed lunch being provided. The tables were not laid with the visual clues and prompts to support people living with dementia to anticipate that lunch was about to be served, for example, cutlery, glasses or jugs of drinks. People had two choices of main meal and two desserts available to them. The menu was displayed for people to refer to; however it contained the menu plan for a number of weeks together which could prove difficult for some people using the service to follow. Staff showed people each meal plated up to support them in making their choice. People appeared relaxed and enjoyed the food on offer to them. We saw that large tables were only sat at by one person with a staff member supporting them to eat their meal; this meant that mealtime was not an opportunity for people to be together at a sociable event.

People told us, and we could see for ourselves that they could choose what they wished to eat and could ask for alternatives to the menu items. People told us they were consulted about their likes and dislikes in regard to the menu by staff and the chef. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, received their meal in a timely manner. We spoke with the chef and they told us that when a new person started using the service, staff would complete a ‘resident food profile’ form either with

Is the service effective?

the person or their relatives, which was then handed to the kitchen staff for information. This included any allergies, likes, dislikes, preferences or special dietary needs the person may have. These forms are reviewed every six months or updated as necessary.

Discussions with people, their relatives and staff confirmed that people's health needs were identified and met appropriately. A relative told us how staff had identified a post-operative infection his relative had acquired and said they were quick to involve the GP and district nurses. Records showed people were supported to access a range of visits from healthcare professionals including chiropodists and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

We found the physical environment had not been specifically designed for supporting people with dementia. The acting manager showed us around the units and we spent some time on both the ground floor and first floor units. The ground floor unit specifically accommodated people experiencing a dementia type illness. This unit in particular was not decorated or furnished with people's

specific needs in mind. We saw that the lounge area furniture was set out in a way that did not promote interaction between people and potentially increased the possibility of people feeling isolated, for example with all the chairs placed around the edges of the room. The corridors and lounge areas lacked points of interest such as pictures or tactile objects, whilst other materials, for example rummage boxes, reminiscence items or books/magazines were not evident to encourage and promote conversation. We found signage in the home was unclear and confusing and did not support people to be independent. For example we saw one person with dementia and arthritis walking up and down the corridor looking for the toilet, they struggled for some time until a staff member showed them the bathroom, however the bathroom did not have a sign on to guide the person there independently. We discussed our findings with the acting manager and they told us that a number of pictures and other fixtures had not been put back in place following some redecoration on the ground floor that had recently been completed. They agreed to consider our findings and address the issues we raised accordingly.

Is the service caring?

Our findings

People spoke highly about the caring attitude and kindness shown to them by staff. One person told us, “They [staff] are very kind to me”. A relative said, “I can’t fault the staff, they are very good”. Another relative said, “I am delighted with this place, nothing is too much trouble for the staff”. During our visit we spent time in the communal areas and saw that people were relaxed about asking staff for assistance. We observed many warm kind interactions between people and staff. It was clear to us that staff were dedicated to people and their comfort. For example we saw that three staff delayed their own coffee break to support people with their personal hygiene needs. One person told us, “The staff help me stay fresh and clean; I am very grateful”. Staff we spoke with knew people’s health needs well. This was demonstrated through the interactions we observed; for example we saw two staff members supporting a person to walk; throughout their interaction they used encouraging language, such as ‘just take your time’ and ‘we are here for you’. One person said, “They [staff] do a grand job and the girls are very good to me”.

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. One relative said, “I am regularly consulted about [person’s name] care plan and I am asked to read and sign it if anything changes”. Another relative told us, “If anything happens or changes with [person’s name] they always let me know straight away”. We saw that records gave a detailed overview of people’s health and well-being and were completed throughout the day by staff, as the person was provided with any support or care. This allowed staff to demonstrate how and when care had been provided and enabled them to quickly identify and deal with any changes in people’s needs.

The service asked people about their cultural and spiritual needs as part of their assessment. We saw that efforts were made to ensure that there were staff on duty who could speak with people in their own language. A staff member told us, “There’s usually someone on who can speak to [person’s name] but if there isn’t we are generally able to understand what [person’s name] wants”. Members of the local church came in to visit one resident. A local group visited regularly to support people to do gentle exercises.

We observed that staff were supportive through periods of distress or discomfort. One person was upset and anxious at lunchtime. A member of staff came to their aid and calmed the person through getting down to their level, speaking quietly to them and encouraged the person to eat. This approach was effective and the person settled quickly and ate their meal.

People told us that staff respected their privacy and dignity when assisting them. One person told us, “The girls here help me when I need it and treat me with great respect”. We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way, for example when staff were using the hoist to transfer people, their clothing was readjusted as necessary to maintain their dignity and curtains nearby drawn during the intervention.

People we spoke to and their relatives told us that staff had taken the time to explain any issues or questions they had about their stay, care and treatment when they started using the service. Information about local advocacy services including their contact details was not displayed as the service had run out of leaflets; however staff we spoke with knew how to access independent advice for people.

Is the service responsive?

Our findings

People and their relatives told us that staff asked for their views about how they would like their care to be delivered. One person told us, “The staff do ask me about what I want and if I am happy with things”. A relative told us, “We are kept informed about [person’s name] care and as they can’t tell staff about themselves we have tried to fill the gaps”. Records showed assessments were completed to identify people’s support needs. Records we reviewed demonstrated that people and/or their relatives had contributed to/or had been involved in the planning of care.

Care plans contained personalised information detailing how people’s needs should be met. Personal preferences included important instructions for each individual, for example one person preferred to receive care from only one staff member at a time which staff confirmed that they were aware of and where possible planned for this preference accordingly. We found that records contained little information regarding people’s past life history and in two of the records we reviewed the information was either incomplete or missing completely. We raised this issue with the acting manager who told us that they attempted to get as much information from people and their families as possible. The acting manager told us they were reviewing and updating the information they have at present about people, so would be focussing on this issue. People’s rooms had been personalised and displayed items that were of sentimental value or of interest to them. Care plans had been regularly reviewed and updated.

Visiting times were open and flexible for relatives and friends of people. All the relatives and visitors we spoke with said they were able to visit the home whenever they liked and were always made to feel welcome. We found people were not restricted in the freedom they were allowed and we saw that they were protected from harm in a supportive respectful way. One person said, “I can do what I want really but I prefer to stay in my room”. People told us that when they were in their bedroom staff checked

on them on a regular basis and attended to them in a timely manner if they pressed their call bells. We observed that those people unable to utilise their call bells were checked on regularly by staff to ensure their well-being.

People and their relatives told us that a variety of activities were available within the service. A relative said, “They have entertainers in and different activities going on. I am surprised at what [person’s name] gets up to”. Another relative told us, “[Person’s name] loves word books and knitting and has them made available for her”. The service had two activities organisers but one was not at work on the day of our inspection and we observed that activities were limited during our visit. We observed that people were animated and clearly enjoying the activities that were on offer. It was clear from people, their relatives and staff we spoke with that the activities on offer were not based upon people’s preferences and/or personal history. People and their relatives told us that activities were on offer throughout the week at various times.

Consideration was given to ways in which people could be actively involved in expressing their views about their care, for example meetings took place to share information and listen to people’s views. We saw that these meetings were arranged and attended by people using the service and their relatives with subjects for discussion such as the environment, plans for upcoming events and any concerns or complaints included. A meeting had not been held since June 2015 and this was discussed in the ‘heads of meeting’ on the morning of our visit as an issue that needed actioning by the acting manager.

We reviewed how the provider dealt with complaints. People we spoke with knew how to make a complaint. One person told us, “Who am I to complain.....but I would if I needed to”. A relative said, “If I had a complaint I would speak to the manager”. Information about how to make a complaint about the service was in an accessible area. Another relative we spoke with told us they had had cause to make a complaint. They said they complained to a staff member and were then offered a meeting with the acting manager. They told us their complaint was dealt with swiftly and to their satisfaction. We saw that investigations had been undertaken into complaints when they were received and the results were clearly documented.

Is the service well-led?

Our findings

At our previous inspections in August 2014 and March 2015 we found the provider to be in breach of the law by failing to improve the quality of care and implement best practice where issues had been identified. We saw that there was some monitoring of safeguarding reports, complaints, health and safety and medicines, however, the systems did not always result in the required improvements. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

We saw that an effective system was in place to monitor and assess the quality of the service and any risks to the health safety and welfare of people who used the service. The acting manager completed regular audits and checks, reviewed any risks to people regularly and responded to any actions required in a timely manner. A staff member told us, “The manager has been developing systems to make care records easier to navigate and refer to in relation to risks”. Checks included reviews of the environment, staff training and supervisions; supervision of staff also included annual competency checks. Staff meetings were held regularly, we saw that the agenda aimed to cascade important information to staff and encourage their involvement in the development of the service. A staff member said, “I attend meetings and we are able to speak freely in them”. Senior staff performed daily checks around the units. Staff we spoke with confirmed this; checks included cleanliness of the environment and safety.

Feedback was sought from people using the service and relatives in meetings. A relative said, “I have attended meetings before and have filled out a survey”. People told us they were encouraged to offer their thoughts about the quality of the service provided in meetings, completing questionnaires they were given and also through regular communication with staff. The provider sent out questionnaires to people and relatives; we saw that the feedback had been analysed and displayed in the reception area for people to see. The acting manager told us they were currently working on addressing the more negative aspects of the feedback and forwarded us their action plan following the inspection to demonstrate their progress. This showed that the provider also sought feedback as part of quality assurance of service provision.

Staff were aware of the process for reporting accident and incidents. Records in regard to incidents allowed the person completing the document the opportunity to formally record any learning outcomes or changes to practice in the form of a ‘follow up report’. Staff told us that any changes to practice or learning from incidents were shared with them at daily handovers and/or staff meetings.

People spoke positively about the leadership of the service. Staff we spoke with understood the leadership structure within the service. A staff member told us, “[Acting manager’s name] is really approachable and always willing to listen to any suggestions you have to improve things”.

We saw that effective communication systems were in place which enabled staff to have up to date information about people’s health and well-being. Each morning a meeting of all the senior members of each department came together, such as nurses, maintenance and kitchen staff. We observed that everyone had the opportunity to discuss and share any issues with each other in turn. The issues discussed were documented, detailing who would be taking the necessary action and they were revisited at the next meeting. This meant that the acting manager and senior staff had an overview of all aspects of the service and ensured that any improvement actions were completed.

The service had been without a manager that was registered with CQC for over two years. During the last 12 months two managers had been recruited by the provider and commenced in post at the service but both had left before registering. The provider’s operations manager had been providing day to day management and support to the staff in the absence of an established manager. The day before our visit a new manager had taken up post at the service and was in the process of familiarising themselves with the service. We saw that a staff meeting had been called by the new manager to introduce themselves and to talk to staff about their values and their plans to involve staff in the development and improvement of the service. One staff member said, “We have met the new manager and he seems like he has some good ideas”.

We spoke with the new manager and acting manager who both demonstrated a clear understanding of their responsibilities at the service and also for notifying us and other external agencies, including the appropriate

Is the service well-led?

professional bodies of certain incidents and injuries that may occur or affect people who used the service. We reviewed the notifications we had received from the service and they had been completed in a timely manner.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. A staff member told us, "I know about the policy, although I have never had need to use it but I would not hesitate to report anything I was

concerned about". The provider had a whistle blowing policy which staff we spoke with were aware of. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to. This supported our findings that the provider actively promoted an open culture amongst its staff and made information available to them to raise concerns or whistle blow.