M & C Care Limited

Rowan House Residential Home

Inspection report

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Saltash
Cornwall
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 14 and 15 July 2016.

Rowan House Residential Home provides care and accommodation for up to 26 people who are living with dementia or who may have physical difficulties. On the day of the inspection 23 people were living at the care home. The home is on three floors, with access to floors via stairs, a stair lift or lift. Some bedrooms have en-suite facilities. There are shared bathrooms, shower facilities and toilets. Other areas include three lounges, a dining room, and garden. The service also provides domiciliary care services to adults within East Cornwall. Our inspection was carried out only in respect of the care home.

Prior to our inspection the Commission had received some whistleblowing concerns. These included issues relating to staffing levels, the management of the service, the competence of staff, and the safe recruitment of staff. We were also told staff did not always treat people with dignity and respect, that there were poor infection control procedures, and ineffective safeguarding, whistleblowing and confidentiality practices. As part of our inspection we looked at the concerns which had been raised.

There was no registered manager in post, however a new manager had been appointed and was in the process of applying for registration. 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.

At our last inspection on 4 and 5 November 2015 we asked the provider to make improvements to how people's care was documented and reviewed, the involvement of people in decisions relating to their care and how people's mental capacity was assessed. Improvements were also required in relation to the management of medicines, the effective monitoring of people's nutrition, infection control practices, and the assessment of risks associated with the environment. The provider had also been asked to improve how they assessed and monitored the ongoing quality of the service, and to ensure they notified the Commission of significant events in line with their legal obligations. Following our inspection the provider sent us an action plan telling us they would make improvements by 30 April 2016. During this inspection we looked to see if these improvements had been made and we found that some action had been taken, but further improvements were still required.

People's medicines were not always managed and monitored effectively to ensure people received them safely. People were not always protected by staff who had been recruited safely to ensure they were suitable to work with vulnerable people. People's environment was not always assessed and monitored to ensure it was safe, for example fire checks had not always been carried out.

People's risks associated with their care were not managed effectively. Risk assessments in place did not always provide guidance and direction to staff, about how to minimise risks associated with peoples care.

For example, when they were at risk of chocking or skin damage. People's nutrition was not always managed effectively to ensure they were eating and drinking enough so responsive action could be taken. Following our inspection the provider told us immediate action was being taking to rectify the areas identified as requiring improvement.

People told us they felt safe living at the service. People were protected from abuse because staff knew what action to take if they thought someone was being abused, mistreated or neglected. People were cared for by sufficient numbers of staff, and the manager was responsive in making changes to staffing levels when people's needs changed.

People told staff were well trained, however the manager was in the process of reviewing staff training and competency because they felt some staff lacked knowledge in some areas. Some external health professionals told us the skills and experience of staff varied, which meant they were hesitant to speak with some staff.

People told us the meals were nice. The manager and chef had been working hard to improve the standard and quality of the meals. The chef was keen to obtain feedback from people and was flexible to cook other alternatives if people did not like what was on the menu.

People's nutrition was monitored; however records did not demonstrate that people's nutrition was effectively monitored to ensure prompt referrals to external healthcare professionals were made. Following our inspection the provider informed us that action had been taken to improve the monitoring of this paperwork and the effective sharing of information between the staff team.

People told us they were able to see a GP or community nurse and people's consent to their care was sought in line with legislation and guidance, helping to ensure their human rights were protected.

People told us staff were kind. Staff showed through their interactions a fondness for people, and people who were distressed were shown patience. People were supported to express their views and to be involved in their care. Independent advocates were arranged as required.

People told us their privacy and dignity was respected, but staff did not always knock on their bedroom door. The manager told us she would speak with staff about this and arrange further training.

People were supported at the end of their life. The service worked in conjunction with external health care professionals to ensure a joined up approach. People had care plans in place so staff knew what people's preferences and wishes were.

People received individualised care. People were able to choose how they spent their day and had a choice about when they got up and went to bed. The manager was making improvements to ensure people's changing care needs were communicated more effectively amongst the staff team, to help ensure people received responsive care at all times.

People's religious and spiritual needs were recorded and respected. People were able to participate in social activities and their family and friends were welcome at any time.

People's complaints were listened to, valued and investigated. The manager and provider had started to audit complaints to identify themes, helping to highlight where ongoing improvements maybe required.

The manager and provider had been working hard to improve the culture of the service, to promote openness and inclusiveness. The provider was taking time to speak with staff to ensure they all knew their whistleblowing responsibilities. There were some systems and process in place to monitor the quality of the service, but action was being taken at the time of our inspection to make further improvements. For example, the provider told us he would be at the service weekly to help create and imbed new monitoring practices.

The manager was developing positive relationships with external health professionals. The manager and provider were open and honest, they responded professionally and promptly to the Commission and external agencies when required. This reflected the requirements of the duty of candour. The manager had informed us of significant events in line with their legal obligations.

We have made a recommendation about the providers monitoring systems and processes.

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

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 always safe.

People's medicines were not always managed and monitored effectively to ensure they received them safely.

People were not always protected by the provider's recruitment practices to help ensure staff employed, were safe to work with vulnerable people.

People's environment was not always assessed and monitored to ensure it was safe.

People's care plans did not always have risk assessments in place to provide guidance and direction to staff about how to minimise risks associated with their care. Risk's relating to people's nutrition was not always effectively managed to ensure their needs were being met.

People told us they felt safe living at the service.

People were protected by abuse because staff knew what action to take if they suspected someone was being abused, mistreated or neglected.

People were cared for by sufficient numbers of staff. The manager was responsive to make staffing changes in respect of people's individual needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People were cared for by staff who received training. However, some external health care professionals told us some staff lacked competence.

People were supported and encouraged to eat and drink enough. However, records did not demonstrate that people's nutrition was effectively monitored. This meant referrals to external health professionals may not be made promptly.

People told us they enjoyed the meals, the chef was keen to ensure people's feedback was obtained.

People had access to healthcare services to maintain their health and wellbeing.

People's consent to care was sought in line with legislation and guidance to help ensure their human rights were protected.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind.

People were supported to express their views and be actively involved in their care.

People's privacy and dignity was promoted, however the manager was taking action to ensure all staff were aware of the importance of privacy and dignity by re-training all staff.

People were supported at the end of their life. People's wishes and preferences for the end of their life were recorded.

Is the service responsive?

Good

The service was responsive.

People received individualised care which met their needs. The manager was making improvements to ensure people's changing care needs were communicated more effectively amongst the staff team. This would help to ensure people received responsive care at all times.

People's religious and spiritual needs were respected.

People were able to participate in social activities.

People's complaints were valued and investigated to help make improvements to the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were some systems and processes in place to help monitor the quality of care people received. However, the provider's systems had failed to identify where improvements

were required.

People and staff had confidence in the manager.

The manager and provider were working hard to promote an open and positive culture. The provider was investing taken time in ensuring their whistleblowing policy was effective.

People and staff had seen improvements to the management and leadership of the service.

The manager was developing positive relationships with external health professionals.

Rowan House Residential Home

Detailed findings

Background to this inspection

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

We visited the care home unannounced on 14 and 15 July 2016. The inspection team consisted of two inspectors.

Before our inspection we reviewed the information we held about the service and spoke with the local authority and the community nursing team. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. We also contacted two GP practices, and Healthwatch Cornwall.

During our inspection of the care home we spoke with eleven people who used the service as well as one relative. We spoke with people in private and observed people's care and support in lounge and dining rooms. We observed how people spent their day, as well as people's lunch time experience. We spoke privately with three members of care staff, one duty manager, the chef, the manager and the provider. We also spoke with two visiting GP's and a signer who attended on a monthly basis.

We looked at eight records which related to people's individual care needs. We also looked at records that related to people's medicines as well as documentation relating to the management of the service. These included two staff recruitment files, policies and procedures, accident and incident reports, training records, equipment and serving records, and kitchen records and menus.

After our inspection we contacted two social workers and a speech and language therapist (SLT) for their views about the service. We also left our contact details and asked the manager and provider to encourage

staff who had not been able to be part of the inspection to speak with us. Comments cards were also available for people to complete and send confidently.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 4 and 5 November 2015 we asked the provider to make improvements to how people's medicines were managed to ensure they received them safely and how they monitored risks relating to people's nutrition. Improvements were also required to how risks relating to the environment were assessed and to infection control practices. Following our inspection the provider sent us an action plan telling us they would make improvements by 30 April 2016. During this inspection we looked to see if improvements had been made and found that action had been taken, but further improvements were still required.

People's medicines were not always managed so they received them safely. In three people's bedrooms we found prescription creams which had not been dated upon opening. Another person had been prescribed eye drops, but these had also not been dated, meaning the medicines may not be effective to use.

People's medicine administration records (MARs) were not always accurately completed, which meant it was not clear if the person had received their medicines as prescribed. For example, there were gaps in their MARs for June 2016, and on the day of our inspection the person's MAR chart had recorded that their evening medicine had been given with their morning medicines. A member of staff apologised and told us this had been a recording error.

Communication relating to people's medicines was not always effective. For example, one person told us they had not had their prescription cream for eight days. The cream was for a rash which had been causing the person discomfort. We spoke with a member of staff about this. They told us it was because the pharmacy had had difficulties obtaining it from a pharmaceutical company. However, poor communication between staff and a lack of pro-active action to contact the person's GP to ask if there was another alternative, meant the person had been in unnecessary pain.

People who chose to administer their own medicines were encouraged to do so, for example one person administered their own indigestion medicine. However, the person did not have a risk assessment in place to help minimise any associated risks. The manager took immediate action at the time of our inspection to implement a risk assessment.

Medicine audits to help monitor the administration of people's medicines were carried out on a monthly basis; however these audits had not been effective in highlighting the areas requiring improvement.

People's medicines were not always managed effectively. Documentation was not always in place to help mitigate the associated risks relating to the self-administration of medicines. Monitoring and communication systems were not effective to help ensure the proper and safe management of people's medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's medicines were stored securely and in line with prescribing guidelines. People's medicines were

administered by staff who had received training and competence checks. People were observed to receive their medicines at the correct time and were supported respectfully, for example at eye level and with a drink. People who were prescribed 'as needed' medicines such as paracetamol, we asked if they required them.

People who had swallowing difficulties had medicine requested in liquid form and the administration of covert medicine was carried out in line with the Mental Capacity Act 2005 (MCA).

People's nutrition was monitored when required, and when a concern about a person's weight had been identified action was taken, such as contacting a GP. However, the action expected of staff was not always followed through. For example, one person had recently had a urinary tract infection and had been losing weight. Their care plan stated they were to be weighed weekly and be offered drinks on an hourly basis. Staff were also expected to record how much the person ate and drank each day. However, documentation showed these actions were not consistently carried out. For example, the person had not always been offered drinks every hour and been weighed on a weekly basis. The recording of staff action and interventions was disorganised, because the recording of when the person had been offered a drink was detailed on different paperwork, meaning we were unable to determine if the person's needs were being safety met.

People had risk assessments in place relating to their mobility, which gave staff information about how to safely support people; and these risk assessments had been reviewed. However, risk assessments were not always in place for people relating to aspects of their care. For example, one person's care plan stated they were at risk of choking when eating; however, there was no risk assessment in place regarding this. This meant staff did not have information about how to minimise choking risks and what action would be expected of them in such an event. The manager was receptive to our feedback and told us action and improvements would be made.

People's skin integrity was not always safely monitored to help ensure skin damage was prevented. For example, one person told us they were receiving treatment for a pressure sore. The manager told us the change in the person's skin should have been identified by staff, but had not been. As a result of this, the manager would be taking action to ensure the quality of people's personal care was being monitored. A community nurse and GP also confirmed that the skin damage could have been prevented, if the risks associated with the deterioration of the person's skin had been monitored more closely.

People's risks associated with their care had not always been assessed and documented to help staff know how to mitigate risks associated with people's care. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People lived in an environment which was not always checked to ensure it was safe. For example, fire checks which should have been carried out weekly had not always taken place. The laundry door remained unlocked since our last inspection, and there was no risk assessment in place to ensure this had been assessed as safe. However, the manager took immediate action to fit a lock during our inspection.

The premises had not always been assessed for risks to ensure people were kept safe. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always protected by staff who had been recruited safely. For example, the manager had not always followed the provider's recruitment policy, such as obtaining a reference from an employee's previous employer. Gaps in employment history had not always been discussed with applicants and

applications forms were not always fully completed.

Disclosure and barring service checks (DBS) were carried out to ensure people employed were safe to work with vulnerable people; however when a DBS detailed a conviction, a risk assessment had not been carried out to assure the manager and provider that the person was suitable to work at the service. The manager told us she would take immediate action to put one into place.

Recruitment records and employment practices did not always demonstrate staff had been safely recruited. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were encouraged to use their walking aids to reduce the likelihood of them falling. One person told us the manager was arranging for a new door closure for their bedroom door, so they would be able to open it more easily. People who fell or had an accident, had this recorded so the information could be used to update people's care plans and associated risk assessments. However, this information was not formally collated and audited to help identify themes and patterns, enabling learning and reflection. The manager told us this would be a good idea and explained she would start doing this.

People had personal emergency evacuation plans in place (PEEPS) to help ensure people were correctly supported in an emergency, such as a fire.

People told us there were sufficient numbers of staff to meet their needs and told us their call bells were answered promptly, telling us staff "Come fairly quickly" and "They answer my bell quickly".
The manager was in the process of implementing a new rota, telling us "I listen and observe regarding staffing". The new rota which was being implemented on 1 August 2016, and had been designed to help increase staffing at peak times, such as between 2pm and 8pm. This was because through observation and feedback the manager felt people did not always receive prompt care, because of a change of staffing shift. There were some staffing vacancies at the service, but the manager was not concerned as she explained and documentation showed, recruitment was already underway.

People told us they felt safe living at the service, commenting "Yes I am very happy here…feel safe living here", "I feel safe here" and "Safe and well looked after". Staff knew what to do if they suspected someone was being abused, mistreated or neglected. The provider had policies in place which gave staff contact details of relevant agencies, such as the local authority. At the time of our inspection, the manager told us all staff were going to be asked to complete refresher training in respect of safeguarding, so that she could be assured of staffs individual competence.

People were protected from cross infection. Infection control practices were in place to prevent the spread of infection. For example, people wore aprons when entering the kitchen and people with an infection, such as sickness received 'barrier nursing'. This reduced the likelihood of it spreading within the service. Some staff had received training in respect of infection control; however plans were in place to ensure all staff were competent.

The kitchen been awarded three stars out of five from the Environmental Health Officer (EHO); however we were told that action had been taken to raise standards, and the chef was keen to be re-inspected.

Requires Improvement

Is the service effective?

Our findings

At our last inspection on 4 and 5 November 2015 we asked the provider to make improvements to how people's mental capacity had been assessed, and how people's nutrition was monitored. Following our inspection the provider sent us an action plan telling us they would make improvements by 30 April 2016. During this inspection we looked to see if improvements had been made, and found that action had been taken but further improvements were required.

People's nutrition was monitored when required, and food and fluid charts were put in place when there was a concern someone was not eating and drinking enough. However, food and fluid charts were not always clear about how much a person had eaten and drunk, because the amounts were not totalled and information had been recorded in different places. People's care plans and charts, also did not include information about how much the person should be eating and drinking. This meant the person may be at risk of not having the appropriate amount of food and hydration to maintain their health, and could cause delays in referrals to external health care professional for advice. Following our inspection the provider informed us that action had been taken to improve the monitoring of this paperwork and the effective sharing of information between the staff team.

People told us they enjoyed the meals commenting "Very good food…no complaints. I eat a lot of fruit and it is always available to me", and "Food very good…can't eat it they will do something else as even a third opinion". One person spoke with the chef to enquire "Did you make the omelette yesterday? It was very nice".

The manager and chef had made changes in the kitchen to help ensure the meals being provided to people were of a high quality, for example meat and fresh fruit and vegetables were purchased locally. The chef spoke with people after lunch to obtain feedback and was prompt to respond if people wanted something different. For example, some people preferred to have the strawberries from the fruit salad, so the chef supplied a whole bowl so people could have more of what they liked. An ice cream round had been introduced and people were seen to enjoy being offered, and indulging in an ice cream cone of their choice.

People's likes and dislikes were not always recorded in kitchen records and in people's care plans, but the chef was confident he and the staff knew people well. However, the manager told us this would be a good idea and would arrange for this to happen in the future.

People told us they thought care staff were well trained. The manager was in the process of reviewing all staff training and had plans to commence staff supervisions and appraisals. The local authority service improvement team had an action plan in place with the service and had requested that improvements to training, induction and supervision were made.

Staff received an induction when they started work to help familiarise themselves with policies and procedures and with day to day routines. However, the manager had plans to improve the quality of the induction and told us the care certificate would be incorporated. The care certificate is a national induction

tool which providers should implement, to help ensure staff work to the desired standards expected within the health and social care sector.

Some external health care professionals told us they felt staffing competency varied, which meant at times they preferred to communicate with certain members of staff, than with others. We shared this with the manager who told us she would obtain further information to help make improvements.

People told us they had access to health care services telling us, "Will get a GP when I need them" and "See the GP when I want". External health care professionals told us they were contacted, but some expressed that at times staff were too quick to react and contact them without establishing the reasons why. Some external professionals felt this was because of a lack of training, confidence and competence. Some external health professionals also told us that on their arrival, staff in charge did not always have a clear understanding as to why they had been called.

The manager understood her responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and DoLS applications to the supervisory body had been made when necessary. An urgent DoLS application had recently been made for one person, whose mental cognition had changed, causing behavioural changes. Some staff had received training in respect of the legislative frameworks and had a good understanding, whereas some staff had not. The manager told us she would take action to ensure all staff received training.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent to care had been sought and recorded in their care plans and staff were heard to verbally ask people for their consent prior to supporting them.

Good

Is the service caring?

Our findings

At our last inspection on 4 and 5 November 2015 we asked the provider to make improvements to how people's care plans were reflective of their needs and preferences, to how people were involved in decisions relating to their care and to how people's end of life wishes were recorded. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People's care plans detailed information about their past, which helped staff to have meaningful conversations with people, one person told us "Staff know me well, I think". A member of staff was aware of one person's family, reminding them that they visited each week; explaining "you go out for a cake and a cup of tea".

People's care plans provided information about when people would like to get up and go to bed, and people confirmed their choices were respected, with one person telling us "I get up when I want and go to bed when I want". People's choices relating to their gender preference of staff was detailed so staff knew if they wanted to be supported by male or female care staff.

People were able to be actively involved in making decisions about their care and support, some people told us "Staff sit and listen to me". People had care plan reviews which were used to ensure they were happy with the care they were receiving, as well as giving people opportunities to provide feedback about the service. People had access to advocacy service to ensure everyone had someone to speak up for them and advocacy contact details were recorded in care plans.

People were cared for at the end of their life, by staff who worked closely with the community nursing team and GP's. People's GP's had been consulted when people were reaching the end of their life to help ensure all external health professionals knew what people's choices were. For example, Treatment Escalation Plans (TEP's) and Do Not Attempt Resuscitation (DNAR) forms were in place when required. People had care plans in place so staff would know what people's individual wishes and preferences were. Care plans were also descriptive of when families and advocates were to be involved at the end of a person's life.

People told us staff were kind to them, commenting "Staff treat me well", "Staff are kind" and "Like it here. Staff very nice, I get on with all of them". A social worker described some recent interaction from care staff as "Exemplary, very person centred and respectful".

Staff spoke fondly of people and their interactions demonstrated that they cared, for example staff put their arm round people to show comfort, and time was taken to acknowledge people when they were distressed. Phrases such as "Are you ready to walk back, shall I help you?" demonstrated people were supported by staff who were patient and considerate.

The atmosphere within the service was vibrant, with people and staff chatting to each other and visitors coming and going. People's visitors were welcome at any time and staff took time to engage with them.

People told us their privacy and dignity was respected by staff, with one person commenting "They are kind and treat me with respect". Staff did not always knock on people's bedroom doors prior to entering, with one person telling us "They knock on the door sometimes". The manager told us she would speak with staff immediately. Staff had received training in relation to privacy and dignity, however the manager told us all staff would be re-trained.

The manager explained she had ordered new aprons for people to improve dignity during meal times. However, we observed these were not always used. The manager was disappointed and told us she would speak with staff about this.

People's confidential information was not always stored securely; however the manager took immediate action to lock this away during our inspection. The provider had a mobile phone and social media policy to help ensure people's confidentiality and privacy was not compromised. Staff confirmed they understood the policy commenting, "No mobile phones allowed when working".

Good

Is the service responsive?

Our findings

At our last inspection on 4 and 5 November 2015 we asked the provider to make improvements to how people's care was documented and reviewed. During this inspection we looked to see if improvements had been made and we found that action had been taken.

People received personalised care and told us "I get up when I want and go to bed when I want" and "They sit and talk to me if I feel fed up" and "Go to bed…get up when I want. Shower…they help me".

People had care plans in place to help provide guidance and direction to staff about how to meet people's needs. People's care plans had been written with them and reviewed to help ensure they were reflective of people's needs. The provider and manager had been working hard to improve the quality of care plans and staff told us they felt they were much better. People's care plans addressed aspects of their health and social care needs.

People's changing care needs throughout the day were communicated at a handover. The handover was used as an opportunity to highlight any people who may require closer monitoring. However, the manager recognised action was needed to improve the handover to help with effective communication within the team. For example, to ensure information regarding people's medicines or nutrition was shared.

People's cultural and spiritual beliefs were respected with one person telling us that although Holly Communion was taking place, they had not decided if they would go. People's care plans also detailed their religious preferences.

People were able to choose how they wished to spend their day and there were a variety of social activities which also included trips out. Comments included, "The activities I don't want to do them", "I join in the activities and I do crafts…exercise", "Do lots of knitting", and "Go out to day centre and local shops. Spend a lot of time in the garden, enjoy all gardening". At the time of our inspection, singers were providing entertainment, and those who had chosen to attend were seen to enjoy it. People had newspapers delivered and a hairdresser visited the service on a weekly basis.

People knew who to speak with if they had a complaint, with one person telling us, "Complaints…they sort things". The provider had a complaints policy; however the policy may not have been accessible for everyone, due to the format. The manager told us she would look at better ways of ensuring people had appropriate access to it.

Complaints were recorded and investigated. Records demonstrated the complaints policy was effective and when a complaint had been made, the policy had been followed and solutions had been found. Complaints had not been audited to identify any themes, to help learning and improvement of the service. However, the provider and manager told us this would take place in the future, and following our inspection the provider demonstrated this had been put into place.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 4 and 5 November 2015 we asked the provider to make improvements to how the provider monitored the ongoing quality of the service. The provider had also failed to notify the Commission of significant events in line with their legal obligations. During this inspection we looked to see if improvements had been made and we found that action had been taken. The manager and provider were also continuing to taking pro-active steps to make further improvements to how the service was managed and to how quality was assessed.

The manager had created and implemented some quality monitoring systems to help identify quickly when improvements were required. Audits in respect of medicines, people's personal monies and care planning had been introduced, but the manager recognised that during our inspection, these audits had not been robust enough to highlight areas requiring improvement. So during our inspection, the manager created a new daily checklist for senior staff and a managers monitoring tool, these would be added to the overall quality auditing processes at the service.

The provider visited the service on a two weekly basis, but the manager and staff confirmed visits were sometimes more frequent. The provider carried out quality checks when they visited, such as speaking with people and staff, observations of the environment, checks on people's personal monies and met with the manager. These checks had not been documented, so we spoke with the provider about the importance being able to demonstrate these visits were taking place. The provider was receptive to our feedback and told us he had already been thinking about better ways to do this by implementing an appropriate recording tool. Following our inspection the provider told us they would be visiting the service more regularly.

The manager had informed us of significant events in line with their legal obligations, for example we had recently been informed of the admission of two people to hospital.

The manager and provider had been working hard to change the culture of the service to ensure it was a transparent environment. Staff told us there had been an improvement telling us the manager was "Very approachable", and "Supportive". People told us they liked the manager and could talk to her, with one person telling us "Very nice, stops to have a chat every now and then. I really like her".

Staff told us there was a whistleblowing policy in place and explained they would feel confident about raising any concerns with either the manager or the provider. The manager told us the provider's number was now freely available for all staff to access, should they wish to speak with the provider confidentially.

Prior to our inspection the Commission had received a high number of whistleblowing concerns relating to the care of people and about the management of the service. These concerns were addressed as part of our inspection process, but following our inspection the provider informed us he would be meeting with staff personally, to discuss their duty to whistle blow. The provider explained he would be asking all staff if they would like to raise any concerns about the service, so these could be addressed immediately.

The manager told us she felt supported by the provider, who visited regularly but otherwise, was always on the end of the phone. They explained they had recently had their appraisal which had helped to discuss their role and the expectations which were expected. To help support the new manager the provider had created a manager's chart, to help focus the manager on key areas such as care planning, staffing and training. The manager was supported by the provider during the inspection process both in person and by telephone; enabling the manager to share any feedback and to openly discuss any concerns that she may have.

The service was underpinned by a number of policies and procedures, made available to staff and these were reviewed in line with changing regulations. The medicine policy made reference to old legislation but the manager told us she would amend it.

There was a suggestions box for people to provide feedback about the service, the manager told us someone had requested a clock be hung on the wall in the lounge, so this had been arranged.
The manager recognised further improvements were needed to effectively seek people's views about the running of the service. For example, the distributions of surveys and residents meetings were going to be organised.

The outcome and ratings given by the Commission of the provider's last inspection had been displayed in line with regulations. The manager and provider were both keen to improve the rating of the service and had been working hard to make improvements; they told us "We just want to get it right".

The manager and provider were open and honest, they responded professionally and promptly to the Commission and external agencies when required. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The manager, who had only been in post for a short time was forming positive relationships with external health professionals. To help ensure the service worked in collaboration, listened to advice and implemented changes. External health professionals told us, that overall there were positive working relationships with the manager and staff, but there was sometimes a variation in competency from senior staff and as well as poor communication. We shared this with the manager who told us it was a priority of hers and the provider to address staffing competency, roles, responsibilities and accountability.

The manager and staff were keen to involve and invite the local community into the service. For example, there were volunteers who helped spend time talking with people and playing board games and local school children participated in work experience placements.

We recommend that the provider seeks advice and guidance from a reputable source, about how to effectively assess, monitor and improve the ongoing quality of the service.

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1) (2) (a) (b) (c) (d) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment of service users was not always provided in a safe way. The provider had not assessed the risks to the health and safety of service users and had not taken reasonable steps to mitigate risks. People were not protected by the proper and safe management of medicines. The premises had not always been assessed for risks to ensure people were kept safe.

The enforcement action we took:

The Commission issued a Warning Notice and asked the provider to comply by 30 September 2016.