Shivron Care Home Ltd

Buttercup House Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 26 August and 01 September 2015. This visit was unannounced. At our last inspection on 04 September 2013 we found the provider was meeting the required standards of care.

Buttercup House is a care home which provides accommodation and care for 20 older persons, most of whom were living with dementia. The home was converted from two semi-detached homes into one larger home. There were bedrooms situated on both floors with a communal lounge, dining room and a conservatory. People could access the upstairs rooms by use of stairs and a stair lift. At the time of our inspection there were 17 people living in the home.

The home did not have a registered manager, although a new manager had been appointed and we were aware that they had applied to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

A previous registered manager had left the service at the end of 2014. An acting manager had been appointed who left before completing their application to become the registered manager. New staff had been difficult to recruit but the provider managed to engage permanent staff from an agency until all vacancies were filled.

Some people told us they did not always feel safe and that on one occasion care was not carried out as they would prefer. Staff had received training in identifying and reporting abuse and knew who they would contact regarding safeguarding concerns.

Risks associated with the delivery of care had not been assessed although there were risk assessments for nutrition and infection control. This meant reasonable steps had not been taken to mitigate or minimise risks which placed people at risk of harm.

People, their relatives and staff told us that staff were always busy. The provider had assessed the level of staff required to deliver the identified needs of people. However, people were not engaged in regular activities during the day and staff did not have sufficient time to spend with people as other people required their support.

People's needs were assessed before they came to live in the home and these assessments were regularly updated. Care plans were based on the needs identified within the assessment. Some of these had not been reviewed regularly which meant that some of the care plans were not reflecting the current needs of people. The care planning system used was being replaced to reflect a more personalised approach to care needs. A review was occurring of all care plans to update them where required.

Meals were both nutritious and healthy and people were able to choose what they wanted to eat. People's weights were monitored regularly and food supplements were given in consultation with health care professionals. People were supported to maintain good health and were supported to attend health appointments or by GP visits to the home.

People had built good relationships with staff although they were concerned about the change of manager within the last year. This had meant they were not too sure who they could talk to about concerns they had. Their views were heard by the provider and action taken based on what they had told the provider. A quality assurance system was inplace to seek people, their relatives and staff's view of the quality of the home.

Care plans and records contained personal information about people's likes and dislikes. They also contained details of their life history and important events in their lives. People could talk about their care needs with staff and the manager. Systems were available for people to write about their concerns if they did not want to speak to staff. People did not feel involved in their care plans and were unaware of changes made to them.

The home was in the process of change, concerning management and the culture they wished to engage, in order to meet the needs of people. People and relatives were unaware of changes and requested they should be informed of them. Management systems were in place to effectively monitor the quality of the service and actions were taken for improvements when these had been identified.

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 always safe.

People were not always cared for in the way they wished to be. Systems were in place to recognise and report safeguarding concerns.

Risks associated to the delivery of care were not assessed and therefore risks had not been minimised. There were risk assessments for nutrition and infection control.

Medicines were administered, stored and managed safely. There were sufficient staff to meet basic care needs but people wanted more activities and engagement with staff.

Is the service effective?

Requires improvement

The service was not always effective.

Reviews of people's care plans had not been occurring regularly which meant required changes had not been recorded. Information in some care plans was being updated.

Staff understood their responsibilities in relation to the Mental capacity Act 2005 and how to act in people's best interests. Staff received suitable training to enable them to deliver care but did not have regular supervisions.

People received sufficient and nutritious food and drink. They were able to access timely and appropriate health care when required.

Is the service caring?

Requires improvement

The service was not always caring

People did not always feel supported well by staff who were hurried and task focussed. There were few activities to keep people engaged and occupied.

People were supported to maintain their dignity and privacy. Staff spoke respectfully and warmly to people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved into the home to ensure their needs were identified. Care plans were written to meet these needs.

Some people and relatives were involved in identifying their needs and provided information on their personal preferences.

People and their relatives knew how to make a complaint and felt confident that their concerns and complaints would be listened to.

Summary of findings

Is the service well-led?

The service was not always well led

There was not an open, involving and empowering culture in the service due to the change in manager. The provider and manager were looking at how to change this.

The provider and manager had suitable systems in place to monitor the quality and safety of the service.

Requires improvement

Buttercup House Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 28 August and 01 September 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. It asks what the service does well and what improvements it intends to make. We reviewed the PIR and previous inspection reports before the inspection. We looked at notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We had received information of some concern which we planned to look at as part of this inspection.

We spoke with four people and observed care given to people throughout the days of our inspection. Two relatives spoke with us and we spoke with five members of staff, the registered manager and the provider.

We looked at five people's care plans and records. We saw five members of staff's recruitment and support records. We looked at some policies and procedures, recruitment and training records, feedback received, complaints received. We also looked at quality audit and monitoring records used by the provider and manager.

Requires improvement

Is the service safe?

Our findings

People told us different things about how they felt safe. One person said, "It's really nice here, it feels so safe." Another person said, "I do feel safe when staff listen to what I want." A relative said, "I feel my sister is safe here and staff have her best interests at heart." Another relative said, "I am more than happy that mum is safe here."

One person told us they had felt unsafe when a member of staff shaved them against their wishes. They said, "I used cream to remove my facial hair but a member of staff went ahead and shaved me. It upset me a lot." We discussed this with the manager who was aware of this, although this had occurred before they started working in the home. The provider had been made aware of this incident and had notified the local authority safeguarding team and CQC. Following the provider's investigation, the member of staff's contract was cancelled under the terms of their probationary period. The provider had notified appropriate professional bodies of this incident and action taken.

People's needs were assessed when they came to live at the home. Part of the assessment process consisted of a review of risks to the person. The risk assessment process used by the provider was more focused on risks associated with control of infection. This was a generic document in all people's care records that provided guidance for staff on how to support people if they caught infections such as flu and norovirus. Whilst this was necessary, risks associated with care and known medical conditions had not been assessed. For example one person was known to have a number of medical conditions which were identified within their care plan. There were no risk assessments to show the support they needed for their known heart condition. This placed them at risk of not receiving appropriate support and care in a medical crisis.

The failure to assess and mitigate the risks to the health and safety of people receiving care and treatment is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they would like more staff to support them. One person said, "Staff always seem so busy that I feel they don't have enough time to sit and talk to us." A relative said, "There have been a lot of changes in the staff and we don't really know the new staff well. We have only recently met the new manager." A member of staff said, "I would like to spend more time with people but don't have the time to sit with them for more than five minutes. They would be happier if staff were more permanent and consistent."

The provider used a system to identify the hours of support people needed and staffed the home accordingly. There was a roster of hours for care staff and separate cleaning and kitchen staff were employed. The provider stated there were appropriate numbers of staff on duty. However, we saw people were sitting in the lounge who were not engaged in activities. Staff did not spend more than five minutes talking to them or occupying them. People told us their needs were being met by staff but said they felt hurried as staff were always moving on to support the next person. For example we saw one member of staff asking somebody if they were alright. The person replied "Yes, but I would like a drink." The member of staff said they would get them one. They then left to answer a call bell. On their return fifteen minutes later they did not have the person's drink and needed reminding by the person before they got them their drink.

The provider told us about problems they had with recruiting suitable staff. In order to continue to provide consistent care they had an agreement with an employment agency for set weekly hours from the same staff. This meant three staff were temporarily working regular hours until staff vacancies were filled. One person told us. "They (agency staff) are lovely. I've really got to know them well and wish they would stay as they have got to know me."

Where new staff had been recruited recently the provider followed a robust recruitment process. All new staff completed an application form and attended an interview which identified their skills, knowledge and experience. References were requested from previous employers and Disclosure and Barring service checks were completed before staff began to work in the home. These checks were used to make sure that staff were suitable to work with people who need care and support.

Staff had been trained in how to recognise and report any signs of abuse. A member of staff said, "I would have no problems in reporting anything I am concerned about to the manager or provider. I feel positive that they would take action to make people safe." The provider's policy was in line with the local authority's safeguarding policy. There

Requires improvement

Is the service safe?

were posters in the hall which gave people the number to contact the local authority with, if they were worried about their safety. One person said, "I would tell the manager if I wasn't being treated nicely."

The manager and provider were aware of how to manage safeguarding concerns. The provider had identified a safeguarding concern which they had referred to the local authority safeguarding team and notified us. We saw a report had been received from the local authority following their investigation of this incident. Actions identified by the local authority had been carried out by the provider which ensured the person involved was protected.

People were supported to take their medicine. This was done effectively and safely. Medicines were ordered and stored appropriately. Only the two senior members of staff and manager were trained and assessed as competent to administer medicines. Staff who were being trained to administer medicines were observed and assessed by the senior care worker as to their competence to administer medicines. Medicine administration records (MAR) were used to record when medicines had been administered. These were all correct and had no gaps to signify medicines had not been given. There were records and guidelines for medicines no longer required to be returned to the pharmacy. Where people were prescribed as required (prn) medicines, there were guidelines in the individual's medicines records when these should be offered or given.

There were contingency plans in place for the evacuation and re-location of people should an emergency situation occur that required this. However, we could not find personal evacuation and escape procedures for people in their care records. These are records which describe the amount of support and reassurance each person requires to keep them safe in an emergency situation. Staff told us they evacuated all people when they carried out fire drills. The manager had identified this in their fire, health and safety assessment but had not begun to write evacuation plans.

Requires improvement

Is the service effective?

Our findings

People did not always feel the service they received was effective. One person said, "Generally things are okay here and I did choose to come here. I don't do much though and just sit here." Another person said, "I must have a care plan, can't say I've seen it or added anything to it." A relative told us, "I read the care plan about a year ago but haven't been asked about changes." Another relative said, "I've been visiting my sister here for years. Never been involved in her care plan though."

Care plans had been prepared for people based on the assessments of their needs carried out by previous registered managers and health and social care professionals. The new manager was in the process of reviewing all of these as they had not all been reviewed in the last six months. This meant some people were receiving care that may have not met their needs. For example one person was assessed as having pain in their knees. Pain relief medicines had been prescribed as required and were mentioned in their care plan. However, there were no guidelines in place for staff to follow on when and how often this medicine could be administered. Staff told us they asked the person if they wanted the pain relief and gave the medicine according to how the person responded. Guidelines around pain management should be accessible for staff within people's care records.

Staff told us they had received suitable training to enable them to deliver care to people. New staff had completed a skills for care common induction standards (CIS) programme. CIS were the standards employees working in adult social care should meet before they can safely work unsupervised. New care staff member's induction would be carried out as part of the new care certificate which the provider had arranged with a local college to provide this. Staff had received appropriate training in infection control, safeguarding, moving and handling, health and safety, administration of medicines and first aid as well as other training to meet the needs of people and staff job roles.

Staff told us they had not received regular supervisions and appraisals. Supervision and appraisals are systems which offer support, assurance and learning to help staff development. One member of staff's records showed they had received three supervisions within the last year. The latest one had occurred in February 2015. One member of staff said, "I haven't felt supported as I haven't had many supervisions. There have been times when I have had to speak to other staff about things I was not sure about. I think it would have been helpful to receive feedback on how I was doing." Another member of staff told us, "I can't remember when I last had a supervision. They stopped due to the changes of managers we have had. I have spoken to the new manager about concerns I have had about people and they have noted it for my next supervision next week." The last recorded supervision for this person had taken place in January 2015. We discussed this with the new manager, who showed us a rota for supervisions which were planned for all staff for the rest of the year. This had begun for some staff and we saw records of these supervisions. These showed a range of discussions about people and their needs and identified some essential changes required to people's care plans. The provider and manager had improved the system of supervision and were ensuring that all staff were receiving regular supervision meetings.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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.. One member of staff said, "I know (person's name) is unable to make decisions as they have dementia. We make some decisions for them but always ask relatives and other people what would be the in the person's best interest."

People can only be deprived of their liberty to 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). One person's care record showed they had been assessed as not having the capacity to make decisions about their safety if they left the home. An application had been made under DoLS as a best interest meeting had identified it would be safer for the person if a member of staff accompanied them if they went out of the home. A best interests meeting is where people professionals, staff and family can agree decisions and actions to support people who could not make those decisions for themselves.

Requires improvement

Is the service effective?

People received sufficient food and drink which was nutritious and healthy for them. One person told us, “The food is usually very tasteful.” Another person said, “I can choose what to eat and where I want to eat it.” A relative said, “They are very good at giving mum her favourite foods.” The cook showed us how they obtained fresh fruit and vegetables, meat and fish from local suppliers each week. They said, “We are now making a lot more pastries, pies, cakes and using more fresh ingredients and vegetables than frozen or pre-prepared items. People have told us how much happier they are with this and they are eating a lot better than before.” The menu was chosen by people at residents meetings. This was a selection of favourite meals. Each week’s menu was different over a four week period. This identified a main meal option and alternatives available if people did not like the main choice. We saw one person did not want a main meal or alternative and the cook spoke with them to find out what they wanted to eat. At the meal-time we saw the person enjoying their chosen alternative.

Where people were known to not be eating properly, an assessment was made of their eating needs and requirements. Their food and drink intake was monitored daily. Records were complete and up to date and identified where people had refused meals and actions were noted to ensure staff were made aware of this for the next meal. A range of nutritional supplements were used to ensure people’s dietary needs were met. People’s weight was recorded every week where weight loss was a concern. People were referred to speech and language therapists, nutrition advisors and GPs when required. Where instructions and guidelines were made for people, these were recorded in their care plans.

One person said, “I’ve got cataracts and go to the hospital to see my specialist. I can see a GP when I need to. I saw a doctor on Sunday as I had a chest infection and they gave me some tablets. I would like to see the dentist as my dentures are loose.” We discussed this with the manager who said they were not aware of this issue. They promptly made an appointment for this person to see the dentist the following week. People were able to access all medical services and some people were visited in the home by chiropodists, physiotherapists and opticians if they required it.

Requires improvement

Is the service caring?

Our findings

People had differing opinions of staff. One person told us, "I get on really well with the staff. They are very caring and are interested in us." Another person said, "Staff are generally alright apart from one. I didn't like her as she wouldn't listen to me. She's gone now and the other staff treat me okay." A relative said, "The staff that have been here some time are great, although there have been a lot of staff changes in the last year." Another relative said, "Staff have been really kind to my sister. They know her well and look after her like one of their own."

One person told us, "It would be nice if staff spoke to me more when giving me personal care. Some of them just tell me what they want me to do but don't ask me how I am or anything." A member of staff said, "Sometimes we don't have enough time to talk to people as we have to move on to the next person to provide them with support." This was something we observed in the morning of our first visit. A person spoke to a member of staff who did not respond until the person repeated their question. Their response was very short and the member of staff moved on to carry out another duty. The person did not understand what the member of staff had said and asked us the same question, which was about the lunch menu.

People, relatives and staff told us they were unhappy about activities and how people were occupied. One person said, "I just sit here all day (in the lounge). The telly is on but I'm not really interested in it. I do talk to my friends but we don't really do much else." Another person said, "I used to do lots of things like knitting and crochet. I can't do it now as my fingers aren't so good. I would like to go out more and go shopping." A relative said, "I know it is difficult to occupy mum, but when we visit she is just sitting in the lounge." The manager was aware of these concerns about activities and had requested the provider for more staff hours and an activity co-ordinator to be appointed to lead a range of activities. There were entertainers who visited the home and people could join in with singing and playing some games.

Some people told us they were involved in making decisions about their care. One person said, "I must have a care plan as staff have asked me about things in it. If I wanted to change anything about the care I get I would talk to the manager." They said, "I have to use hearing aids but I kept losing them. I asked staff to help me and now they remind me to take them out before I get undressed." A relative said, "We used to read mum's care plan and staff always involved mum and us in what was in the care plan and if we wanted to change anything. Due to the changes in staff and managers in the last year we were not so involved in planning care. Just recently the new manager has begun to talk to us about mum's needs."

We observed how people and staff talked to each other with a mixture of good humoured interaction and genuine interest in conversations when they were being supported at meal times. One member of staff told us, "People really do receive a good quality of care. I used to work in domiciliary care but I find I have got to know people I care for a lot better as I spend more time throughout the day with them here." People told us they trusted staff and enjoyed positive relationships with them. One person said, "I don't mind new faces as it is nice getting to know them. I still miss some staff who have left as they were like friends. There are some nice staff who have just recently started." Staff were polite to people and apologised when they had to move on to their next task and promised to catch up with them later.

Staff told us how they respected people's privacy and dignity. One member of staff said, "We always knock on people's doors when we enter their rooms. When people are being supported in a bathroom we have a sign we can place on the door so that other people could see the bathroom is in use." We saw people were addressed by their preferred name and this was recorded in their care records. Another member of staff said. "I like to treat people as I would any member of my family." One person's relative said, "Mum now has the privacy she needs after moving out of the shared room and into her own room." We looked at the shared rooms and saw there was a portable screen which could be placed between beds when personal care was being delivered. Whilst this provided a physical barrier, voices and sounds could still be heard. This could be undignified for both people who shared the room. The provider showed us they had plans to change the two shared rooms into single occupancy rooms with en-suite bathrooms.

The home had appointed a dignity champion. A dignity champion supports and encourages staff to treat people with dignity and respect. This is an initiative supported by Southampton city council and encourages all providers to appoint a dignity champion. They all meet regularly and

Requires improvement

Is the service caring?

share ideas and best practice. The dignity champion shared this information with care staff and led discussions on how to improve dignity and respect within the home in staff meetings. A member of staff said, “It’s good we talk about dignity as it makes you think about how we should be treating people.”

Good

Is the service responsive?

Our findings

People and their relatives were aware that they had a care plan. One person said, "I sat down with the last manager and told them lots about myself. They wrote it all down and showed it to me. Another person said, "My care plan does meet my personal needs." A relative said, "When mum came to live here, staff asked us lots of questions about what mum liked, disliked and important events in her life. We saw the care plan and talked to staff when changes were made." Another relative said "We used to be involved regularly in writing and changing the care plan. This hasn't happened in the last year though, as there has been a lot of manager changes."

Care plans were personalised and for one person there were 22 areas for care which highlighted the type of care and support the person required. For example within the section on diet there was a list of food and drinks the person liked and a list of items they disliked. This plan also gave guidance on how the person liked to be supported with their food and where they preferred to eat their meals. This had been reviewed in August 2015 and was agreed as covering the person's current needs. The other care plans seen had not been reviewed and were in the process of being reviewed by the manager.

People were encouraged to share their views within monthly residents meetings. They were also able to speak to the manager and provider any time when they were in the building. Some people were able to use comments and concerns forms that were available in the hall and communal lounge. One comment from May stated that the person was cold. The provider told us the central heating had been adjusted to suit changes in the weather but it was turned on to meet this demand.

One person and their relative told us about their involvement in moving from one room to another. The person said, "I used to have a room upstairs but was having trouble with the stairs." A stair lift was available but the person told us they did not feel safe and had to have someone bring their walking frame up so they could walk to their room. The relative said they discussed this with the manager and agreed that when a room became vacant downstairs, the person could move into it. This occurred and the person said, "I am so glad they listened to us and I feel much safer that I can go to my room whenever I want to.

The provider undertook an annual survey about the quality of the service. They received responses from people, relatives, staff and health and social care professionals. A response from a person was concerning a buzzer in the lounge where they sit. The provider's response was to look at why people felt they needed a buzzer in the lounge as staff should be always in the lounge to support people and give assistance when required. They also looked at portable call systems which people could carry to summon assistance. Guidelines were prepared and discussed at a staff meeting to ensure one member of staff was always available in the lounge.

A comment from a relative said, "Just recently the number of new faces that have been present when visiting has been very confusing and a bit of concern – no name tags." We noticed that all staff wore name badges on their uniform which stated their name and their job role. Agency staff who were on a retained contract also had name badges.

The provider had a comprehensive complaints policy which was available for people to access. One person said. "I've no complaints with the care I get. If I did I would talk to the manager about it. They would sort it out." A recent complaint was discussed with us. The provider had discussed this with the relative who had made the complaint and recorded the outcome and given the complainant their direct contact number if they needed to discuss this issue again. Records showed the relative was happy with the resolution of the complaint.

The provider had a suggestions and concerns box in the hall that people or relatives could use to leave details of a concern they may have. A recent concern identified that a person had a disturbed night due to noise from another person calling for help. The provider investigated the concern and put actions in place to assist both people.

Incidents and accidents were recorded at the time they occurred. The provider and manager carried out a monthly audit of these and looked at what they needed to learn from these incidents and how they could prevent them from happening again. An accident we saw had been investigated by the manager and had been discussed at the staff meeting. Staff had been asked for their ideas on how to prevent this happening again for the person. Changes were made to the person's room and no accidents had been reported one month after the initial accident.

Requires improvement

Is the service well-led?

Our findings

People and relatives told us how changes in management had affected them. One person said, "I used to be able to go to the manager and talk to them about things that I am worried about. I don't know the new manager or half of the staff now." Another person said, "It's confusing who the manager is now, they don't stay long." A relative said, "I wish they (the provider) kept us informed about all the changes going on." Another relative said, "I have seen the provider but they need to spend more time working with people to understand what they want and need."

Relatives and people had differing opinions of how included they were in the culture of the home. Moves had been made to make the service more personalised but some people told us they were not involved in this. One person said, "Nobody has told us about any changes to the home or staff." A relative said, "The home has changed hands a few times in the time I have been coming here and each time new managers come in they bring in new ideas. We just want some consistency and improvements to the quality of the home and care given." Another relative said, "Things have improved like the cleaning and food that people are happier with now."

The manager told us they had recently joined the service and had been made aware of how people and staff felt about the management previously. They had attended staff and residents meetings to make sure people and staff could meet them and to arrange one to one talks if people and staff wanted them. The manager was confident about their role within the home and had begun to prioritise actions they needed to take to improve a number of areas within the home. The provider had confidence in the manager's skills and experience and how they could bring more stability to the home. Staff told us they were pleased with the manager and the future direction of the service. Staff understood what was expected of them and their involvement in developing the service. They were excited about the improvements to the building and the proposals to develop better understanding and responses to people living with dementia.

The provider shared with us plans they were introducing to change the home, such as making two shared bedrooms into two single en-suite bed-sit type rooms. This was in response to request for facilities to give some areas of independence for some people and to provide higher quality accommodation. This information had been shared with people in a residents meeting and was being included in a six monthly newsletter for relatives and people. Other areas of the home were being improved and a lift was going to be installed to facilitate people moving more safely from one floor to the other.

The manager was looking at introducing a new care planning system to make these care plans more personalised. At the time of our inspection the manager had begun the task of transferring information form the old care plans into the new system. They shared with us the format they would be using but did not have a completed care plan to show us. This care plan system showed how the person was involved in identifying their needs and how they had contributed to the development of the care plan.

The provider had identified a large number of people in the home who were living with dementia and was looking at how to best meet their needs. They had recently engaged a specialist in dementia services who undertook an assessment of the home to see what changes the provider would need to make in order to make it more appropriate to people living with dementia. They were waiting for the report and had booked a range of training events for all of the staff on supporting people with dementia.

The provider and manager carried out monthly audits of the quality of the service. We looked at the last provider's audit from August 2015. One item that was picked up was that not all rooms had gloves and bags in them. These were in all rooms when we walked around the service. Other items identified were not all windows had opening restrictors on them. These had been added and we saw where this had been recorded in the maintenance request book. Other regular checks carried out by the manager included; weekly water temperature checks, health and safety checks of equipment and environment. They also audited paper records such as the daily log sheets where staff recorded what people had been doing during each day. The checks were for clarity, what was written, dated and signed. As a result of this audit, a training session was arranged for staff on completing these records.

The provider's audit had picked up some concerns about the previous management of the home and some staffing issues. These had been made a priority and had led to the

Requires improvement

Is the service well-led?

engagement of the current manager through a robust recruitment process. A number of staff had moved on as a result of the changes of managers and clarification of their roles.

The provider and manager were aware of notifications they were required to send to us by law. We discussed with them a recent notification and talked about their resonse to this. Feedback from the local authority safeguarding team was positive about the notifications they had received from the provider. These had been appropriate and their response to requests and investigations was always prompt.