Care Quality Commission

Dav Homes Limited

Heatherfields

Inspection report

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Ratings

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

Overall summary

The inspection took place on 4 and 5 February 2015. This was an unannounced inspection. We last inspected Heatherfields on 21 February 2014. At that inspection we found the home was meeting all the regulations that we inspected.

Heatherfields is divided into three units and provides accommodation and care for up to 74 people who have general nursing needs, those who live with dementia and younger people who have a physical disability. At the time of our inspection there were 71 people living at the service with two people expected to be moving in very soon.

The service had a manager and they were new to the post in December 2014. They were currently in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 the management of medicines required improvement. For example, as required medicines protocols were not in place, the allergy status of people was not always completed and people had not always received their medicines as prescribed.

People we spoke with told us they felt safe living at the home. Family members also confirmed that they felt their relative was safe. One person said, "Yes, I feel safe. It is alright."

Staff we spoke with had an understanding of safeguarding and the provider's whistle blowing procedure. They also knew how to report any concerns they had. The provider had a system in place to log and investigate safeguarding concerns.

Staff undertook risk assessments where required and people were routinely assessed against a range of potential risks, such as falls, mobility and skin damage. We also saw that the service had emergency procedures in place to protect people who lived there, including fire drills. We found that accidents and incidents were reported and dealt with appropriately.

People who used the service, family members and staff all told us they felt there were enough staff to meet people's needs. The new manager and the quality assurance manager monitored staffing levels to ensure that was enough suitable staff available to meet people's needs. There were recruitment and selection systems in place to ensure that new staff were fit to care for and support vulnerable adults.

Staff were well supported to carry out their caring role and were skilled and trained to perform their caring responsibilities.

People and family members were happy with the food provided. One person told us, "Nice, I need a decent meal." And, "I can choose what I like, it is enough." The provider had systems in place to identify and support people at risk of poor nutrition, including additional support at meal times.

People told us they had access to healthcare professionals. We spoke with a visiting GP who was complimentary about the service and its staff.

Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS). Staff followed the requirements of the Mental Capacity Act 2005 (MCA) and DoLS. MCA assessments and 'best interests' decisions had been made where there were doubts about a person's capacity to make decisions. Applications to the local authority had been made where a DoLS was required. People confirmed that they were asked for permission before receiving any care. One person told us, "[Names of staff] always ask me if they can help me get ready before they do anything.

The provider had made adaptions to various parts of the building, including a cinema and a new café area. They were also about to start refurbishment of the unit for people living with dementia.

People and their family members told us they were well cared for and were treated with dignity and respect. One person told us, "The staff are caring all the time. If I was bored I could ring my bell and the staff would come." A relative told us, "Staff are great, no problems."

We made observations over lunchtime and found that staff interaction with people was warm, kind and caring. One staff member was seen singing with one person. Relatives told us they knew staff and staff knew them and they were kept up to date with information regarding their relatives care.

Various activities were planned for people and improvement had been made to increase activity coordinators and to provide a fuller programme of opportunities for people.

People had their needs assessed and the assessments had been used to develop care plans which were tailored around individuals. People were able to choose what they wanted to do and that included when they got up and when they went to bed. One person told us, "The staff are not dictators and don't tell me what to do and when, they are nice."

The home's complaints procedure was available and on display around the service. Where people or relatives had made a complaint, it had been dealt with effectively.

Summary of findings

Staff told us the service had a culture of being open and honest. Relatives told us that the manager and staff were approachable and responsive.

People had the opportunity to give their views about the service. There was regular consultation with people and family members and their views were used to improve the service. A 'service user' guide had been published and this was provided to people when they moved into the service.

The provider undertook a range of audits to check on the quality of care provided. Information was analysed to look for trends and patterns and to identify learning to improve the quality of the care provided.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

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.

We found that medicines management was in need of improvement.

Staff were aware of their safeguarding responsibilities and knew what to do if they had any concerns. All accidents and incidents were recorded and monitored and risks had been assessed appropriately.

Emergency procedures were in place to keep people safe.

There was enough staff to respond to the needs of people and robust recruitment procedures were in place to ensure suitable staff were employed.

Is the service effective?

Good

The service was effective.

Staff were skilled, knowledgeable and were supported by their line manager.

People's nutritional and fluid needs were met.

The manager and staff were aware of the Mental Capacity Act 2005 and of the Deprivation of Liberty Safeguards (DoLS) and worked within legal guidelines.

People were supported with a healthy diet and to remain hydrated, with special diets being prepared for those that needed them.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were caring. We saw people being treated as individuals with respect and dignity and not hurried.

Information was presented to people in a manner which enabled them to make day to day decisions about their care, including communication cards.

People and their relatives felt involved in the service.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved regarding people's care needs and people had choice in their day to day lives.

The provider had made improvements to activities available within the home and had further plans for the future.

The home's complaints procedure was available around the service and people and their relatives were aware of how to complain.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The home had a manager who was in the process of registering with the CQC. Staff told us the manager was supportive and could be approached at any time for advice.

Meetings and surveys were completed with people, relatives and staff to improve the running of the service.

The provider had a quality assurance programme and actions were made, monitored and followed through to completion.

Heatherfields

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 4 and 5 February 2015 and was unannounced. The inspection was carried out by one inspector, one expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. A specialist advisor is a person who specialises in a particular area of health and social care. In this instance the specialist advisor was a pharmacist who focused on medicines.

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, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including the notifications we had received from the provider about Deprivation of Liberty Safeguard authorisations, incidents and serious injuries. We also contacted the local authority commissioners for the service, the local Healthwatch and the clinical commissioning group. We did not receive any information of concern from these organisations. On the day of the inspection we spoke with a visiting GP and optician.

We undertook general observations in communal areas. We carried out observations using the Short Observational Framework for Inspection (SOFI) during lunchtime in the main dining area. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 17 people who used the service and 12 family members. We also spoke with the manager, quality assurance manager, three nurses and 11 other members of staff. We observed how staff interacted with people and looked at a range of care records which included the care records for 14 of the 71 people who used the service, medicine records for 21 people and personnel records for ten staff.

We looked at duty rotas, health and safety records and information, maintenance records, handover information, meeting records, quality assurance checks, policy and procedures and complaints.

After the inspection we asked the provider to send us information, for example, a copy of their training schedule and medicines policy and they did this within the agreed timescales.

Requires Improvement

Is the service safe?

Our findings

Comments from people at the service were positive about how safe they felt. One person told us, "Yes, I feel safe. It is alright." Another person told us, "Yes, very safe." And, "The staff come when they are needed." One person told us that two staff attended if he pressed his buzzer and that he did not have to wait long. We asked if he felt safe. He said, "Yes, the staff are very good." Relatives also told us they felt their family members were safe. One relative said, "Much safer than when they lived alone."

We observed people receiving their medicines. We saw people were treated with dignity and offered support and reassurance, for example people at risk of choking or those who are prescribed a high number of medicines. Staff were able to describe an appropriate medicines ordering procedure and we observed that medicines were available for people to take. We noted all medicine administration records (MAR) checked, were completed accurately with no omissions. People had received annual medicines reviews ensuring they were not being prescribed unnecessary medicines.

When we checked the controlled drugs, we found they were all accounted for and recorded appropriately with two staff members signing to confirm when any had been administered. Controlled drugs are prescribed medicines used to treat severe pain for example and are subject to stricter controls.

We found that medicine's that were awaiting disposal were not stored in tamperproof containers within a locked cabinet in the medicine room, which meant that they were not fully secure and kept in line with National Institute for Health and Care Excellence (NICE) guidance. The purpose of NICE guidance is to provide recommendations for good practice on the systems and processes for managing medicines in care homes.

Three out of 21 individual medicine records did not record the person's medicine allergy status, which meant that people may not have been protected from receiving medicines that they may have been allergic to.

We saw that one person who was prescribed medication which needed to be given before food, as it helped block the production of stomach acid, was not administered this as instructed on the dispensing label. Another person prescribed a seven day course of antibiotics was being administered this medicine on day eight without any valid reason. We noted there was no protocol for managing the use of when required medicines. We saw a number of tablets/liquids/inhalers and eye drops being administered by one nurse who confirmed that no protocol was in place for those as required medicines. We looked at the provider's medicine policy which stated that an 'as required' medicines protocol should be developed when as required medicines were to be administered. We discussed concerns with the manager who said they would address the issues immediately.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding and whistleblowing policies and procedures were in place. We found staff were knowledgeable about the actions they would take if abuse was suspected or they had any concerns. One staff member told us, "I would not hesitate to report anything like that." Another member of staff told us, "I have received training." The provider had a system in place to log any safeguarding concerns and these were appropriately investigated and dealt with, including the involvement of the local authority safeguarding team where required.

The Resuscitation Council recommends that people, who have 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place, should have them placed in their records where they are accessible immediately. We noted people who had DNACPR forms placed on their records did not all have them placed at the front of the record, which meant the instructions could be easily missed and was not in line with recommendations. We discussed this with the manager who said she would ensure that this was corrected immediately.

We were told that people using the service were assessed for positive risk taking. Where people had a recognised need and a risk had been identified, we saw full and detailed risk assessments had taken place, including, for example; in relation to choking, falls and malnutrition. Staff were able to tell us how they would keep people safe using information from the risk assessments. All of the people who lived at the service and required support in the event of a fire or other evacuation scenario, had a personal evacuation plan in place which would be used by

Requires Improvement

Is the service safe?

emergency services to help them safely leave the building if the need arose. We saw that general risk assessments were in place, including an up to date robust fire risk assessment. Records confirmed that fire drills took place as required by law.

People told us they were happy with the premises and its grounds and felt it was a safe place to live. One person told us, "[Name of maintenance person] is always busy doing something; he is such a nice man." We found the premises was well maintained with regular recorded checks on equipment, for example fire checks and water safety checks. The maintenance person told us they had a regular plan of work, but when a repair was needed this would be done. We saw that requests for in-house repairs had usually been addressed very quickly which meant that the provider and staff maintained good levels of premises safety.

We looked at accident and incident reports and found them to be completed appropriately. An analysis of accidents was completed by the provider to monitor and compare any trends and we saw that actions had been taken when issues had been identified.

Where staffing concerns or issues existed, including disciplinary procedures the manager was fully aware and had dealt with them appropriately. This included giving additional supervision and monitoring and where necessary, further training was being sought.

People told us they thought there was enough staff to meet their needs and relatives confirmed that. One person told us, "Yes, there are plenty of staff." A relative told us, "The staff are always busy, but they see to what [person's name] needs. She is never left without." We saw staff were busy but they coped well and were able to respond appropriately to call bells and to requests for help. The manager explained the system they used to work out staff cover was based on people's dependency needs. They said staff covered each other's holidays and any absences but that bank staff and agency where used if necessary.

We found appropriate recruitment procedures had been followed, including application forms with full employment history and experience information, reference checks and Disclosure and Barring Service checks. We were told by the quality assurance manager that people living at the service had been involved in the interview process of some recently appointed staff.

We recommend that the provider refers to The Misuse of Drugs (Safe Custody) Regulations 1973 with regard to medicines storage.

Good

Is the service effective?

Our findings

People told us they felt staff were well trained to support their needs. One person told us "Yes, they help me." Another person told us, "The staff are smashing, I call and they come. I think they are very good." One relative told us, "You better be writing something good about the staff, they are excellent with [person's name] and do everything they can to help her."

The staff we spoke with were skilled and knowledgeable and understood how to meet the needs of people in their care. We watched one nurse as she explained to a newly appointed staff member, how to support someone with mobility needs. Another staff member explained to a relative why someone, who was living with dementia, was acting in a particular way. We found that training was either up to date or had been booked to take place, for example in end of life and palliative care. We checked staff had received appropriate up to date training in the safe management of medicine's, and found all of them had. Nurse competencies had been checked regularly and refresher training was planned. Eighteen staff members were qualified to level two or above in National Vocational Qualifications or the Diploma in Health and Social Care, with seven staff completing this in the last 12 months. The manager confirmed that both of the activity coordinators were receiving additional training to better support them with ideas they could utilise in their work and said this had been arranged, including a visit to another service, with experienced activity staff.

Staff were able to tell us about their induction and we saw that there was a programme for new staff. One staff member told us, "The first thing I did when I started, was go over fire safety and various procedures, including getting to know people." The provider had a system of supervision in place to ensure working standards were reviewed and maintained. Appraisals were completed every year for all staff, with this year's being due for completion. Staff told us they felt supported by their line manager and able to ask for help if they needed it.

Staff handovers were completed at the end of every shift and included updates on people within the individual units and any other issues arising which staff taking over would need to be aware of. For example, appointments or visits from health and social care professionals. This meant communication was effective on staff handover.

The majority of people told us they enjoyed the food and refreshments served to them. One person told us, "Nice, I need a decent meal." And, "I can choose what I like, it is enough." Another person told us, "I have put weight on since being here, something is working." Relatives told us they thought the food was good. One relative told us, "The food is beautiful, very good high quality food." Another relative told us, "Good food, plenty of it. Food is very good." Although the majority of people were happy with the food, one person raised concerns over their access to fresh fruit and juices which the manager said she would investigate.

We looked at menus and saw a wide variety of nutritious meals, including vegetables, salad and fruit. We asked four people if they received fruit in their diet and they confirmed they did. One person told us, "The cook is very good, there is lots of choice." People who needed additional support to eat meals were catered for. We observed lunch time procedures and found staff to be supportive and attentive to people in the dining room. People were not rushed and were able to have enough food and refreshments in a pleasant environment. All staff were aware of the dietary needs of people in their care and we saw specially prepared meals were made available. Food and fluid charts were completed. For those people at risk of malnutrition, a monitoring tool was completed so that staff could closely observe any changes. We were shown pictures of menus that the manager was implementing, which were tailored to people living with dementia. For example, finger foods. That meant staff had considered the needs of people living with dementia and were offering alternatives.

People told us they had access to healthcare professionals. One person told us they had a sore eye and when we asked the staff about this, they told us the person was going to see their GP that day. Records confirmed people who used the service were supported to access health and welfare services provided by external professionals such as chiropody, optician, and dental services. Records showed people were supported to attend GP and outpatient appointments. One health care professional told us, "Overall, the staff at Heatherfields work well with us; they keep us informed and follow our instructions if we have left any." A visiting GP on the day told us, "Staff seem on the ball and contact us if they have concerns."

Information contained in people's records indicated consideration had been given to people's mental capacity and their right and ability to make their own choices, under

Good

Is the service effective?

the Mental Capacity Act 2005 (MCA). We spoke with the manager and the quality assurance manager about the MCA in relation to Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards to ensure care does not place unlawful restrictions on people in care homes and are part of the MCA. They confirmed twelve DoLS applications had been made and currently, ten had been granted. They told us any decisions were made in people's best interests with relatives and healthcare professionals involved. Staff were aware of the MCA and understood about supporting people to make choices and decisions. We found the provider was complying with their legal requirements.

People's care records showed that consent had been given for photographs to be taken and signatures to show that people had agreed to the care that would be provided. People told us that staff asked them if it was alright to carry out care or support before they provided it. One person told us, "[Names of staff] always ask me if they can help me get ready before they do anything. One day I did not feel well and told them I did not want to get washed and they listened to me. They don't force you to do anything you don't want."

All units had been adapted for the people who lived there, including suitable space for people who smoked and appropriate access for people with mobility needs. There were additional services at the home which people could access for a fee, including a hydrotherapy pool in one of the units and a physiotherapist. We were told that one of the lounge areas was in the process of being turned into a café and relaxation area and were shown drawings and pictures of the materials to be used. We noted on one unit supporting people living with dementia, memory boxes were in place outside each bedroom. People had placed items in them which were individual to them and helped them to remember which room was theirs and to bring back memories. One relative told us, "Her husband was very important to her and that's why his picture is in there."

We spoke with the manager about this unit which was clean and tidy, but in need of further updating to bring it in line with best practice and to provide a more stimulating environment for people living there. We were told that this was being addressed and saw a refurbishment plan dated January 2015 which included decoration to wall areas and installation of stimulation and areas of interest for people living with dementia. The provider had used the services of a specialist designer to support the refurbishment.

Good

Is the service caring?

Our findings

People told us they were well cared for. One person told us, “The staff are caring all the time. If I was bored I could ring my bell and the staff would come.” Another person told us, “The staff are top class for caring, you could not want better.” Another person told us, “They really do care about us; we have a good laugh too.” Relatives felt that staff cared for their family members well. One relative told us, “Staff are great, no problems.” And, “10 star hotel fully inclusive.” We heard lots of laughing and banter taking place between staff, people and their relatives which confirmed the opinions of people we had spoken with.

We completed two observations in different units of the home, including one at lunchtime and found staff provided lots of positive interactions with people. Staff showed they cared for people by attending to their feelings. For example, one person was distressed and a care worker approached and comforted them, holding their hand and calming them. They spent time with the person until their mood was improved and the staff member had found them something to do.

One staff member was singing with one person and when the person could not remember the words, they would fill in the gaps for them. People with communication needs had clear information on their care plans how staff could support them, including taking time and the gestures they should use. A staff member spoke with one person living with dementia about what they wanted to do and when we looked at the person’s records it was clear the staff had followed the instructions set out in their communication’s care plan. They took time and gave the person the opportunity to absorb the information and respond. That meant people were treated individually, and given time to promote and maintain their independence.

We spoke with one relative who recounted the time and effort staff had provided to help his wife. He told us that because of the care and support given his wife’s health and independence had improved greatly. He said, “I am extremely grateful to all the staff here, I cannot thank them enough.”

People told us they were respected and listened to. One person told us, “I know I am respected.” Another person told us when we asked if they were respected by staff, “Yes, very much.” We saw staff ensured people received their care in private and respected their dignity. One care worker said, “For personal care we always close doors and check no one can see from outside.” And, “I knock on doors before entering a room. I am polite and respectful and take my time with the residents." We also saw that where people preferred to have their bedroom doors closed, this was respected by staff. One person told us, “I don’t like my door open and staff know that, they close it for me when they are finished.”

Relatives told us they knew the majority of the staff and that staff made themselves known including the domestics, catering and care staff. We observed a number of conversations taking place between staff and relatives and it appeared relatives were being involved and explanations were being given in connection with their family members living at the service.

Relatives told us they were free to visit at any time. One relative told us, “We frequently chat to staff about the care and how they are providing it.” One nurse told us the use of advocates was promoted and people had used such services in the past. We saw information about advocacy services displayed in the service. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. We also noted that picture cards were used to aid communication and staff told us that communication had improved because of there use.

Good

Is the service responsive?

Our findings

We received mixed views from people and relatives about the activities that the service provided, although people generally told us they felt satisfied. Comments from people included, "There could be more to do", "I go to the shops", "I would like to do some cooking again", "I like it when I get pampered and have my nails done, the girls [staff] are lovely", "I wish there was some music playing, I love the old fashioned songs", "I enjoy playing with my computer" and "I would love a pool table." One person said she played dominoes with staff but that 'there was not much to do really'. She told us she tended to stay in her room and watch TV as 'people just sit around in the lounge'. Other people told us, "I get my hair done, watch TV and chat to staff, very happy." And, "I like reading and joining in when things are organised, there is enough for me to do here."

People were able to participate in arts and crafts and we saw some of the items people had made displayed around the service. Photographs of activities taking place and of animals interacting with people were displayed on notice boards. The animals had been brought in by an outside organisation and had included miniature ponies which were introduced to people at the service for petting. The service had a resident cat and cockatiel which were looked after by people living at the service and supported by staff. One person told us, "It's nice having animals around as it makes the place feel more like home." One relative told us, "The staff try their best to make this place feel like home." We saw there was a cinema in one of the units, but found when we asked four people from another unit about this, none of them knew it was there, although people on the same unit were aware of it and three had used it in the past. There was a new café in the process of being built in close proximity to the main reception area and we were told by the manager that this area would be utilised for a number of activities. After the inspection, the quality assurance manager sent us pictures to show that the café was complete.

Two people told us the activity coordinator took them out. The service had two activity coordinators and the manager told us they were looking at a third which meant there would be one on each unit, which we agreed would be beneficial as each unit was very different. We spoke with both of the activity coordinators who were keen to provide good, stimulating activities for the people living at the service. Overall, we found that the quality assurance manager and the new manager had made improvements to provide stimulating activities for people living at the service.

There were garden areas at the back and front of the service and we saw people using these areas to exercise and to smoke. We were told by the quality assurance manager that the service had won a prize for the garden. We saw a cup that had been presented to the service in the reception area and the local authority web site confirmed that Heatherfields had won first prize in 'best garden' competition in 2014. The manager told us that they planned to open the new café into the garden area when the weather became warmer.

People told us they felt involved with their care. Comments from people included; "I am definitely happy about the care I receive", "The staff care for me as it's been agreed", "I was asked lots of questions and then it was agreed what they [staff] would help me with. Somethings I can do myself." Comments from relatives included, "They [staff] went over everything with us before she moved in, they needed to, to find out all about her really." And, "The staff are fabulous, they do everything they need to for her."

People and their relatives had been involved with care planning and reviews that took place. We saw details of how people wanted their family to be involved with their care and where people lacked capacity records of best interest decisions that had been made.

People had been assessed when they moved into the service and were asked detailed information about their health and personal history, including information about their families. People's needs had been identified, including mobility, personal care, communication and medicines. We saw care plans had been put in place with any identified risks being assessed and monitored.

Records showed that people had care plans in place for identified needs and these were regularly reviewed, although we noted that a small number had not received a recent review. Care records were in the process of being updated to new care plan documentation. We were told by the quality assurance manager that this would standardise the paperwork used. The manager made a note of what we had found and said she would look into this and ensure records were updated.

Good

Is the service responsive?

People who used the service told us they were able to choose when to go to bed and when to get up the next morning. We were also told that other than meal times, there were no fixed routines. One person said, “The staff are not dictators and don’t tell me what to do and when, they are nice.” Another person told us, “Yes, you can have choices.” People told us their bedrooms were decorated how they liked. One person told us, “These are all my pictures, it makes it feel like home.” Another person said, “I was asked if I wanted any of my own things here before I moved in.” One relative told us, “The staff are responsive if she needs anything.” They [person’s name] have been encouraged to bring in personal things like her rug and pictures. As we walked about the service we saw the majority of people’s bedrooms had been decorated with personal items, like pictures, ornaments or photographs.

Everyone we spoke with (people and relatives) told us they knew how to complain if the needed to. They all said they would talk to staff or the manager and would have no problem in doing that as they were approachable. People told us that where they had complaints, they were dealt with straight away. One person told us, “I mentioned that I did not like too much sauce and they took notice.” The manager had only been in post for five weeks, but people said they knew who she was and would be comfortable speaking to her about any concerns. Information about how to make a complaint was available throughout the service. We looked at complaints which had been made and found they had all been dealt with appropriately and in a timely manner which meant the complaints system at the service was effective.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a manager employed at the service who had been in post since late December 2014. We confirmed the new manager was in the process of registering with the CQC. People and relatives spoke positively about the new manager and said she had made it her business to get to know people and be visible. One person told us, "She seems very nice." Another person told us, "I see her regularly, she always says hello if I see her." Relatives told us they had been approached by the new manager. One relative told us, "She seems pleasant and helpful." Another relative told us, "I feel they [manager] would deal with anything. The new manager seems to know everyone already." One relative told us the manager was 'aware of all that was happening with their mother.' Prior to the new manager coming into post, the quality assurance manager and the head of operations had managed the day to day running of the service while recruitment took place. This meant continuity for people, relatives and staff had been maintained.

One of the care workers who had worked at the service for a number of months said "I love it here. It is canny. The support has been fab. It is one of the best companies I have worked for." We asked other staff if they felt the service had a good culture and staff told us, they supported each other and felt management listened to them. Staff were pleased to have a new manager and many described how she appeared to be promoting openness and honesty. When speaking with staff it was clear they understood their roles and the level of care they were expected to provide.

Records showed staff meetings were held regularly. Notes from meetings showed issues such as staff handover, medicines, people's weight records, health and safety were all discussed. We also saw that heads of each unit met with the manager every morning to discuss items of concern or issues arising. The manager confirmed that these meetings were particularly useful to ensure consistency and enable better communication across the service.

A 'service user guide' was published and given to people when they came to live at the service. The guide helped people and their relatives understand the care available and additional information which would be used to support people living or thinking about residing at the service. We saw that the guide stated 'resident and relative' meetings would be held regularly which they were, the last one being at Christmas and the minutes of this meeting were available. They showed a range of topics had been discussed, including activities, food, the new manager and developments within the service.

Relatives told us they had completed satisfaction surveys in the past. One relative told us, "Oh yes, I remember completing a form." We saw evidence of surveys which had been completed by people using the service, relatives and staff. We were told by the quality assurance manager that surveys were a regular occurrence and that they were due to go out again soon.

We reviewed audits and checks for care plans, incidents, pressure sore analysis, infection control, catering, and health and safety. We saw actions plans had been created to address any shortcomings with clear dates for completion.

We spoke with the quality assurance manager who told us they had been working at the service for a number of months while a new manager was appointed. They told us lots of work had been done to ensure the service was meeting standards, including home care manager audits/ quality assurance checks where all areas within the service were monitored. We noted that one of the provider's quality assurance team had attended the service and completed a comprehensive care plan audit.

Overall this meant that the provider strived to improve the service and act on the opinions of the people and their relatives in a positive way.

During the inspection we confirmed that the provider had sent us notifications which they are required to do under their registration. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not fully protected against the risks associated with medicines because the provider did not have accurate records to support the safe administration of medicines and improvements were required to ensure medicines were always administered as prescribed.