

# Crescent Care Limited

# Oakland Grange

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

This inspection took place on 7 September 2016 and was unannounced.

Oakland Grange is a registered care home and provides accommodation, support and care for up to 43 people, some of whom live with dementia and mental health needs. Support is provided in a large home that is across four floors. Communal areas included two lounges and two dining room areas. At the time of our inspection there were 31 people living at the home.

Following an inspection in May 2015 enforcement action had been taken by the Commission and the Commission had served warning notices for multiple breaches of regulations. In addition we rated the service as inadequate and placed them in special measures. A second inspection in November 2015 showed some small improvements had been made but these were not sufficient to meet the regulations and the Commission took further enforcement action and placed a condition on the registration of the home to restrict admissions, meaning that the provider could only admit people to the home with our written permission. At the inspection one key question remained rated as inadequate and as such they remained in special measures. At this inspection the service had made enough improvement to come out of special measures.

A registered manager was in place. 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 this inspection staff knowledge of safeguarding was good and they were confident concerns would be reported and action taken where needed. The manager held records of safeguarding issues that had been reported, investigated and action taken however we found a number of injuries including skin tears and bruising that could not always be explained, had not been reported and there was no evidence of any investigation into these. We referred these concerns to the Local Authority Safeguarding team.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff understanding of the MCA and how this impacted on the support they provided to people had significantly improved. Day to day, people were supported to make their own decisions. Where people were unable to make these decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests. However records did not always reflect this process.

The registered manager and staff understood when a DoLS application may be needed and these had been submitted following a capacity assessment. Care plans had been implemented to reflect the DoLS, although they didn't detail the conditions set with the DoLS. However where conditions were included in the DoLS approval, these had been carried out.

People said they felt safe and well cared for by staff who were knowledgeable of their needs. Observations showed staff were kind and caring. They were respectful in their interactions with people and engaged people positively. Staff showed a good understanding of people's right to privacy, dignity and person centred care.

Risks associated with people's needs were well known and managed effectively by staff. Information about risks for people and how to manage these were available in care records however, at times they lacked detail. The management of medicines had improved. However, some medicines related records required further improvement.

Tools were in place to determine staffing levels and this was being followed. Our observations and findings showed sufficient numbers of staff at the time of the inspection. However, we have recommended the provider review the call alarm system to ensure they are able to assess the times taken for staff to respond.

Recruitment procedures ensured safer recruitment of staff and staff received training and supervisions to support them in the role.

People were supported to eat and drink sufficient amounts of food and drink. Where special diets were required this was recorded in care plans and provided. People's nutritional status was regularly assessed and monitored to ensure no concerns. People were supported to access a range of health care services to ensure their needs were met.

Care records reflected people's likes, dislikes and preferences. Staff knew people well and care plans were developed in a person centred way with people and their representatives involvement.

Feedback was sought from people and action taken to address any complaints. Systems were in place to monitor the quality of the service and drive improvement. However, we have recommended the provider review their recording of their visits.

Staff spoke positively about the manager of the service. They expressed how they felt supported and confident that they were now listened to and concerns acted upon. They felt the registered manager had driven the improvement in the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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.

Unexplained injuries had not always been reported appropriately and investigated.

Staff knowledge of safeguarding people was good. They had a good understanding of the risks involved with people's needs, how to manage these and demonstrated how they acted to minimise such risks. Medicines were managed safely, although records could be further developed

Recruitment practice's ensured people were supported by staff who were safe to work in care and staffing levels met people's needs.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff understanding of the Mental Capacity Act 2005 had improved. Where people were unable to make decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests. However, records did not always reflect this process had been followed.

Training and supervision of staff had improved and they received the support they needed to work effectively.

People received adequate food and fluid intake. They had access to other professionals as needed and staff followed their advice.

### Is the service caring?

**Good** ●

The service was caring.

Staff were kind and caring. They were respectful in their interactions with people and engaged people positively. They showed a good understanding of people's right to privacy and dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People were involved in the planning of their care and the staff responded to people's change of needs. Improvements to care plans and activities had been made.

Staff worked in a person centred way.

People were aware of the complaints policy and confident that any concerns would be acted upon.

### **Is the service well-led?**

The service was well led.

The registered manager was open and transparent. Staff understood their roles and were confident that any concerns or suggestions would be acted upon.

Improvements had been made to the quality assurance systems. These had been embedded by the registered manager and action was taken to make improvements as a result of these. We made a recommendation to the provider about the recording of their visits.

**Good** ●

# Oakland Grange

## 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 7 September 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us about by law.

We spoke with eight people who lived at Oakland Grange and three relatives. We observed the care and support people received in the shared areas of the home, including part of a medicines round. We spoke with the registered manager, deputy manager and eight staff including ancillary and activity staff.

We looked at the care plans and associated records of five people. We looked at medicines administration records for 11 people living in the home, staff duty rota's, eight staff recruitment files, records of supervisions, appraisal and training. We looked at records of complaints, accidents and incidents, policies and procedures, safeguarding and quality assurance records.

# Is the service safe?

## Our findings

People told us they felt safe in the home and that there were plenty of staff to support their needs, although two felt that they would benefit from more staff and that staff were "over stretched". One said "In my opinion we could do with more staff as I see the girls here work too hard". A second said "I do feel a lot safer here as staff are always there for me." A third person said "Yes I do feel absolutely safe here. If I was worried about anything I would tell the manager or any of these girls". Relatives also felt their loved one were safe living in the home.

People were supported by staff who had a good understanding of the types of abuse and how to report this. They felt confident any concerns they raised would be dealt with appropriately by the manager and knew how to escalate any concerns they may have to the local authority or the Care Quality Commission. Records showed that staff had raised safeguarding concerns to the registered manager who had acted promptly and appropriately. They had reported the concerns to appropriate external authorities including the Commission, completed an investigation and taken appropriate action.

However, we found records which recorded injuries had occurred for two people. These included skin tears and bruising. The records did not explain how these injuries had occurred and the registered manager and staff were not able to tell us. The registered manager confirmed there was no record of any investigation into the cause of these and also confirmed they had not reported the unexplained injuries to the Local Authority safeguarding team, although they had accessed district nurses to treat the skin tears. We referred these concerns to the Local Authority Safeguarding team. We spoke to the registered manager about our concerns that they had not reported these concerns. They confirmed they understood and following our inspection they also reported these concerns to the local authority.

A failure to investigate and report unexplained injuries placed people at risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in May 2015 and then again in November 2015 we found the registered person had not ensured risks associated with people's care were effectively assessed and managed. Risk assessments and care plans did not always provide sufficient guidance to staff about the actions they should take to minimise risks to people. When they did, staff did not always follow these. Information gathered about risks to people was not used to inform their care and support. This was an ongoing breach of Regulation 12 of the Health and Social Care (Regulated Activities) Regulations Act 2014.

At this inspection improvements had been made and there was no longer a breach of this regulation. Risks associated with people's needs were well known and managed effectively by staff however, further improvements were still needed to the care records. For example, staff supported some people who may display behaviours which presented a challenge. Care plans referenced the behaviours and for two people we saw the care plans detailed what these behaviours were. They provided information about what staff should do if the behaviours presented, such as reassure the person and leave them alone. However, they did not contain information about the triggers to such behaviours, how to prevent them occurring and clear

guidance about staff actions, should the support measures be unsuccessful. Staff knew the behaviours that people could display and were able to tell us about the support they provided and how this was successful. We saw staff accessed the support of the mental health team and other professionals where necessary to support with the management of these behaviours.

We saw where needed referrals had been made to the speech and language therapist (SALT) to assess a risk of choking and aspiration. The advice given had been incorporated into care plans and risk assessments. For example, for one person this detailed how they needed a pureed diet and stage 2 thickened fluids. The SALT had also provided guidance about what staff should monitor for. Whilst this was in the care plan folder it was stored behind another document and not with the risk assessment. The risk assessment also contained no guidance about what to do should the risk present. However, staff were aware of the risks and knew what to look for. They stated that they would always use the emergency alarm and emergency services if needed.

Staff knowledge of people's needs was good. Staff could provide us detailed information about their mobility, risk of falls and the action they should take to minimise such risks. Information about accidents, especially falls was used to inform the action staff took. For example, where required referrals to the physiotherapist and community falls team had been made. For one person whose mobility was a concern and they fell over frequently, we saw their care records contained a detailed mobility care plan and a falls risk assessment. The level of detail provided clear guidance for staff, including support such as ensuring footwear was appropriately fitting and secure. Whereas, for another person this was less detailed and although a falls risk assessment had been completed, this risk was not detailed in the care plan.

A lack of detailed and contemporaneous records could place people at risk of receiving care and support that did not meet their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Where equipment was used such as pressure relieving mattresses these were monitored and checked daily to ensure they were on the appropriate settings. Whilst the setting was not recorded in the care plans, they were recorded on the monitoring charts and staff knew that this was based on people weight.

At our inspection in May 2015 and then again in November 2015 we found medicines were not managed safely. The storage of medicines was not secure, medicines care plans were not always safe, some medicines opened had not been dated, no guidance was available about the use of as required medicines and we found gaps in the recording of medicines administration with no explanations. This was an ongoing breach of Regulation 12 of the Health and Social Care 2008 Act (Regulated Activities) Regulations 2014.

At this inspection the management of medicines had improved and there was no longer a breach of this regulation. However, some medicines related records required further improvement. Care plans were in place for 'as required' (PRN) medicines and these were held with the Medicines Administration Records (MAR). The care plans provided some information about the medicines but at times lack detail and multiple medicines had been combined into one care plan. For example, one person's care plan detailed a PRN for behaviours and one for pain. However, it only provided guidance to staff about when the pain relief may be needed. It lacked information about when to give the behaviour medicines although all staff who were able to administer medicines knew this. It also lacked information about how to monitor the effectiveness of PRN medication use. The registered manager agreed with this and told us they would rectify this.

Storage of medicines had improved and the Controlled medicines cupboards had been fitted and secured appropriately. The medicines room was locked and the medicines trolleys were locked within the room. Temperatures were being checked of the rooms and the fridges where medicines were stored and these



were within safe limits. No gaps in the recording of the administration of medicines were found and staff used appropriate coding when medicines were not administered. Medicines that required regularly monitoring were managed effectively and clear records were held. We had previously received concerns that staff who administered medicines had not been trained to do so. Only senior care staff were able to administer medicines and we saw that they had completed training in the administration of medicines. We did find some entries in health care professional notes that advised the staff to give medicines covertly. Care plans did not include this and staff confirmed they did not do this for anyone in the home as it was not needed.

Recruitment records for staff included application forms, interview notes, proof of identity and a minimum of two references. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people from working with people who use care and support services. On occasions where staff had commenced work prior to all checks being returned, risk assessments had been undertaken and staff worked under full supervision until full DBS checks were returned.

There were enough staff available to meet the needs of people. The registered manager used a dependency assessment to help identify the number of staff needed throughout the day. This was based on individual's needs and used to inform the rota. The rota reflected a consistent number of staff supplied. Senior care staff were present on every shift and in addition the registered manager and deputy manager worked on a supernumerary basis but staff confirmed they provided direct care if needed. People were satisfied there were enough staff available for them and the provider had installed call alarms into communal areas since our last inspection to ensure that people could call for support if needed while in these rooms. Feedback from a relative was that at times the weekends staffing levels appeared less, however the same number of staff were provided according to the rota's. Additional kitchen, domestic staff and a permanent activity co-ordinator had been recruited since our last inspection. The provider had also introduced a new role to take a lead on risk assessment and care planning. This person worked on a supernumerary basis also but provided direct care if needed.

Throughout our inspection the call alarm rang very regularly and at times constantly. The registered manager confirmed that the call alarm system did not allow them to monitor the length of time it took staff to respond to these. Our observations reflected that staff responded promptly to people's request for support however, we recommend the provider consider how they assess the timeliness of staff response to call alarms.

## Is the service effective?

### Our findings

People told us they felt staff were well trained and supported. They felt staff respected their decisions. One told us "The staff here seem to be well trained on the kind of job that they do otherwise they would not be here would they?" A second said "They know what they are doing in helping me in everything I need." Relatives told us how staff respected their loved ones decisions.

At our inspection in May 2015 and then again in November 2015 we found the registered person had failed to ensure staff were appropriately supported through effective supervision and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw further improvements had been made and there was no longer a breach of this regulation. Staff confirmed they were receiving supervision meetings and found these useful to them in their role. One said they were helpful "Because you have the opportunity to discuss performance and development and seek feedback from the manager". A second said "They help identify areas of improvement and support you to improve". Records showed staff received supervision and appraisal meetings. Staff described their induction as thorough. New staff spent a period of two weeks shadowing more experienced staff before they were able to work hands on.

At the last inspection we were concerned that staff had not received the training that would support them in their role and that the training they had received was not effective. The registered manager had told us how they had recognised that the training had not been sufficient to support staff. The provider was introducing a new eLearning system however; this had not been introduced at the time of the last inspection.

At this inspection training had improved. The Care Certificate had been introduced for staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The eLearning system was in place and being used by staff. The registered manager told us how staff were required to achieve 100% in order to pass and that following the training the registered manager would test peoples knowledge by randomly asking questions or by direct observations of staff working. In addition to the eLearning, face to face training was also sourced by the registered manager who had ensured training was planned for the year. Training to support staff in their role was now in place. Five of nine staff who would complete care plans and risk assessments had completed this training and we saw that improvements had been made to these. Further training was scheduled. All except two care staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. All staff spoken to showed a good understanding of this and their role within this. Staff spoke positively about the training. One told us how it had helped them to feel confident in their role.

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.

At our inspection in May 2015 and then again in November 2015 we found the registered person did not ensure appropriate consent was sought and that where a person lacked the capacity to make a certain decisions, the Mental Capacity Act 2005 was understood and applied. Staff did not understand the Act or how to apply this. Consent forms were signed by relatives who did not have the legal authority to provide consent, DoLS applications had been made without first assessing a person's capacity and care plans gave guidance about covert medicines without the Act having been applied. This was an ongoing breach of Regulation 11 of the Health and Social Care Act 2014.

At this inspection staff understanding of the MCA and how this impacted on the support they provided to people had significantly improved and there was no longer a breach of this regulation. Day to day, people were supported to make their own decisions. Staff told us they would always assume a person has capacity and seek the person's permission before providing support. Observation reflected this taking place however, we noted that consent forms had been signed by relatives and the service did not hold any record that these relatives had the legal authority to consent. The registered manager told us they had written to all families members requesting this evidence and would be chasing this up.

Guidance was available to staff about how to support people to make certain decisions and where information had been gathered from when the person may not be able to make some basic day to day decisions such as what to wear or what time to get up. For example, for one person their records detailed how staff should describe the item of clothing to the person in order to help them make a decision about what they wanted to wear.

Where people were unable to make these decisions, staff knew the process they should take to ensure that any decisions made were in the person's best interests. One member of staff told us how a recent capacity assessment had been undertaken for one person and it was deemed their capacity to make decisions regarding leaving the building fluctuated. They described how a best interest discussion took place and the decision was that the person was able to go out.

However, records did not always reflect a capacity assessment had been undertaken and where decisions were recorded as in a person's best interest, it did not detail who had been involved in the best interest decision making process. For example, for two people their care records detailed that they were unable to make decisions about self-administration of medicines and that staff administration was in their best interests. However, there was no recorded capacity assessment to demonstrate how this assessment was reached and who was involved in the best interest decision.

Staff spoken with told us how family members were involved in decision making and information was gathered from them about people preferences to ensure that when these decisions were made, staff support met the person's preferences. Relatives we spoke with confirmed this.

The lack of clearly documented mental capacity assessments and best interest decisions was a breach of Regulation 17 of the Health and Social Care Act 2008.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person

of their liberty were being met.

The registered manager and staff understood when a DoLS application may be needed and these had been submitted for people, following a capacity assessment. Care plans had been implemented to reflect the DoLS. Although they didn't detail the condition sets with the DoLS, where conditions were included, these had been carried out.

Feedback about the food provided was mixed. One person said "We have plenty of food to eat but I must admit that the choice is very much limited". Whereas a second person said "I make my own choices ..... If I don't feel like eating they will offer me something else or perhaps a drink." Staff told us how they planned and prepared menus and meals taking into account people's needs and choices. Kitchen staff told us they were kept updated about people's needs by staff and that they also sent out menu request forms to people. They told us these supported people to make choices about what they would like to eat on that day. Special diets such as those for people who lived with diabetes, required pureed or soft diet and vegetarians were catered for.

Care plans identified specific dietary needs, likes and dislikes of people and the cook was aware of these. People's nutritional risk and weights were monitored regularly. Action was taken should any significant changes be noted, including increasing the frequency of monitoring their weight and involving the GP. The cook was aware of the need to fortify foods if required. Mealtimes were calm time when people received the support they required to enjoy their meal. Cold drinks were readily available for people in communal areas of the home and in their rooms. We saw staff offered people a choice of cold and hot drinks and encouraged them to drink fluids.

Records showed health and social care professionals visited the service as and when required. Care records held feedback from GP's, speech and language therapists, social workers, district nurses and other specialist teams. Staff identified people's needs and involved health and social care professionals appropriately. The sought their advice and carried this out for people.

# Is the service caring?

## Our findings

People spoke highly of the staff. They all felt that staff were kind, caring and treated them with respect. One told us "The girls respect my independence and they also keep an eye on me to make sure that I don't have any accidents. They allow me to do anything as long as they feel happy I can try to do them safely. They treat me with great respect and they are always kind to me. I wouldn't worry about anything when I am with them." Relatives agreed with this and one told us "the staff treat my [relative] with patience, good humour and more than a little empathy".

The atmosphere in the home was calm and very friendly. Staff knew people well and demonstrated a regard for each person as an individual. They addressed people by their preferred name and took time to converse with them in a way which was meaningful and supportive for them. Staff engaged positively with people, using clear language when they spoke with them and providing explanations about what was happening. They offered reassurances to people and were encouraging in their approach.

We observed the lunchtime experience for people. The registered manager told us this was now considered protected time. Medicines rounds were no longer carried out during this time and senior staff observed care staff practice and provided support where needed. We saw this is a more positive experience for people. Staff sat next to people who they were supporting, engaging in conversation whilst also providing support. They gave clear explanations about the food and supported people at their own pace.

People's privacy and dignity was maintained and staff had a good understanding of the need to ensure people were treated with respect at all times. Doors remained closed to people's rooms when they were being supported with personal care. We saw staff knocked and waited for a response before entering people's rooms. Staff had a good understanding of how to ensure people's dignity was maintained. Staff understood confidentiality and the need to maintain this. They told us that details about people should not be discussed outside the home. Care records were held confidentially and only those who needed to had access to them.

Where people chose to follow a religious belief this was supported by staff. Staff supported people to go to church and staff also told us that Holy Communion took place within the home.

People were able to express their views and be actively involved in making decisions about their care. Resident meetings were held monthly for people who lived in the home, although one person we spoke with told us they were not aware of these meetings. Records showed people were asked for their views about the home and the care they received. For those who did not join the meeting, the activity co-ordinator visited them in their room to ensure their feedback could be gained. Whilst people's views on the service were encouraged, we noted that the records did not always reflect any suggestions they may have made and actions were not always recorded.

We recommend the registered manager review the recording of meeting agendas and action plans to ensure where people make suggestions these are recognised and used to improve the service.

The registered manager had attempted to introduce relatives meetings, however these were not attended. Relatives told us they felt informed and involved. They said they felt able to make suggestions at any time. A comments book was available to them which we saw in use. These comments were acknowledged and acted upon by the registered manager where needed.

## Is the service responsive?

### Our findings

People told us they were involved in their care and supported by staff who understand their needs. Relatives confirmed this. One person said "I feel that I am involved in identifying my care needs and they respect what I have to say". People told us they felt staff responded promptly to their needs. One person told us how staff responded following a fall and a relative told us they felt staff responded excellently to an emergency situation.

At the last inspection in November 2015 the registered person had failed to ensure care and treatment was designed with a view to meet people's personalised needs. At times the care records continued to lack the guidance staff needed to ensure they could respond to people's needs and staff did not always adhere to the care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and there was no longer a breach of this regulation. Relatives confirmed they were always involved in discussions about their loved ones care. Staff had knowledge of person centred care, and were able to tell us what this meant. They said they were aware of people's likes, dislikes and were able to describe in detail the person and their support needs. Staff felt care plans had improved and felt these provided sufficient information to support them in their role.

Care records included information about people's history. Information about people's likes and dislikes was also maintained. Care plans had been personalised. For example, one person's care plan regarding their mobility detailed how they were independent but liked to hold a member of staff's arm as this made them feel more secure. Staff were able to tell us about this and we saw them providing this support. Information about how people liked to take their medicines was available in care plans and staff were aware of this.

Staff responded to people's changing needs. For example, we saw for one person that a change in their behaviours led the staff to request the GP to review their medicines and they also gained input from the mental health team. This person was now more settled. For another person we saw how they had requested support of physiotherapists and other professionals. One relative told us how staff had responded very promptly, calmly and were "excellent" when their loved one became unwell.

An activities co-ordinator had been employed since our last inspection and the activities provided to people had improved. Records were maintained regarding the activities people were offered and participated in. This member of staff told us they asked people in resident meetings what activities they wanted to do and used this to plan the activities for the month. They told us that although they had a plan this was flexible and based on how people felt and the choices they made on the day. People said they felt activities had improved and there was things they could do. They told us it was their choice to get involved or not and whilst encouraged their decisions were respected.

People and their relatives had no complaints, however they knew how to raise a complaint if they needed to. Staff described how they would support people who had a comment or complaint to make. The provider

had a complaints policy on display and records showed that the manager acted on complaints appropriately. People and relatives felt confident if they had any complaints these would be listened to and acted upon by the registered manager.



## Is the service well-led?

### Our findings

Everyone told us they all knew who the manager was and described them as kind, caring and someone who listens. Most people said they would recommend the home to their loved one, although one person felt they would not because their relatives would not enjoy it. One told us "I feel the communication between us and the staff are very good. I am free to ask anything I want as you would have known by the way I talk. Yes I feel that this home is well managed. The manager is a very caring and kind person – I don't know her name but I know who she is. I feel that if I wanted to ask the manager or staff anything, they would listen to me. Yes I would recommend this home to anyone in my situation."

At our inspection in May 2015 and November 2015 no registered manager was in place. In November 2015 a new manager had started and they had applied to become the registered manager. Since this inspection this person has been interviewed by the Commission and has now been registered as the manager of the home.

Feedback from people, relatives and staff about the registered manager was positive. A relative described the registered manager as "an excellent communicator, efficient, pro-active and hands-on as a leader, and also someone who inspires loyalty". Staff described them as warm and. they said they were strict and firm but always fair. They said the registered manager operated an open door policy and was easy to talk to. Staff said they felt the registered manager had made a difference in the service. One person described how it was previously difficult to raise concerns but they were now able to do this and felt confident they were listened to and that the registered manager took action to address the concerns.

In May 2015 we found the registered person had failed to ensure systems of good governance were effective in ensuring a quality service was being provided to people. In November 2015 we found that whilst some improvements had been made and whilst some systems had begun to be introduced to assess the quality of the service and gain feedback from people, we continued to identify concerns. The on-going failure to implement a robust quality assurance process and ensure peoples feedback was used to drive improvements was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the registered manager operated a number of auditing systems to assess the quality of the service and there was no longer a breach of this regulation. This included audits of equipment, the environment, care records and medicines.

At the last inspection in November 2015 the manager showed us a care plan audit they had introduced the week prior to our inspection. They had not completed this at the time of our visit but told us they would be using these to randomly sample care records for five people once a month.

At this inspection this audit tool had been fully implemented. These audits were completed by the registered manager and documented the records reviewed, any comments and actions to be undertaken. The registered manager told us these were then given to the staff member responsible for updating and

reviewing the records to be acted upon. This staff member confirmed this. We saw that these audits had identified areas for improvement. For example, for one person we saw that this audit identified an update to their personal care, care plan was needed. This had since been completed. It also identified that a mobility care plan had not been completed. This had since been completed. For a second person the audit completed on 1 September 2016 identified that the conditions of a DoLS had not been incorporated into the care plan. However, timescales for completing this work had not been set. This had not been completed at the time of our inspection. The staff member responsible told us that they needed to do this.

Monthly medication audits were completed and had identified no concerns. They recorded that PRN protocols were in place with instructions on how to use, however they had not identified that further improvements could be made to these records by adding more detail.

At the last inspection in November 2015 the nominated individual (NI) for the provider visited regularly but told us they did not audit anything and did not produce a report following their visits. It was therefore unclear how they were ensuring the quality of the service. The registered manager showed us an audit tool they had developed that they said the NI would be using to assess the quality of the service when they visited.

At this inspection we saw this had been implemented. This audit tool included discussion with staff and people who lived at the service, a review of the environment and of a sample number of care records. Whilst this recorded the initials of who was spoken to, it did not include any comments about their views or feedback. In addition, whilst it included the initials of the sample of records looked at it provided no clarity about any issues or concerns or good practice that had been identified. We found this for the May, July and August 2016 visits. We recommend the provider review the way in which these visits are recorded.

At our last inspection in November 2015 we saw that whilst surveys had been completed to gather people's feedback, these were not analysed. The lack of prompt analysis of people's feedback meant plans had not been developed to take on board people's feedback and make improvements.

At this inspection further feedback in the form of surveys had been sought from staff, visitors and relatives. Action plans had been developed based on this feedback and we saw the actions being carried out. For example, people had commented about a lack of activities and the provider had recruited a new activities coordinator, more activities were now in place and the feedback had been good.

Staff had a good understanding of their role in the home and the management structure which was present to support them and people who lived at the home. The registered manager and their deputy provided senior leadership in the home and were supported by a team of senior care staff and care staff. Records and staff confirmed that staff meetings took place and staff were given the opportunity to raise any concerns or make suggestions. Staff told us they were involved, felt listened to and could make suggestions. They felt suggestions were acted upon by the registered manager. Staff told us that they felt the changes to the management team had contributed to the improvements made. They said communication was much better between management and care staff. They commented that the registered manager had encouraged a more person centred approach with better standards of care.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The registered person had failed to investigate and report all unexplained injuries, which placed people at risk of abuse. 13(1)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered person had failed to ensure clear, contemporaneous records. 17(2)(c)