Four Seasons (DFK) Limited

Berwick Care Home

Inspection report

North Road
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Ratings

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

Overall summary

The inspection took place on 24 February 2015 and was unannounced. We carried out a second announced visit to the home on 27 February 2015 to complete the inspection.

The home was last inspected on 18 September 2014 when the provider was in breach of two of the regulations which we inspected. These related to care and welfare of people who used the service and assessing and monitoring the quality of service provision. At this inspection, we found that improvements had been made regarding people's care and welfare. However, further improvements were still required with regards to assessing and monitoring the quality of service provision.

Berwick Care Home is a purpose built home situated in Berwick upon Tweed. It accommodates up to 60 older people, some of whom have dementia related conditions. There were 31 people living at the home at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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 and associated Regulations about how the service is run.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected.

We had concerns regarding certain areas of the premises. We found that new flooring had been laid, but other refurbishment had not been carried out as planned. We read a fire risk assessment which had been carried out in November 2014. This had identified issues with fire doors, compartment walls and automatic fire detection in certain areas of the home.

We passed on these concerns to the local fire service and local authority contracts and commissioning team.

We found the design and decoration of the premises did not always meet the needs of people who had a dementia related condition. We have made a recommendation that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living with dementia.

Most people and relatives told us that there were sufficient staff employed. However, they informed us that more staff would be beneficial. We noted that some nursing staff had worked in excess of 60 hours on two of the staff rotas we viewed. The manager explained that there had been issues with staff sickness on those two weeks. She informed us that she was in the process of recruiting more bank nurses to support the permanent nursing staff.

Medicines were managed safely and accurately recorded. There was a system in place to obtain, receive, store and dispose of medicines safely.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there, such as dementia care. We found however, that certain training had not been completed as planned following our previous inspection, such as moving and handling and person centred care. Following our inspection, the manager informed us that staff had undertaken moving and handling training and person centred training was planned.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. We found that the service had made a number of applications to the local authority to deprive people of their liberty in line with legislation and case law. The manager was aware that further work was required to ensure that "decision specific" mental capacity assessments for people were completed in line with the MCA. We have made a recommendation that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.

People were complimentary about the meals and we observed that staff supported people with their dietary requirements.

Staff who worked at the home were knowledgeable about people's needs. We observed positive interactions between people and staff. Staff communicated well with people.

The service had acted proactively following a recent safeguarding allegation which was not upheld. Following this allegation, the manager told us that the information which was sent with people when they went to hospital was not robust enough. They were working with a community matron for nursing homes to address this issue.

There was an activities coordinator employed to help meet the social needs of people who lived there. She spoke enthusiastically about ensuring people's social needs were met. New gardening equipment had been purchased and a spring gardening club set up.

Staff told us that morale had improved at the home. A number of checks were carried out by the manager. These included checks on health and safety; care plans; the dining experience; infection control and medicines. We noted, however that the manager was not always able to provide evidence that actions were implemented or sustained in all areas.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to the safety and suitability of premises. This corresponded to a breach of the new Health and Social

Summary of findings

Care Act 2008 (Regulated Activities) Regulations 2014. This related to the premises and equipment. The action we have asked the provider to take can be found at the back 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

Not all aspects of the service were safe.

A fire risk assessment had identified concerns with fire doors, compartment walls and automatic fire detection in certain areas of the home. Refurbishment had not been carried out as planned.

There were safeguarding procedures in place.

People and relatives told us that although there were enough staff to meet people's needs; more staff would be beneficial. The manager informed us she was in the process of recruiting more bank nurses to support the permanent nursing staff.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Staff told us that training courses were available in safe working practices and to meet the specific needs of people who lived there, such as dementia care. We found however, that certain training had not been completed as planned, such as moving and handling and person centred care.

Records did not clearly demonstrate that care and treatment was always sought in line with the Mental Capacity Act 2005. We found the design and decoration of the premises did not fully meet the needs of people who lived with dementia.

People were complimentary about meals at the home. The cook was knowledgeable about people's dietary needs and we saw the kitchen was well stocked with ingredients such as milk, cheese, cream and eggs with which to fortify meals.

Is the service caring?

Good

The service was caring.

People and most of the relatives with whom we spoke told us that staff were caring.

We saw positive interactions between people and staff. Staff communicated with people when carrying out any procedures, such as moving and handling.

People and relatives told us that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors and spoke with people in a respectful manner.

Is the service responsive?

Good

The service was responsive.

Summary of findings

People told us that staff were responsive to their needs. They said they could have a bath or shower when they wanted. We noticed that people had access to call bells so they could request support and assistance in a timely manner.

There was an activities coordinator employed to meet the social needs of people who lived there.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views. "Residents and relatives" meetings were held and surveys carried out.

Is the service well-led?

Not all aspects of the service were well led.

Staff told us that morale had improved at the home. Staff sickness levels had reduced and most of the staff told us they felt supported by the manager.

A number of checks were carried out by the manager. These included checks on health and safety; care plans; the dining experience; infection control and medicines. We found however, that the manager was not always able to provide evidence that actions were implemented or sustained in all areas.

Requires Improvement

Berwick 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.

The inspection team consisted of an inspector; a specialist advisor in governance and an expert by experience, who had experience of services for older people and care homes. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The inspection took place on 24 February 2015 and was unannounced. We carried out a second announced visit to the home on 27 February 2015 to complete the inspection.

We spoke with 15 people and 14 relatives. We conferred with a community matron for nursing homes and a continuing health care assessor, who were visiting the home on the days of our inspection. We contacted by phone a reviewing officer from the local NHS trust; a local authority safeguarding officer and a local authority contracts officer. We also spoke with a church minister.

We spoke with the regional manager; registered manager; two deputy managers; a nurse; an activities coordinator; maintenance person; five care workers; housekeeper; cook and kitchen assistant. We read four people's care records and five staff files to check details of their training. We looked at a variety of records which related to the management of the service, such as audits, minutes of meetings and surveys.

Prior to carrying out the inspection, we reviewed all the information we held about the home. The provider completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe with the staff who looked after them. One person told us, "Yes, I feel safe here." This was confirmed by most relatives with whom we spoke. One relative informed us however, "I worry about [relative] being here and I shouldn't have to. I feel like I have to come in everyday, but [relative] seems happy." The registered manager was aware of the relative's concerns; some of which were historical concerns relating to another family member who used to live at the home. We have passed these historical concerns onto the local safeguarding adults' team.

There were safeguarding policies and procedures in place. We spoke with staff who were knowledgeable about what action they would take if abuse were suspected.

At our last inspection in September 2014 we noticed that certain areas of the home were in need of refurbishment. The provider sent us an action plan which stated that the refurbishment would be completed in three months.

At this inspection, we noticed that new flooring had been laid. We saw however, that other areas such as damaged paintwork had not been addressed.

We spoke with the regional manager about how maintenance issues were managed at the home. She told us that they used an external maintenance contractor to carry out the maintenance and servicing of the premises. She said that a computer portal was used to record planned and requested maintenance work.

We noticed that a fire risk assessment had been carried out in November 2014. This highlighted issues with some of the fire doors; the integrity of several compartment walls and automatic fire detection in certain areas, such as the conservatory and chemical storage cupboard. It was not clear what actions had been taken following the issues raised in the fire risk assessment. The manager explained that she was not able to give us this information immediately because the external contractor did not record the remedial work which was undertaken on the computer portal.

Following our inspection, the regional manager emailed us with an updated fire risk assessment which stated that quotes had been obtained for the identified areas of concern. She stated that she had spoken with the new estates manager to discuss the issue with the computer portal not detailing the remedial work which had been undertaken. She said that she was organising further training for the manager around the use of the portal, so the manager could record any work which was carried out directly into the portal.

We found a similar situation with regards to the electrical installation check which was carried out in April 2014. The electrical contractor had stated on the report that the electrical installations were "unsatisfactory." We noticed some issues raised had been identified as requiring "urgent" attention. The manager was unable to provide us with information about what actions had been taken at the time of the inspection, because of the issues described above regarding the external contractor's computer portal.

Following the inspection, the regional manager contacted us and told us that all urgent actions were completed at the time of the check and she would send us an email confirming when all actions had been carried out. We received a letter from the electrical contractors which stated, "I can confirm the remedial works have been completed at: Berwick Care Home, North Road, Berwick Upon Tweed, TD15 1PL on 26/03/2015."

This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 15 (1)(e) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have passed on our concerns to the local authority contracts and commissioning colleagues and fire safety team.

We checked medicines management. Medicines were stored safely in a locked room. We looked at everyone's medicines administration records and saw that medicines were recorded accurately. There was a system in place for the ordering, receipt and disposal of medicines.

We saw that risk assessments were in place to monitor and reduce any risks such as moving and handling; falls; pressure ulcers and malnutrition.

At our last inspection we found that staff did not always follow safe moving and handling procedures.

At this inspection, we found that most of the moving and handling procedures we observed followed safe moving and handling guidelines. We saw one person sometimes sat on the floor. We noticed that staff assisted this person

Is the service safe?

to stand on one occasion by using techniques which did not follow safe practice guidelines. We spoke with the manager about this issue. Following our inspection, the manager informed us that staff had sought the advice of a physiotherapist and a community matron. She said the person's care plan had been updated with the advice received to ensure that all staff were aware of how to support the person safely.

We checked staffing levels at the home. At our previous inspection in September 2014, we raised concerns that the skill mix of experienced and new staff on duty was sometimes not balanced. This was because the manager did not complete the staff rotas or have an overview of the staff rotas to ensure the right skill mix of staff were on duty to make sure the needs of people were met.

At this inspection, the manager told us, and staff confirmed that the manager completed the care workers' rotas and had an overview of the nursing staff rotas which were completed by the two deputy managers. None of the staff with whom we spoke raised any concerns about the experience of staff. They said they now worked together as a team.

There had been a reduction in staffing levels because of the reduced occupancy levels in the home. Most people, relatives and staff said that although there were enough staff to meet people's needs, more staff would be appreciated. One relative said, "It would always be nice to have more staff." Other comments from relatives included, "They could do with more staff, especially when she needs to go to the toilet" and "There's not enough staff especially at weekends." Comments from staff included, "People may have to wait a little longer as there are only two carers now rather than three" and "In the afternoons we're quite stretched. We would like another nurse" but also

"I feel I can still do everything I need to do" and "There are enough staff. There are days when people phone in sick, but that can't be helped."

We checked the last four weeks of staff rotas. We saw that three of the nurses had worked more than 60 hours or more in two of the weeks we viewed. Two nurses had worked 72 hours one week and a further nurse had worked 60 hours in another week. In addition, we noted that one of the nurses had worked an early shift and then come back to work a night shift. We spoke with the manager about this issue. She told us that there had been two nurses on sick leave during these two weeks. She said that she was in the process of recruiting more bank nurses who would be able to support the permanent staff when any issues arose with sickness and holiday cover.

The manager told us, and staff rotas confirmed that there were normally six care workers on duty in the morning and five in the afternoon. There were two nurses on in the morning and one in the afternoon. Some staff told us that having two nurses on duty in the afternoon would be preferable to oversee the nursing care of people. This was confirmed by the continuing care assessor from the local NHS Trust who said, "Obviously it would be better if there were two nurses on duty all day, as they do have a number of people who have continuing health care needs, which indicates that they have complex needs." We discussed these comments with the manager who told us that staff managed with one nurse in the afternoon because of the reduced occupancy levels within the home.

During our visits to the home we saw that care and support was carried out in a calm, unhurried manner on the ground floor. We also spent time observing care on the first floor. We saw that people's needs were met. We noticed however, that one person required considerable one to one support from staff because of their complex needs. We spoke with the regional manager about this issue. She told us that they were liaising with the local authority to ascertain whether additional funding could be obtained to provide extra staffing because of the increased support they needed to provide.

Requires Improvement

Is the service effective?

Our findings

People told us they considered staff to be trained and knew how to look after them. This was confirmed by most of the relatives with whom we spoke. One relative informed us that further training would be beneficial.

Staff told us that there was training available. One staff member told us however, that they were not up to date with certain aspects of their training. They also told us that much of the training was e-learning based and they did not have a computer at home. She said there was, "An expectation that you do some at home." We spoke with the registered manager and regional manager about this comment. The manager said, "There is absolutely no expectation that staff have to do training at home. Staff can do training at work." This was confirmed by the regional manager who told us that staff were given three to six days of paid training leave each year.

We spoke with a community matron for nursing homes. She told us, "I have a good relationship with the staff." She confirmed that she had delivered clinical training to them including venepuncture [taking of blood], verification of death and training on the use of syringe drivers [a small pump which releases a dose of painkilling medicine at a constant rate].

At our last inspection in September 2014, we raised concerns about person centred care and moving and handling. The provider sent us an action plan which stated that training would be carried out in moving and handling, person centred care and dignity and respect.

At this inspection, we found that not all training had been carried out as planned. 54% of staff had completed training in the practical elements of moving and handling. The manager said that there had been an issue with moving and handling training resources. There was one moving and handling coordinator at the home, but a coordinator from one of the provider's nearby homes was planning to come in to deliver additional training. She informed us that a further two coordinators had been identified and would be undertaking in depth training the near future.

Following our inspection, we spoke with the manager about moving and handling training. She told us that 92% of staff had now completed practical moving and handling training and 98% had completed the theoretical aspects of moving and handling. The regional manager told us, "They have done absolutely brilliantly."

We considered however, that improvements were required to ensure that staff were adequately trained and that training levels were sustained.

Most staff informed us that they felt supported. One staff member told us that more support would be beneficial. Supervision sessions were held and an appraisal was carried out annually.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty. The registered manager told us and the local authority confirmed that the manager was submitting applications to deprive people of their liberty in line with legislation.

We noticed however, and the manager confirmed that mental capacity assessments had not always been carried out for all "decision specific" issues. The manager told us that she was aware of this matter and said, "We've noticed that care plans need to be up to date and information added for any form of restraint such as lap belts. We're not there yet, but we're getting there."

People were complimentary about the meals. One person said, "The meals are first class. They are very good." Another person told us that in the three years she had lived at the home, she had only once not enjoyed her meal. Other comments included, "There's enough food, there's always too much" and "The food is brilliant. I like it here."

We spent time observing lunch in both dining areas. Lunch on the second day of our inspection was fish and chips or an omelette followed by apple pie and custard or ice cream. We saw that people's individual dietary needs were catered for. Two of the people we saw required a soft diet. They were given fish without the batter. We saw that staff communicated with people throughout the meal time and provided discreet one to one support when required.

We spoke with the cook who was knowledgeable about people's needs. She told us how fruit smoothies were made available on the tea trollies to help fortify people's diets.

Requires Improvement

Is the service effective?

She said that full fat milk, cream and butter were also used to fortify meals. She told us, and our own observations confirmed that there was an emphasis on home baking. We saw there were homemade biscuits and cakes. We noticed that some people required a pureed diet and we observed that each part of the meal was pureed separately and placed on the plate in distinct portions, to make the meal look more appetising.

We checked how the adaptation, design and decoration of the premises met people's needs. The manager told us that many of the people who lived at the home had a dementia related condition.

The National Institute for Health and Care Excellence (NICE) states, "Health and social care managers should ensure that built environments are enabling and aid orientation."[NICE, Dementia - Supporting people with dementia and their carers in health and social care, November 2006:18]. We found that not all of the premises were "enabling" and helped aid orientation.

We spent considerable time looking around all areas of the home. Most of the corridors were painted in the same colour with few discernible features to aid orientation. The Alzheimer's Society states, "Design changes, such as using contrasting colours around the home, are very useful in making items easier for people with dementia to identify."

Following our inspection, we spoke with the manager who told us that the decorators were at the home. She said that they had decided to make the upstairs of the home into a unit specifically for people who had a dementia related condition. She explained that this unit would be decorated to meet the needs of people who lived with dementia.

We recommend that records evidence that care and treatment is always sought in line with the Mental Capacity Act 2005.

We recommend that the design and decoration of the premises is based on current best practice in relation to the specialist needs of people living with dementia.

Good

Is the service caring?

Our findings

All people with we spoke with were complimentary about the care they received. This was confirmed by most of the relatives with whom we spoke. One person said, "The lasses are very good." Relatives' comments supported this view and included, "I am pleased with my decision to choose this place. They really look after her," "This place is a God send. They care for my Dad so well," "The staff here take care of my wife wonderfully well. Everything which can be done for her, is being done. She needs help in turning in bed and this is done every two hours. I have no complaints," "The girls are very good. They are very patient with her" and "Not only was it recommended but we felt a friendly atmosphere here." One relative told us, "It could be a wee bit more caring."

The continuing healthcare assessor from the local NHS Trust said, "I cannot fault their care of the dying. I was at the home the other day and [name of manager] went out to the pharmacy herself to get the medication which the person needed."

At our last inspection in September 2014, we did not see many examples of staff spending time with people on a one to one basis.

At this inspection, we saw that staff communication had greatly improved. We saw staff spending time with people in the communal areas and during meal times. They talked with people about issues which interested them, such as their families.

We saw that staff communicated throughout all procedures. We saw two staff use a hoist to assist a person to move from an armchair into a wheelchair. Staff said, "We're going to go up, is that alright?" and "I'm just going to move your legs." Staff with whom we spoke informed us that they themselves had seen a change in the way that they interacted with people. One staff member said, "There's definitely a lot more interaction between us all."

People and relatives told us that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors before they entered and spoke with them respectfully. Staff could give us examples of how they promoted people's dignity. They explained that they always made sure that people were covered and closed any curtains and doors when care was being provided. The registered manager told us that they had spent time with staff to help ensure that staff knew the importance of promoting people's dignity. She explained that staff used to say that they "fed" people. She said, "I tell them, 'you assist people with eating, you don't feed people.'"

The activities coordinator explained that she was working with people, their families and staff to complete "life profiles." The manager explained, "It's just a snapshot about them and how they would like to be treated now. We've spoken to people, relatives and carers to complete them. We've framed them and put them in people's bedrooms. We haven't finished them all yet."

Good

Is the service responsive?

Our findings

People told us staff met their needs responsively. This was confirmed by most of the relatives with whom we spoke. We spoke with a continuing healthcare assessor from the local NHS Trust. She said, "I have seen a big improvement in the last few months. There has been no unexplained pressure sores and they have made appropriate contact with [name of community matron] and the GP" and "They have taken two people with very complex needs and they are doing very well."

At our last inspection, we saw that people did not always have access to their call bells. Baths and showers were not always clearly recorded and nursing staff explained that a lot of time was spent completing paper work in the office.

At this inspection we observed people had access to their call bells. "Checking charts" had been put in place to ensure that call bells were available and accessible to people. These were completed by staff throughout the day. The registered manager explained that they had requested further call bells for the activities room/lounge because there was only one in this room. She explained, and our own observations confirmed that staff were always available in this room to make sure people's needs were met.

People informed us they had a bath or shower when they wanted. Comments included, "I get enough baths," "Yes I get bathed regularly" and "I get all the showers I need." One relative however, felt that more baths could be provided. The manager told us, and staff confirmed people could have a bath or shower whenever they wanted. Personal hygiene records reflected when people had received a bath, shower and other personal hygiene care, such as nail and oral health care.

Some staff informed us the paperwork was still excessive and repetitive at times. They told us that sometimes important aspects of a person's care were missed because of the lengthy documentation process involved. We noted that one person had lost weight. Staff had spoken with the community matron and GP for advice, but these conversations had not been recorded. Another person had developed skin redness. A care plan had not been formulated for this, since the information had been recorded elsewhere in the person's care records. The regional manager told us that new paper work was being introduced which would hopefully streamline the care planning process.

An activities coordinator was employed. She spoke passionately about ensuring that people's social needs were met. People and relatives were generally complimentary about the activities provided. One relative told us however, that she felt more outings into the local community could be provided. The manager told us, and our own observations confirmed that the home had access to a shared mini bus. The manager explained that more trips and outings would be organised when the weather improved.

We saw people were involved in arts and crafts, games and reminiscence activities. Coffee mornings were organised and regular church services were held. This was confirmed by one of the church ministers; who spoke positively about the activities coordinator.

A complaints procedure was in place. At our last inspection we spoke with one person who told us that his feedback and suggestions for improvement had not been acted upon. He stated that he had requested that part of the garden was modified so that he could access it. At this inspection we saw that raised flower and vegetable beds were in place and other specialist gardening equipment had been obtained.

The regional manager said that the provider was initiating a new way of obtaining feedback from everyone involved in their services. This included people, relatives, health and social care professionals and staff. She told us that iPads were going to be installed in the entrance of each home and anyone could provide immediate feedback on any issues or concerns they had. These comments would be sent electronically to the manager, regional manager and head office so that immediate action could be taken when required.

A "residents and relatives" meeting was held on the first day of our inspection. Both the manager and activities coordinator were there. It was well attended by people and relatives. The activities coordinator informed those attending about planned events. She said, "What's not happening! There's lots going on." She said that they had started a spring gardening club. The manager asked if anyone had any concerns or issues. None were raised. She

Good

Is the service responsive?

specifically asked about the laundry. Again, no concerns were raised about any damaged or missing garments. She ended the meeting by saying, “If there is anything you want to discuss, you can always come and talk to me. My door is always open.”

The manager told us they learned from any incidents and safeguarding issues. She explained, and the local authority safeguarding officer confirmed that a recent safeguarding alert had been raised by a local hospital regarding a pressure ulcer. The allegation was not upheld. The manager told us that following this alert; she had realised that the documentation which they sent with the person to hospital needed to be more robust. She told us, and the community matron confirmed that they were putting together a “hospital transfer package” for each person. This would include a body map which staff could record any skin damage. She said that these would be kept in the office and would be easily accessible in the event of the person going to hospital.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who had been in post since 2013. She explained that there had been a number of changes in the provider's organisational structure. She said that prior to the previous inspection in September 2014; there had been five changes in regional manager. She stated, "I had five regional managers in a year and I was very confused, because they all wanted things done differently." The current regional manager had been overseeing the quality and management of the home since September 2014 and the manager told us that she felt supported by her. She said, "[Name of regional manager] is fantastic, I can phone her anytime, day, evening or at the weekend." She also explained that a registered manager from one of the provider's other homes was also a good source of support. She said, "[Name of manager] is an excellent mentor."

Most of the people and relatives with whom we spoke informed us that they considered that the home was well-led. One relative said, "It could be a wee bit better, it's getting there." The continuing healthcare assessor said, "It's definitely improving and [name of manager] is a lovely person."

At our previous inspection in September 2014, some staff explained that the registered manager did not effectively monitor the actual care which was carried out.

At this inspection we found that although improvements had been made, further improvements were required in certain areas.

Following our last inspection, the provider sent us an action plan which stated what actions they would take to improve. We noticed however, not all actions had been carried out as planned such as the programme of redecoration and certain training.

There was evidence of regular audits to identify areas for improvement. We noted, however that the manager was not always able to provide evidence that actions were implemented and sustained in all areas. The manager told us that she had identified some difficulties in ensuring that staff complied with any change requirements. She explained that she had introduced an equipment decontamination chart in November 2014. She told us however, that staff did not always complete this. In addition, there had been a failure to monitor one person's money that resulted in an inability of the police to take further action. We also found that it was not always clear what remedial work had been carried out to ensure that the premises were safe.

We considered that improvements were required to ensure that identified management action was followed through and embedded into practice.

We spoke with the regional manager about these issues. She told us that the provider was rolling out a new system. She stated that all managers were going to be provided with an iPad which would contain all their audits, checks and feedback about the service. She said that it would be down to the manager to update the iPad system so that it was clear what actions had been taken in response to any issues raised. She said that the programme would flag up any overdue actions. She stated, "It will make sure we are closing the loops."

The manager informed us that she was currently undertaking a management course which was very helpful and had made her reassess her own management style. She said, "It was me, I was trying too hard to get things right, it was me that needed to change. I tend to think of the negative and not be positive, but that's now changing. I used to come in and say 'that's wrong' to staff, but now I say, 'why do you think this has happened?' and 'what can we do about this?'"

Two staff felt that the manager still sometimes became flustered which at times affected staff. We spoke with the manager about this comment. She told us that she had become more measured, but said, "I do still panic at times, but it's just because I care [about the service]."

Staff told us that they felt more supported by the manager. One member of staff said, "I would have rated the leadership as four in September, but now I would rate it as seven, it's on the way up."

The manager told us that morale had improved within the home since our last inspection in September 2014. She said, "At the last inspection, it wasn't a happy place. We had hit rock bottom, but now we're working together. The team are much happier; it's a much happier place." This was confirmed by staff. One staff member said, "At the last inspection, it wasn't great. The manager was stressed, we also felt under scrutiny by you and the local authority, but now morale is on the way up." Other comments included, "We are working much more together, before last

Requires Improvement

Is the service well-led?

September we did lack teamwork" and "There's a different atmosphere now. We know what we are supposed to do. I wasn't happy in September, nobody was. We've had a good shake up."

We found that the manager was not complacent in relation to needing to maintain a momentum to support further improvement. She was open in her appraisal of areas that needed to improve and she recognised the progress that been made since September 2014.

The regional manager told us that the manager was working proactively with their human resources team to address staff sickness. She explained that sickness levels had reduced from 10.6% in September to 6.8% in February. The manager told us, "I would like to think that it [reduction in sickness levels] was down to staff being happier and morale better."

We noted that regular staff meetings were held. One staff member said, "I feel encouraged to express my opinion." The manager told us, and staff confirmed that a staff survey had been carried out in December 2014. The manager said however, that it had been confusing and difficult to complete and no feedback had been received as yet from this survey.

We spoke with the regional manager about this issue. She said that the survey results had not been sent out as yet. However, they were in the process of organising a new system to obtain feedback from people, relatives and staff. She said that an iPad was going to be placed in the foyer of the home where anyone could provide feedback on any issues or concerns. She stated that the manager, herself and head office would receive this feedback immediately so that they could address any concerns raised.

We found that the provider was meeting all their CQC registration requirements, including the submission of notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

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	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment People who used the service and others were not fully protected against the risks associated with unsafe or unsuitable premises because maintenance was not always carried out in a timely manner. Regulation 15 (1)(e).