St Philips Care Limited

Roxholm Hall Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This was an unannounced inspection carried out on 13 December 2016.

Roxholm Hall Care Centre can provide accommodation and personal care for 39 older people. It can also provide care for people who live with dementia and people who need support maintaining their mental health. There were 34 older people and people living with dementia using the service at the time of our inspection.

The service was operated by a company. There was a registered manager who was employed by the company to run the service. However, they had not been involved with the service for several months. In their absence the service was being overseen on a temporary basis by one of the company's area managers and by an acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered 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. In this report when we speak about the company in relation to its running of the service we refer to it as being, 'the registered person'.

At an inspection on 19 November 2014 we had found that there were eight breaches of legal requirements. This was because people were not always promptly given the care they needed, medicines were not consistently managed in the right way and people were not reliably supported to eat and drink enough. In addition, we found that staff had not been provided with sufficient training and were not wholly confident about how they should safeguard people from situations in which they may experience abuse. Another problem involved people's dignity not always being promoted. All of these issues resulted from shortfalls in the way quality checks had been completed because they had not identified and quickly addressed problems in the running of the service.

We carried out an unannounced focused inspection of the service on 24 August 2015 to check that the breaches of legal requirements had been met. We found that sufficient improvements had been made to address each of the breaches. However, we also noted that further improvements needed to be introduced. These were needed to ensure that the progress made was sustained so that people who lived in the service could reliably receive safe and consistent care.

We inspected the service again on 19 May 2016. We did this because we had received concerning information that people were not always being cared for in a safe way. We found that some of the improvements we had previously said needed to be introduced had not been sustained. The problems included shortfalls in the management of medicines and delays in the provision of care. We highlighted these issues to the registered person so that they could continue to focus upon making the necessary changes.

At the present inspection we found that medicines were not always being stored in the right way, there were

not always enough staff on duty and the arrangements used to recruit new staff were not consistently robust. In addition, we noted that effective action had not consistently been taken to prevent people having avoidable accidents and care was not always provided in a way that ensured people's legal rights were protected. A further issue involved people not always receiving the reassurance they needed when they became distressed. We also found that quality checks had not always quickly resolved problems in the running of the service and people had not fully benefited from staff acting upon good practice guidance.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. Staff had received the training and guidance they needed and they knew how to care for people in the right way. People had been assisted to eat and drink enough and had been supported to receive all of the healthcare assistance they needed.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given all of the practical assistance they needed. People had been helped to pursue their hobbies and interests and there was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. The service was run in an open and inclusive way, good team work was promoted and staff were supported to speak out if they had any concerns.

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 consistently safe.

There were not always enough staff on duty and background checks had not been fully completed before new staff were employed.

People had not always been protected from the risk of avoidable accidents.

Medicines were not always managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Care was not always provided in a way that ensured people's legal rights were protected.

Staff had received training and guidance and they knew how to provide people with the practical assistance they needed.

People had been assisted to eat and drink enough and they enjoyed their meals.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People who lived with dementia did not always experience positive outcomes.

People had been consulted about and received the practical assistance they needed.

People were helped to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always led to problems being quickly resolved.

People had not fully benefited from staff acting upon good practice guidance.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

Roxholm Hall Care Centre

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 registered person was 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about.

We visited the service on 13 December 2016. The inspection team consisted of two inspectors. The inspection was unannounced.

During the inspection we spoke with eight of the people who lived in the service and with three relatives. We also spoke with two senior care workers, three care workers, the chef, the office manager and the maintenance manager. In addition, we met with the area manager and the acting manager. We observed care that was provided in communal areas and looked at the care records for six of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

Requires Improvement

Is the service safe?

Our findings

A majority of the people who lived in the service with whom we spoke said that they had reservations about the way in which staff were organised. In particular, they said that on too many occasions they did not promptly receive all of the care they needed. Summarising this view a person remarked, "The staff are very caring but they're just too rushed. That's the case even when the place is fully staffed and is certainly the case when they're down on their numbers." Another person commented, "At busy times of day in particular, you do have to wait for help because there are just not enough staff to get around to everyone. I need help to get out of bed and on some days I've had to wait and been late up."

The acting manager told us that the registered person had carefully established how many staff were needed at different times of the day. They said that this was based on the care each person needed to receive and was the minimum that was required to safely operate the service. However, when we looked at records of how the service had been staffed during the course of a weekend in November 2016 we found that the minimum had not been achieved at various times on both days. In addition, we noted that the minimum staffing level had also not been achieved during the morning of our inspection visit. These shortfalls in deploying staff had resulted from the registered person not having suitable systems to cover for staff who were absent at short notice usually due to ill health.

Although we saw people promptly receiving most of the care they needed we also noted instances where this was not the case. We noted that on three occasions people did not receive a prompt response when they asked for assistance by using the call bell. In addition, we were present when a person who was sitting in the dining room complained that they had waited for more than 20 minutes to be assisted to return to the lounge. Another example of the impact of the shortage of staff involved a member of staff being called away to assist a colleague when they were helping someone to eat their lunch. As a result of this the person had to wait for the member of staff to return and by this time they had lost interest in finishing their meal. We noted a further example when we saw people having to wait almost until lunchtime for their morning drink to be served.

In addition, several members of staff voiced concerns to us about the way in which the service was staffed. One of them remarked, "People don't always get our attention because we're always with another person." Another member of staff commented, "We would love more than anything else to be able to spend time with people. These are people's mothers, fathers and sisters."

We raised this matter with the acting manager and area manager. They said that steps were already being taken to ensure that in future all planned shifts were filled. This included efforts being made to recruit more staff and giving the acting manager more resources to bring in agency staff when necessary. They assured us that this would better ensure that there would always be enough staff to enable people to promptly and reliably receive all of the care they needed

We found that the medicines were not being stored in the right way. This was because records showed that both the medicines storage area and the medicines refrigerator were not sufficiently cool. This increased the

risk that people would not benefit fully from taking their medicines because some of them can lose some of their therapeutic effect when they are not stored in the right way. We raised our concerns with the acting manager and area manager who told us that steps would immediately be taken to enable medicines to be stored in the right way. This included increasing the ventilation in the medicines store room and adjusting the temperature setting of the refrigerator.

We noted that other parts of the arrangements to manage medicines were suitably organised. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them. We noted that since our last inspection there had been an occasion on which a person had not received all of the medicines that had been prescribed for them. Records showed that medical advice had quickly been obtained and that the person concerned had not experienced any direct harm as a result of the mistake. They also showed that the acting manager had established how the mistake had occurred and had taken effective action to reduce the likelihood of it happening again.

We found that there were shortfalls in some of the arrangements that had been made to prevent people from experiencing avoidable accidents. One of these involved how a person was being assisted to reduce the risk of them falling. Records showed that in consultation with health care professionals the person had been provided with an 'alert mat'. This mat was intended to be placed by the side of their bed so that staff would know when the person got up and needed assistance to walk safely. However, when we visited the person who was resting on their bed we noted that the mat had not been installed and indeed the item could not be found at all. Another example involved how easily people could use the call bell when they were in their bedrooms. We were told that all of the call bell points in the bedrooms were fitted with extension leads so that people could readily ask for assistance when in bed or sitting in their armchair. However, when we visited two people who were using their bedrooms we found that neither of them had been provided with an extension lead. This meant that they could not readily call for assistance should it be needed. This was the case even though both of them were said to need support when getting up from their armchairs. These shortfalls increased the risk that the three people concerned would fall and injure themselves. Soon after we raised these matters with the acting manager we saw that the alert mat and the missing extension leads had been installed and were working correctly.

However, we found that other steps had been taken to reduce risks to people's health and safety. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. Another example was a person agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. In addition, we noted that hot water taps were temperature controlled and radiators were fitted with guards to reduce the risk of people being scalded and burnt. We also found that staff knew how to enable each person to safely and quickly leave the building or move to a safe area in the event of an emergency.

Records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the acting manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was a person being referred to a specialist healthcare clinic so that a particular medical need could be properly managed. This had enabled the person concerned to receive healthcare assistance that promoted their ability to walk safely without falling.

We looked at the way in which the registered person had recruited three members of staff and records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have criminal convictions and had not been guilty of professional misconduct. However, we noted that in each case the registered person had not obtained a suitably detailed account of the applicants' employment history. In addition and in relation to one person, the registered person had not enquired into the reason why the person had left previous periods of employment when they had provided personal care. These mistakes had reduced the registered person's ability to ensure that they had obtained all of the necessary assurances about the previous good conduct of the people concerned. However, the acting manager told us that no concerns had been raised about any aspect of the performance of the members of staff in question. In addition, the area manager said that the registered person would immediately complete all of the remaining checks for the staff concerned. They also said that the service's recruitment procedure would be strengthened to ensure that similar oversights did not happen again.

We noted that staff were assisting a number of people to manage their personal money. The system involve relatives depositing small amounts of cash with the office manager who then used it to pay for goods and services such as when people had consultations with the hairdresser and chiropodist. Records showed that people's money was being managed in the right way. However, we noted that these records were not always available to be examined because only the office manager had access to them. This oversight had reduced people's ability to assure themselves that they continued to be suitably protected from the risk of financial mistreatment. We raised this matter with the acting manager who said that new arrangements would be introduced to ensure that senior staff always had the necessary access.

People said that they felt safe living in the service. One of them said, "I'm actually very grateful to have found this place. The staff are genuinely kind and the new manager is a lovely and gentle person." Another person remarked, "I find the staff to be very agreeable and I have no concerns about them at all." We witnessed a number of occasions when people went out of their way to be close to staff. This included a person walking beside a member of staff and chatting with them as they walked along a corridor serving afternoon tea. All of the relatives with whom we spoke said they were confident that their family members were safe in the service. One of them said, "I'm very pleased to have my family member in this service. I never have to worry about them being safe now because they're very well taken care of here."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Requires Improvement

Is the service effective?

Our findings

People said that they were well supported in the service and they were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "Things have been a bit unsettled here with the full time manager not being here but the main thing is that the care staff are quite settled now and they know how to care for us." We saw another person who had special communication needs beckoning to a passing member of staff who approached them to have their hand patted and to receive a kiss on the cheek. Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm absolutely confident in the skills of all the staff. I can see that my family member is getting all of the care they need otherwise they wouldn't be so relaxed and settled here." Another relative said, "If the staff weren't right I'd soon know it because my relative would tell me loud and clear."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the acting manager and staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why it was advisable for them to use a medicine at the correct time and on a regular basis so that it helped them to stay well. The member of staff pointed to the medicine in question and then gave a thumb's up sign to indicate to the person how using the medicine was in their best interests. We noted how the person responded positively to this information and was pleased to receive the medicine in question.

However, we also noted that suitable steps had not been taken to ensure that care was always provided in a way that promoted people's best interests and respected their legal rights. An example of this involved the arrangements that had been made to assist a person who lacked mental capacity, when they used the shower. We found that in practice staff offered assistance that involved holding the person's hand and leading them in a way that entailed them using a measure of restriction. Records showed that this practice had not been discussed with health and social care professionals. This oversight had reduced the registered person's ability to ensure that the person in question was receiving care in the least restrictive way possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the acting manager knew about the requirements of the Deprivation of Liberty Safeguards. Records showed that they had made two applications to the local authority who had not granted the authorisations. This was because the people concerned were judged to be able to make decisions for themselves. However, we noted that there was written information in one of these person's care plans that said they were the subject of a Deprivation of Liberty Safeguards authorisation. This oversight had increased the risk that staff would not always provide

lawful care by mistakenly assuming that they could deprive the person of their liberty. We raised this matter with the acting manager who assured us that the care plan in question would be corrected. They also said that they would ensure all staff were aware of the need to only provide care in a way that respected the person's legal rights.

We noted that some people had made legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. However, we found that in one instance staff had not been provided with clear information about the nature of the decisions that could be made without the person's consent. This shortfall had increase the risk that the person concerned would not be fully involved in making decisions about which they had a legal right to be consulted.

Staff told us that the acting manager spent a lot of time in the service and regularly observed and reviewed their work. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that most of the care workers had obtained a nationally recognised qualification in the provision of care in residential settings.

Staff said and records confirmed that new staff had undertaken introductory training before working without direct supervision. We noted that this training met the requirements of the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way.

Records also showed that established staff had completed refresher training in key subjects such as how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. The area manager said that this was necessary to confirm that staff were competent to safely care for people in the right way. In addition, we found that staff had the knowledge and skills they needed to consistently provide people with the practical assistance they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example involved staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. As a result of this staff were tactfully checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition. In addition, some people were being provided with fortified food that had the extra calories they needed to stay well.

Records showed that staff had arranged for some people who were at risk of choking to be seen by a healthcare professional. As a result of this, staff had been advised how to specially blend some people's meals so that they were easier to swallow.

People told us that they enjoyed their meals with one of them remarking, "The meals are remarkably good really and not at all what I expected. They're more like home cooking than hospital catering." Another person remarked, "I like the way the dining tables are nicely laid out and all of the cutlery is clean." Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with

staff as the dined. In addition, we saw that some people were using plates that had a high edge to make it easier for them to dine without spilling their food. Other people who preferred not to use cutlery were provided with finger food that was easier for them to manage.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff are very much on their toes and call the doctor straight away if I'm not well." Relatives also commented on this matter with one of them saying, "I'm sure that the doctor is called whenever needed and I also like how the staff let me know as soon as possible if my family member isn't well."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "I'm happy with how I'm looked after here. The staff are very kind and I simply can't say anything bad about them." Another person said that they were 'an early bird' and told us that, "Staff don't mind what time I get up." Relatives also told us that they were confident that their family members were treated with genuine kindness. One of them said, "I find the staff to be very welcoming and helpful." Another relative remarked, "I've never left and worried to myself that my family member isn't being cared for because I can see that they're settled and treated with real kindness."

During our inspection we saw that people were treated with respect and with kindness. Although staff were busy they made a point of speaking with people as they assisted them. We observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their joint experiences of living and working in the area. The person concerned was pleased to reflect upon how changes had occurred over the years including the various uses that had been made of Roxholm Hall.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about one of their relatives who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy recalling when they were younger and regularly saw their relative more frequently.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who could support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture.

We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when staff provided close personal care they made sure that doors were shut so that people were assisted in private.

We noted that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished to do so. A relative commented on this saying, "I normally choose to see my family member in the lounge but I could go to their bedroom if I wanted to and wouldn't be an issue at all for staff."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Requires Improvement

Is the service responsive?

Our findings

During our inspection we noted that suitable arrangements had not been made to support two people who lived with dementia and who sometimes became distressed. In both instances we found that the people's care plans had only given staff general guidance about the importance of providing reassurance without clearly describing how best to deliver this care. As a result of this oversight we noted that staff in practice had developed their own responses. Some of these responses were contradictory and some of them were less effective than others in providing the assistance the people in question needed.

We witnessed two instances when the people concerned became distressed. In one of these the person became involved in a misunderstanding with someone else who was sitting in the same lounge. Two members of staff used a different approach to the situation. The first gently escorted the person away from the presence of other people so that everyone could relax. However, soon after this another member of staff escorted the person back to their original seat after which a further misunderstanding occurred between the two people. The member of staff had not been aware of the earlier incident and considered it more helpful for the person to be in the company of other people.

The second incident involved a person who became distressed when in their bedroom. This was because they were not sure if it was time for them to go to bed. We saw them leave their bedroom and walk along a nearby hallway without being fully covered by their night dress. Two members of staff in succession offered assistance. The first adjusted the person's night dress and suggested that they would enjoy spending some time sitting in one of the lounges. The second member of staff noticed that the person was again distressed when seated in the lounge. They then advised the person to return to their bedroom which they did. Shortly afterwards we heard the person calling out from their bedroom because they were still not sure if they should be going to bed.

In both instances we alerted staff to our concerns and both people were then provided with the reassurance they needed. The members of staff concerned told us that they were not sure how best to assist the people concerned. They also said that they would welcome having more guidance about this aspect of their work so that they could more effectively support people when they became distressed. We raised our concerns with the acting manager who said that staff would immediately be given more detailed guidance about how to support the people concerned. They also assured us that they would more closely observe how well the people were being supported in the future to check that it was being done in the right way.

Records showed and people said that staff had consulted with them about the practical assistance they wanted to receive and they had recorded the results in an individual care plan. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their care plan. Examples of this included people being helped to reposition themselves when in bed so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. A person spoke about this and remarked, "I like being checked on at

night because otherwise I'd worry about being on my own."

People told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's usually something to watch and take part in." Relatives also said that they considered there to be enough social activities to engage their family members' interests. One of them remarked, "I think that the balance is about right. On most days that I come to the service there's something going on such as singing or soft ball games. The atmosphere is relaxed without being too sleepy." Records showed that people had been supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. In addition, there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes.

We noted that there were arrangements to support people to express their individuality. We were told that a religious service was held regularly to support people who wished to meet their spiritual needs in this way. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life. We also noted that acting manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the acting manager if they had any complaints about the service. A person commented about this saying, "The staff are easy to talk to and I wouldn't have any worries if I needed to tell them something wasn't to my liking." Relatives also remarked on this saying with one of them saying, "I've not had to complain about anything significant so far and in general I think that the service is well organised. If there have been little niggles they've been put right straight away."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered person had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered person had received one complaint since our last inspection and that this had been quickly resolved.

Requires Improvement

Is the service well-led?

Our findings

Most people told us that they considered the service to be well managed. One of them said, "Sometimes things will go wrong and there was a rough patch just before the usual manager left but things have been much better recently." Most relatives were also positive with one of them commenting, "After a bit of a rocky patch earlier in the year things are much more settled now and in general I do think that the service is well run." However, other people were less complimentary with one of them telling us, "I wouldn't want to be too hard on them but I do think that they need to get the staffing situation sorted out. Having enough staff on the floor is quite a basic think after all isn't it."

In their Provider Information Return the registered person said that they used robust systems to check on the quality of the service people received. We found that some quality checks had been completed in right way. These included making sure that fire safety equipment, the passenger lift and mobile hoists continued to be in a good condition. However, we noted that other checks had not always led to problems being quickly sorted out. These included the issues we have described earlier in our report concerning staffing levels, medicines management and preventing avoidable accidents. Other shortfalls included completing recruitment checks, ensuring that care was always provided in a lawful way and reassuring people when they became distressed. We raised our concerns about the completion of quality checks with the area manager and acting manager. They said that additional audits would be introduced so that there was a robust system to quickly identify and resolve any problems that might arise in the future.

The registered person had not provided all of the leadership necessary to enable people to fully benefit from staff acting upon good practice guidance. This included the registered person not having introduced a number of initiatives that are designed to promote positive outcomes for people who live with dementia. We noted that this shortfall was reflected in the problems staff sometimes experienced when supporting people if they became distressed and needed reassurance. The area manager acknowledged that further progress needed to be made to ensure that people benefited fully from staff acting on good practice guidance and said that the registered person had already taken steps to address this oversight.

People who lived in the service said that they were asked for their views about their home as part of everyday life. In addition, we noted that people and their relatives had been invited to meet with staff to give feedback about their experience of using the service. We saw that the registered person had promptly acted upon people's suggestions. An example of this involved changes being made to the menu and to the range of social activities in which they could participate. Speaking about their involvement in the running of the service a person said, "It's very friendly here and the staff have a chat with us about how we like things." Another person commented, "The staff are very obliging when they're not rushing around and I feel that if I ask for something it's taken seriously and not just ignored."

People and their relatives said that they knew who the acting manager and area manager were and that they were helpful. During our inspection visit we saw the acting manager and area manager talking with people who lived in the service and with staff. The acting manager and senior care workers had a thorough knowledge of the care each person was receiving. In addition, they knew about points of detail such as

which members of staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received all of the practical assistance they needed and wanted.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the right care. There was a senior care worker in charge of each shift and during out of office hours one of the registered person's senior managers was on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the acting manager and area manager. They were confident that they could speak to them if they had any concerns about another staff member. Staff said that in the time since the acting manager had taken up their post they had benefited from more positive leadership in the service. They told us that this had reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.