Four Seasons (Evedale) Limited

Tudor Grange

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

The inspection took place on 1 August 2017 and was unannounced. The service was last inspected in January 2016 and was rated 'Good' overall. The inspection was brought forward due to some concerns we had received about how risks were managed.

The service is registered to provide accommodation with personal care for up to 33 older people with varying support needs, and people living with dementia. On the day of our inspection there were 27 people living at the service.

Tudor Grange is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run. At the time of our inspection a registered manager was in place and had been registered since September 2016.

Systems in place to reduce the risks associated with people's care and support were not always effective. People were not protected from risks associated with the environment. People could not be assured that they received their medicines as prescribed. Concerns were identified with the staffing levels provided that these were insufficient in meeting people's individual needs and safety. Immediate action was taken to increase staffing levels. People felt safe and staff were aware of safeguarding policies and procedures. Safe staff recruitment procedures were in place and followed.

Staff received an induction but said they struggled to find time to complete refresher training. Staff did not always receive suitable training or support to enable them carry out their duties effectively and meet people's individual needs.

People's rights under the Mental Capacity Act (2005) were not respected at all times. In addition, people could not be assured that they would be supported in the least restrictive way possible. Where people had capacity they were enabled to make decisions and their choices were respected.

People were positive about the food choices and had their hydration and nutritional needs assessed and planned for. People had access to healthcare and their health needs were monitored and responded to.

Staff were kind, caring and compassionate and had a good understanding of what was important to people living at the service. People felt involved with making choices relating to their care and were supported to maintain their independence. People were supported to maintain relationships with family and visitors were welcomed into the service.

People could not be assured that they would receive the support they required as care plans did not always contain accurate, up to date information. People were happy with the activities and opportunities available.

People and relatives were unsure of the complaints procedure and who and how, to report concerns to. Opportunities were available for people and their relatives to share their experience of the service.

People and relatives were not all sure who the registered manager was and staff felt there was poor leadership of the service and that they were unsupported.

Systems in place to monitor and improve the quality and safety of the service were not as effective as it could have been. However, an improvement plan was in place to address some areas of the service.

During this inspection we found concerns relating to the safe care and treatment of people and this was a breach 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 the 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 consistently safe.

Risks associated to people's needs and the environment had not been fully assessed and planned for.

People could not be assured that they received their prescribed medicines.

There were insufficient staff available to meet people's needs and immediate action was taken to address this. Staff were recruited safely.

People felt safe and staff were aware of their role and responsibilities to safeguard people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff received an induction and ongoing training but gaps in training opportunities were identified.

People's rights under the Mental Capacity Act (2005) had not always been assessed appropriately.

People received sufficient to eat and drink, choices were offered and people's nutritional and hydration needs were assessed and planned for.

People received support to maintain their healthcare needs.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about people's routines and preferences; they were kind, compassionate and showed dignity and respect.

People were involved in their care and independent advocacy service information was available should this support be

required.

Independence was promoted and staff used good, effective communication.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People could not be assured that they would receive the support they required as care plans did not all contain accurate, up to date information.

People were not clear about the provider's complaint policy and procedure

People were positive about the activities and opportunities available that supported their interest and hobbies.

People were supported to maintain relationships with family and visitors were welcomed into the home.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People who used the service and relatives were not all aware of who the registered manager was.

Staff felt unsupported and that there was a lack of leadership. Concerns were identified about the registered manager's oversight of the service.

People and relatives received opportunities to feedback their experience of the service.

There were systems in place to check on quality and safety but these had not been used effectively as they could have. The provider had plans in place to improve some aspects of the service.

Tudor 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 1 August 2017 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 our inspection, we reviewed information we held about the home, which included notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

On the days of the inspection visit we spoke with six people who used the service and five visiting relatives for their feedback about the service provided. We spoke with the registered manager, deputy manager [this was their non-working day but attended due to our inspection visit], the provider's representative, the cook, a senior staff member and three care staff. We looked at all or parts of the care records of seven people along with other records relevant to the running of the service. These included policies and procedures, records of staff training, the management of medicines and records of quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

Risks to people's health and safety were completed and these included areas such as nutrition, choking and pressure ulcer risk and these were reviewed monthly. When bed rails were used to prevent a person falling out of bed a risk assessment was completed to ensure they could be used safely.

There was evidence of actions taken to reduce some of these risks, however, we found some occasions where the records did not evidence appropriate action. For example, a person had a risk score which indicated their nutritional risk was high and they should be weighed weekly. However, care records showed they were weighed monthly. A staff member said they thought the GP had made a decision not to continue to weigh the person as they were taking action to maximise their nutritional intake. However, this was not documented in their care records or in the records of GP visits. The same person had considerable bruising on their arms at the time of our inspection. Their care records documented bruising to their arms and legs in June and July 2017, stating they occurred due to the person knocking their arms and legs against the bedrails. No action to try to prevent this was recorded. We checked the bed rails and saw the bed rails had some protective padding, however, this did not extend fully over the tops of the rails and more extensive padding may have reduced the risk to the person. We discussed this with the registered manager who agreed to take action to address these concerns.

Another person had been assessed as high risk of falls. The information available to staff that advised how to manage and reduce these risks lacked detail that could potentially put the person at risk. For example, the person had a sensor mat in their bedroom to alert staff when they were walking around. However, this was not recorded in the person's care plans or risk assessments. Whilst the staff we spoke with knew the person had a sensor mat, new or agency staff may not have been aware without this information being recorded. This person's care records stated they required 30 minute observations to check on their safety. However, records showed that these were frequently completed at hourly intervals. This demonstrated that control measures that had been put in place to reduce risks relating to this persons care were not being effectively carried out. The person's mobility care plan said the person required assistance with walking but also stated they were independent; this was again confusing and misleading for staff. The registered manager agreed this person's care records required an immediate review.

Some people experienced periods of high anxiety that affected their mood and behaviour. Staff were knowledgeable about people's individual needs. However, we found care records lacked specific detailed information of how effectively to support people at times of agitation. We were aware of an incident where a person living with dementia had left the building unknown to staff putting themselves at risk in the community. They were returned safely by paramedics who had been contacted by a member of the public. The registered manager had taken some immediate action to put measures in place to protect this person. However, we were concerned to find that this person's behavioural care plan and associated risk assessment had not been sufficiently reviewed and updated following the incident where the person left the building. This meant there was a continued risk that had not been fully assessed and planned for. Furthermore, this person was known to be at high risk of attempting to leave the building which had been insufficiently planned and risk assessed at the point of admission to Tudor Grange.

We identified some potential health and safety risks with regard to the environment. For example, there was a lack of storage facilities and equipment and supplies were stored in corridors and the communal areas. This included, walking frames, weighing scales, small tables and activities equipment which were stacked in the lounge causing a potential hazard. In a downstairs corridor we saw long planks of wood were lent against the wall unsecured causing a risk of injury to people if they fell. We discussed this with the registered manager who arranged for them to be removed immediately to a safe area outside. The fire exit in the lounge was partially obstructed by lounge chairs which would have impacted on the safe evacuation of the building if this was required. One staircase had a door with a keypad lock at the top to restrict access; however, the other staircase at the other end of the building had no mechanism to restrict access. We asked the management team if there was a risk assessment for this and were advised there was not.

We found concerns with the administration of prescribed medicines. We observed the administration of medicines during the morning. We saw staff checked against the medicines administration record (MAR) for each person and stayed with people until they had taken their medicines. However, some people's medicines were placed directly on the surface of tables which were soiled to enable them to pick them up themselves. This meant there was a risk these medicines may have become contaminated putting people at risk.

MARs mostly contained a photograph of the person to aid identification, a record of their allergies and details of their preferences when taking their medicines. We found a considerable number of gaps in peoples' administration records indicating the medicines had either not been given, or, had been given but not signed as given on the MAR. In total we counted 21 gaps during the month of July 2017 in oral medicines (excluding eye drops, topical creams and ointments) for eight people. We checked the remaining medicines for people and found approximately half of the medicines were missing from the packs suggesting they had been given and the person administering the medicines had not signed the record, whilst the others had not been administered. Medicines not administered including those prescribed for diabetes and heart disease. This meant the provider could not be assured that people were receiving their medicines as prescribed.

Records of the site of application of medical skin patches were available to enable rotation of the site of application in line with good practice. However, they were not always completed fully and the site of application was not always rotated. This meant there was a risk that the patch may have been incorrectly applied. If the application site is not changed this can cause itching or other reactions of the skin.

A medicines audit was completed by the external pharmacy supplier in June 2017 (over a month prior to our inspection). The audit had identified similar issues to those we found at this inspection, this indicated that appropriate action had not been taken correctly when concerns had initially been identified.

The above information was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we found concerns with the administration of medicines people told us they had no concerns. One person said, 'Somebody brings it at breakfast time, lunch and at night. I've never known it be missed." A relative said, "Staff put them (medicines) in [family member]'s hand and they just takes them. I said I could do it, watch them, but staff said no I've got to do it."

We found that medicines were stored in line with good practice and the ordering and returning of surplus medicines to the pharmacy were also correct. Staff told us they had received medicines training and a competency check and we saw records that confirmed this.

People and visiting relatives told us that staffing levels were sometimes low. However, all felt that staff tried to respond to calls for assistance as quickly as possible.

We had concerns about the staffing levels during our inspection visit. We observed staff were busy attending to people's needs and the communal areas were left unattended for long periods. We observed people calling for help repeatedly in a distressed manner and being unheard by staff. All three members of the inspection team separately on several occasions each had to go and find staff to provide people with the assistance they required.

Staff told us there had been significant shortfalls in staffing and this had impacted on people's safety. One staff member said, "The staffing levels have been poor, as low as four staff, I'm concerned about people's safety." Another staff member said, "Staffing levels are regularly low, seniors have to put the rota together, there is no oversight from the management team." All staff we spoke with said that they felt exhausted with working additional hours to cover shortfalls, they told us it was only recently that the service had been allowed to use agency staff.

The registered manager told us how they assessed people's dependency needs which determined the staffing levels required. They also told us of changes within the staff team with regard to either staff leaving or roles being changed that had impacted on the staff team. However, they advised that they had recruited some new staff and other staff were due to commence.

Due to the concerns we raised about the staffing levels on the day of our inspection visit, the concerns of staff and the staff rota confirming there had been insufficient staff available over the last four weeks, immediate action was taken. The registered manager and representative of the provider, who visited on the inspection day, arranged for an agency worker to attend the afternoon of the inspection visit and agreed to increase staffing levels with immediate effect. We were satisfied with this action to ensure people's safety and we will continue to monitor this.

People were supported by staff who had been through the required recruitment checks as to their suitability to provide care and support. These included references and criminal record checks. Recruitment files showed the necessary recruitment checks had been carried out.

People told us they felt safe living at Tudor House and that they had not witnessed or heard staff or others being abusive or unkind.

Staff told us they had completed adult safeguarding training and refresher training to keep their knowledge up to date. They were aware of the signs of abuse and the action they should take if they identified a concern. One staff member said, "Staff are all really caring and would act quickly if there were any concerns about safeguarding, but people all get on with each other and there are very low safeguarding incidents." Records confirmed staff had received safeguarding training and policies and procedures were available to inform and support staff.

Requires Improvement

Is the service effective?

Our findings

People who used the service and visiting relatives spoke positively about the competency, skill, knowledge and experience of staff. One person said, "Oh yes, staff know what they are doing. They [provider] wouldn't have anyone who couldn't do the job properly." One relative said, "They [staff] know what they're doing, they help [name of family member]."

Staff told us they were mostly up to date with the training the provider had identified that was required. Staff raised concerns about their ability to keep their refresher training up to date. They also said they felt they would benefit from additional training in dementia awareness and challenging behaviour, as this was an area where they lacked confidence and struggled from time to time. We informed the registered manager of what staff told us and they agreed to follow this up directly with the staff team.

The registered manager told us that staff training was constantly monitored and at present was showing as 98% compliant. From reviewing the training plan we identified further training staff would benefit from which included catheter care and diabetes awareness. The provider's representative said this could be easily arranged and asked the registered manager to do this.

New staff told us about their induction and was confident that this was supportive and useful. As part of the provider's induction staff were required to complete the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. Staff told us they received opportunities to meet with their line manager to discuss their work, training and development needs that they found this useful and supportive.

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.

Where people lacked mental capacity to make specific decisions we saw care records included mental capacity assessments and best interest decisions having been made. However, the quality of these was variable. For example, sometimes they did not relate to specific decisions, an example of this was on reviewing an assessment about a person's mobility it also included the use bed rails and a sensor mat. There was little evidence of alternative options and that least restrictive options had been considered and used. One person's care records stated they had 'full capacity' in all areas of their care and support but a capacity assessment and best interest decision had been made in relation to the management of their medicines. This person's ability to consent could be misleading and confusing for staff.

Staff were aware of the principles of the Mental Capacity Act (2005) and the application to their practice. They said if a person refused care, they would explain why the care was needed and try to gain their

cooperation. They said they may leave them a while and try again later or ask another member of staff to approach the person.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications for DoLS where appropriate and some people had authorisations in place. We noted that no person had any conditions imposed. Care plans did not specifically address authorisations in place and how the restrictions to the person were being minimised, not all staff were able to tell us this information. This is important information staff should have available to them.

We saw some care records for people who had a decision not attempt resuscitation order in place. However, these had not always been completed appropriately by the decision maker and this ambiguity meant the validity of the order could be questioned. The registered manager agreed to follow this up with the relevant external healthcare professional.

We observed staff supported people throughout our inspection visit by giving choices with drinks, meals, where they sat and how they spent their time. Staff were seen to be responsive and acted upon people's choices.

People who used the service and visiting relatives thought that the food choices were good and that they received sufficient to eat and drink. One person said of the food, "It's good, you can ask for more or less what you want. They [staff] bring it up to me." Another person said, "We have a choice of two lunches but you can always have something else and you get a good choice of pudding, it's like you'd have at home."

We saw people received a choice of drinks and snack throughout our inspection visit. We observed staff offering people a range of hot and cold choices for breakfast. Staff were clearly familiar with peoples' usual choices but also suggested a range of alternatives to tempt them. We observed peoples' lunchtime experience and concluded this was positive. Staff were seen to be attentive to people's needs offering assistance where required. Where people requested an alternative to the meal choices this was respected and acted upon. Lunchtime was organised and calm. People were given a choice of drinks to accompany their meal.

We spoke with the cook who was very knowledgeable about the dietary needs of people using the service and their specific food preferences. We saw adequate supplies of fresh food and vegetables and food were stored appropriately. There was a four week rotational menu with two choices of main meal. We were told staff asked people for their lunchtime choice on the day prior to the meal. The cook said they had spare meals of each choice to enable people to change their mind at the time of the meal. The cook told us there was a planned residents' meeting at which the menu and food choices were to be discussed.

People's nutritional and hydration needs and risks had been assessed and planned for. People's weight was monitored to enable action to be taken if concerns were identified.

People who used the service and visiting relatives said they were confident that external healthcare professionals were involved in their care when required. Examples were given of the GP visiting and we saw care records that other external healthcare professionals were involved. This included, district nurses, dieticians and speech and language therapists in relation to swallowing difficulties.

A visiting healthcare professional told us that staff made timely and appropriate referrals and that they were

confident staff followed any recommendations made.

The environment did not appropriately support the needs of people living with dementia. There was a lack directional signage and symbols to assist people with orientation.

Good

Is the service caring?

Our findings

People who used the service and visiting relatives were overwhelmingly positive about the level of care and approach of staff. One person said, "You never hear them [staff] moan and, by God, they work hard." A relative described how caring staff were by saying, "Care is 100% and more. They take them out, they're back and forwards. They sit beside people and have their little five minutes with them. It's like a home from home." Relatives were complimentary about staff in how they welcomed and asked how they were, showing interest and care. One relative said, "They're always kind and jolly. You're welcomed and looked after."

People who used the service consistently said staff were kind. One person said, "I couldn't wish for nicer staff, so friendly, they do anything for you." Another person said, "All the staff are wonderful. They always treat you as a person."

We talked with a relative of a person who was nearing the end of their life. They told us staff were, "Brilliant with [name of family member]." They said they were very caring and compassionate in their approach.

Whilst staff were observed to be very busy throughout our inspection visit, they continually showed great care and attention towards people. A relative said, "It's the best place here and I've been to a few. It's always a high standard They're [staff] all very nice."

Staff had a warm and caring manner and took time to listen to people and provide them with choices. They showed an excellent knowledge and understanding of each person as an individual. We observed people who used the service were relaxed and comfortable within the presence of staff. We observed light hearted exchanges between staff and people who used the service and laughter, indicating people had developed positive and meaningful relationships with staff.

Some people said they chose to remain in their room and talked about how staff checked on their welfare. One person said, "Lots of them just pop in, they're all dead friendly. Some will come and chat its lovely." Another person said, "I leave my door open so they pass and they all call in."

We saw many examples of staff responding to people's comfort needs. For example, when a person coughed whilst eating staff were quick to respond to ensure the person was alright. They offered a cold drink, provided comfort and reassurance and monitored the person. Dignity was well respected by staff when they supported people with the hoist. A dignity blanket was used and when staff supported people with their walking, they were kind and unhurried in their approach and chatted to people as they were supporting them.

People told us that they felt involved in discussions and decisions about the care they received. Relatives agreed that they felt involved, listened to valued. Not all people could recall having seen their care plan, whilst others said they had been involved and asked for their feedback. A relative said staff had explained everything to them and discussed the action to be taken if their relative's health deteriorated.

There was a document in the front of people's care records indicating whether the person's relatives wished to be involved in the monthly review of the care plans; however, we did not see any evidence of involvement.

People had access to information about independent advocacy services should they have required this support. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. There was no person who used the service that was currently being supported by an advocate.

People said that independence was encouraged and one person said, "They [staff] see if I need help but I do what I can for myself." Staff told us how they promoted people's independence as fully as possible and talked about the importance of this.

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. Examples were given how staff respected people's privacy and dignity. We observed staff to be discreet and sensitive when supporting people when providing care. Good communication and listening skills were used by staff, this included gaining people's eye contact as they spoke and responding appropriately to people, showing interest and care.

People told us their relatives were able to visit them whenever they wanted to. We saw relatives visiting people throughout the inspection visit. Staff told us people's relatives and friends were able to visit them without any unnecessary restriction. We found people's personal information was respected, for example it was managed and stored securely and appropriately.

Requires Improvement

Is the service responsive?

Our findings

Before people moved to Tudor Grange they received a visit from a member of the management team who completed an assessment of their needs. This information is important to ensure the service can meet people's individual needs and is a time to consider if additional resources or staff training is required. Visiting relatives told us they had been involved with their family member's assessment. One relative said how staff had visited their family member at home several times before they moved to Tudor Grange. They said, "[Family member] didn't want to go into a home so staff came to see them at home now and again and then asked them to come and live with them."

Pre-assessment information was then used to develop care plans that informed staff of the person's needs and wishes. Care plans were in place to provide information on people's care and support needs and were mostly evaluated monthly.

Sometimes necessary information was missing although could usually be found elsewhere in the record. For example a person's mobility care plan did not state they used a walking frame, however, their risk assessment did, and when we read the later reviews we found the person was now nursed in bed. A person whose care we reviewed, frequently resisted personal care and had distressed behaviours. Their care plan described the behaviours but did not provide any strategies for staff to provide the person's care in the least restrictive way. Another person had a urinary catheter which was changed by the community nurses when required. There was information in their care plan in relation to contacting the community nurse if there were problems, however, it did not provide any information about the care and management of the catheter such as frequency of bag emptying and changes or management of the night bag.

The registered manager told us that they were aware that care plans required reviewing and improved upon and told us of the plan in place to address this. We saw records that confirmed this.

One person told us that they had lost one of their hearing aids and had requested a bed raiser, "Some months ago," but said no action had been taken. We asked the registered manager if they had taken action about the hearing aid and bed raiser. They were unaware and had to go and ask a senior staff member of staff. It was identified that no action had been taken; the registered manager said they would follow this up.

Included in people's assessment was a consideration of people's diverse needs for example people's religious and cultural needs. This information was recorded to inform staff of what was important to people and what support they required. A relative confirmed their family member's needs were known and understood by staff and said staff had taken their family member to church on a Sunday. Other people told us an external religious group regularly visited the service to support people with their individual spiritual needs.

People were positive that their individual needs, routines and what was important to them was understood and supported by staff. People told us that their morning and evening preferences were met. One person said, "I like to get up at 9.00am. I get up when I want to." Another person said, "I'm always awake early, but I

like to get up about 7.00am and I'll buzz for them [staff]."

An activity coordinator was employed at Tudor Grange who was responsible for arranging activities and opportunities to meet people's interests, hobbies and pastimes. This included opportunities to access the local community. A staff member said, "On a Thursday they [people who use the service] take their turn and go with staff over to the club across the road. There's a band that plays music. We have a lady who sings there and she knows every song, it's good for them."

People told us about the activities available and on the whole were very positive about these opportunities. One person said, "They [staff] do a lot of entertaining. We play bingo and we throw the big ball round and talk about what's written on it. We sing songs and go to the library and British Legion." Another person said, "They [staff] do different things, if you ask for something they try to do it for you." People also said that external entertainers visited providing music and exercise activities, the hairdresser visited weekly which was important to people and staff regularly painted the ladies fingernails. A relative said, "If people want their make up or hair done, staff do it." Another relative said, "There seems quite a bit going off. There are trips but they can't get everyone on. They've had three this year." A third relative added, "They play bingo. They have cards with all film stars and things, it's brilliant. They play all different games. They have a baking day. They say what they want to do and they try to do it."

On the day of our inspection visit the activity person was unavailable and due to an initial issue with the staffing levels, activities were limited due to staff being very busy. Staff told us that the lack of activities was an exception and due to the days staffing levels. We saw either the television was on or music was playing.

People who used the service and relatives told us they were pleased that some refurbishment work to the home had been completed. One person said, "This place has been done, top to bottom. They're having the floor done." A relative said, "They've been doing a lot of decorating." On the day of our inspection visit new flooring was being completed in the dining room.

We found people were not clear about the complaints policy and procedure. Three people told us they did not know how to complain, One person said, "I don't know, I don't know who I could complain to." Another person said, "I'd go to the girls [staff] that come here, they're good. They'd sort it." A third person said, "I don't know, I don't." Another person said, "I would speak with the manager." They told us that they were sure that a copy of complaints procedure was in the office.

We looked at the complaints log and saw one complaint had been received since our last inspection visit which had been responded to as per the provider's complaints policy and procedure.

Requires Improvement

Is the service well-led?

Our findings

Four out of five people who used the service and relatives we spoke with were unable to name the registered manager. One person said, "I wouldn't know her name. When she's here she sits in there," (indicating the office)." Another person said, "No not by name, I did the previous names but I don't know now." A third person said, "No, I did but I'm not sure now, I thinks it's a lady." One person did know who the registered manager was and said they were, "Approachable and responsive."

A visiting external healthcare professional told us that they felt care staff were helpful and welcoming. They had limited time with the registered manager and new deputy manager who they were less positive about. Comments were made that it had been apparent there had recently been changes and staff appeared stressed but this had not impacted on the care people received. Comments included, "Staff really do care and are compassionate and people are well looked after."

Care staff told us they worked well together and described themselves as a, "Good family of care staff." We found staff were clear about their role and responsibilities; they worked well together and communicated effectively with each other. Whilst staff told us they felt unsupported by the management team they showed great commitment and compassion to provide the best care and support they could to people in their care.

Staff did not always feel supported. All staff said that they did not feel fully supported by the registered manager. Staff said that the registered manager was frequently either not at the service or they stayed in the office. One staff member said, "We don't see much of them. They're busy in the office doing stuff."

The registered manager told us how until recently, they had less time at the service due to fulfilling other duties required of them in providing support to other services within the organisation. They acknowledged that staff were generally unhappy at the moment and attributed this to changes that had taken place within the staff team.

Catering was a contracted out service. Catering staff told us they reported directly to a line manager for their employer. They had very little contact with the service's registered manager and they said the registered manager had told them to discuss day to day issues with the senior carer rather than bring issues to them. Staff told us staff meetings were held regularly and they felt able to raise concerns, but staff said they were not always confident that issues they raised were always acted upon. An example of this was about staffing levels not being addressed when concerns were raised by staff.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. Our records showed we had been notified of events in the service the provider was required to notify us about. The registered manager told us they felt well supported by their line manager.

The provider had ensured that the service's previous inspection ratings were displayed as required.

We had some concerns about the registered manager's leadership. We found that when we asked the registered manager for information or clarification during the inspection visit, they struggled to provide the information required, relying on staff or seeking information from care records. Whilst they had acknowledged that care records and other areas such as the management of medicines required reviewing and some action was being taken to make improvements, there was a lack of urgency to these issues being addressed. The registered manager did not take ownership nor had a clear overview of the service.

As part of the providers' quality assurance processes meetings, questionnaires and an electronic feedback system was in the reception area for any person to use that went directly to the providers head office. Some relatives could remember completing questionnaires or attending meetings and the resultant actions taken. One relative said, "We asked for more trips and activities and they've made a big effort to do more activities; cooking, art work. They go on Thursday afternoons for a sing song." People who used the service were less certain about the completion of questionnaires than visitors were. A visitor said, "A couple of questionnaires and a couple of meetings but you don't get much notice about meetings. My letter only arrived today to say there's a meeting tomorrow. A set day would be better, some bosses need more notice, you can't always get the time off work."

The provider had systems and processes to regularly audit and check safety and quality. These reports were completed and were monitored by senior representatives of the service to enable them to have oversight of the service. This involved daily, weekly and monthly audits and we saw these records included areas such as staff training, supervisions, care records, health and safety. Whilst the registered manager identified some areas that we identified during our inspection visit which required action to make improvements, prompt action had not been taken or issues had not been identified.

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 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against the risks associated with their care and support, as risk assessments did not fully include the information required to mitigate risks. People were not protected from risks associated with the environment. Medicines were not always administered safely and as required. Regulation 12 (1) (2) (a) (b) (g)