

Saima Raja

Grafton House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Grafton House is near the centre of Scunthorpe, within easy access to all local amenities and near to public transport. The service is registered to provide accommodation and personal care for up to 26 older people, some of whom may be living with dementia. At the time of our inspection there were 14 people using the service. Accommodation for people is provided in a combination of single and shared rooms, some with en-suite facilities. There are a selection of different sitting rooms and dining room areas. There are garden areas surrounding the home and a secluded area to the rear of the building.

This unannounced inspection took place on 12 and 15 July 2016. The last time the service was inspected was on 2 and 4 September 2015 when we rated the service as Requiring Improvement. A requirement action was issued after the above inspection in relation to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was to ensure quality monitoring systems were developed to enable the identification and mitigation of potential risks to people's health and wellbeing and ensure the registered provider was able to continually evaluate actions required to improve the service.

During this inspection we saw the previous requirement action had been met although further time was needed to enable this to be fully embedded.

There was no registered manager in post and a new acting manager had been appointed to this role two months prior to this inspection, following the departure of the previous acting manager. There is a legal requirement for services to have a registered manager in place and we asked them to submit an application for this post within the next month. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Care planning had been improved to ensure people received a personalised service; however staff recording in these was not always completed accurately, which meant people's needs may not always be met in a timely way. You can see what action we have asked the registered provider to take at the back of the full version of the report.

Improvements had been made to ensure the building was maintained in a safe way, although checks for this had not always initially been fully effective in identifying and addressing all risks. Staff were recruited safely to ensure people who used the service were protected from harm, although employment checks were not always immediately available to evidence this. People were protected from harm by staff who had received training on how to recognise and report potential abuse. Staff were available in sufficient numbers to enable them to meet people's needs. Potential risks to people had been assessed to enable staff to manage these safely. Accidents and incidents were monitored and evaluated so that lessons could be learnt to help the

service develop and improve. People received their medicines from staff who had received training to ensure they were competent in this regard. The building and environment were kept clean and free from offensive smells.

Staff were provided with a range of training and development opportunities to enable them to safely carry out their roles. The principles of the Mental Capacity Act 2005 (MCA) were being followed. The acting manager had submitted a number of applications to the local authority to ensure people were not unlawfully restricted and authorisations had been recorded appropriately.

People told us they enjoyed the meals and their dietary intake was monitored and assessed to ensure their nutritional needs were met. People were treated with compassion and respect by staff that had a positive regard for what was important to them. We observed staff interacted with people in a caring and friendly way. People's needs were responded to with a person centred approach, although there were a limited range of activities currently provided.

There was a complaints procedure for people to raise any concerns. People told us that the acting manager was open and approachable. Care staff were positive about the leadership and management. Regular meetings were held with people and staff that allowed them to share suggestions and ideas about the service to enable it to develop and improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always fully safe.

Improvements had been made to ensure the upkeep of the building and equipment were effectively maintained, although further work on systems to monitor this was required to ensure people were fully protected from potential harm.

Staff were recruited safely, although full documentation about this was not always kept on their files.

Staff had been provided with training about the protection of vulnerable adults and they were aware of their responsibility to safeguard people from potential harm.

People's medicines were handled, stored and administered safely by staff who had received training in this aspect of their role.

Is the service effective?

Good ●

The service was effective.

Improvements had been made in implementing a programme of training and supervision of staff to ensure they were able to meet people's needs and plans were in place to develop this.

People were supported to make informed choices and decisions to ensure their rights were promoted. Relatives confirmed staff consulted them about their relations needs.

People told us the quality of the food was overall very good and we observed sensitive support that was provided to people who needed help at mealtimes.

Is the service caring?

Good ●

The service was caring

Staff demonstrated kindness and had a friendly approach when engaging with people who used the service.

People's personal dignity and privacy was maintained by staff who respected their right to make decisions and choices.

Relatives were encouraged to participate in the life of the home and people's confidentiality was upheld.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's support was not always organised so it actively met people's needs.

People were placed at potential risk of harm because changes concerning their needs had not always been fully documented or recorded.

Whilst opportunities for people to engage in meaningful activities were currently limited, there were plans to develop these.

There was a complaints procedure in place to ensure people were able raise a concern and have these responded to in a timely way.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in place.

The quality monitoring systems in the home had been developed and improved, however these needed further embedding to ensure potential risks to people's health, safety and welfare were fully protected.

The acting manager had an approachable manner and there was a friendly and inclusive culture within the service.

Regular meetings were held for people and staff to enable them to be consulted and provide feedback to help the service develop and learn.

Grafton House Residential 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.

This unannounced inspection was carried out over two days on 12 and 15 July 2016. The inspection team consisted of two adult social care inspectors on the first day and an adult social care inspector on the second day.

Before the inspection, we reviewed records we hold about the service, including notifications submitted to us, as required by law, to tell us about certain incidents within the home. We also sent a request for the registered provider to complete a Provider Information Return (PIR). This is a form that asks for key information about the service, what it does well, and improvements they plan to make. This however was not returned as it had been sent to an email for the previous registered manager who had not applied to be formally deregistered.

The local authority safeguarding and quality performance teams were contacted as part of the inspection, to ask them for their views on the service and whether they had any on-going concerns. The local authority performance team told us they had set an action plan for the service to improve, due it not meeting their requirements. We also looked at the information we hold about the registered provider.

Some of the people who used the service had difficulty in verbally expressing themselves at times. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.

We spoke with eight people who used the service, together with five relatives of people who used the service who were visiting at the time of our inspection. We also observed how staff interacted with people who used the service and monitored how they supported people throughout the day.

We spoke with the acting manager, the administrator, the deputy manager, a senior member of care staff, a member of care staff, ancillary catering and domestic staff and an acting manager from a sister service who was supporting the inspection. We also spoke with three members of professional health and social care staff who were visiting to see people who used the service.

We looked at five care files that belonged to people who used the service, together with other important documentation relating to them, such as incident and accident records, safeguarding records and medication administration records (MARs).

We looked at a selection of documentation relating to the management and running of the service. These included six staff recruitment files, staff training and development records, staff rotas, staff supervision records and minutes of meetings held with staff and people who used the service. We also looked at quality assurance audits that were carried out by the registered provider, maintenance of equipment records, cleaning schedules and menus of food that was provided. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted the staff. One person told us, "It's absolutely fabulous, I am putting on weight and staff are looking after me well, they are champion." Another person confirmed this and commented, "Yes I do feel safe, if it wasn't for them (staff) I wouldn't be here now." A visiting relative told us there had been a few changes recently amongst the staff team, but that things had now settled down.

When we inspected the service in September 2015 we found the building had not always been maintained in a way that promoted people's health, safety and wellbeing. We previously found items of damaged furniture and worn bedding in some people's rooms and a replacement part was needed for the central heating boiler.

On this inspection we found there was no member of maintenance staff currently employed but that a replacement had been interviewed for this post who was awaiting completion of their recruitment checks. We saw up to date certificates in relation to the servicing of equipment, such as the lift, hoists, central heating and utilities including gas, electricity and water. We made a tour of the building and saw evidence that environmental checks were now being completed to ensure it was safe to use. However, we found evidence on the first day of our inspection that environmental audits were not as effective as they should be in order to ensure shortfalls were highlighted and that action was taken to address these shortfalls. We found the environmental audits had not always identified potential risks to people, such as some bell cords being too long or inaccessible, together with an area on the ground floor corridor lino that was split and posed a possible trip hazard and increased the risk of falls. We spoke to the acting manager about this and saw evidence on the second day of our inspection that appropriate action had been taken to remedy these deficits.

During our inspection in September 2015 we found new staff were checked before they were allowed to start work to ensure they were safe to work with people who used the service, but found a Disclosure and Barring Service (DBS) check was missing from one of the four staff files we looked at.

On this inspection we saw DBS adult first checks were present in all of the six staff files inspected, which meant initial searches had been carried out to ensure they were not included on an official list of people who were barred from working with vulnerable adults. However, we found a DBS full certificate was not present for one member of staff and that another person's certificate indicated they had a previous criminal conviction and there was no recorded information to show that this had been appropriately risk assessed, prior to the decision to employ them. We spoke the acting manager about this and were advised the registered provider had made the decision to employ this person and that the missing certificate had been mislaid after it had been given to the previous acting manager. We subsequently received evidence of appropriate risk assessment in relation to these decisions. We were advised the person with the missing certificate was currently not working, pending a request for a further DBS check. We saw evidence that

employee references had been appropriately followed up before offers of employment were made, together with checks of their personal identity and past employment experience, to highlight unexplained gaps in their work history.

People who used the service told us, "The staff are smashing and very kind". They told us staff helped them to keep comfortable and safe. We observed staff interacted with people in a positive and attentive way to ensure they were kept safe from harm. We observed a new member of care staff sitting talking and engaging with people in a friendly way. This member of staff told us they were shadowing other care staff before they were able to work on their own.

Care staff told us they were provided with training on the protection of adults which was refreshed on a regular basis. We saw there were policies and procedures available to help staff when reporting potential safeguarding concerns. These policies were aligned with the local authority's guidance on safeguarding adults. Care staff confirmed they were aware of their professional roles and responsibilities and of duties to 'blow the whistle' about issues of concern, to ensure people who used the service were protected from harm. We saw evidence that management had appropriately instigated disciplinary measures following safeguarding concerns that had been raised and we were told by the local authority the service had worked with them to resolve these where needed. Care staff told us they had confidence in the new acting manager and believed they would follow up any concerns and take action when this was required. One member of care staff said the new acting manager had made, "a huge difference". They told us "I previously wanted to leave, but we know we can now go to them and know it will be dealt with."

The acting manager told us staffing levels were assessed according to the individual needs and dependencies of the people to ensure there were sufficient numbers of staff available. Since the last inspection there had been some whistle blowing concerns about the availability and deployment of staff. We found the registered provider had taken action in response to local authority safeguarding concerns and held a staff meeting and introduced a new regime together with changes to the staff availability and staff rotas. Staff were very positive about this and we saw from staff rotas there were three care staff available throughout the day, with two at night to meet the needs of the 14 people who were currently using the service. People who used the service told us care staff took prompt action to ensure their needs were met in a timely way and could have things like baths when they wanted.

A range of assessments about known risks to people were available in their case files, together with guidance for staff on how these could be safely managed. We saw these covered issues such as falls, moving and handling and diet and nutrition. A health and social care professional was visiting to review the needs of a person who had been recently admitted from hospital. They told us they were aware that information provided by the hospital was not always very detailed, but told us they were impressed at the questions raised by the service to ensure their information was accurate and relevant.

We reviewed the accidents and incidents that had taken place at the service and saw that they had been recorded and analysed appropriately. We saw that summary reports about these were sent to the registered provider that detailed the actions that were taken to reduce future incidents occurring.

We looked at how medicines were managed at the service and saw that these were stored and administered appropriately. We saw evidence that the care staff responsible for this element of practice had received training about the safe use and handling of medication and that the latest update for this had been completed on the day prior to our inspection. We found that medicines were stored in a medication trolley that was locked and secured to the wall when not in use. We reviewed a sample of people's medication administration records (MARs) and found medicines had been administered at the advised time, correctly

recorded and disposed of in an appropriate way. We saw monitoring records of medicine fridge temperatures were completed to ensure they were stored within recommended levels and that medication audits were completed by management.

We found the building was clean and free from unpleasant smells. Hand sanitisers and personal protective equipment (PPE) such as aprons and gloves were available throughout the home and we observed staff following infection control procedures to minimise risk of cross infection. We were told that cleaning schedules were used by the domestic staff, however we saw these had not always been regularly followed. We spoke to the acting manager about this who confirmed these would be audited more thoroughly in the future and that this matter would be addressed in individual staff supervision.

Is the service effective?

Our findings

People who used the service and visiting relatives were positive about the care and support that was provided and said staff helped to promote their quality of life. People told us staff were friendly, supportive and listened to them. One person said, "I am alright, staff are there if I need any help." Another told us, "I am quite happy here." People told us staff helped them make choices about their lives. Visitors confirmed staff took action and communicated with them to keep them informed about changes in their relative's conditions.

One person told us they were trying out the service following some concerns about being alone at home and said they were grateful for the assistance they received.

People were enthusiastic overall about the quality of the food that was served. One person told us, "We always get what we want and they come and ask us and change things if we are not satisfied." We observed a variety of nourishing home cooked meals were provided to people. The choices of meals for the day were displayed on a board in the dining room. We found there was a positive atmosphere throughout people's mealtimes and observed them enjoying opportunities to socialise whilst eating their meals. This was carried out with sensitive encouragement and at people's own pace, which ensured their personal dignity and wishes were maintained.

We spoke to a member of care staff who was temporally employed in the kitchen, following the departure of a previous cook and found they were knowledgeable about people's food preferences and dislikes. We were told people's special diets were catered for where this was needed and that a permanent cook was due to commence work, subject to satisfactory recruitment checks being completed. We saw regular checks were made of the food and cleanliness of the kitchen and found the service had been awarded a four star rating by the local environment health department in July 2015. Various supplementary care records were used for recording details about support given to people and we saw these contained regular monitoring of their weight, food and fluid intake, together with involvement from community professionals, such as dieticians where this was required.

People's care plans contained details of support required in relation to their individual health and welfare needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and district nurses. People who used the service said they were happy with how this was provided and visiting health professionals confirmed they had no concerns in relation to this aspect of the service. We saw some people had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and documentation about this was recorded in their files. There was evidence of on-going progress in the development of people's care plans, however we noted staff sometimes duplicated information and recorded it inconsistently, making it hard to find quickly.

People and visiting relatives told us that staff consulted them and had a positive approach. We observed

care staff involving people in a friendly way and talking with them about interventions that were required. This ensured people who used the service had consented and were in agreement with how their support was delivered.

The 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. We found that training on the Mental Capacity Act 2005 (MCA) had been provided to ensure staff were aware of their professional responsibilities in this regard. The acting manager informed us they were in the process of arranging this again with the local authority, to ensure recent recruits were provided with this training and that existing staff had their skills refreshed where this was required.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the acting manager understood their responsibilities in relation to DoLS and had made applications for authorisations to the local supervisory body to ensure people were only deprived of their liberty lawfully and in line with current legislation.

Since last inspection visit we found improvements had been made generally in the provision of training that was provided to staff to enable them to carry out their duties effectively. Care staff told us about courses they had completed to ensure they were equipped with the skills needed to carry out their roles. A training and development plan was available and this was monitored by the acting manager. We saw this included courses on a variety of topics, including; moving and handling, infection control, safeguarding vulnerable adults from harm, health and safety and issues relating to the specialist needs of people who used the service, such as dementia and end of life care.

Care staff told us they were encouraged to undertake additional accredited external qualifications such as, the Qualifications and Credit Framework (QCF). We saw a variety of recently provided courses that care staff had attended together with evidence of others that had been booked to ensure development opportunities were provided and they were competent to perform their work.

Care staff were very positive about the support that was provided to enable them to develop their careers. One told us, "We have plenty of chances and choices to learn, we can ask and get training in what we want and are interested in. I had my appraisal recently and am signed up for doing a course in dementia and am currently doing my long distance learning in end of life care and completing my NVQ 3."

The acting manager advised that an induction programme for new staff was in place and were making changes to ensure that it met the requirements of the Care Certificate. The Care Certificate is a new nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. We saw evidence that new staff had completed modules of the Care Certificate.

Staff files contained evidence of regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised, together with a variety of training certificates for courses they had completed. Care staff were positive about the training they received and appeared knowledgeable and confident in their skills.

When we inspected the service in September 2015, we recommended the registered provider seeks advice and guidance about the provision of environmental adaptations to promote the independence and safety of people living with dementia. At this inspection, we saw that initial work had begun to be implemented in this regard, with use of signage to enable people to orientate themselves around the home and enable them to have more control over their lives.

Is the service caring?

Our findings

People who used the service told us that staff involved them in making choices about their support. They told us staff talked to them and were friendly and kind and treated them with respect. Visiting relatives confirmed this, although one said they wished their relation would spend more time downstairs.

A visiting community mental health professional commented, "I have never had a problem and staff are always on hand to ensure people's dignity is respected, they are very helpful."

We observed care staff engage with people in a courteous and friendly manner, providing reassurance and encouragement in an unhurried way to help maximise people's independence. We saw care staff speaking sensitively with people, using touch and getting down to their eye level to ensure they were understood. We observed that staff knocked on people's doors before entering to ensure their privacy and dignity was respected.

There was evidence that care staff had a good understanding and knowledge of people's personal likes and individual needs. We observed they demonstrated a positive regard for what was important and mattered to people as individuals. We observed care staff displayed patience and kindness when interacting with people and observed they listened and responded to people in a cheerful way to ensure their wishes were upheld. People told us their personal choices about their support were promoted, such as decisions about which clothes they wanted to wear or times when they wanted to get up or go to bed.

People's care files contained information about their likes and preferences, together with details about their past histories to help staff understand and promote their individual needs. We saw evidence in people's care files of their involvement in their reviews, together with some progress in personalising their care plans to ensure they reflected people's wishes and feelings concerning their support. We saw for example; details in one person's care plan that stated 'I can express my needs for the care and assistance to enable my preferences of clothing, but would benefit from being shown options to promote my independence.' However, we found that these records were not always consistently maintained by staff.

People told us their wishes for privacy were upheld by staff and they were able to spend time in their own rooms when they wanted to. We found people were able to bring items of personal belongings and furniture with them to help personalise their rooms to help them feel at home.

Monthly meetings were held with people who used the service to enable their involvement in decisions about the home. We sat in on one of these meetings and heard evidence of consultation and discussion about forthcoming events, including proposals to develop the menus, summer events and trips out. Discussion included plans to improve more active participation by people and their relatives in the reviews of support that was provided. We heard positive comments from people about these developments with one person stating, "Yes I think it's a very good plan" and another saying, "Yes I'd like that, you seem to know

what you're doing."

Care staff who we spoke with demonstrated a good awareness of the importance of maintaining people's confidentiality and did not discuss issues in public or disclose information to people who did not need to know. We saw information that needed to be communicated about people's needs was passed on in private and that details about them were securely maintained.

Relatives told us they were able to visit and encouraged to participate in the life of the home. The acting manager confirmed that details concerning the use of advocacy services were available when required to enable people to have access to independent advice and support together with information about the home.

Is the service responsive?

Our findings

People who used the service and their relatives told us that staff involved them in decisions about their lives and had no complaints about the service. Comments included, "I've got no complaints" "The staff are very kind" and "We are alright, they (staff) are very good and took us out to the garden centre recently and we had a picnic in the back garden."

A district nurse who regularly visited told us they had no concerns about the service. They stated, "Staff are very helpful and respond to our requests and make themselves available. Staff will always give us a call and are quick to contact us when needed."

When we inspected the service in September 2015 we found people's care plans needed further development to reflect their individual wishes and needs and help staff understand how to promote their personal aspirations. We found people's care plans lacked evidence of their active involvement in decisions about their support and were not always being accurately completed and consistently reviewed. This contributed to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On this inspection we found people's care plans had improved and contained various risks assessments to help keep them safe from harm. We found people's care plans had been evaluated and reviewed, but that new information had not always been updated or accurately recorded. Whilst some improvements had been made in the development of personalised care recording, we found information was sometimes missing or hard to find quickly. People's consent and agreement to their support was not always documented in a coherent way.

We saw inconsistent staff recording in supplementary records that were kept and evidence of poor staff communication in relation to people's needs. We found occasions where staff had failed to clearly document actions taken in relation to issues that had occurred. For example; we saw a person had recently experienced a fall that required attention from the emergency services, but this information had not been recorded in their daily notes.

We saw a member of staff had written 'doctor to be informed immediately' following a concern regarding a potential change in the health condition of a frail elderly person, but were unable to find evidence of how this had been followed up. Whilst the acting manager told us the issue had been raised with the GP, this had not been recorded in the person's multi-disciplinary or daily notes. We saw food charts for the same person lacked detail about what they had consumed, but saw staff recording in the daily notes for a recent shift, that documented 'no concerns at time of report' when it was recorded this person had refused all of their meals. We observed the same person refusing a meal provided on the first day of our inspection and saw they subsequently became agitated and were calling out, stating they were hungry. After observing staff failing to appropriately respond to this person's requests in a timely way, we spoke to the acting manager

about this and saw the person subsequently enthusiastically ate a favourite food that was given to them.

The above concerns represent a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12.

When we inspected the service in September 2015 a relative told us they would like to see more activities developed to enable people to have more opportunities for social interaction. On this inspection we found care staff had a good understanding of people's individual personal strengths and needs. We observed staff had developed positive relationships with people that enhanced their personal wellbeing. We saw people sitting happily together, chatting contentedly with each other and members of care staff. We saw a relatives regularly dropping by to visit and join in conversations with people who used the service and their relations. We were told about regular events that took place, such as quizzes and chair based activities to help keep people stimulated. We were told about plans to develop activity provision and sat in on a meeting about this which people participated in a friendly atmosphere. We observed care staff spending individual time with people to ensure their individual wishes and feelings to be positively promoted. There was no activity coordinator employed. The staff member who previously filled this role was now deployed elsewhere in the home. We were told a new activity coordinator had been recently appointed and would be starting work in the near future, once their recruitment checks were completed.

There was a complaints policy and procedure in place to ensure the concerns of people who used the service were listened to and followed up when required. We saw a copy of this was available in the home. People and their relatives told us they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. There was evidence in the complaints book that concerns had been followed up by the acting manager and the registered provider and that people had been kept informed of the outcome of issues that had been raised. The acting manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People and their relatives told us that overall they were satisfied with the service and happy with the staff. One relative commented about changes that had recently taken place in the home and said, "Things have got a lot better since [acting manager's name] took over."

Recent relative feedback in surveys sent out by the home confirmed this. We saw positive comments in these with one stating, 'We have noticed a marked change in the overall care and welfare of [Name]. He is no longer being left wet' and another that stated, "I am very happy. All the staff have been 100% caring and thoughtful in all they do. It feels more like a family and we couldn't have wished for a better place. Nothing is too much trouble."

We found the previous acting manager had left their post two months prior to our inspection and that a new acting manager had been appointed to run the home. There is a legal requirement for services to have a registered manager and we therefore asked them to submit an application for this post within the next month as there had been no registered manager for the service for the past year. The acting manager told us they intended to formally apply to the Care Quality Commission (CQC) to have their skills and competencies assessed for this position, but had not yet submitted their application.

When we last inspected the service in September 2015 we found quality assurance systems had failed to enable the service to be monitored and enable the mitigation of risks to people's health, safety and welfare, which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found the acting manager had developed quality monitoring of the service and implemented a series of audits and checks that were regularly carried out. This enabled the identification of aspects of the service that required further attention and enable the service to learn and develop.

The acting manager showed us work they had undertaken to evaluate and review people's care plans, but told us that whilst regular audits of these had not yet been fully implemented, there were plans for this to be carried out in the near future. The acting manager showed us programmes of checks that were completed, such as incident and accident analysis and reporting, medicines management, complaints, staff training and development and the environment. On the first day of this inspection we saw environmental checks had not always been fully effective and failed to identify some potential risks to people's health and wellbeing. On the second day of this inspection we saw the environmental checks had been improved and that action had been taken to address shortfalls that were noted. We were told the registered provider was now making regular visits to check various issues relating to the running of the home. We saw evidence of monthly reports that were completed by the acting manager to enable the registered provider to monitor the quality of the service delivered.

Following this inspection we held a management review to discuss progress made since our September

2015 inspection. We judged sufficient work had been carried out in implementing the requirement action concerning the development of the quality assurance we previously made, although this needed further time to be fully embedded. We will continue to monitor this aspect of the home to ensure sustained action is maintained to enable the service to improve.

We found the acting manager was open and honest during the inspection and co-operated and welcomed advice or guidance that was given. We saw the acting manager was readily available throughout our inspection, providing support and guidance to staff and people who used the service. The acting manager told us they carried out daily 'walk rounds' of the service and was directly involved in the delivery of people's support and knew them well. We found the acting manager had an open door policy and welcomed people's comments to enable the service to learn and improve. People who used the service, relatives, visiting professionals and care staff told us the acting manager was approachable and would take concerns they had seriously. We saw evidence of regular meetings with people who used the service to enable them to participate in decisions about the service. Quality surveys of people's views had been recently issued to enable them to provide feedback about the service.

Staff files contained evidence of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and their skills to be appraised. Care staff told us regular meetings were held to enable the acting manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. Members of staff told us about key responsibilities that had been given to them to act as 'champions' for the promotion of different key aspects of the service, such as dementia, end of life care and infection control. Care staff told us they received feedback about their work in a constructive way and that the acting manager listened to their ideas to help the service develop. Care staff told us they had confidences in the acting manager and could talk to them about any concerns they might have. A member of care staff told us, "I feel I can now get the support that I need and feel supported by the organisation, we pull together and are working better as a team, the residents are more settled and happy."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure people's care and treatment was supported in a safe way. Information in care records was inconsistently recorded and assessed which placed people at risk of potential harm. 12 (1) (2) (a) (b)</p>