West Villa Residential Home Limited

West Villa Residential Home

Inspection report

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West Yorkshire
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on the 23 January 2017 and was unannounced. We previously inspected the service on 20 October 2015. At that inspection we found that the service was meeting all the regulations we assessed.

There was a manager at the service who had submitted an application to register with the Care Quality Commission, at the time of the inspection, the manager's registration was in the process of being completed. 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.

West Villa is a private care home, which has been owned and managed by the same family for over twenty-five years. It is a large detached building, situated near local amenities. West Villa is registered to provide care and support for up to 32 people who have mental health needs or physical disabilities related to the ageing process and supports people who are over 60 years of age. At the time of our inspection there were 31 people living at the home.

The home provided 32 single rooms 22 of which had en-suite facilities. The building and furnishings were maintained and decorated and environmental checks were up-to-date. The home was clean and free from unpleasant odours and systems were in place for the prevention and control of infection.

Care staff had a good understanding of safeguarding procedures, how to identify signs of abuse and what action they would take to protect vulnerable people in their care.

From our observations we saw there were sufficient, appropriately trained care staff available to support people to meet people's needs safely. Recruitment checks had been carried out on all care staff to ensure they were suitable to work in a care setting with vulnerable people. Care staff had received an induction and had undertaken a variety of training to ensure they had the skills and knowledge required for their roles. Care staff received regular supervision which ensured that the standard of their work was monitored.

Medicines were stored correctly and administered by care staff who had received appropriate training and been assessed as competent to safely administer medication. The systems for recording medicines in the service needed to be improved to ensure medicines were managed safely. We have made a recommendation about the management of some medicines.

Although the service was in the process of updating and reviewing all risk assessments and care plans they did not consistently reflect the level of identified risk for people. We have made a recommendation about speeding up the process of reviewing risk assessments and care plans.

People were supported to eat and drink sufficient amounts to meet their needs and residents were actively involved with planning the choice of food offered. People's weight were monitored effectively and concerns were addressed with health professionals. People were supported to maintain good health and where needed specialist healthcare professionals were involved with their care.

We observed care staff were kind and caring. Through talking with care staff and residents we found people were treated as individuals and that care staff responded to their needs in a caring and dignified manner. Care staff offered encouragement and spoke in a positive way to residents in order to help improve their self-esteem.

Activities were at the heart of the daily life of West Villa and a range of varied activities, suggested by residents, was available.

People using the service, relatives and healthcare professionals were able to express their opinions about the service through regular surveys about the quality and standard of care provided. The home had a complaints procedure and people we spoke with knew how to make a complaint if they needed to.

Quality assurance processes such as audits were in place to ensure that the service delivered a high standard of care, although not fully robust, in line with the newly appointed registered manager.

Care staff worked well together and there was a positive culture among staff. The management team was forward thinking and keen to promote West Villa as a happy and positive place in which people could live in. Care was person centred and care staff understood people's individual needs and their likes and dislikes.

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.

The manager was reviewing risk assessments and care plans there were still many that needed up-dating to properly reflect the level of identified risk.

Suitable arrangements were in place to safeguard people from harm and abuse. Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

Accidents and incidents were closely monitored, and analysed to prevent a repeat occurrence.

Medicines were not always managed safely. .

There were sufficient care staff to meet the needs of people living at West Villa.

The home was clean and odour free, however some areas of the home needed refurbishment. Systems were in place for the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Appropriate care staff raining was provided to enable care staff to carry out their roles effectively.

Regular supervision was carried out which ensured that the standard of care provided by care staff was monitored and any problems identified and managed appropriately.

A choice of food was available daily and residents helped to plan the menu. Meals were of a high standard. Snacks and drinks were available to people at all times.

The provider was aware of the legal requirement relating to Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People were treated with kindness and care staff were patient and spoke to people in a sensitive and dignified manner.

Care staff helped people to feel good about themselves through encouragement and positive support.

Care staff supported people to be independent.

Is the service responsive?

Good

The service was responsive.

Care was provided in a way that was responsive to the individual needs of people who lived at the home.

The provision of activities was a vital element of life at the home. Residents were actively involved in deciding the programme of activities.

Systems were in place for receiving and responding to concerns and complaints and people felt able to approach care staff and managers to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

People we spoke with told us the management team were approachable and supportive and our observations confirmed this.

There was a recently appointed Registered Manager in post and systems to ensure the quality of the service were beginning to become established but were not fully embedded.

Peoples' opinion about the home was sort through regular meetings and surveys.

West Villa 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. The inspection was planned to check whether the provider 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.

This was an unannounced inspection and took place on the 23 January 2017. The inspection was carried out by two adult social care inspectors and an expert by experience person. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in caring for a person living with dementia.

Prior to the inspection we reviewed information we held about the service, including notifications the Care Quality Commission (CQC) had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also reviewed the inspection report from the previous inspection and contacted the Local Authority (LA) and Healthwatch Wakefield to ask if they had any concerns about the service. We did not receive any information of concern.

At the time of the inspection there were 31 people living at West Villa Residential Home. During our visit we spoke with 10 people who used the service and two relatives, the provider, the new registered manager and five care staff, the deputy manager, and the cook. We observed the care and support provided to people in the communal areas to capture their experiences. We also observed a lunchtime meal and watched the administration of medicine to check that this was done safely.

As part of the inspection we reviewed the care records of five people living at the home, this included their care plans and risk assessments. We looked at four care staff files to check that the recruitment process had been carried out correctly. We also reviewed other information about the service, such as the training and supervision programme, quality assurance process, policies, complaints and compliments. We also looked around the building to check the environment was clean and suitably maintained.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at West Villa. One person commented "Yes I feel safe here.'' Another person said 'I am happy now, not when I first came." A visiting health professional told us "I've seen the same faces here for a long time; I have no problems or concerns".

We saw from the home's training record that care staff were up-to-date with their safeguarding vulnerable adults training and care staff we spoke with were able to discuss the subject confidently and understood the process for reporting safeguarding concerns. Care staff told us they were aware of the whistleblowing policy and knew who to go to if their concerns were not being addressed appropriately. Whistleblowing is where a person raises a concern in their workplace about wrong doing.

Care staff employed by the service had been through a thorough recruitment process. We inspected four care staff personnel files and found they were well organised and contained all the relevant documentation, including an interview log, two references and confirmation of identification. All care staff had Disclosure and Barring (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

Through our observations during the inspection and through discussions with the manager we saw there were enough care staff available to respond to the needs of residents. The home did not use any agency staff: permanent care staff were recruited to work full time and then worked extra shifts to cover any shortfall in the rota. This helped to promote continuity of care. During the day the management team were always present and a manager was on call at night and at the weekend. Senior care staff provided care and support to residents throughout the day and the deputy manager was available on the floor to support the care staff.

We inspected the premises and saw that it was well maintained, however some bedrooms were in need of redecoration. We saw communal toilets and bathrooms, and all communal areas were clean and free from unpleasant odours. The home employed a cleaner seven days a week and we saw evidence that the daily, weekly and monthly cleaning schedules were up-to-date. During our inspection we found a curtain rail had fallen off the wall. We brought this to the attention of the manager and they requested this to be rectified immediately by the maintenance person, which it was.

We inspected the kitchen and saw that it was clean and the daily cleaning schedules had been completed. Food was stored safely and the fridge and freezer temperatures were monitored and recorded daily. These procedures helped to minimize the risk of food contamination. A 'Food Standards Agency' inspection had been carried out and it was rated as '5'. This five star rating assured us the safety and hygiene standards at the home were very good.

Arrangements were in place for the prevention and control of infection. Toilets and bathrooms contained an adequate supply of soap and paper towels and anti-bacterial hand gel dispensers were situated throughout

the home. Posters detailing correct hand washing procedure were on display in all toilets and bathrooms and in the kitchen and laundry. Cleaning mop heads were changed in order to prevent them harbouring bacteria. Care staff had undertaken infection prevention and control training and those we spoke with understood the importance of infection control measures such as the use of personal protective equipment (PPE), including disposable gloves and aprons. We observed care staff using these appropriately.

We saw there were systems in place for the storage and management of medicines. The home had a medicines trolley which was kept chained to the wall. Additional stocks of medicines were stored in a locked cupboard. There was a designated medicine fridge and from our observations of the records we saw that the temperature of the fridge was checked daily. The medicine trollies were clean and tidy. Senior carers who administered medicines undertook yearly training and these covered topics such as medicine record keeping, disposal, storage, obtaining prescriptions and medicine errors. This meant people received their medicines from people who had the appropriate knowledge and skills.

We observed the morning administration of medicine and saw that it was carried out safely.

We looked at five Medication Administration Records (MARs) and saw that there were inconsistencies in recording of information. We reviewed the medicines for one person and found the stock tallied with the number of recorded administrations, however, we found one of the medicines had been put into the incorrect medicine box. This increased the risk of a member of care staff administering the incorrect medicine to that person. We found a discrepancy in the stock of 'Warfarin' for two people. On another MAR chart we found a discrepancy in the stock of one of the medicines. Care staff had recorded 22 tablets at the beginning of the monthly cycle; however we found 49 tablets in the box. We recommend the management team consider current guidance regarding the auditing and stock reconciliation process for peoples medicines.

PRN medication is a medicine which is prescribed to be taken 'as needed', the provider had compiled protocols, having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. PRN protocols exist to help care staff understand when and under what conditions these medicines should be administered.

The MAR sheets were stored within a medicines file, which also contained the medicines policy with a sheet signed by care staff to say they had read it. The file also contained information about different drug groups commonly used by people living at the home. Each MAR sheet displayed a photograph of the resident and recorded if they had any allergies. No medicines were being administered covertly. This means giving medicines in a disguised form, for example in food or drink, when a person refuses the treatment necessary for the physical or mental health.

We looked at the systems the home had in place to identify and mitigate risks to peoples' health and well-being. During our inspection we saw risks were discussed in the 'handover meeting' so care staff were aware a particular risk had been identified. However, we found that where risks had been identified they were not consistently reflected in detailed written assessments. On reviewing a care record for one person we noted they required the support of 2 care staff and used a stand aid, a wheelchair, and a bath hoist. Although there was a risk assessment in place for the use of this equipment it lacked sufficient detail. However, the manager showed us a risk assessment for another person which was more comprehensive. It was important that risk assessments were thorough and indicated ways risks could be mitigated so as to avoid potentially harmful situations.

The manager was in the process of a thorough review of all residents' care plans and risk assessments and

although we found they had made some progress with this, some of the care plans and risk assessments we viewed were not of sufficient detail and did reflect a true picture of the current risks exhibited by that person. We recommend the management team take steps to speed up the process of the review of risk assessments and care plans to ensure that they all reflect current identified risks.

There were systems in place to protect care staff and people who lived at the home from the risk of fire. Fire equipment, such as extinguishers were checked monthly and there was a weekly test of the fire alarm. A fire register was kept at the front door for care staff and residents to indicate when they had left the building.

People who used the service had a personal evacuation escape plan (PEEP), which explained how they would be evacuated from the building in the event of an emergency. This contained information about their mobility and any communication problems that might make their evacuation from the building difficult. There was a management plan to follow in the event of a major emergency, such as a power failure, gas leak or flooding and the home had an arrangement with another local care home to provide temporary accommodation for people if they needed to be evacuated from the premises.

We saw fire-fighting equipment was available and emergency lighting was in place. During our inspection we found all fire escapes were kept clear of obstructions. We saw upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. We found all floor coverings were appropriate to the environment in which they were used. However we noted some bedrooms had poor quality of carpets which could potentially result in a trip hazard. We brought this to the attention of the provider who immediately had a new door bar fitted, This shows the provider has taken steps to provide care in an environment that is suitably designed and adequately maintained.

Good

Is the service effective?

Our findings

All newly recruited care staff completed an induction which included training on topics such as infection control and moving and handling. They also completed a period of 'shadowing', where they worked alongside other care staff in order to gain experience of caring for people. The manager told us that following a successful interview all new care staff who did not have any care qualifications were enrolled on the Care Certificate, a national qualification which, when completed, demonstrates they have the skills and knowledge to provide care and support to vulnerable people. We saw from records that when care staff first started at the home they received a full induction and were subjected to a probationary period of six months.

West Villa Residential Home had a well-equipped training room for care staff to undertake e-learning. Care staff undertook a variety of face-to-face and on-line training. All care staff had yearly face-to-face training on subjects which included moving and handling, safeguarding vulnerable adults, infection control, fire safety dementia awareness and mental capacity. Other topics covered in training sessions included challenging behaviour, health and nutrition. The manager told us about the home's mental health awareness training, which covered areas including depression, anxiety, schizophrenia and dementia. Care staff we spoke with were happy with the level of training and support they received. One member of care staff said '' I can ask questions and If I make a mistake they teach you and train again so that you don't make the same mistake again."

Through our discussions with the manager we saw they believed supervision of care staff to be an important part of their role. Supervision was scheduled to take place every two months and from our observations of the care staff records we saw the schedule was being adhered to. Care staff we spoke with felt that supervision was beneficial to them. One care staff member said ''I had about four supervision with the manager last year but I can always go and see them at any time. Another care staff member told us that although they received supervision every two months they could ask the manager for extra sessions if they had any problems they needed to discuss.

We looked in the home's kitchen and saw people's dietary requirements, likes and dislikes had been noted and copies of special diets were seen in peoples care records and in the kitchen. The kitchen was clean and hygienic. Food store cupboards and freezers were well stocked. There was a good supply of fresh meat, fruit and vegetables. The cook said, "If people don't like what's on the menu, I always make something they like". We found that the food served looked appetising, was flavoursome, balanced and nutritious.

We saw that people had been offered a choice from the lunchtime menu in the morning. There was a choice of two main courses. Care staff serving the meals followed a list of what people were having for lunch which helped to make sure people received the correct meal of their choice. Everyone was given a hot or cold drink with their meal. People who required a pureed meal were assisted by care staff to maintain their nutrition. We saw that care staff sat next to people and talked with them during their meal.

The home had a small dining room; meals were held in one sitting. People were offered the choice of which

room they would like to eat, either the dining room or lounge. The lounge was usually quieter and people who needed assistance with eating, or who might get distracted during their meal were encouraged to eat at this area. The dining room tables were nicely laid with table clothes and vases of flowers and a bowl of fresh fruit was available for people to help themselves. The main meal of the day was served at lunchtime, with a lighter meal at teatime, followed by a supper of toast or cakes. We observed the lunchtime meal and saw that it was a pleasant, unrushed experience and there were sufficient care staff to help people who needed support or encouragement with eating.

We looked at the systems for ensuring people's nutritional and health needs were met. People had their nutritional needs assessed on admission to West Villa. From our observations and the care records we looked at, it was apparent that people were being provided with enough fluids during the day to keep them hydrated. We saw that where people needed to have their fluid intake and output monitored, this was being recorded. People were weighed regularly and Malnutrition Universal Screening Tool (MUST) scores were regularly reviewed. MUST is a commonly used screening tool which helps identify adults who are at risk of malnutrition or obesity. Where a dietician had made recommendations for care staff to follow we saw dietary records had been completed. We also saw evidence that care staff had made the necessary referrals to health professionals including speech and language therapists and dieticians and that any recommendations made had been incorporated into the relevant care plans. Care staff told us they knew to contact the GP and/or dietetic service if there were further issues or concerns.

We saw evidence on people's care records where other professionals were involved in their care. People living at West Villa had access to a range of healthcare professionals, including district nurses, the GP or the Speech and language team (SALT). Residents we spoke with told us they were involved with their care-planning and felt that care staff worked with them proactively to address their needs. One resident said ''Care staff will call the doctors in if I'm not well."

The Mental Capacity Act (2005) 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On the day of the inspection 17 people were subjected to a DoLS and a further 5 people were in the process of with their application with the local authority.

Care staff we spoke with had a basic understanding of capacity and understood they should ask people for consent before they delivered care. We observed care staff offered people choice, for example we heard people being offered choices at mealtimes. The manager told us they always considered capacity as part of the assessment process, but current paperwork needed to be adapted to make it easier to document in people's care files. The registered manager said they were in the process of reviewing all documentation to reflect clearly if capacity assessments were needed. For example one person lacked capacity around taking medication, the capacity assessment completed had a review date of 17 March 2016 however we saw no evidence to say this review had taken place. The MCA sets out what must be done to make sure the rights of people who may need support to make decisions are protected.

The home had several nicely decorated communal spaces, which provided different areas for people to relax in or take part in organised activities. Additional seating was provided in the entrance hall and we saw one person congregated in the activities room daily to chat and complete their jigsaw. A board displaying the week's activities was also situated in the main entrance. We noticed improved signage in the home ground floor. This meant the home had taken steps to make the environment dementia-friendly. However

we did notice lack of signage on the first floor. The new home manager said they would ensure additional signage was provided to help people navigate upstairs.

Good

Is the service caring?

Our findings

We saw many examples of the caring approach care staff took with people and people we talked with spoke fondly about the care staff considered them as friends. One member of care softly in a warm and caring manner and explained to the person the task they were going to carry out in a dignified manner by engaging at the same eye level. We observed care staff to residents in a kind and respectful manner. People were relaxed and content throughout our inspection. The provider and care staff observant and attentive, engaging in friendly banter where appropriate. For example one person told us "Sometimes when I feel lonely I talk to care staff and they listen to me, they are very nice"

We saw people in the home looked cared for; their clothes and appearance were clean. The manager told us that ensuring residents looked well-dressed helped to promoted self-esteem. We saw instructions to care staff emphasising the importance of checking residents' hair was tidy, their clothing appropriate and comfortable, and men were shaved, if that was their preferred choice. Beauty therapy sessions such as make-up and hand massage were offered and a hairdresser attended every week.

We asked care staff how they ensured people were treated with dignity and respect. Care staff we spoke with told us they understood the importance of choice and self-autonomy. One care staff member told us, "I give choices, it's about each person's choice, what time they want to get up or go to sleep, choices on what they want to eat and what they want to watch on the television". Another care staff member commented, "Since last inspection we have tried in every aspect to give person centred care."

Care records we looked at included a 'Residents Profile' document which had been completed with people who lived at the home. This included information about people's life histories, family and interests. This information helped care staff form meaningful and caring relationships with people.

There was a relaxed and happy atmosphere in the home and we saw and heard care staff smiling and joking with residents. One member of care staff told us "It's a relaxed place here''. In the 'handover' meeting care staff were reminded to spend time with residents and to comment in a positive way for example on their appearance.

Information held about people, including all care records were securely stored in a cupboard when not in use. This helped protect the personal information held about people who lived at the home. Care staff had access to the notes and we saw that they regularly consulted care plans and assessments to ensure that they were providing appropriate care and support.

Care staff understood the importance of confidentiality and of not discussing people's needs in front of others and said, "we always write up our notes away from residents and we make sure that we share confidential information in a private area, away from other people", "it's just good practice to make sure we treat people's information confidential; people are respected here".

The manager told is that the district nursing service would provide support for 'end of life' care and that all

care staff had been trained in this subject to enable them to care for someone appropriately.

Good

Is the service responsive?

Our findings

Prior to moving into the home a pre-admission assessment was carried out by the manager, in order to assess if the home could meet the needs of the person wishing to live there. The pre-admission assessment form provided a brief overview of needs, including medical history, communication, behaviour, skin integrity, nutrition, oral health, elimination, personal care mobility, sleeping and if the aid of any equipment is needed. People were encouraged to visit the home for a meal to help them decide if they would like to accept the place on offer.

The process was that the registered manager then completed a care plan which provided further detail. This included information covering risk of falls, environmental risks, moving and handling risk. We found that the service was responsive to people's individual needs and the care plans reflected people's needs. Three out of four care records we looked were detailed in description about people's care needs, and how staff should support those needs. They contained a front page profile detailing next of kin details, likes and dislikes; what help they required and an up to date picture.

Each care plan we looked at outlined what was important to the person, and reflected their wishes and preferences. This information helped staff who were caring for them to know more about the person. We saw that the care plans had been reviewed regularly to ensure that people were receiving the care they needed. We saw evidence that people and their families were involved in care reviews and records were updated if needs had changed.

All residents were encouraged to attend a monthly residents meeting, where people were able to air any concerns and openly discuss any concerns that might be causing them emotional distress. In addition, the activities and menu for the week were planned. One person told us "I think the meetings are good. I can say what I want to say in them, it's written down."

A detailed handover meeting, where care staff discussed residents' needs, was held every morning. The previous shift leader gave a brief synopsis about each resident, detailing how they had been at the home, their diagnosis, care needs, likes and dislikes and changes to his/her care needs. A discussion then followed as to how their needs could be met through activities, positive reinforcement and one-to-one support from staff. From our observations of the handover meetings we saw that care staff were knowledgeable about the needs of the people who lived at West Villa and the level of support they needed in order to maintain their independence.

We looked to see what activities were provided for people. We noted there was a weekly timetable in place which was organised by the activity coordinator employed by the service. Daily activities played an important part in the routine of West Villa and were seen by the management team as being fundamental in helping residents to gain self-confidence, self-respect and to feel valued as part of a community. Residents had a morning coffee break in the main lounge where conversations and interactions between care staff and residents were actively encouraged. Prior to the morning coffee break a short exercise session, suitable for all abilities, was held in the main lounge run by the activities co-ordinator. Residents were encouraged to go

out for a walk or to the local shop. In the afternoon activities such as organised games, craft sessions, relaxation and film showings were offered. Trips to local cafes and restaurants were organised frequently. One member of care staff commented to us "We spend most of our times with residents." Some residents were independent and went out shopping or on other outings unaccompanied. Visitors were free to visit the home at any time and there was a telephone available for residents' use. The manager had encouraged and supported one resident to learn how to skype their family.

The manager told us that even those people who regularly refused to take part in activities were still asked if they would like to participate, as this showed them that people cared about them. One of the residents told us that she sometimes bakes cakes for herself. This gave her a more positive feeling of being able to be involved in daily activities.

We spoke with the activity coordinator about the activities they provided. They told us that, although there was a timetable in place, they were flexible to meet people's wishes and preferences. They told us they would always speak with people and their relatives to find out the person's interests.

People who wanted to continue practising their faith were helped to do so. One person was assisted by care staff to attend a local church. People beliefs and faiths were noted clearly in the care records we looked at.

We noted there was a copy of the service user guide and who the person's key worker was in each bedroom. This also contained information about how people could make a complaint if they were not happy with the service they received. A suggestions box and comments book were also available for people to provide feedback on the service provided at the home. The service had a compliments and complaints policy in place. People we spoke with told us they would be happy to raise any concerns they had with care staff and were confident they would be listened to. The manager told us that they had not received any recent complaints and suggested this was because problems were dealt with promptly and as and when they occurred. They told us "It's important you deal with things as they happen''. Monthly resident meetings provided a forum for people to discuss any problems they might have with, for example the food or activities and to bring these to the attention of the management team. Residents we spoke with told us they would be happy to raise any concerns during these meetings or directly with the manager. We saw that effective systems were in place to deal with complaints raised and that the complaints had been responded to in accordance with the homes policy. There was a complaints policy to ensure that people who used the service knew how to make a complaint.

We looked at the most recent satisfaction survey conducted by the home in December 2016. We noted the completed surveys contained positive feedback regarding people's experience of the care provided. Comments such as 'care staff are very pleasant and caring' was noted. Other comments received were varied and some specific to peoples care. As a result the manager had reviewed care plans for people who have expressed concerns in the satisfaction survey and we saw that their care plans had been updated to reflect any new changes.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post, the manager's registration with CQC was in the final stages of completion on the day of our inspection. In addition to the manager's role, the leadership of the home was coordinated by a management team. A deputy manager supported the owners with the daily running of the home.

All of the ten people we spoke with told us they were aware of the identity of the manager. One person told us, "I don't know the manager's name but I see them every day." Another person commented, "I think I know who the manager is." This demonstrated that the registered manager was visible 'on the floor', which meant they had an in-depth knowledge of needs and preferences of the people they supported.

There was a newly appointed manager in charge of the day to day running of the home in conjunction with support from the registered provider. The manager told us of planned developments to improve the service, such as continued review and update of all care records and quality assurance audits. There was a clear management structure at the home. Care staff told us they were aware of the role of the management team. They told us that the managers were approachable and were always present in the home. They told us that even though they had noticed some management changes, this had not affected the way they worked. The values and philosophy of the home had been clearly explained to care staff through their induction programme and training and there was a positive culture at the home where care staff said that they felt "Brilliant; the provider has been a good mentor"

We saw that there were quality assurance processes in place and there was a noticeable improvement in the quality of these since November 2016, which coincided with the appointment of the new manager. Full and regular audits of care plans showed evidence of follow up action; staff training had improved, there were meaningful activities available to people and records of diet and fluid intake charts completed. However systems to monitor and improve the quality of the service were not robust. Therefore they had not identified areas of concern that we found during the inspection. For example they were unaware of the concerns relating to risk management, medicines management, maintenance of the premises, and decoration and signage within the home. The impact of a lack of consistent management and leadership was evident throughout the findings of this inspection. This included the poor record-keeping in quality assurance, lack of care plan oversight, and limited staff access to supervision and appraisal prior to November 2016. Issues with management effectiveness and oversight were also evidenced by the failure of audit to address areas of concern at the home in 2016. For example, issues with care plans not reflecting people's current needs, risk assessments not being person-centred and reflecting current needs, and the lack of review assessments for people with mental capacity problems. These issues formed part of an extensive service improvement plan.

The new home manager could describe the purpose of effective audit systems and was committed to updating documentation so it could demonstrate how audits had been used to evaluate safety and quality, and to drive improvement. They said they felt supported by the registered provider to make the changes that were needed.

Issues with record-keeping, the effectiveness of audit and management oversight were a breach of Regulation 17 (1) and (2) (a) (b) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service had a care staff handbook in place. This contained detailed information on policies and procedures, training, MCA and DoLS, personal care, moving and positioning, medication and risk assessments. We looked at a random sample of policies and procedures. These were detailed and provided care staff with the relevant information they needed in order to undertake their duties.

Records we looked at showed regular care staff meetings were held. We noted that these meetings were used as a forum to discuss the standards to which managers expected care staff to follow. Care staff meetings were held every month and these enabled important information about the service to be communicated to staff. We saw the minutes of the meeting held in January 2017, topics discussed was key worker responsibilities, peoples appearance, whistleblowing, safeguarding, and food and fluids to monitor people's health and wellbeing.

The management team held a weekly meeting where they discussed residents' needs, any recent accidents or incidents, new admissions, maintenance problems, any safeguarding concerns and staffing levels. Following these meetings the management team conducted a walk-around of the building to identify any problems with the fabric of the home. Actions were set at the end of the meeting and were reviewed the following week so that all issues were resolved in a timely manner.

We observed a happy atmosphere in the home and care staff commented positively about working there. One carer commented "It's a good place to work" and went on to describe the management team as "Management are quite approachable''. From observations during our inspection we saw that the new registered manager and the deputy manager were 'hands-on', spent some time each day supporting residents and were knowledgeable about residents' needs.

The home received feedback about the service it provided through the use of surveys, which were distributed to health professionals, care staff and people who used the service and their families. Information and comments they received from the surveys were analysed and actions set to address any concerns or suggestions made. One comment we saw in a recent survey said "Nice food, I get too much sometimes." Another comment we saw said "I doubt it I will need to make a complaint''.

The home had an up-to-date accident/incident policy and we saw that where incidents had happened a recommendation had been made in order to help prevent a similar occurrence in the future. Incidents were monitored and analysed and any trends discussed at the weekly management meeting. Restraint was not used in the home: no members of care staff were trained in this technique.

The provider told us they considered the key achievements since our last inspection had been the improvement in the environment and the involvement of people and their relatives in the process of developing the service through the monthly residents meetings. They told us the key challenge for the service was to maintain and build on the improvements already made and to ensure a much more effective care staff team.