

Barchester Healthcare Homes Limited

Lancaster 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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

We undertook the unannounced inspection of this location on 30 and 31 March 2016. Lancaster Grange is run and managed by Barchester Healthcare Homes Limited. The service provides nursing care and support for up to 60 people. The service is provided over two floors with two units on each floor, one unit on the first floor was not open. On the first day of our inspection 37 people were using the service and 36 people were present on day two.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

When we previously inspected the service on 18, 19 and 23 March 2015 we found there were breaches of regulations. This was because improvements were required to ensure that incidents of a safeguarding nature were handled appropriately, people received care and support from adequate numbers of experienced staff and medicines were administered and stored safely. There were also improvements needed in relation to the information available to staff in people's care plans.

We previously found there was a lack of support for staff who did not have confidence in the management team and although there were systems in place to monitor the quality of the service they had not been utilised effectively to highlight shortfalls in the quality of the service. We told the provider they must send us a written plan setting out how they would make the improvements and by when. The provider sent us an action plan and told us they would make the improvements. During this inspection we looked at whether the provider had met the legal requirements in relation to the breaches of regulation we found at the last inspection. We found that although some improvements had been made there were further improvements required.

People were not supported with sufficient numbers of staff to meet their needs. This impacted on staffs ability to ensure people were appropriately supported with their nutritional needs.

Whilst there had been significant improvements in how risks to people were managed there were still times when information was not recorded appropriately.

People felt safe in the service and were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority and CQC when needed. People received their medicines as prescribed and the management of medicines was safe.

People were supported by staff who had received appropriate mandatory training. However staff supervisions were not always undertaken regularly.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

Referrals were made to health care professionals when needed and people who used the service, or their representatives, were encouraged to contribute to the planning of their care.

People were treated in a caring and respectful manner and staff delivered support in a relaxed and considerate manner.

People who used the service, or their representatives, were encouraged to be involved in decisions and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 safe.

There was not always enough staff to meet people's needs or respond to people's needs in a timely manner.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always receive supervision on a regular basis

People were supported by staff who had received training to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were not always provided with the support they needed to eat their meals.

People's health was effectively monitored.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

People who lived at the service, or those acting on their behalf,

were involved in the planning of their care when able and staff had the necessary information to promote people's well-being.

People were supported to make complaints and concerns to the management team.

People were supported to pursue a varied range of social activities within the service and the broader community.

Is the service well-led?

Good ●

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

The systems in place to monitor the quality of the service were effective.

Lancaster 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 unannounced inspection took place on 30 and 31 March 2016. 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with nine people who were living at the service and eight people who were visiting their relations. We spoke with two visiting health professionals, eight members of staff and the registered manager and the operational manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of six people who used the service, five staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

At our last inspection we found the staffing levels were not always sufficient to keep people safe and the provider was in breach of regulation 18 of the health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider sent us an action plan to show how they would address this issue. We found the provider had made some improvements but further improvements were still required.

Although the provider used a dependency tool to assist them in determining staffing levels, people told us that there was not always enough staff to meet their needs. One person told us, "They are always short staffed, especially at weekends and the care is not the same then. They don't respond to bells very well and it really depends on which staff are on – it's pot luck really." Another person said, "On the whole things (staffing) could be better, they need to sort the staffing." A third person told us, "After Sunday lunch you don't see many staff."

Relatives we spoke with told us, "There doesn't always seem to be enough (staff); there has been a number of times when I have helped with teas. It feels like at times it's a bit sparse." One relative told us that on one Sunday afternoon they had not seen any members of care staff for an hour and a half. Another relative told us "We come in everyday and sometimes we are the only ones in this sitting room (1st Floor) along with the residents" The relative went on to say they felt some people needed constant supervision and felt they were left to keep an eye on these people. They said "The staff are just so stretched and there are never enough of them. It's a really difficult job for them here."

Staff we spoke with told us staffing levels were inconsistent. One staff member said, "Sometimes there's enough, sometimes not." Staff were aware that the management team had been using a dependency tool to establish safe levels but some staff did not have confidence in the tool. One staff member said, "There times when there have been only two people on one unit and one person on another." Staff told us when there was no senior care worker on duty on one of the floors the registered nurse had to cover both floors. Another member of staff told us there were difficulties in covering shifts when staff went off sick and said, "No one wants to come in and cover." The staff member went on to say that it was difficult when one person required one to one care and other people also required help or they were unsettled.

We examined staff rosters and saw staffing levels reflected the numbers the provider considered safe using their dependency tool. Although the management team had attempted to cover sickness there were gaps where the management team had not been able to cover these shifts, therefore resulting in the home being short of staff on these occasions. Furthermore the roster also did not identify which staff members were meant to undertake one to one care for people where it was required. This meant people may not always get the one to one care they required and as a result put people at risk of receiving unsafe care.

Our observations supported the information we had been given from people who used the service, their relatives and staff about the staffing levels. One person who had been identified as requiring one to one care did not have this level of supervision at a point when they slipped from their chair in the lounge area. There was an activities co-ordinator in the area undertaking an interactive activity with a group of people at the time of the incident. The member of staff had to call for assistance to help the person back into their chair. During our second day of inspection we observed a 30 minute period during the morning when the person did not receive one to one care. One member of staff who was undertaking the task of distributing drinks and snacks to a number of people also seated in the lounge was present but they were not supervising the person, this meant the person was not receiving the one to one care they were meant to be receiving.

We also observed during the mealtimes that sufficient staff were not available to ensure people received the support they required. We also noted there were times that staff were too busy with other people to answer people's calls bells. This resulted in two people having to wait for half an hour before their bells were answered and they were supported with their care.

This was a continued breach of regulation 18 of the health and Social Care Act 2008 (regulated activities) regulations 2014.

At our last inspection we found the risks to people were not always addressed and responded to in a timely manner. Risks had been identified but strategies had not always been put in place to protect people from these risks. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the required improvements had taken place and risks to people were identified in their care plans with strategies in place to manage these risks.

However we did find that people's records were not always updated as required. On the second day of this inspection we checked the care records of the person who had slipped from their chair the previous day and we found the incident had not been recorded in the person's care plan. This meant accidents and incidents were not always recorded and the opportunity to identify action to prevent them occurring in the future was missed. We highlighted this to the Registered Manager who told us they would address this.

Nevertheless we did see a number of examples to show that improvements had been made at the service to manage risks to people. For example one person who was at risk of falling out of bed had instructions in their care plan to have their bed set at the lowest height with an alarm mat and padded mat on the floor next to the bed. During our inspection we saw the person had gone to bed for an afternoon nap and the measures highlighted in their care plan were in place. We also saw other individual risk assessments in people's care plans that showed particular risks had been identified and assessed. For example people who were at risk of developing pressure ulcers had assessments in place highlighting how often a person required repositioning and the equipment needed to reduce the risks to them. When bed rails were used a risk assessment and care plan was in place and the rails checked monthly. This showed that the staff in the service had identified risks and put strategies in place to protect people in the service and were no longer in breach of this regulation.

When we last visited the service we were not confident that medicines were administered in a safe and competent way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. During this inspection we found there had been improvements made in regard to the administration of medicines.

People told us they received their medicines on time and that they were supported to take their medicines. We observed a medicine round and saw people had a locked cupboard in their rooms for their medicines. Where possible staff asked people to return to their rooms to receive their medicines providing privacy and ensuring medicines were administered safely.

Staff administering medicines had undergone safe handling of medicines training and had regular checks on their competency to administer medicines.

Medicines administration sheets (MARs) contained a photograph of the person to aid identification a record of any allergies and information about the person's preferences for taking their medicines. This meant staff had the information to administer people's medicines in the way they wished. We saw there were regular temperature checks recorded in the medicines cupboards and fridges to ensure temperatures remained at safe levels for each medicine. There were processes in place regarding the ordering and supplying of medicines with a member of staff responsible for this process.

People told us they felt safe and any issues of concern they had were addressed by the registered manager. One person told us that another service user could be intimidating but they were aware that the management team were addressing the issue. We discussed this with the registered manager and viewed the service user's care plan which assured us that the management team had reviewed the situation They had responded to ensure the safety of people who had felt intimidated and the person who exhibited these behaviours.

Relatives told us they felt their relations were safe and that staff managed them safely. Relatives knew who to go to if they had concerns over their relative's safety, one relative told us, "I can go to [name] the manager."

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse. They also understood what their role was in ensuring the safety of the people who lived in the service and they told us they had received training on protecting people from the risk of abuse. One member of staff told us they had not seen any abuse, but if they did they said, "I would intervene and report to my immediate manager and the service manager" The staff we spoke with were confident that the registered manager would deal with any issues and they were also aware they could contact the safeguarding team at the local authority should this be required.

The registered manager was confident staff would protect people from possible abuse they told us, "I have a number of ways to ensure this, ensure they get training, test their knowledge and observe practice." They told us as well as their own walk rounds the training manager also undertakes walk rounds and observes practice.

Is the service effective?

Our findings

The majority of people we spoke with felt that staff were skilled and competent. One person told us, "Staff seem to know what they are doing." Relatives we spoke with told us they felt staff were competent to undertake their job.

Staff we spoke with told us they had received a supported induction and appropriate mandatory on-going training. One staff member said, "The induction was comprehensive," and they confirmed they had received on-going training. We spoke with the registered nurse who told us they had the opportunity to attend training courses to ensure their clinical skills remained up to date. For example they had undertaken urinary catheter and continence training. Some staff members who worked in the part of the service with people who were living with dementia had not received any training in dementia or managing challenging behaviour. However when we spoke to them about how they would act if a person presented with challenging behaviour and they described appropriate actions to manage the situations.

We addressed the issue of the lack of dementia training with the registered manager and the training manager. They told us some people had undertaken e-learning on dementia care but they had also introduced a two day face to face course and were working through staff to ensure everyone received the training. They told they were prioritising the staff who worked in the part of the service where people were living with dementia. The registered manager told us this would include not only the care staff but support staff such as the housekeeping and kitchen staff who had regular contact with the people who lived in the service.

Staff told us they were not always supported regularly with supervisions. One member of staff told us, "I don't think they (supervision sessions) are given as often as they should. But if I remind them (senior staff) I get it. It is useful as I can discuss anything I want." The staff member told us they had received yearly appraisals. We discussed supervisions and appraisals with the registered manager who told us they were not as up to date with supervisions as they would like but they showed us their plan to address this.

People were supported to consent to their care. One person we spoke with told us, "Yes they usually ask you if you want things like a bath, and I chose." Documents in the front of each care record had been completed to give consent for the use of photographs. We saw sections completed to indicate some people had agreed for their relative to sign consent forms for them and these had been completed appropriately.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "the act explains what capacity is, There is a test for this" They went on to say, "It must be assumed that people have capacity. Because people can make some decisions and not others." This member of staff also showed an understanding of Deprivation of Liberty Safeguards, they said, "We should only use this if someone is at risk of harm and we should use the least restrictive method and make applications to the local authority."

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 services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications had been made to the local authority when required.

People we spoke with said they enjoyed the food served in the service. One person told us, "Oh yes the food is definitely good here, all home cooked. We have a choice and they will more or less cook you anything you want if you don't like what's on." Another person told us "The food is good there's no doubt about it, the cook looks after us very well." Throughout the service we saw drinks being served regularly and there were snacks available for people in between meal times.

There was information in people's records to assist staff to manage people's nutritional needs. We saw risk assessments and care plans were in place and people's food preferences were documented. People were weighed regularly and referrals to health professionals were made when required and instructions clearly documented. Staff we spoke with showed a good knowledge of the different diets people required.

However, people may not be assured that they would receive if needed the required support from staff to eat their meals and that their meal time experience was compromised. We observed four meal times during our inspection. The meal time experience on the ground floor was markedly different to the experience on the first floor. Whilst the people downstairs who did not require a great deal of assistance had a pleasant dining experience the people upstairs did not always receive the support they required at both the meals time observed. Although staff worked hard and efficiently to serve people and sit with them giving them support to eat and time to chat, a number of people who required one to one assistance did not always receive this. We found that as there were insufficient staff, relatives supported people to eat, some of whom were they were not visiting. On one occasion we saw there were six people in the dining room who required support but only two staff were available to give this, this resulted in some staff trying to support two people at once and the staff member administering medicines to alternate between this task and supporting people to eat. We also noted that there were some people who would have benefited from encouragement to eat their meals but staff were unable to provide this level of support due to a lack of time.

People told us they had access to health care professionals and staff had sought their advice to support people with their health care needs when required. However one relative told us that the communication regarding health professional's visits could be improved. They told us they had asked for their relative to have an eye test and by chance when visiting saw there was a visiting optician at the service. The relative told us they had managed to get an appointment but if they had not have visited their relation would not have been given this opportunity.

Staff we spoke with felt the senior care workers and nurses responded well to health issues they raised with them. One member of staff gave an example of a person who required antibiotics over a weekend and how quickly the nurse had worked to get the medicine required.

Health professionals we spoke with told us staff were responsive when they highlighted issues to them. One health professional gave an example of how the service had been proactive when a follow up hospital appointment had been missed by the local hospital. They told us the staff in the service had picked up the error and had ensured the person got the appropriate appointment they required.

Is the service caring?

Our findings

People we spoke with felt happy living at the service and felt the staff were caring and courteous. One person told us, "Yes staff are nice we can have a joke together."

Other relatives also felt satisfied with the quality of service provision. One relative told us, "The staff have a caring attitude." Another relative told us, "Within their controls the staff do a fantastic job here, there just isn't enough of them."

Some relatives we spoke with were not happy with the care their relations received. One relative we spoke with who came into the service regularly to see their relation told us they occasionally found them in need of personal care. The relative told us staff would always respond and often were able to give a reason for the lack of personal care, for example, if the person had not slept well. The relative still found the situation distressing and felt if they had not prompted staff the care might not have been given.

Although they told us this we saw that staff interacted with people in a relaxed and caring manner. Staff working in the part of the service with people who were living with dementia had good ways of engaging positively with people. For example, taking their arm when walking with them, smiling and making good eye contact as well as offering reassurance and encouragement. People appeared relaxed and comfortable with staff and were reassured by them when they became anxious.

Staff we spoke with were able to discuss the needs and preferences of the people they cared for. When staff were providing care we saw they knew people's preferences. For example when serving drinks and meals a member of staff addressed an individual saying, "It's your favourite today," when discussing lunch.

People were encouraged to develop relationships with each other. One staff member discussed the preferences of one person and how they had moved from the first floor to the ground floor. They told us the person preferred to be in this part of the service but had formed a friendship with a person on the first floor and liked to go up to visit regularly. We saw people sat in the café area of the service and socialised together and there were a number of areas for people to sit with their relatives when they visited. At mealtimes staff served people who sat together at the same time. People were able to have an alcoholic beverage with the meals and the people who liked to sit together were accommodated. This made the meal time experience a pleasant social occasion for people.

People's religious needs were accommodated at the service. There was a weekly multicultural service for people to attend and a number of people enjoyed going to their local place of worship to attend services. There were systems in place to monitor staff to ensure they provided a caring and respectful service to people. The manager told us observations of practice took place which helped them identify any issues related to standards of care.

People felt they were encouraged to express their views and felt their opinions were valued and respected. We saw there were systems in place to involve people in the planning of their care package such as monthly reviews. People and their relatives told us they were encouraged to attend the reviews and felt the management team respected their contribution to the review process.

People we spoke with told us staff encouraged their independence and we saw examples of this with people being encouraged to use equipment to assist them when mobilising. Throughout our inspection we observed staff interacting with people. The interactions were positive and empowering, staff actively involved people

in making decision about what activities they would prefer to take part in, and where they preferred to sit. We also noted that staff respected people's decisions if they did not wish to participate in the planned activities. We saw one person who had gone to join the sing-along in the café area, but had found the singing too loud. A member of staff saw they were not enjoying the session and escorted them back to their room and settled them with a drink and their television.

We discussed with the registered manager if people at the service used Advocacy services to support them. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us no one at the service was using any advocacy service at present but there was information available for people on the resident's notice boards should anyone need this service.

People we spoke with told us that staff respected their privacy and dignity. One person said, "Yes my privacy is respected." People had access to private areas within the service which they could use if they wished. We saw people going to and from their bedrooms and sitting in different areas throughout the service. Some people we spoke with had keys to their rooms so they could lock them when they were in another part of the service.

We also found members of staff were appreciative of the importance of maintaining people's privacy. One member of staff told us, "When we offer personal care we always ask if they are happy for us to do things them and we are discreet." We saw that when staff assisted people with their personal needs the interactions were undertaken in a caring and patient way which promoted people's privacy. We also saw that staff spoke to people in a discreet manner about any issues of a personal nature and provided people with the time to respond.

Is the service responsive?

Our findings

When we visited the service on our last inspection we found people's complex needs were not always responded to effectively due to insufficient information within care plans. This was a breach of Regulations 9 and 17 of the Health and Social Care Act (Regulated Activities) 2014. This was because the provider was not using procedures effectively or maintaining an accurate record to ensure that people's care was effective and met their needs. During this inspection we found the required improvements had been made.

The care plans we viewed were organised and contained valuable, up to date information on the needs of people. The care plans were individualised and described how people were to be supported. For example one person's care plan described their communication difficulties following a stroke and strategies to aid communication were described. Up to date care plans were also in place to support people in the management of their health needs and long term health conditions such as diabetes. Documents were in place to record people's life history, highlighting the things that were important to them and providing valuable information about the person to assist staff to give person centred care.

People were supported to be involved in their care planning. Where appropriate relatives also had access to their relative's care records and had been consulted about their care package. Regular reviews with people and their relatives took place. One relative we spoke with told us they helped with the relative's care plan and undertook the reviews. We spoke to the person who confirmed they preferred their relative to manage this and said, "(Name) knows what I need and is better at it, I forget things." The registered manager told us the care plans were also reviewed monthly by staff to ensure any changes to people's care was recorded and they listened to the views of people's relatives. This meant people were involved in planning their own care and their changing needs could be identified and responded to in a timely manner.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. Staff felt the information in the care plans had significantly improved. One member of staff told us, "We always have a handover and we can discuss people's needs then. All the information we need is in people's care plans."

People told us they were provided with choices about how to spend their time and the service employed an activities co-ordinator to plan and facilitate an activities programme for people. The activities co-ordinator discussed the range of activities that were provided. Whilst there was a varied programme, they and the relatives we spoke with, felt there was a number of people who lived on the first floor who would benefit from one to one activities but there was a lack of staff to facilitate this. One set of relatives who visited regularly told us there were few activities on the first floor where people were living with dementia lived. During our visit we saw an external activities person offering group chair activities to people on the first floor and there was a singer who entertained people in the café area of the service. The activities coordinator worked hard to ensure everyone who wanted to attend was given the option and people from both floors attended the lively session. Another relative we spoke with told us there was always something going on.

People felt they were able to say if anything was not right for them. They felt comfortable in highlighting any concerns to the staff. Relatives we spoke with told they were able to go to see the registered manager and whilst communication had not always been good in the past, the new registered manager did address

issues when raised with them.

The organisations complaints procedure was on display in the service. The staff we spoke with were able to describe the process for handling a complaint. They said they would listen and try and rectify the issue if they could and would document it. Staff said they would encourage the person to complete a complaints form or if they could not do it themselves they would provide help to complete it. Staff felt confident that, should a concern be raised with them, they could discuss it with the management team who would respond appropriately to this. We saw records that showed that when complaints had been received they had been recorded in the complaints log and managed in accordance with the organisation's policies and procedures.

Part of the registered managers on going responsibilities included regular meetings with people who lived at the service and their relatives. The registered manager told us these meetings were challenging at times but they felt it was necessary to continue to address issues which people and their relatives raised.

Is the service well-led?

Our findings

When we last inspected the service staff felt that the management team did not support them or encourage an open culture and staff we spoke with expressed concerns that they weren't listened to. Some staff told us they would not feel comfortable whistle blowing to the management team as their anonymity would not be protected. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

During this inspection, staff told us the support they received from the management team was improving. They told us the new registered manager was visible and approachable. One member of staff told us they still didn't feel very supported but also felt the new registered manager was making a difference and hoped they would be supported by the higher management team. Another member of staff told us, "The service feels better with our new manager." A third member of staff told us, "I can see how we lost direction, but it is better now we have (manager) we have stability. (Manager) is always around and has an open door." Staff we spoke with told us they would feel comfortable reporting any concerns to the registered manager and felt confident the manager would address issues of poor practice in a professional manner.

The registered manager was supported by their operational manager. They told us they benefited from attending regular manager's meetings both with other service managers within their company and local authority meetings with other care service managers in the district. These meetings helped to keep them up dated with company policies and current issues in healthcare.

People told us they felt confident in approaching the manager if they wanted to discuss anything with them. One relative told us, "The new manager seems good she just needs time to settle in and get things sorted" During our visit the registered manager and operational manager was visible around the service and we observed the registered manager interacting with people on a regular basis and it was evident that they had a good rapport with people.

Staff told us they felt the registered manager was proactive in developing aspects of the service such as the improvement in the information available in care plans and the training programme. quality of the service. During our last inspection we found there was a lack of an effective governance framework within the service resulting in negative outcomes for people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated activities) Regulations 2014.

During this inspection we found the registered manager had made significant improvements which meant they were no longer in breach of this regulation we saw regular audits of medicines and care plans had highlighted issues to staff, for example we saw a small number of gaps where staff should have signed on a MAR sheet. When we highlighted this to a member of staff undertaking the medicine round they told us this had already been picked the day before up by the team leader who undertook regular audits and they were addressing with the appropriate staff. The staff member told us the team leader had also stressed the importance of keeping the records clear and up to date to all staff who administered medicines. The information in people's care plans and risk assessments were up to date and had been evaluated on a regular basis.

When we last inspected the service we found the provider had not responded appropriately to events in the

service and adverse incidents had not always been reported to the Care Quality Commission (CQC) this was a breach of the Care Quality Commission (Registration) regulations 2009 (part 4). During this inspection the registered manager demonstrated their understanding of their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and us. Our records showed that we had been informed of adverse incidents appropriately.

People who lived at the service, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. People and their relatives were invited to give their opinions of the service via this survey which asked a range of questions related to the quality of care given. Relatives we spoke to told us they had completed the survey and the manager told us results were feedback to relatives at the relative's meetings.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of staff deployed to meet the needs of people who lived in the home. This impacted on people receiving support at mealtimes and also meant that people who required one to one care did not always receive this level of care.