

Veecare Ltd

The Laleham

Inspection report

117-121 Central Parade
Herne Bay
Kent
CT6 5JN
Tel: 01227374898
Website: thelaleham@veecare.co.uk

Date of inspection visit: 21 and 22 May 2015
Date of publication: 19/08/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This unannounced inspection was carried out on 21 and 22 of May 2015.

The Laleham provides accommodation and personal care to up to 60 people. Some people may have dementia. Bedrooms are on three floors accessed by a passenger lift. There are various shared rooms including lounges and dining rooms. The service faces the sea and has parking at the front. There were 39 people using the service when we inspected.

We last inspected The Laleham on 6 and 9 of January 2015 when the provider was not meeting the

requirements of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found the provider had taken action to meet the Regulations.

There was no registered manager at the service. The acting manager was new in post and was in the process of applying for their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and the DoLS. Where people lacked the mental capacity to make decisions, the home was guided by the principles of the MCA to ensure any decisions were made in the person's best interests. A DoLS application, for the administration of a medicine for a person who was not able to consent, had recently been made to the local authority, who consider any restrictions made on a person's liberty.

Risks to people had not always been recognised and managed to make sure people were safe. Action was taken to minimise risks, but accidents and incidents had not been regularly reviewed to identify themes and patterns. Systems to monitor and audit the quality of the service had been introduced but action was not always taken to rectify some of the shortfalls identified. The acting manager had introduced new risk management procedures and was working on addressing the shortfalls found at the last inspection of January 2015.

Care plans were not always up to date. Arrangements to assess people's capacity were in place but some people had not had their capacity assessed.

There was a complaints process that was visible on the noticeboard and people said it was easy to understand. However complaints were not always dealt with efficiently.

Regular checks of emergency equipment and systems had been completed and the fire risk assessment had been regularly reviewed. People had individual emergency evacuation plans.

There were enough staff at the service to meet people's needs. Staff had received safeguarding training and knew how to recognise and report abuse. Safeguarding and whistleblowing policies and procedures were easily visible.

Recruitment processes were in place to check that staff were of good character. There was a training programme to make sure staff had the skills and knowledge to carry out their roles and meet people's needs. Staff knew people's life histories and understood what people liked and did not like. Staff talked to people about their care plans and listened to what people had to say.

There were procedures to make sure that medicines were managed safely and people had the support they needed to manage their health needs. People's physical health was monitored and people were supported to see healthcare professionals when they needed to.

People and their relatives were happy with the standard of care at the service and said they were involved with the planning of their care.

People's views were sought through questionnaires and conversations with staff. Family meetings had been introduced and relatives said they were encouraged to share their views and become involved in the ongoing development of the service. There was an open and transparent culture and staff understood their roles and what their accountabilities were.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always protected from the risk of falls.

Fire exits were not all clear from obstruction.

Emergency plans were in place and people had individual evacuation plans.

People felt safe and were supported by staff who understood how to report and recognise abuse.

There were enough staff on duty to meet people's needs. There were safe recruitment practices.

Requires improvement



Is the service effective?

The service was not always effective.

There were arrangements to assess people's capacity but some people had not had their capacity assessed.

People were asked for their consent before care was given.

Staff had the experience and knowledge to provide care to people safely. They were aware of the requirements of the Mental Capacity Act.

People were involved in decisions about what they ate and drank.

People were supported to have a healthy diet.

People's health care needs were monitored and they were supported to access health care professionals as needed.

Requires improvement



Is the service caring?

The service was not always caring.

People did not always feel respected.

People felt well cared for and were supported by staff who understood their needs.

Staff listened to what people had to say.

People's records were stored securely to protect their confidentiality.

Requires improvement



Is the service responsive?

The service was not always responsive.

Care plans mostly reflected people's needs and choices but were not always complete and updated.

People were involved in choosing activities. A range of activities were available.

Requires improvement



Summary of findings

There was a complaints system and people knew how to make a complaint but information on how to complain outside of the service was not included.

People and their relatives were involved in the planning of their care.

Is the service well-led?

The service was not always well-led.

There was no registered manager in post, although an acting manager had been appointed to oversee the day to day running of the service and they were in the process of applying to CQC for their registration.

Systems were in place to monitor and audit the quality of service people received. However, action was not always taken to address the shortfalls identified.

Staff were given the support they needed and understood their roles and responsibilities.

People were asked their opinions of the service and these were acted on.

Requires improvement



The Laleham

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.

The inspection took place on 21 and 22 May 2015 and was unannounced. This inspection was carried out by two inspectors and a specialist advisor who had knowledge of the needs of older people with dementia.

We reviewed the information we held about the service. This included the action plan the provider had been requested to send to CQC after the last inspection. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when significant events happen like a death or a serious injury.

During the inspection we observed how the staff spoke with and engaged with people. Some people were not able

to talk with us because of their health conditions so 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 spoke with twenty three residents, six relatives and visitors, a visiting doctor, twelve members of staff, the acting manager and the provider. We also spoke to two community nurses, three care managers and a member of the commissioning team from the local authority.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed eight care plans and associated risk assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was managed.

We last inspected the service on 6 and 9 January 2015 and took enforcement action as the provider was in breach of Regulations.

Is the service safe?

Our findings

People said they felt safe. One person who liked to spend time in their room said, “The girls [staff] make sure I am safe. They come and check that I am ok throughout the day”.

Before the inspection we had received information from the fire officer that the environment was not safe. They told us that some fire doors were not working properly and emergency lighting had failed. Most of the issues highlighted by the fire officer during their inspection had been addressed. However, one fire exit was through an empty bedroom on the ground floor. The fire officer had pointed out that this was blocked by bedroom furniture. We checked this on both days of our inspection and the bedroom furniture was still blocking the fire exit. The manager rectified this when we gave them some feedback at the end of the inspection.

There had been a number of falls by people at the service. Since our last inspection action had been taken to reduce the risk of falls. This included completing falls risk assessments, checking people regularly and the purchase of alarm mats that alert staff when a person stands. However, equipment, such as walking aids, were stacked up in the lounge and dining room area and people could not reach them. This increased the risk of people falling as they tried to reach their frames and restricted people’s ability to move around freely and safely within the service. Because walking frames were stacked in rows, in front of each other, Staff could not be sure that people would have the right walking aid to meet their needs if the service needed to be evacuated in the event of an emergency.

The provider had failed to make sure that premises and equipment were used in a safe way and managed to protect people from harm and ensure their safety. This was a breach of Regulation (12) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Emergency procedures were in place and people had individual evacuation plans. There was a plan of the building on display by the alarm system, which highlighted the rooms where people needed help to exit the building if an emergency occurred. Staff said that regular fire drills had taken place and maintenance records showed the fire alarm system was tested regularly. The fire risk assessment had been recently updated.

Staff had received safeguarding training and knew what their responsibilities were in identifying and reporting abuse. They were able to identify the different types of abuse such as physical, financial, emotional and sexual abuse, and were able to describe different types of discrimination. Safeguarding policies and the whistle blowing policy could be easily seen on the notice board. Staff knew how to report abuse, they said they ‘would report any concerns to the acting manager and if they still had concerns they would contact the local authority safeguarding team’. They said they ‘were aware of the safeguarding and whistle blowing policies and had read them’.

People said they felt safe. One person said, “I would talk to my family if I thought I wasn’t safe here.” Another person said, “The new acting manager is very nice. She listens and I would have no trouble telling her if I didn’t feel safe”. Relatives said that they had no concerns. One relative said, “I was a bit worried a few months back, as staff didn’t seem to know what they were doing, but there is a new acting manager and there have been lots of changes. I know my relative is safe and well looked after”.

On the morning of the first day of the inspection an emergency occurred in the dining room and an ambulance was called. Staff dealt with the situation effectively and professionally until an ambulance arrived. Staff made sure the situation was dealt with discretely and that other people were not affected by the emergency. Records showed staff acted in line with the emergency procedure.

Since our last inspection the provider had introduced new risk management procedures. People’s individual risks had been discussed with them and new risk assessments had been completed. This included regular checks on equipment such as pressure relieving mattresses and cushions. A member of staff said, “We have had training on how to do this and we regularly check the boxes to make sure they are set at the correct weight”. Mattresses were set at the correct levels and people who needed them had pressure relieving cushions which were managed correctly.

There were enough staff at the service to meet people’s needs safely. There were eight care staff including two senior staff during the morning shifts, seven staff in the evening and three night staff. There were records to show how staffing levels were assessed and agency staff were used when needed. One person said, “The staff are very good, they don’t rush me”. A relative said, “My relative gets

Is the service safe?

all the care they need and the staff are very good.” We observed that staff were not rushed and there was a calm and relaxed atmosphere. One person wanted to be seated in an area where there was no means of calling for assistance if needed. We observed that staff regularly checked the person. The person said, “If I need anything I just bang the table and they come running”. The person demonstrated this and staff arrived promptly.

The provider had addressed gaps in the recruitment process highlighted at our last inspection. Prospective staff completed an application form and gave information about previous jobs, their reasons for leaving and their qualifications and experience. Staff completed a health declaration so the provider was aware of any health issues. A criminal records declaration for the staff to declare any convictions was in place. Qualifications and staff’s identity were checked. Written references from previous employers and character references had been obtained. Checks were made with the Disclosure and Barring Service (DBS) before employing any new members of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff attended an interview and records showed the interview process was thorough.

People were protected against the risks associated with the unsafe use and management of medicines and said they received their medicines when they needed them. Medicines were stored safely. The medicine trolley was securely locked in a dedicated room when not in use.

There were records of medicines received into the service and records of administration and disposal of medicines. When medicines were stored in the fridge the temperature was taken daily to make sure the medicine was stored at the right temperature. Medicines were given to people by senior staff who had received medicine administration training. We observed that the medicines round was conducted by two senior staff to make sure people were given their prescribed medicines and that medicine administration records were completed correctly. Staff gave people drinks and waited with them until they had taken their medicine. Staff were aware of any changes to people’s medicines and read information about any new medicines so that they were aware of potential side effects.

The provider completed an audit on a monthly basis. If any concerns were identified these were addressed with the individual members of staff.

Infection control procedures were followed to reduce the risk of the spread of infection. We observed that correct procedures were followed when disposing of clinical waste and that there was a good supply of gloves, aprons and hand gels throughout the service. We observed that staff changed their gloves and aprons when they needed to and regularly washed their hands.

Is the service effective?

Our findings

There were arrangements to assess people's capacity but some people had not yet had their capacity assessed. The lack of assessments meant that some people could be at risk from having decisions made for them that may not be in their best interests. The manager told us that they had been in post since 30 March 2015 and that they were still in the process of completing the capacity assessments. They recognised that some people's capacity fluctuated and had involved relatives and representatives in the care planning and assessment process for some people. A relative said "We are involved when my [relative] can't make decisions for themselves, their understanding changes sometimes and staff check with us when there are any changes needed with their care".

The provider acted in accordance with people's wishes. People were asked for their consent before care was given. One person said, "The other day staff asked me if it was ok to share some information with my family, of course I didn't mind, I was grateful, but it was nice to be asked". However, consent forms in care plans, relating to giving consent to be photographed and to having vaccinations were not always completed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager was aware of the recent judicial review which made it clear that if a person lacking capacity to consent to arrangements for their care is subject to continuous supervision and control and is not free to leave the service, they are likely to be deprived of their liberty. The latest DoLS guidance was displayed in the office for staff to refer to. One DoLS application had been made about the administration of a medicine. A meeting had been held with relatives and external professionals to decide if this was in the person's best interests before the application had been made and the correct procedures had been followed.

Staff had gained the experience and knowledge to provide care to people safely. A new induction process had been introduced to make sure staff had the relevant knowledge and skills for their role. Senior staff said, "Our induction is

slightly different to the other carers to make sure we are fully aware of our responsibilities". Records showed that staff were working towards obtaining the new Care Certificate as recommended by Skills for Care. Skills for Care is the employer-led workforce development body for adult social care in England.

There was a training plan to make sure all staff had the required training to carry out their roles. Staff had recently had training in areas such as fire awareness, first aid, moving and handling, infection control and the Mental Capacity Act (MCA). Senior staff had also had medicines administration training. Extra training including 'the role of the care worker' and 'recognising signs and symptoms of dementia' had been organised. Several staff members said that they were looking forward to their training in 'equality and diversity' and 'person centred planning', which had been booked for June 2015. The manager said that further training was being discussed with staff on a one to one basis during their supervision sessions.

Staff received regular supervision and yearly appraisals had been planned. Staff told us that the new manager was 'very supportive' and that there was a 'real sense of team work developing' amongst the staff.

The staff had been working closely with professionals from health and social services to improve the service. Professionals told us that the provider and acting manager had been working with them and had been following their recommendations. They said they would continue to support the service to address the shortfalls identified by themselves and CQC. The acting manager said they had been grateful for the help and support they had received from the external professionals and would maintain the links they had built with them.

People were supported to have enough to eat and drink. We used our short observational frame work for inspection (SOFI) tool to observe staff assisting people at lunch time. People received the support they needed to eat their meal at a pace that was comfortable to them. People on special diets had alternative meals of their choice and people had their meals when they wanted them.

Staff knew about conditions such as diabetes and made sure people had an appropriate diet. Kitchen staff said that there were always snacks available in between meals for people who wanted or needed them. One person said "I am diabetic and sometimes I like things I shouldn't have,

Is the service effective?

but the staff know I shouldn't have it. They do try to give me the things I like". People said that they enjoyed the meals provided and that they could choose something different if they didn't like what was on the menu. People had a say on what was included in the menu. People said that the staff had asked them what they would like included on the menu and had listened when people had suggested any changes.

We observed that people were encouraged to have drinks of their choice throughout the day. People were referred to specialists such as speech and language therapists and dietitians if needed and records showed that their recommendations were followed. Nutritional screening tools and fluid charts were in place for people who needed their intake monitoring and the records were up to date.

People told us that they had the support they needed to remain well. One person said "I have no trouble seeing a doctor if I need to". A visiting doctor said. "I get referrals in a timely manner and if I think someone needs monitoring the staff are very obliging".

Care plans contained information and assessments about how to support people with their nutritional, skin care and continence needs. Referrals were made to health professionals including the doctor, chiropodist, dentist, dietician and district nurses as needed. People were weighed and action was taken to address any weight loss such as contacting the dietician or doctor for advice. People attended medical appointments when they needed to. Staff recorded the outcomes of appointments and knew why people needed to see their G.P. or other health care professionals. Records showed that when people were unwell staff carried out regular checks to make sure they were comfortable and safe.

Is the service caring?

Our findings

People spoke highly of the staff at the home, they described being treated with respect and felt listened to. One person said, “The staff are very nice, they treat me well”. However, one person said, “Sometimes some of the staff over step the mark. They think they are funny but they are just rude”. During observations we heard two people discussing politics. A member of staff interrupted them and said “We’ll have no talk of politics in here”. Both of the people said they felt disrespected by the staff member’s remark. When another person tried to get attention from staff they were told “Just a minute dear, I will see to you in a minute”. The person said, “I really don’t like to be called ‘dear I find it’s undignified’, and I wish they wouldn’t keep saying it”. On other occasions we observed respectful interactions between staff and people.

There were lots of engaging conversations and people were laughing with the staff. One person said “The staff make me feel like I matter and we enjoy a good banter”. People said that when the provider had recently held interviews for staff, people were included on the interview panel. The acting manager said “I want to make sure people are happy with who we employ to meet their care needs”. Staff said they felt this was a good idea and it would help to ‘make people feel that they were listened too’.

Staff knew people well and were able to tell us about different people’s needs and their backgrounds. What staff told us matched what was written in people’s care plans. One person said, “It’s nice chatting to staff about my life and I enjoy sharing stories about what I used to get up to”. A relative said, “The staff seem genuinely interested in the people here. They are always asking things about my [relative]”.

We observed that staff changed the way they approached each person so that they could be easily understood. One person had dementia so staff spoke in short sentences and

bent down to maintain eye contact. When one person began to show signs of distress, staff comforted them by taking their hand and talking to them in a soft voice until they were calm and settled.

People’s confidentiality was respected. Records were kept securely. People felt their privacy and dignity were respected. Staff knocked on people’s doors and waited to be invited in before entering people’s rooms. Staff made sure people’s doors were closed when they supported people with their personal care.

There were no restrictions on when relatives, friends and representatives could visit. One relative said, “I can visit whenever I like there’s no problem”. Some relatives said they were not happy about the new security system at the front door, as they could no longer walk straight in. They said they had to wait for staff to let them in and sometimes they could be waiting a long time. Other relatives were happy about the security arrangements and said that they felt that their relatives were much safer. One relative said, “Before, you didn’t know who was coming into the place. We all had the number of the key pad and could have given it to anyone. It’s better now that we have to wait for staff to let us in”. Staff said, “Before, we didn’t know who was here and who wasn’t, we know exactly who’s here now”.

People had the opportunity to make decisions about their care and express their views. Relatives said that they were included in their relative’s care. They said that they were regularly asked about their relative’s care and were kept well informed by the staff. A family meeting had taken place so relatives could discuss their concerns and share their views. These meetings were planned to continue on a quarterly basis.

The acting manager said they were planning to make different areas of the service more easily recognisable to people. This included the introduction of different signs and pictures, so people could easily see which area of the service they were in. However, this had not yet been started as was in the planning stage.

Is the service responsive?

Our findings

The complaints procedure was on display on the notice board in the main entrance area and people said it was easy to understand. Some relatives said that they had complained ‘in early March 2015’ and it had taken ‘a long time to get a response from the provider’. They pointed out that according to the complaints procedure they should have had a response within 3 working days. The complaints log showed it had taken 19 working days. The complaints log did not include when the complaint was acknowledged and what the outcome of the complaint was. The response acknowledged that the home was at fault by not passing on adequate information following an incident and stated that an investigation was carried out. However, there were no records of the investigation with the complaint and response letters. The acting manager confirmed that a formal record of the investigation had not been kept. They said no records were kept of the conversations with staff or of the investigations that were carried out in response to the complaints. The complaints log did not record what the outcome of the complaint was and if any changes had been proposed in light of the concerns so that the provider could learn from complaints and continually improve the quality of the service.

People and their relatives said they had not had a cause to complain since the acting manager had been in post. They said that the acting manager made a point of speaking to people in the mornings and asked if they were unhappy about anything. One person said “There have been lots of improvements since the new acting manager has been here. There is no need to complain at the moment.

Some care plans were not up to date and did not always contain the information staff needed to give people their care. Consent forms for things such as vaccinations, and photographs were included in care plans but not all of these had been completed or signed. Some care plans did not include people’s personal goals, aspirations or personal histories. There were end of life plans but some of these had not been fully completed.

The acting manager said that they had introduced a process for updating the care plans which included people having key workers to go through the plans with them. They

said this was ‘to make sure that people were as involved as they could be and staff would get to know people’s needs, personal histories and aspirations in more detail’. They said that ‘this was a work in progress’. Staff and the acting manager said that ‘in the meantime important information was shared through the use of a communication book and was also recorded during staff handovers’. Records in the communication book and handover sheets we examined were up to date and included information about any changes to people’s care, for instance the introduction of an alarm matt for a person. Staff said they were referring to the care plans that had been updated and made sure they checked the communication book on a daily basis. They said “The new care plan files are kept separately and we can easily find the information we need”.

The care plans that had been updated did have all the important information staff needed to give people their care in the way they chose. People said they had been involved in the assessment and planning of their care. One person said, “I know what’s in my care plan, they [staff] went through it with me and I signed it to say I agreed with it. I enjoyed talking about my life and the things I like doing”. Other people said they liked the idea of having a key worker. They said they would ‘find it easier to talk about their needs as it seemed more private’.

The provider had employed an activities co-ordinator. Pictures of people enjoying different activities were displayed in the hall. People said that they were happy with the activities. One person said, “The activities person asked us which activities we would like to do and makes sure there is something for everyone”. Another person said, “They [activities co-ordinator] helped us to decide a new menu and went round to everyone to ask what they would like included”. Another person said that they had enjoyed cooking sessions in the kitchen; they said “I made biscuits, it was wonderful”.

People’s cultural and diversity needs had been assessed and people were asked how they would like to practice their religion. People said they were supported to attend church when they wanted to and arrangements were made for religious representatives to visit the service regularly. One person said, “I am not religious but a choir comes in now and again, I really enjoy the sing along”.

Is the service well-led?

Our findings

There were systems to monitor and audit the quality of the service people received. Regular quality checks were completed in areas including: the care people received, fire safety equipment, the environment and medicines. Action was not always taken to address any shortfalls that were identified such as, making sure that all the fire exits were free from obstruction.

An audit of accidents and incidents was carried out on a monthly basis. 14 accident reports were completed in March 2015. 11 out of 14 were unwitnessed falls. Action had been taken to reduce the risk of falls. The communication book and handover records included details of people being monitored and checked at regular intervals during the day. Recommendations from external professionals had been followed and risk reducing equipment such as alarm mats had been sought to reduce the number of unwitnessed falls. However, there was no overall analysis of the falls to identify patterns or trends. It was not documented if any action had been taken to identify the cause of the falls. The acting manager acknowledged that more work was needed on the quality checking and audit process. They said, “Everything is a work in progress at this stage and there is a lot more work to do”.

Staff told us that they referred to people's records on a daily basis and that the information they needed was easily accessible. Health records were up to date and referrals to outside professionals were made when needed. One person had been referred to a psychiatrist and we saw that their recommendations had been followed and the person had been supported to attend their follow up appointments. Handover records showed what care had been given to people. When people needed to be monitored there were instructions on how often this should happen and why. For instance, one person needed regular checks to prevent them from falling. Another person needed to be checked to make sure they had enough fluids. Monitoring tools were fully completed and up to date. Staff said they had been working with external professionals who were regularly checking that these were completed correctly.

People's relatives were encouraged to become involved in the development of the service. A family meeting was held on 16 April 2015 and would be held every quarter. Minutes from the last meeting showed that topics included the

management of the service, future plans and staffing. Families were able to discuss their concerns and fears and posed questions to the acting manager and the provider, to which they received responses. One of the issues raised was about the time staff took to answer the door. The provider had explained the reasons this sometimes happened and relatives were satisfied. The next meeting had been arranged for July 2015.

An audit report dated 10 March 2015 highlighted that residents meetings were not taking place. The recommendation made was that, ‘This needs to be organised as soon as possible’. We spoke with the acting manager who confirmed that meetings had not been held at the time of our inspection. They said that they were planning to hold meetings for residents but had not yet set dates for this. People knew residents meetings were in the process of being planned. One person said, “There will be meetings soon and there is a suggestions box in the hall if anyone wants to raise anything before then”.

The acting manager had sent out questionnaires to people, their families and friends. Only one response had been received back so far, which was positive. Comments said, ‘since my friend has been at the Laleham we have found the care to be excellent’. The questionnaire gave people the opportunity to recommend particular members of staff for giving exceptional service, and this person had recommended two staff members.

Staff meetings across all groups of staff including night staff had been held over the last two months. Staff were able to ask questions about changes that were happening at the service such as, changing shift patterns and staff structures. Staff said they were able to raise any concerns with the acting manager and felt supported. Meeting minutes showed that staff were given feedback on their performance as a team. The outcome of quality audits was discussed and staff were informed of actions that needed to be taken to improve the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. Since the last inspection on 6 and 9 January 2015, the provider had submitted notifications to CQC in line with CQC guidelines.

Is the service well-led?

The provider had developed a structure of leadership. The acting manager had experience of managing previous services and individual care homes and had the skills and knowledge to lead the staff effectively. They were providing leadership on a daily basis. They had been in post since 30 March 2015 and they were in the process of applying to CQC to be the registered manager. There had been no registered manager in post since 25 November 2014.

Senior staff provided guidance for care staff and made sure they knew their responsibilities. All staff understood that they were accountable for the quality of service provided. A member of staff said, “There have been lots of improvements. The acting manager has created an atmosphere of teamwork”. Another member of staff said they felt the service had seen improvements and said it was

more organised. They said they were clear on what the values of the service were and that ‘a culture was developing where they could contribute ideas and suggestions about making improvements’. They said there was now a clear management structure and although there had been a lot of changes recently, “Things are beginning to settle down and take shape”. A relative said, “The acting manager always has time to talk to me about my relative and reassures me. There has been a definite improvement. I am very happy with the care my relative has”. The acting manager said that the provider was very supportive of the changes they had suggested and was willing to support the on going improvements that needed to be made.

The latest CQC report was available for people to view on the notice board and the rating was easily seen.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had failed to make sure that premises and equipment were used in a safe way and managed to protect people from harm and ensure their safety.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.