Care Quality Commission

Crown Care VI Limited

Holyrood House

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**

Overall summary

This was an unannounced inspection carried out on the 15 April 2015.

The Holyrood House is a purposed built 85 bed care home in Knottingley. This very large home has several communal areas with various functions. The home benefits from its location amid housing and local amenities and is directly on a bus route to all major towns around the area. The homes' activities areas include a sensory room, activity room, two cafes, library, beauty salon, enclosed gardens.

At the time of this inspection the home did have a registered manager. However, they were no longer in day to day control of the service. 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.

Summary of findings

There were not always enough staff to keep people safe. Mental capacity assessments had not been completed and the service had made Deprivation of Liberty Safeguards applications inappropriately.

Staff training and support provided staff with the knowledge and skills to support people safely. People's care plans contained sufficient and relevant information to provide consistent, person centred care and support. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service and staff completed an induction when they started work.

People were happy living at the home and felt well cared for. People enjoyed a range of social activities, however, the regional manager was to review the activities provided. People had good experiences at mealtimes. People received good support that ensured their health care needs were met. Staff were aware and knew how to respect people's privacy and dignity.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely. People's physical health was monitored and appropriate referrals to health professionals were made.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care. Complaints were investigated and responded to appropriately.

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

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?

Requires Improvement

The service was not consistently safe.

There were not always enough staff to meet people's needs. The recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

People told us they felt safe. The staff we spoke with knew what to do if abuse or harm happened or if they witnessed it.

Individual risks had been assessed and identified as part of the support and care planning process.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Is the service effective?

Requires Improvement

The service was not always effective in meeting people's needs.

Mental capacity assessments had not been completed and the service had made Deprivation of Liberty Safeguards applications inappropriately.

Staff training and support provided equipped staff with the knowledge and skills to support people safely. Staff completed an induction when they started work.

People enjoyed their meals and were supported to have enough to eat and drink.

People received appropriate support with their healthcare.

Is the service caring?

Good

The service was caring.

People valued their relationships with the staff team and felt that they were well cared for.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Is the service responsive?

Good

The service was responsive to people's needs.

People's care plans contained sufficient and relevant information to provide consistent, person centred care and support.

There was opportunity for people to be involved in a range of activities within the home and the local community; however, the regional manager said they would look at the type and frequency of activities that were provided.

Summary of findings

Complaints were responded to appropriately and people were given information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The regional manager and unit managers were supportive and well respected.

The provider had systems in place to monitor the quality of the service.

People who used the service, relatives and staff members were asked to comment on the quality of care and support through surveys and meetings.

Holyrood House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 April 2015 and was unannounced. The inspection team consisted of one adult social care inspector, a specialist advisor in Dementia and nursing and an expert by experience in people living with Dementia and older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 25 people living at the home. During our visit we spoke with nine people who lived at Holyrood House, six relatives, four members of staff and the regional manager. We observed how care and support was provided to people throughout the inspection and we observed lunch on two floors of the home. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records and quality audits. We looked at four people's care plans and nine medication records.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

Is the service safe?

Our findings

Through our observations and discussions with people, relatives and staff members, we found there were enough staff on two of the floors but not on one floor to meet people's needs and keep people safe. Staff told us there were enough staff on the ground floor. One staff member said, "There is always enough staff." Another staff member said, "No there is not enough", "I am occasionally up here on my own" and "When I got here this morning there were two residents that were new to me and only two people up. The night staff did introduce me to the new residents."

One member of staff said, "Yes there is enough staff unless people ring in sick. Some people don't like work."

One person who used the service told us, "80% of the time they answer the buzzer quickly, but sometimes they seem to be a long time." Another person told us, "They are usually ok, but if there are two buzzers going at the same time, they can't be in two places at once."

We saw on one floor one member of staff and the unit manager were on duty. However, we were told that from 8:00am until 9:30am on the day of our inspection only one member of staff was on the floor to support people with breakfast and getting up and dressed. We noted three people were still in bed at 11:30am. We also noted during the lunch time meal there was only one member of staff and a member of the kitchen staff to help support ten people to have their lunch. We noted staff were trying to assist people to eat their lunch. We heard one staff member say, "You need to try and eat; you have had nothing to eat yet." We spoke with one member of staff who told us some people required two to one support to help maintain their independence. We saw activities were not being carried out and at times there was no staff presence in the lounge area other than when a person was helped into the lounge. One visitor told us the staff member had asked them to say, "Tell them down in the office I'm on my own up here." The regional manager told us the staff numbers should be one care member of staff and the unit manager. They said there had been some miss-communication regarding staffing levels on this floor.

The regional manager showed us the staff duty rotas and explained how staff were allocated on each shift. The regional manager told us staffing levels were assessed on occupancy levels at the moment but were in the process of introducing a tool to assess people's needs and dependency levels. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours or agency staff were requested. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We concluded the provider had not taken appropriate steps to ensure they had sufficient staff to meet people's needs on all the floors. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records for two staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw some people who used the service were involved with the interviewing of new staff. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people. Disciplinary procedures were in place and this helped to ensure standards were maintained and people kept safe.

People we spoke with told us they felt safe in the home and did not have any concerns. People said, "Yes, I feel safe here" and "Yes, there are no problems with any other residents or staff." One person said, "I know about what can go on in places like this, I read the newspapers, but I have never experienced or heard of anything like that here." Relatives we spoke with told us Holyrood House was a safe environment for their family member.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. The regional manager told us safeguarding training was included as part of the induction programme.

The service had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. One member of staff we spoke with told us they were aware of

Requires Improvement

Is the service safe?

the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

People had been assessed for appropriate equipment to ensure they were supported to move safely, detailed risk assessments were in place for people at risk of falls and weight loss. We saw risk assessments had been carried out to cover activities and health and safety issues. For example, choking, tissue viability and diet. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. One person who used the service said, "They are good at operating some of the equipment they need to use." One staff member told us, "We have plenty of equipment."

There were several environmental risk assessments carried out, for example, transporting in wheelchairs, bathing, Christmas lights and lifting equipment. The regional manager told us safety checks were carried out around the home and any safety issues were reported and dealt with promptly. However, we noted that risk assessments for the coffee lounge had not been completed. The regional manager told us they would address this immediately.

We saw people had personal emergency evacuation plans so staff were aware of the level of support people living at the service required should the building need to be evacuated in an emergency. All of the staff we spoke with were aware of these and told us where to find them. The regional manager told us they were in the process of putting together a fire box which would include people's personal emergency evacuation plans and this would be securely kept in the entrance to the home. We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. However, we did see the fire alarms had not been tested during January and February 2015, the regional manager told us this was due to the absence of a maintenance person. The fire alarms had been tested weekly from the beginning of March 2015.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicine. For recording the administration of medicines, medicine administration records (MARs) were used. We looked at nine people's MAR charts which showed staff were signing for the medication they were giving. We did however; observe some gaps on these MAR charts. We did note that when people refused their medication no explanation was given on the MAR charts. The unit managers told us they would address these with other members of staff.

Medicines were kept safely. The arrangements in place for the storage of medicines were satisfactory. The room in which the medicines were stored was tidy. We saw the fridge was locked and the temperatures were checked. However, we noted the medication room temperatures had not been recorded on all of the floors. The unit managers commenced recordings on the day of our visit.

We saw a dish that contained seven small sealed bags of medication each had been named and dated. The unit manager explained they were medications that had been refused by people who used the service. The small bags were taken to the ground floor treatment room to be recorded as returns and then placed in the homes medication returns box. The unit manager also explained this was the procedure due to the home's occupancy levels. However, each floor had its own returns box and recording method for the medications.

The Controlled Drugs (CD) were locked and the CD record book was accurately completed. CD's were stored appropriately. Medicines were checked against stock levels in the CD record book and found to be correct. We noted when the CD cupboard was opened an alarm sounded, that could be heard on the floor.

We found there were no individual written protocols in place describing the use of 'when required' medicines and about any individual support people may need with taking their medicines. We also found there were no body maps for patch applications. The unit managers addressed these on the day of our inspection.

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. The regional manager and care staff did not demonstrate a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent, however, we did observe staff supported people to make choices throughout the day. Some staff told us they had received training. One staff member told us, "I have had some information." However, they were unable to recall the information. Another staff member said, "I have not had any training re MCA, DoLs or behaviours that challenge."

We were not able to see mental capacity assessments in people's care plans and the regional manager told us these had not been completed.

The care plans we looked at did not contain appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected. This is a breach of Regulation 11; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people who are deemed not to have caapcity to consent to care and treatment by ensuring that if restrictions to their liberty are in place they are appropriate and are the least restrictive option.

The regional manager did not demonstrate a good awareness of the DoLS and how to implement this to ensure people who lived at the home had their rights protected. The regional manager told us they had submitted several DoLS applications to the local authority. However, they said that a least two people they had submitted DoLS applications for had the mental capacity to make their own decisions.

The applications for the Deprivation of Liberty Safeguards had been carried out; however, people had their liberty deprived illegally. This is a breach of Regulation 13; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at staff training records which showed staff had completed a range of training sessions, both e-learning and practical. These included first aid, fire safety, infection control, health and safety and manual handling. The regional manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed several training course and these included safeguarding, food hygiene, manual handling, Dementia and infection control.

We were told by the regional manager staff completed an induction programme which included information about the company and principles of care. We looked at three staff files and were able to see information relating to the completion of induction. Staff we spoke with told us they had completed induction training and this was a mix of training and the company's policies and procedures. However, one member of staff told us, "I had no induction and I had been here three weeks then the previous manger called me into the office to tick off a book." Another member of staff said, "Didn't have one. It was when the old manager was here."

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Two members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. When we looked in staff files we were able to see evidence that each member of staff had received supervision on a regular basis. However, we were not able to see supervisions for March 2015. The regional manager told us there was no specific set time for supervision but the company's policy stated four supervisions per year. The staff we spoke with were expecting to receive an annual appraisal once the home had been running for a year.

People's nutritional needs were assessed during the care and support planning process and we saw people's likes, dislikes and any allergies had been recorded in their care plan. In one person's care plan we noted that they had lost quite a lot of weight since March 2015 and we could see that the GP had been involved in their care.

We observed the lunch time meal in two dining rooms and saw this was not rushed and we noted pleasant exchanges between people living in the home that they clearly enjoyed. The atmosphere was calm and relaxed in the dining room on the ground floor but not as much so in the

Is the service effective?

dining room on the top floor. People could choose to eat in their bedroom. We observed staff working as a team and saw they indicated to each other where they had observed a person requiring support.

People we spoke with and relatives praised the food. People said, "The food is very good"; "I think the meals are lovely"; "I take breakfast (which you can have anything you want) and lunch in the dining room, but I have tea in my room."

There was a system of taking orders for the following day in the evening and a member of staff showed us the sheets which were used to do this. They stressed that if people did not want the choices on offer they could ask for something else. They explained that visitors were able, for a charge, to eat with their relatives if they notified the staff in advance. No relatives we spoke with had taken up this offer, but they were aware of it.

We observed the food looked and smelt appetising, and there was silence in the ground floor dining room while people ate their food. A relative we spoke with said although the chef had left, another one had been appointed and, "The food they provided was very good indeed." The dining area was very pleasantly set out with the tables dressed with cloths and crockery, glasses and cloth napkins on the tables. The dining tables on the top floor were laid with brightly coloured crockery, condiments and table decoration. There was a restaurant style menu in a holder outside the door, however, the top floor menus displayed the wrong day. The food was served from a heated trolley which had been brought from the kitchen. Cold drinks were offered during the meal and a hot drink after dessert.

We saw there was a bowl of fresh fruit in the coffee and TV lounges and a people were able to help themselves to drinks on the ground floor. We saw the fridge on the top floor was well stocked with juices, sauces and three jugs of made squash. We found drinks were available for people throughout the day and we observed staff encouraging people to drink to reduce the risk of dehydration.

There were separate areas within the care plan, which showed specialists had been consulted over people's care and welfare which included health professionals, GP communication records and hospital appointments.

Members of staff told us people living at the home had regular health appointments and their healthcare needs were carefully monitored. This helped ensure staff made the appropriate referrals when people's needs changed. On the day of our inspection we saw a member of the district nursing team visited one person for blood monitoring.

People who used the service and relatives said that if necessary a doctor would be summoned. One person told us a nurse comes and dresses his leg and the doctor dropped in from time to time. Another person said, "If you want a doctor, they will send for one for you." Another person told us, "If you ask for a doctor in the morning they will get one to you the same day." One relative we spoke with said, "Mum's health has improved since moving in to the home."

We saw the provider involved other professionals where appropriate and in a timely manner, for example, an occupational therapist had been involved in one person care due the risk of falls and levels of mobility. We also saw the community mental health team and consultant psychiatrist had supported another person with their care needs.

We found the home was spacious, bright and clean environment. The communal areas had themed pictures on the walls, seating set out informally, pieces of furniture and items of interest placed around the area. For example, a coat stand, luggage trunks, hats and scarves.

We noted the clocks in the activity room and the communal area on the top floor did not show the correct time. People bedrooms door were painted white with the person's name displayed approximately two thirds of the way down the door, however, this was not very easy to read or noticeable. We saw the toilet doors were painted dark green, but there were no signage on the doors or on the bathroom/shower doors. The regional manager told us they had ordered the signs and was awaiting delivery.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, “During the time I have been here, I have been very satisfied with everything that has happened. I am over the moon to be in such a place which I never thought existed.” People who used the service told us the staff were lovely. One person said, “Most of the staff are really interested in you, but others just do their job without any extra care. You’ll always get that wherever you go, some are better at it than others. I’m ok because I can pretty much see to myself, but sometimes it is more difficult for those who can’t’.” People we spoke with told us, “Staff knew what they were doing.”

Relatives told us they were involved in developing the care plan for their family member and were informed of any changes quickly. One relative told us, “I think the staff are really caring. They spend a lot of time with anyone who is ill and always offer us a drink when we visit. Nothing seems too much trouble for them.” One relative said, “I would give the place a title of fantastic, it’s like a ten star hotel.” One relative told us, “The quality of care is excellent. There is support at all times and I cannot praise people highly enough” and “My mum has said it is like being in her own home.”

People were very comfortable in their home and decided where to spend their time. During our inspection we observed positive interaction between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Whilst observing staff interaction with residents on the ground floor we saw it was conducted in a caring, interested and unhurried manner. The staff knew the people by name, and some of the conversations indicated they had also looked into what the residents liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People’s care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

Staff we spoke with told us they were confident people received good care, all staff said how they supported people to make choices and there was a strong emphasis on person centre care. We saw people’s independence was maximised and more than one person told us, “They always give me time to do the things that I can.” One person told us, “Two staff come along when I am unsteady in the night going to the toilet and say take your time walking with your frame we are here behind you to make sure you don’t fall and that makes me feel really safe.”

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished.

People living in the home were given appropriate information and support regarding their care or support. We looked at care plans for four care plans for people living at the home. There was some documented evidence in the support plans we looked at that the person and/or their relative had contributed to the development of their support and care needs.

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. They gave examples of how they did this. Throughout the inspection staff demonstrated to us they knew people well, they were aware of their likes and dislikes and the support people needed. One relative we spoke with said, “Staff knock on the door and ask if it is convenient to come in” and “Everyone is treated as important and with respect and dignity.”

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and ensured the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

People's care plans were person centred and reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. In each care plan we saw a summary of identified needs which captured all of the basic information on one sheet. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people. However, in one person's care plan the personal information and consent for photograph had not been fully completed. The regional manager told us they would address this.

Staff demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We observed and was told by people who used the service that the staff always ask permission before they did anything. One person said that, "You have to do what they [the staff] want you to do." Another person said, "You can sit where you want and do what you want." One person told us, "Well I do what I want sometimes and then at other times I have to do what they want me to do. It's the same anywhere really, give and take." Another person told us, "I can sit out or I can join in. I can go to bed when I like and I have a shower every day", "If I want a bath, they have to come in with you, you know for safety's sake, but once you are in the bath you can ask them to go out and they will" and "I have my breakfast and lunch in the dining room, but I have my tea in my room and that suits me."

The regional manager told us people living at the home were offered a range of social activities. We saw information leaflets and a noticeboard for up and coming events at the home in the entrance. We saw activities included history talks, games, guest speakers, arts, gardening and pottery. We saw a newsletter showing activities that had taken place and future activities. They also said they had an activity co-ordinator who worked across the week. However, on the day of our inspection the activity co-ordinator was not working and we saw very little activity taking place. We saw people spending time in their rooms or in the lounge areas. We did not see any real and meaningful activities taking place on the top floor. One member of staff said, "Last few weeks we have tried to do things, for instance, painted eggs for Easter. It is very difficult to spend time with the residents." The regional manager told us they would look at the activities being provided and how activities were carried out if the activity co-coordinator was not working.

One person we spoke with told us they did all sorts of things which included Christmas carol concerts and a large jigsaw that was 'on the go'. They also said, "We go out for trips to the garden centre, a lunch club, and if the staff have time they will take you to Morrison's shopping." One relative we spoke with told us, "The activities person took my mum out for a walk to the local bird sanctuary." However, one person told us, "Well sometimes we have a game of dominoes and I like that, but mainly we just sit here and read our papers." One person told us, "You get fed up. That's my own fault really, I could read or maybe do other things, but I don't. There isn't very much here to do." One person said, "We sometimes have films in the big room but I am not able to choose what we watch. I am looking forward to being able to get outside a bit more when the weather improves." One person said, "We get out and about a bit. We play scrabble and we sing songs, and of course, we can have our hair done every Wednesday."

People we spoke with told us they had no complaints and said why would you want to complain here. They said they would speak with staff if they had any concerns and they didn't have any problem doing that. They said they felt confident that the staff would listen and act on their concern. One person said, "I would tell my daughter." Another person said, "If I made a fuss I don't know what

Good

Is the service responsive?

would happen, but I have nothing to make a fuss about." One person told us, "I would go to the top person, but we haven't got a manager at the moment but [name of staff member] is very good and she would sort it out."

The regional manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. This showed people's concerns were listened to, taken seriously and responded to promptly.

People told us the home enabled them to maintain relationships with family and friends without restrictions. One relative said, "Visitors can come at any time."

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager. However, they were no longer in day to day control of the service. The service had a manager who was in the process of registering with the Care Quality Commission. The regional manager was in day to day control of the home. The home also had a unit manager on each floor who worked alongside staff overseeing the care and support given and providing support and guidance where needed.

People who used the service and visiting relatives were very positive about the management of the home. One person said, "The previous manager was very nice and always listened to you." One person said, "The stand-in manager is good, when she comes in." One person said there was a senior management presence in the home and they knew the people on the ground floor by name and came in to see everyone when they arrived at the home. One relative we spoke with told us, "The care home is very good. It is not like a rudderless ship when the manager is not at the home", "They have shown consistency throughout the management change" and "They have a helpful, supportive and positive culture."

Staff spoke positively about the management arrangements and said they were all very approachable and supportive. They said they received good support from the unit managers and the regional manager. They said they were kept informed of all changes that were appropriate to them and their role. One staff member said, "I love working here, it is the best job I have ever had" and "I feel fully supported." Another staff member said, "I enjoy working here and we have a good team." One member of staff said, "Yes, they are all supportive and approachable." However, one staff member told us, "Staff on this unit are supportive but the unit manager downstairs [named] is not approachable and does not show fairness with the rota. I haven't had much to do with the new manager" and "I don't feel part of a team here. There are big cliques; it's if your face fits."

There was a system of audits which were completed monthly which included medications, infection control, care plans, environment and call bells. Where gaps and issues were identified action plans were in place which included completion dates and the person responsible for completing the task. We saw a home visit audit that had been completed in December 2014 which included if the audits had been completed, complaints, safeguarding, staff files and accident analysis. We also saw a monthly safety and maintenance inspection which included garden hazards, flame proofing, lifts, windows and first aid boxes.

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home, these included head of department meetings. We saw the meeting minutes for January and March 2015 and discussion included mobile phones, care, training, maintenance and infection control. We saw a residents/ relative meeting was held in February 2015 and discussion included the recruitment and activities. One person said, "They had a general meeting a few weeks ago and were talking about what was planned. You could tell them your wishes, but whether anything would happen, I don't know." Another person we spoke with said, "There have been no meetings to my knowledge, and I don't have any say in how this place should be run." A relative said, "We had a meeting a week or two ago and you could tell them what you thought." Another relative said, "Suggestions are taken on board by the management."

The regional manager told us a resident, relative and staff questionnaire had been sent out in March 2015. Responses to the questionnaires were to be returned to head office and the regional manager told us they had not received any feedback as yet.

Any accidents and incidents were monitored by the management team and the provider to ensure any trends were identified and acted upon. The temporary manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw safeguarding referrals or whistle blowing concerns had been reported and responded to appropriately.

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	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **We concluded the provider had not taken appropriate steps to ensure they had sufficient staff to meet people's needs on all the floors.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The care plans we looked at did not contain appropriate and person specific mental capacity assessments which would ensure the rights of people who lacked the mental capacity to make decisions were respected.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The applications for the Deprivation of Liberty Safeguards had been carried out; however, people had their liberty deprived illegally.**