

Broad oak Group of Care Homes

South Collingham Hall

Inspection report

Newark Road
Collingham
Newark
Nottinghamshire
NG23 7LE

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31 January 2018

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20 March 2018

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?

Requires Improvement 

Summary of findings

Overall summary

We inspected the service on 31 January 2018. The inspection was unannounced. South Collingham Hall is a care home providing accommodation and personal care for people who live at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. South Collingham Hall accommodates up to 33 people over two floors. On the day of our inspection 21 people were using the service.

At our previous inspection on 24 May 2017 the provider was in breach of a number of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The concerns were around the lack of assessment of the risks to people's safety. The management of safeguarding issues. The lack of sufficiently skilled and experienced staff. The lack of consent and the lack of systems in place to assess, monitor and improve the quality and safety of the service. During this inspection we found the provider had made a number of improvements to the service and whilst further improvements were required, they were no longer in breach of any regulations of the health and social care act.

A registered manager was in post and they were available during the 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People at the service were protected from possible abuse as staff at the service had the knowledge and understanding of the types of abuse people could be exposed to and how they should report issues of concern. Staff felt confident the management team would address any issues raised. The registered manager fulfilled their responsibilities in dealing with safeguarding issues by reporting, investigating and acting on concerns raised ensuring that lessons were learnt from incidents.

Some issues we raised in relation to fire safety risks were addressed by the provider following our visit. The risks to people's personal needs were regularly assessed to ensure they received safe care appropriate to their needs.

Staffing levels met the needs of people. The cleanliness of the service was maintained and monitored and staff were knowledgeable on how to protect people from the risks of infection.

Whilst medicines were managed safely majority of the time, we found an area of practice which could impact on people and lead to unsafe administration of medicines. This was addressed following our visit.

Nationally recognised and established assessment tools were used to assess people's needs and staff received appropriate training for their roles. People were supported to have maximum choice and control of

their lives and staff supported them in the least restrictive way possible. However the policies and systems in the service did not support this practice. The provider sent us information to show they had addressed this following our inspection.

People lived in a service which met their needs in relation to the premises and adaptations were made where needed. People had access to information in a format which met their needs.

People's health and nutritional needs were well managed and staff acted on advice given to them by health professionals to manage people's health and nutritional needs.

People were cared for by staff who knew their needs and preferences, and were caring and kind towards them and their relatives. They were supported with respect by staff who maintained their privacy and dignity whilst encouraging and supporting their independence.

People received individualised care from staff who had the information they required to provide that care. People were supported to take part in a range of social activities and maintain relationships that were important to them. People were comfortable when raising concerns or complaints and felt issues raised were addressed to their satisfaction. People's wishes in relation to their end of life care were supported with care and empathy.

The service undertook auditing processes to maintain the quality of the service. However further work was required to analyse particular areas of care at the service. Following our inspection, the manager sent information to show how they had addressed this.

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

The risk of abuse to people was minimised because the provider had systems in place to recognise and respond to allegations or incidents of a safeguarding nature.

Some environmental risks were not properly assessed, however the risks to individuals were regularly assessed and measures were in place to reduce risks and promote people's independence.

The majority of practices in relation to medicines management were safe, except for one area of practice, which could impact on people and lead to unsafe administration of medicines

People lived in a clean and hygienic service and there were enough staff to provide care and support to people when they needed it.

Is the service effective?

Requires Improvement ●

The service was not always effective

People were supported by staff who received appropriate training and supervision. People lived in a service which met their needs in relation to the premises and adaptations were made where needed.

Majority of people made decisions in relation to their care and support and where they needed support to make decisions; their rights were protected under the Mental Capacity Act 2005. However there were some areas where the principles of the MCA had not been adhered to

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were kind and caring, and showed a good knowledge of their preferences and choices.

People and their relatives were supported to be involved with the development of their care.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

People received individualised care and had access to a range of social activities.

People had access to information in a format which met their needs.

People were supported to raise issues and staff knew what to do if issues arose.

Where appropriate people's end of life care wishes was discussed and plans of care were in place.

Is the service well-led?

Requires Improvement ●

The service was not always well led

The registered manager had made improvements in the way the quality of the service was monitored but further improvements were needed to analyse particular areas of care at the service.

The registered manager was visible and approachable and there were some processes in place to show how the service is run for people, relatives and staff. But further work is required to improve openness and sharing of information and sustain best practice.

South Collingham Hall

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.

We inspected the service on 31 January 2018 and the inspection was unannounced. 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 information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service and commissioners who fund the care for some people who use the service and due to the concerns raised by commissioners we brought forward our inspection.

During the visit we spoke with four people who used the service, three relatives, five care staff, one housekeeper, one cook the registered manager and the regional director. We also 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 all or part of the care records of six people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Is the service safe?

Our findings

During our May 2017 inspection we found the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to ensure the premises, and equipment used at the service, were safe to use. Some equipment at the service was made of material that could not be cleaned effectively. Some areas of the service were not clean as the lack of cleaning schedules. Poor maintenance of some areas of the service resulted in areas not being cleaned on a regular basis. Consequently there was a failure to assess the risks to people's health and safety in relation to prevent the spread of infection.

During this inspection whilst we found the provider had addressed the concerns we raised in relation to the prevention and control of infection. There were some concerns in relation to the storage of food at the service. The fridges we examined contained food staff had put in there for their own consumption. This was because they did not have a separate fridge for their food when on duty. Their food was not labelled and we found a number of other food items which were not labelled or stored appropriately. We brought this to the attention of the cook who removed the items from the fridge. We asked if they had been supplied with labels to allow them to date the food and they told us they had been, but the staff on duty the previous day had not used them. We brought this to the attention of the registered manager who assured us they regularly audited the fridges and would address this issue with the staff concerned.

We viewed cleaning schedules in place for the service and staff we spoke with understood their role in maintaining a clean environment at the service. There had been improvements to the laundry room which resulted in more effective cleaning of the room. Although there had been some improvements, the size and layout of the room still did not assist staff in maintaining good hygiene practices. However employment of a laundry person had resulted in better organisation in the management of laundry and their practices reduced the risks of cross infection.

The registered manager had removed the majority of equipment which could not be cleaned effectively and replaced the items with equipment that could be effectively cleaned. We did find one piece of equipment which had areas of rust which would have made it difficult to clean. The registered manager removed the item and replaced it with an item which was fit for purpose. Our discussions with staff showed they had a good knowledge of how to manage outbreaks of infection at the service. During our walk around the service we found the service to be clean and our observations of the housekeeper's practice showed they followed good practices in their role.

During our last inspection we found the provider to be in breach of Regulation 13 of the Health and Social Care Act 2008 (regulated Activities) regulations 2014 as they had failed to effectively operate a system and follow processes to protect people from potential abuse. At this inspection we found the provider had addressed the concerns raised and were no longer in breach of this regulation.

People we spoke with felt safe at the service and had confidence in the staff who provided care for them. One person said, "The home is a safe place. I like the staff." A relative we spoke with told us they felt the

service was safe. This relative said, "Staff know [name's] where abouts, they are well cared for and supervised." The relative went on to say they came to the service most days and had never seen any poor behaviours towards people by staff and felt they dealt with people who were anxious, well.

Staff we spoke with showed a good understanding of what issues should be raised as a safeguarding concern and told us they had received recent training in safeguarding. We discussed different types of abuse and how to recognise these. Staff we spoke with told us they would report any safeguarding issues to the senior care staff on duty and the registered manager. During our last visit staff had been unaware of how to raise concerns directly to the local safeguarding team as there had been no information or guidance available to them. At this inspection staff told us there was a file available with all the details they required to raise a safeguarding concern. There were also the local safeguarding team's contact details on display at the service.

We discussed safeguarding incidents with the registered manager and looked at issues they had raised to both ourselves and the local safeguarding team. Where appropriate the registered manager had undertaken investigations and fed back outcomes to staff. When necessary we saw the registered manager had offered further support to staff and had discussed changes to practices to prevent reoccurrence of particular issues and concerns.

Risks to people's safety had been assessed and measures were in place to support them to remain as safe and independent as possible. For example, one person who was at risk of falls tended to spend most of their time in communal areas where staff could monitor their movements and support them. At night the person tended to get out of bed without ringing for assistance from staff and was at risk of falling. Staff told us they mitigated the risk by placing a sensor mat by the person's bed to alert them to the person's movements and enable them to support the person. We saw this information was in the person's care records.

However whilst the registered manager told us there were very few falls in the service, they were unable to show how many falls there had been at the service over the preceding months as they did not keep a central record of the numbers of falls each month. As a result the registered manager had not been monitoring and analysing trends to look at ways any falls could be reduced. We discussed this with the registered manager and district manager. They agreed to put this process in place following our inspection and we received information to show this had been undertaken following the inspection.

Another person spent a lot of time in bed and was at risk of developing pressure ulcers. The person's risk assessment and care plan gave staff the information they required to manage this risk. Staff we spoke with confirmed how they repositioned the person and undertook regular observation of the person's skin to monitor the person's vulnerable areas. One member of staff told us all staff would report any early changes so the person's repositioning regime could be altered accordingly. Staff were aware that this person's needs could change quickly in relation to their skin integrity. The member of staff explained whilst person spent their time in bed, staff used a hoist to help them move the person and relieve pressure. The information on the type of sling and hoist used was recorded in the person's care plan.

There were measures in place to protect people in the event of a fire at the service. Staff we spoke with were able to discuss their role in supporting people should there be a fire. They told us they had received fire safety training and understood how to use the evacuation equipment. We saw there were personal emergency evacuation profiles (PEEP's) in place for each individual. However during our inspection we found two fire doors which had coded locks on them. These locks were not linked to the fire alarm system, this meant they would not automatically unlock in the event of a fire. The district manager assured us that staff were all aware of the codes for these locks, however we were concerned that in the event of a fire staff

would not easily evacuate people from this area. We discussed this with the district manager and the Nottinghamshire fire service and following our inspection the provider took the decision to remove the locks from the doors as both doors were alarmed should any person living at the service attempt to open the door. The provider sent us a risk assessment to show how they had mitigated the risk of removing the coded locks whilst keeping people safe.

During our last inspection we found the provider to be in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated Activities) regulations 2014 as they had failed to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff to support people's needs at the service.

At this inspection we found the provider was no longer in breach of this regulation. People told us there were enough staff to support them when required. One person said, "There are plenty of staff. I know everyone." People told us staff were quick to support them if they needed help, and another person said, "I find them very helpful, they are patient."

Staff we spoke with told us the staff numbers had increased following our visit and this had a positive impact on their workload. One member of staff said, "We have five staff on in a morning and afternoons and two at night, there's enough staff." They went on to say if a member of staff was off at short notice then other staff would stay longer to support people.

During our visit we saw that whilst there had been an incident just prior to our arrival which had impacted on staff levels, the senior staff on duty had worked to ensure this had not affected the staff numbers available to support people. Prior to our arrival the senior staff had informed the registered manager and called extra staff to ensure staff numbers were maintained. We also viewed duty rosters and found that the registered manager had worked to ensure over the preceding months the staffing levels were maintained at a safe level. Although there were some occasions when staffing numbers were down this was as a result of short notice sickness. The registered manager either rang other staff to come in at short notice or if this was not possible supported staff themselves.

People told us they were happy with the way their medicines were managed and they received them when they needed them. Staff who administered medicines received appropriate training for their role and felt supported by the management team. We observed a member of staff administering medicines to people and saw they did so in a safe manner and in the way people wanted.

The Medication Administration Records (MAR) we viewed had a picture of the person with their preferences in relation to administration recorded. When medicines were administered on an 'as required' basis there were protocols to show how, when and why these medicines should be given for each person. The majority of the records we viewed were correctly completed and the corresponding medicines were correctly stored. However, one person's record had been altered to reduce and remove some of their medicines, we saw the changes on the MAR chart had been made using one signature. When any changes to medicines are made on MAR charts this should be recorded showing two signatures. Whilst there was a sheet of paper in the record with handwritten instructions for the reductions records this was not dated or signed to show who had ordered the changes. We highlighted this to the registered manager who told us the changes had been made following a medicines review with the person's G.P. They accepted that this sheet should have been dated and signed by the G.P, and recognised the changes to the MAR chart should have been made using two signatures. Whilst the person had been receiving their medicines in the way their G.P had ordered following the medicines review, the registered manager recognised safe practice had not been followed in relation to the recording of the changes and they would address this issue correctly in the future.

Is the service effective?

Our findings

During our last inspection we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 as they had failed to provide staff with appropriate training and support to enable them to carry out their duties they are employed to perform.

At this inspection we saw the provider had introduced methods to address this breach of regulation. The registered manager had introduced the Care Certificate for new and inexperienced members of staff. The Care Certificate is a nationally recognised training programme which supports staff gain the knowledge they require to work effectively in the social care setting.

The registered manager had also focused on training to support staff to deliver person centred care. This included training on aspects of their role such as the use of Behaviour Analysis Charts, understanding dementia and managing peoples' dignity. The district manager, registered manager and staff we spoke with told us the training had a positive effect on staff's ability to provide person centred care. For example, staff had used the knowledge gained from their training to appropriately complete the behaviour analysis charts for one person. The consistency of the information had been used to positive effect by the persons' community psychiatric nurse (CPN), psychiatrist and G.P. They had re-examined the person's medicines and this had resulted in an improvement in the person's behaviours and wellbeing. The district manager also told us they had monitored staff behaviours following training in the use of distraction techniques which was part of the understanding dementia training. They reported that staff had been using appropriate distraction techniques and modifying their behaviours to support people.

Staff we spoke with told us they had found the training they had received useful and they had used some of the techniques in their practices. Our observations of the interactions between staff and people they supported showed the positive impact of this training.

When we last visited the service we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014 as they had failed to act in accordance with the Mental Capacity Act (2005). At this inspection we found the provider had made some improvements in their approach to working within the principles of the MCA (2005) and were no longer in breach of this regulation. However there were further improvements to be made in relation to the management of MCA issues.

The Mental Capacity Act 2005 (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.

During this inspection we found there had been some improvements in the way the MCA had been used at the service. People who lacked the capacity to make particular decisions about their care had undergone assessment of their mental capacity and when decisions were made on their behalf, this had been recorded.

The registered manager had discussed people's needs with their relatives, health professionals and other staff to ensure the decisions made about different aspects of their care were the least restrictive options.

However, we also found some decisions such as the use of bed rails had still not been assessed in the same way. There was no evidence of consent from people who had the capacity to consent to the use of bedrails. There was also no evidence of best interest decisions had been undertaken when the bedrails had been used for people who lacked capacity to consent to their use. We discussed this with the registered manager who told us they were still in the process of completing some people's mental capacity assessments and would address the issue. Following our inspection we received information to show they had undertaken these best interest decisions for the people concerned.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we last visited the service the registered manager had not made any applications for DoLS but since reviewing different people's mental capacity, they had undertaken a number of applications of a DoLS for people in their care and were awaiting outcomes for these applications.

People's needs and choices were assessed using evidence based guidance and staff caring for them had the necessary tools to provide good care. Tools such as the Waterlow scoring tool were used to ensure people who were at risk of skin breakdown were assessed appropriately. The Waterlow scoring tool assists staff to obtain an estimated risk for the development of a pressure sore in a given person. This is then used to establish what care the person requires.

People we spoke with were happy with the meals, snacks and drinks they received at the service. One person told us, "The food is great. I'm not on any special diet and get plenty to eat. I drink coffee. I go to the dining room to eat. I don't need snacks." A relative we spoke with echoed this comment, they said, "The food is excellent, good ordinary food and there are choices for breakfast and lunch. The staff are marvellous."

Staff we spoke with including the cook had a good knowledge of the different diets people required. We saw in the kitchen there were comprehensive lists containing information on people's dietary needs and preferences. Staff supported people to eat with confidence and care. We saw in one person's care record they were prone to weight loss and required regular high calorie snacks. We saw staff when providing drinks offering this person snacks and adjusting the plate so the high calorie snacks were closest to the person to encourage them to choose this option.

When people required it, appropriate referrals to health professionals were made to support them with their diet such as dietitian or the speech and language therapy (SALT) team. The SALT team support staff to assess people's swallowing capabilities and recommend an appropriate diet for the person. We saw information in people's care plans showing this information and this had been shared with the cook so the information was on the person's dietary sheet in the kitchen.

People's health care needs were well managed by staff and people told us they had access to their G.P, optician, dentist and chiropodist when they needed them. People told us staff accompanied them to hospital appointments if needed. Staff we spoke with felt the senior staff on duty managed people's health needs appropriately and contacted health professionals in a timely way. We saw when appropriate health professionals had been involved with people's care and staff had acted on instructions given about people's care.

Is the service caring?

Our findings

People were cared for in a calm and kind environment. The people and their relative we spoke with told us staff treated them with kindness and respect. One person said, "They (staff) are alright, they talk to me and are friendly and helpful." A relative we spoke with told us, "The staff here have hearts of gold. Whenever you come here you get a hug. I am made welcome."

The staff we spoke with told us they enjoyed caring for the people at the service they were knowledgeable of people's preferences and choices. We saw one member of staff had just returned from holiday and was greeted by people with warmth. One person told the member of staff they had missed them.

The interactions we saw between staff, people and relatives were on the whole easy and relaxed. One relative did tell us they had an issue with a member of staff and we were aware this was already being addressed by the registered manager. Other relatives told us staff welcomed them into the service offering them drinks and chatting to them. Throughout the day we saw staff supporting people with care and respect managing their needs well. For example, one person behaviours required staff to be patient, we saw staff work together to support the person allowing them space and time. The strategies staff used were effective for the person they supported as we saw their mood alter and lift with staffs interventions.

People's religious preferences were supported by staff, people told us they were able to attend religious services of their choosing either at the home or should they require it, at their place of worship.

People were supported to make choices around their care and their relatives' views were considered where appropriate when people's care plan were developed. People we spoke with told us they were able to do the things they wanted to do when they wanted to do them. We saw people's choices were embedded in their care plans. One relative whose relation was living with dementia said they were able to see their relation's care plan whenever they asked. They told us staff knew their relation's needs very well and had worked with themselves to ensure the person's care needs were recorded in their care plan.

Although no one at the service was using the services of an advocate we saw there was information around the service about these services and the registered manager was aware of how to contact advocacy services should they be required. An advocate is someone who can be engaged to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them. Have their views and wishes genuinely considered when decisions are being made about their lives.

People's privacy and dignity was maintained by staff and people told us staff treated them with respect. One person said, "Staff are pretty good. They are genuinely kind and listen and respect me." A relative we spoke with told us they saw staff managing people with dignity and respect. They told us staff were very careful to maintain people's dignity when providing care for them.

Staff we spoke with were clear about how they should treat the people in their care. One member of staff told us they treated people how they would want to be treated. They said, "I am discrete when discussing personal care and I see that other staff are too." They went on to say, "We treat people with respect and

maintain their privacy." We witnessed a number of interactions that showed how staff worked with people to ensure their dignity was respected. Staff worked with people to support them maintain their independence and people we spoke with told us when providing care staff worked with them so they could do as much for themselves as they were able.

Is the service responsive?

Our findings

When we last visited the service we found the provider was in breach of regulation 9 of the health and social care act 2008 (regulated activities) regulations 2014. This was because people's care plans were not accessible for staff. This impacted on the knowledge staff had about individual's underlying health needs.

During this visit we saw the care plans had been moved into the main care staff office on the ground floor. Staff we spoke with told us they had greater access to the files and were able to read them to update themselves on people's individual needs. One member of staff told us they felt the care plans had improved and were useful. They told us when there were changes to people's care they were able to discuss this and get the plans updated so they reflected people's care needs. One staff member who was new to the service told us, "I have been able to read the care plans – they are in the office, so easy to check as a new starter."

People we spoke with were also knowledgeable about their care plans. One person said, "Yes I have a care plan. I have a book of my likes and dislikes. I chat with staff about what I need." A relative we spoke told us they discussed their relation's needs with staff and knew the information about their loved one's care was in their care plan. They told us if changes occurred then staff would discuss the issues with them and update the plan. No one living at the service had any particular needs which fell under the Equality Act; however we saw staff worked with people to ensure they were not discriminated against

Our discussions with staff showed they had a good knowledge of people's individualised care needs. They discussed different people with us, such as people's differing health needs and how this affected each person. For example one person had a long term health condition which affected their mobility and speech. Staff were able to discuss how they supported the person to maintain independence and what they needed to do to support the person to communicate. Throughout the inspection we saw staff worked in a person centred way when supporting people. For example, there were times when one person became restless and unresponsive. We saw staff work with the person in a very positive way using the strategies we saw written in the person's care record to support them. It was clear staff had a good knowledge of people's needs and we saw their strategies worked with this person who staff were able to calm through their behaviours.

People were supported take part in a range of activities and the service employed an activities co-ordinator. This member of staff worked with people to engage them in activities they enjoyed, such as skittles, board games or trips out. They also worked with people who spent most of their time in their rooms undertaking activities such as reminiscing. This included using pictures and objects to remind people of activities they undertook during their lifetime. Staff also included people in different activities. For example, one person had joined staff in a training session the week before and had enjoyed listening to the session so staff encouraged them to join them again on the day of our inspection as there was a further training session booked.

Some people we spoke with told us they were not aware of the company's complaint policy but they would know who to complain to if they had concerns. One person told us they would go to the registered manager and they would deal with any concerns they had. The company's complaints policy was on display at the

service and we viewed the complaints folder and saw where people had made complaints the registered manager had worked within the complaint's policy and had worked to affect a positive outcome for people.

Staff we spoke with were aware of the complaints procedure and one member of staff told us they would always try to deal with any concerns themselves, but would make sure senior staff and the registered manager was aware of any issues they could not resolve.

People's end of life care was managed well at the service, the registered manager told us they were supported by the community nurses. They told us people's choices in regard to their final wishes were detailed in their care plans and they discussed people's care with their relatives when appropriate. We saw details of people's wishes in their care plans, for example, if as their condition deteriorated, where they wanted to be treated. There was also information in relation to if relatives wanted to spend time with their loved ones and who to contact.

Is the service well-led?

Our findings

When we last visited the service we found the provider were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of appropriate governance and risk assessment frameworks which had negative outcomes for people who used the service.

During this visit we saw the registered manager had worked to improve the auditing process and as a result was no longer in breach of this regulation. The registered manager undertook regular audits of the environment, care plans and medicines. They submitted information to the company head office when support was needed to address particular issues raised, such as increase in cleaning hours for the service and we saw the issues raised were addressed. The regional director supported the registered manager and undertook regular over sight audits to maintain the quality of the service.

Whilst we saw these improvements had a positive effect on the service we discussed with the registered manager how they could further improve the quality of the service for people. This included streamlining the way information from audits was feedback to the provider so the registered manager had clarity on the issues they had raised so timely responses were encouraged. Another area was the more cohesive approach to the analysis of falls in the service. The way information on falls was managed at the service presently meant staff looked at individuals who suffered falls and managing their care appropriately. The lack of a structured overview meant any general increase or potential trends in relation to falls, may not be readily picked up by the management team. The registered manager and regional director accepted this and following out inspection sent us information to show the measures they had put in place to achieve this.

People we spoke with told us the registered manager, the regional director and the provider were visible around the service. One person told us the registered manager was there if they needed them and they popped in to say hello to them every day they said, "[Name] is very good.". Another person said, "[Registered manager] is approachable." They went on to say "I'd be confident to talk to them." Relatives we spoke with also felt the registered manager and regional director were visible and approachable. One relative said, "If I need to I can talk to them (registered manager)."

Our observations supported what we had been told by people and their relatives as we saw a number of people chatting to both the regional director and registered manager throughout our visit.

Staff we spoke with told us the registered manager was supportive and approachable. The senior care worker we spoke with told us they enjoyed working at the service they felt it was a good team and they had good support from both the registered manager and the provider. They said, "The manager supports us and we (staff) support each other." Another member of staff told us they received regular supervision and appraisals and found these to be useful. The staff member told us they would feel comfortable raising any issues to the management team. Staff were also clear on the management structure if the registered manager was not on duty.

Staff were aware of the company's whistle blowing policy. A whistle blowing policy allows staff to raise

concerns to the management team in confidence. Staff we spoke with felt that if they had concerns about care the registered manager would act upon them and retain their confidentiality.

Whilst we saw there were regular staff supervisions and appraisals in place to support staff, which staff we spoke with told us were useful. There had been a lack of staff meetings in recent months to keep staff informed of the service's progress. We addressed this with the regional director and registered manager who told us they had been discussing issues with staff at supervisions and appraisals. This was a limited approach to sharing information with staff to ensure good practice had been embedded into the culture of the service. The registered manager accepted there was a need to have regular staff meetings with minutes to show how they informed and supported staff in relation to the running of the service.

People we spoke with told us their opinions and views on how the service was run were taken into account by the provider and registered manager. People and staff told us there had been regular resident's meetings in the preceding months and one relative said, "I feel the home has improved here." The management team did also send out a quality assurance questionnaire to people and their relatives. One relative told us they had completed two satisfaction surveys in the last few months, and the comments they gave us about the service were positive. They discussed the redecoration of the service and how this had improved the environment for people who lived in the service.

Whilst some people we spoke with told us there had been some relative and resident meetings. They told us they did not receive "notes" from them and the last meeting had been approximately eight months previously. The registered manager told us they had not had any recent relative and resident meetings but they saw people and their relatives most days so spoke with them regularly and responded to conversations and suggestions. However they did not keep records of these conversations so we were unable to see how they had responded to any ideas or general concerns raised to them.

Since our last inspection the registered manager had been supported by the regional director for the company who had worked with the registered manager on an improvement plan for the service. Whilst we saw there were further improvements that could be made we saw the regional director had shared good practices from other services in the group. Such as support with auditing aspects of the service.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The ratings for the last inspection were on display in the home and available on the provider's website.