

St. Cloud Care Limited

# Holmwood Care Centre

## Inspection report

30 Chaddesley Road  
Kidderminster  
Worcestershire  
DY10 3DJ

Tel: 01562824496

Website: [www.stcloudcare.co.uk](http://www.stcloudcare.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

At our previous comprehensive inspection of this service on 5 May 2015 there was a breach of three legal requirements. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to person-centred care Regulation 9, staffing Regulation 18 and safeguarding service users from abuse Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We inspected the provider to see if they were now meeting the legal requirements. This inspection took place on 26 January 2016. The inspection was unannounced. We checked that they had followed their plan and to confirm that they now met legal requirements. We found that the provider now met the legal requirements.

Holmwood Care Centre provides accommodation and nursing care for up to 60 older people some of who may be living with dementia. There were 51 people who were living at the home on the day of our visit.

The home is purpose built and is arranged over three floors. The ground floor provides support for those with residential care needs, one of these units specialises in supporting people who are living with dementia. The top two floors provide nursing care, of which, one unit specialises in nursing care for people living with dementia. The inspection team made checks in all areas of the home.

There was a registered manager in place at the time of our inspection; however the registered manager was not available on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were not always sufficient staff on duty to meet people's needs who lived with dementia. It was recognised by the provider that this was an area to be addressed. People who lived in other areas of the home told us that staff helped them when they needed assistance. The deputy manager was hands-on and worked with the staff to assist them in reviewing staffing levels. The deputy manager had planned rotas to assist with the appropriate deployment of staff throughout the home. People's medicines were administered and managed in a safe way.

People received care and support that was in-line with their needs and preferences. Staff provided people's care in-line with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and with enough fluids to keep them healthy.

We found that people had access to healthcare professionals, such as their doctor when they required them.

Some people told us that staff treated them kindly, with dignity and their privacy was respected. However three people we spoke with told us that some staff were not always kind towards them. One person told us they felt frightened when staff shouted in the corridors at night. The compliance manager and deputy manager were aware of some staff behaviours and had taken action to address this with the individual staff members. They told us that they would speak with the people who had raised concerns to establish if this was continued staff behaviour so further action could be taken.

People did not always receive care that was responsive to their individual needs and people were not involved in the review of their care. The provider had recognised this and had put plans in place to ensure people's care was reviewed with them and their family members involved. The provider told us how they had planned to do this. However, the provider had not had sufficient time to implement their plan to provide assurances that people's care needs were met in a responsive way.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. We looked at the providers complaints over the last 12 months and found that seven complaints had been received and responded to with satisfactory outcomes. The compliance manager had identified during their checks that these complaints were not analysed for patterns or trends. A system had been implemented to ensure that future complaints would be analysed and shared with staff for learning upon.

The registered manager was not available on the day of our inspection. We spoke with the deputy manager and compliance manager, who had both begun working for the provider three weeks prior to our inspection. We found that since their employment improvements to the service provision had been implemented. Shortfalls had been identified through the compliance manager's audit in early January 2016 and plans had been put in place to address these. Staff we spoke with acknowledged the improvements that had been made and felt confident that areas for improvement would continue. While these shortfalls had been identified by the provider, time was needed to demonstrate that plans that had been put into place were effectively being managed.

## 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 in some areas were not always supported by sufficient numbers of staff to keep them safe and meet their needs. People were cared for by staff who had the knowledge to protect people from the risk of harm. People received their medicines in a safe way.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were provided with food they enjoyed and had enough to keep them healthy. People received care they had consented to and staff understood the importance of this.

**Good** ●

### Is the service caring?

The service was not always caring.

People's decisions about their care were listened to and followed. Some people felt they were not always treated respectfully; however the provider had taken action to address this. People's privacy was maintained.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People did not always receive care that was responsive to their individual needs. The provider had recognised this and had put plans in place to address this. However, the provider had not had sufficient time to implement their plan to provide assurances that people's care needs were met in a responsive way. People's concerns and complaints were listened and responded to

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The provider had recruited a new compliance manager who had

**Requires Improvement** ●

identified shortfalls within the home. While they were working with staff to drive improvement so people received quality care to a good standard, there had not been sufficient time for these improvements to become established to demonstrate the service was now well-led.

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# Holmwood Care Centre

## 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.

At our previous comprehensive inspection of this service on 5 May 2015 there was a breach of three legal requirements. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to person-centred care Regulation 9, staffing Regulation 18 and safeguarding service users from abuse Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

This inspection took place on 26 January 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor, who specialises in care home management.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also spoke with the local authority and Clinical Commission Groups (CCGs) about information they held about the provider.

We spoke with ten people who used the service and three relatives and a visiting doctor. We also spoke with eight care staff, one nurse, the activities co-ordinator and two domestic staff. We also spoke with the deputy manager and compliance manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed four people's care records and medication records. We also looked at provider audits, complaints and compliments, staff rotas, incident and accident audit, and the surveys sent to people and relatives.

## Is the service safe?

### Our findings

Four care staff we spoke with told us they felt there were not enough staff on duty to support people in one area particular area of the home. Staff told us this was people who lived with dementia who had nursing care needs. Staff told us that while no incidents or accidents had happened they felt there were not always staff available in the communal area's to check people were safe. We had spoken with the deputy manager prior to talking with staff, who had identified that staffing levels within this area of the home required attention. We spoke further with the deputy manager and compliance manager following staff comments. They told us that the dependency tool that was used to work out staffing levels was not reflective of people's care needs who lived with dementia. For example, the dependency tool did not take into account the emotional support that people may require. The compliance manager told us that following their January audit of the service, that they had put plans in place for people's care needs to be re-assessed. This would ensure staffing levels reflected people's individual needs. Until this work was completed the deputy manager had put plans in place to ensure the deployment of staff and their skill mix throughout the home reflected the needs of the people who lived there. They told us, "I would never leave the home unsafe; I always make sure there are enough staff on duty, if a shift is not covered, I make sure it is".

We did find that in other areas of the home people felt there were enough staff on duty to keep people safe and meet their needs. All the people we spoke with told us they felt there was enough staff on duty to keep them safe. One person told us that staff, "Come pretty quick". A further person told us, "I never have to wait long if I want something". Another person told us that there were always staff who were passing by if they needed assistance. Two relatives told us that there were enough staff to meet their family member's care needs.

We saw that staff did not hurry people and allowed people to do things at their own pace. There were staff within the communal areas and they responded promptly to people's requests for assistance. We found that call bells were answered in a timely way.

Staff told us that since the arrival of the deputy manager at the beginning of January 2016, staffing levels had improved. Staff told us that the deputy manager was 'hands on' and supported the team to cover any shortfalls in staff or where extra support was required.

We looked at how the provider covered unplanned absence of staff to ensure people received continuity of care. The compliance manager explained that a new computer system had been installed which meant staff on duty were able to promptly send a text message to all available staff. We spoke with staff who confirmed this was in place and it was working well. Two staff members told us that the new system meant that covering unplanned absences was quicker and staff were able to arrive promptly to the home.

All the people we spoke with who lived in the home told us they felt staff protected them from harm. One person told us how they were well looked after and that they, "Feel safe". Another person we spoke with told us they felt safe as they had their call bell within reach, they said, "They are pretty good actually and answer the bell quickly". Two relatives who we spoke with felt that staff knowledge about their family members care

needs kept them safe as they knew the person well.

Staff supported people to feel safe, for example when a person required hoisting from a chair to a wheelchair, staff reassured the person through-out. When the person was in their chair they were made comfortable. Staff asked the person if they were okay the person replied that they were.

Eight care staff who we spoke with showed a good awareness of how they would protect people from harm. They shared examples of what they would report to management or other external agencies if required. One staff member told us about the safeguarding training they had received and how it had made them more aware of different external agencies they could report abuse to. We found that safeguarding information was on display at the home for staff to use if required. We spoke with the deputy manager who demonstrated a good awareness of the safeguarding procedures and worked with the local authority to ensure people were kept safe.

People's individual risks had been assessed in a way that protected them and promoted their independence. For example, one person was at risk of pressure damage. Staff told us the person was cared for on a special mattress to help relieve the pressure. Staff told us they assisted the person to regularly turn in bed and made sure they were comfortable. The staff member told us that they checked the person's skin and would report any skin damage to the nurse. The deputy manager told us that people's care needs were discussed during handover and any new information, such as pressure damage to a person's skin was handed over to staff.

All people we spoke with did not have any concerns about how their medication was managed. One person said, "I get my medication on time, the staff bring it to me when I need it". Another person we spoke with confirmed that staff waited with them until they had taken their medicine. We spoke with a staff member who administered medication. They had a good understanding about the medication they gave people and the possible side effects. They showed good awareness of safe practices when handling and administering medicines. For example, where they had identified missing signatures on the medication records from the previous shift these were reported to management and investigated. We found that people's medication was stored and managed in a way that kept people safe.



## Is the service effective?

### Our findings

People we spoke with felt staff who cared for them knew how to look after them well and in the right way. One person said, "I can't fault the place myself, I am treated very well". Another person said, "They are pretty good actually". A further person told us how they felt confident that staff were able to support them with their specific care and treatment. They told us they were, "Confident" that staff would know what to do if they needed further support. They went on to say, "I see new staff being trained all the time by other staff at the home". All relatives we spoke with told us that staff were good and had no concerns. One relative who we spoke with agreed the care staff met the needs of their family member and that it was done so in the right way.

Staff told us they had received training that was appropriate to the people they cared for, such as infection control and moving and handling. One staff member said, "The training is excellent and very hands on". They provided an example of when they had received moving and handling training. They told us they were shown how to use all of the hoists and wheelchairs and spent time practicing with other staff and experienced being assisted to move with the use of a hoist. They told us that this training and experience helped them to ensure they constantly provided re-assurance to people while they were providing support to assist them to move.

We spoke with a staff member about their support and training before they began working for the service. They explained to us how they were supported in their role and how their knowledge was developed. They told us that they shadowed an experienced staff member. They told us that all staff were supportive and that they only began working alone when they felt ready. They told us that they did not provide care tasks that they had not been trained to do, such as moving and handling people with reduced mobility.

Staff told us that they worked together and that communication had begun to improve since the deputy manager had introduced a new handover system. All staff we spoke with told us they knew where they were expected to work within the home and received detailed handover from the previous staff on shift. The deputy manager told us that they had begun to move staff around within the home so staff had the knowledge of all people who lived in the home and their care needs.

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.

People we spoke with told us that staff sought their agreement before carrying out any personal care and staff respected their wishes. One person told us that staff gave them the choice to remain in their room or to visit the communal areas of the home if they wished. The person said, "Sometimes I like to stay in my room but staff always ask me what I want". Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for.

Staff told us they always ensured that people consented to their care. One staff member said if a person refused they would respect this and ask them later. The compliance manager and deputy manager had a good understanding of the MCA process and had identified that some people lacked the capacity to make decisions around specific aspects of their care and treatment. They had begun to take steps to determine who had legal responsibility to make decisions for people where they lacked capacity to make them so that best interest meetings could be held.

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). We checked whether the service was working within the principles of the MCA.

The deputy manager was aware of the Deprivation of Liberty Safeguards (DoLS) and told us that some people who lived in the home had their liberty restricted. They told us they were in the process of completing the relevant applications to do this lawfully. Following our inspection the compliance manager confirmed with us that applications had been submitted to the local authority. The compliance manager had implemented a system which identified who had a DoL in place and dates of when this would expire so that timely reviews could be completed where necessary.

All the people who we spoke with told us they enjoyed the food at the home. One person said, "The food is excellent. You have whatever you want. It is all home cooked". Another person said, "The food is very plentiful, the portions are good, I enjoy my meals". A further person told us, "Whatever I ask for I can have". They told us how they had mentioned to staff that they enjoyed Kippers for breakfast, and how the following morning they were given kippers for breakfast. They were pleased that staff had listened to them.

Lunch time was a positive experience for people. We saw people chatting with staff and other people. People were given time to enjoy their food and staff ensured people had enough to eat, with more offered to people. People were able to join others for their meal in the dining room if they wished or away from the main dining area, in their bedroom or lounge. One person explained how they preferred to eat on their own and staff respected this. Staff were aware of who required support with their eating their meals and provided assistance to those who required the support.

We saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with staff about what steps they took to ensure people received adequate fluids. Staff told us that they had received training about the importance of people drinking enough fluids to keep them healthy. Staff were aware of who required support to drink and provided this support to people. Staff knew who was at risk of de-hydration and the importance of recording how much fluid people had drunk. A staff member told us it was so that checks could be made to ensure people were drinking enough fluids to keep them healthy.

One person told us that staff were aware of what foods they could and could not eat due to their specific health condition. Staff we spoke with were able to tell us about people's individual nutritional care needs and how they supported them to maintain a healthy and balanced diet.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. One person we spoke with said, "I see my doctor when I need to". Another person told us that when they had become ill, staff had contacted the doctor who prescribed them medication. They told us that staff were aware of this and provided them the medicine. We spoke with a visiting doctor who told us that staff called them at the right time and followed

their guidance. They told us that the person they had visited was well cared for and had told them they were happy living in the home.

A relative told us that staff always informed them if their family member had become unwell and needed the doctor or hospital treatment. Staff recognised when a person became unwell and contacted the relevant health care professional where necessary. For example, where one person was not drinking enough fluids to keep them healthy, staff had arranged a doctor's appointment which then meant the person was taken to the hospital for further review of their health care needs. Staff were aware of people's healthcare appointments and ensured that people attended these appointments where they had been arranged.

## Is the service caring?

### Our findings

We spoke with 10 people about how staff were caring towards them. Seven people were positive about the staff, however three people told us this varied dependant on which staff were working. One person told us, "They are very good, I love it here". Another person said, "I can't fault the place myself, I am treated very well'. However one person said, "The staff are caring, basically very good, some will do more than others, depends on how busy they are". Another person told us, "Some of the staff can be a bit sarcastic, I think I deserve a bit of respect and I get it most of the time". However a further person told us that the night staff shouted in the corridors. They told us it frightened them and caused them to, "Wake with a jump". A relative we spoke with told us, "You find the ones that are dedicated and then there are the ones, especially the younger generation, who speak to you as if you are simple".

During the inspection we saw that staff were kind and caring towards the people they cared for. We saw people smile at staff when they spoke with them. Staff interacted with people in a natural way, which encouraged further conversations. We saw that when one person became distressed staff supported them until they were settled. However, we heard one incident were a staff member was swearing when talking to another staff member in the communal room. There were people who lived in the home who were present in the room at that time.

We spoke with the compliance manager and deputy manager about what people had told us and what we had heard. The compliance manager told us that staff's language and behaviour had been identified as an area of concern during the compliance manager's audit in early January 2016. They told us that the identified staff had been spoken with and where necessary further action had been taken. They told us that further conversations would take place to address people's concerns that had been raised to us. This was to gain further understanding as to whether these were recent experiences.

People felt actively involved in the decisions around their care. For example, one person told us that they preferred a specific staff member to assist them with one aspect of their care needs. They told us this was their choice and were happy to wait to receive the support from the specific member of staff when they were on duty. Staff told us about the person's decision and how they respected their wishes. The person felt confident that all staff were aware of their choice and that their views were respected.

People were supported and encouraged to maintain relationships with their friends and family. Throughout our visit family and visitors would come into the home to see the person to just have a cup of tea and a chat. People told us visitors were welcome at any time. Relatives we spoke with told us they could visit as often as they liked, one relative said, "I visit [family members name] six times a week".

People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people's bedroom or bathrooms doors and waited for a reply before they entered. One person told us, "They always knock on the door before they come in, they don't just barge in". People told us that they had a landline telephone in their room so they could make and receive calls as they wished. One person we spoke with told us that staff always brought them their post and they opened these themselves.

People told us they chose their clothes and got to dress in their preferred style. We saw staff ensured people's clothes were clean and changed if needed. Where staff were required to discuss people's needs or requests of personal care, these were not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs. We found staff supported people to maintain their dignity. We saw when a person was assisted into the dining room; the staff asked where they wanted to sit. The staff did not rush the person and went at the person's own pace. Once seated, they ensured the person was comfortable in their chair before they left.

## Is the service responsive?

### Our findings

We found examples where people did not receive care that was responsive to their needs. For example, one person we spoke with told us they had a "wobbly tooth", and while it did not cause them pain, they said it was, "annoying". The person told us that they had not been involved in a review of their care. We asked if they had seen a dentist, they told us that they had previously but had not seen one for a while. Staff who we spoke with were unaware the person had this concern. We looked at the person's care records to determine if this had been reviewed. We found that while the person had plans in place to maintain their oral health due to an identified need the records did not demonstrate that the person had been involved in any discussions around their care planning for their oral health.

We spoke with the compliance manager and deputy manager about the person's care needs. While they were not aware of the person's specific oral health care needs, they were aware that the care reviews for people had not always involved the person or their family members, where appropriate. The compliance manager told us that previous care reviews were not, "Meaningful to the person". The deputy manager told us, "Everyone needs their care re-assessing". The compliance manager and deputy manager recognised this would take time and told us this work would be completed and prioritised. Following the inspection the compliance manager sent us a detailed action plan, where these areas had already been identified at their audit of the service in early January 2016. However, the provider had not had sufficient time to implement their plan. Therefore we did not have assurances that people's care needs were always being met in a responsive way.

We spoke with a person who had been living in the home for one week. They told us that they had had a detailed assessment of their care needs before they arrived at the home. They told us that their care needs were being met the way they wanted them to be. They said, "It's the way that I want and not at the convenience of staff". We spoke with two relatives who confirmed that they were kept up-to date with their family member's care needs.

People and relatives we spoke with told us that staff always respected people's decisions about their care. We spoke with staff about some people's care needs. All staff we spoke with knew about the person's health care needs and what daily support the person required. Staff told us that this information was shared during handover time when they began their shift, to ensure that staff had the most relevant and up-to date information about the person's care and support needs. Staff told us they would speak with the person to ensure they were providing care to them the way in which they preferred.

We asked people if they were supported to maintain their hobbies and interests. Some people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. One person told us that they were happy to, "Lie on my bed watching TV and reading", they told us that they visited another person who lived in the home and would spend time chatting with them, which they enjoyed. Another person told us how they liked to go out for walks. They told us that, "When the weather gets better I would go out with the staff". Another person told us the activities which the home provided suited their needs and they could choose which ones they wanted to attend. One person told us

about the mobile library staff brought round and said, "That's very good, as I enjoy reading". Another person told us, "I really enjoy the activities in the home". They went on to say that they enjoyed gardening and that staff had arranged for them to plant bulbs. They continued to tell us how they also enjoyed the crafts sessions, knitting, making cards, they said, "I look forward to these times".

We spoke with the activities co-ordinator who told us that they gave people a wide range of activities to take part in. They held seasonal events and supported people to attend the church service, which people we spoke with confirmed they went to and enjoyed.

The activities co-ordinator and care staff told us that they did not always have the time to spend with people on a one to one basis, particularly for those who were nursed in bed. The activities co-ordinator said, "I try to see everyone, but I do not think it's always the quality time they deserve". They continued to say that the provider was beginning to listen to them and that they were pleased that they had been given a bigger budget for events.

We spoke with the deputy manager about supporting people's hobbies and interests to people who were cared for in their rooms. They told us they had spent time working with staff to provide care and support for people and were encouraging staff to offer people the choice of where they would like to spend their time. One person we spoke with told us, "I have been going down to the dining room more often for meals recently, which is nice. They are always very welcoming there". The deputy manager told us that they had planned to work alongside staff to support people who lived with dementia. They told us that with their guidance they would be able to work with staff to identify a better approach for supporting people's hobbies and interests for those who lived with dementia. For example, ensuring staff were assisting people into the communal areas if it is not necessary for them to remain in their room. They felt that this would help staff to develop the activities and support for people who lived with dementia.

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. People who we spoke with felt confident that their concern would be resolved. One person we spoke with told us, "If I had a problem I would speak to someone in the office".

We looked at the provider's complaints over the last twelve months and saw seven complaints had been received. We found that these had been responded to with satisfactory outcomes for the people who had raised the complaint. However, we could not see that these complaints had been analysed for patterns or trends. The systems in place did not show how staff learnt from the complaints made. For example, through team meetings or on an individual one to one basis. The compliance manager had identified this shortfall during their audit of the service. We had seen that since this was identified a system had been put in place to analyse and learn from complaints. However no complaints had been received since the time the system was implemented.

## Is the service well-led?

### Our findings

People and staff told us that the registered manager was not always visible within the home. People who we spoke with did not know who the registered manager was. One person said, "I only know the nurses and the care staff, I haven't seen the [registered] manager". The compliance manager told us that they had planned to relocate the registered manager's office from the first floor to the ground floor, near the reception area. They told us that this way, when visitors came, they could visit the office first to check how the person was.

We spoke with staff who told us the registered manager held meetings for people who lived in the home. However people and staff were not clear if there were any outcomes or actions from these meetings. We spoke with the compliance manager who told us that the meetings had not been recorded by the registered manager to enable them to demonstrate the outcome or actions as a result of the meetings. They had recognised this was an area for improvement and was in the process of being addressed.

Some staff who we spoke with told us that the registered manager did not always listen to them. One staff member said, "They can't make the changes. He said he would, but then doesn't. Staff get fed up". This was in relation to staffing levels. Staff told us that they had not always been given the opportunity for team meetings, but said the registered manager's door was always open if they wanted to speak with them.

All staff we spoke with felt that since the arrival of the deputy manager things had started to improve. One staff member said, "Staffing levels used to really get the girls down, but I have seen an improvement, and staff sickness levels have improved too". Another staff member said, "We really struggled with staffing in all areas, but I think we are getting there now". They continued to tell us that the compliance manager had, "Completed their checks and told us what we needed to improve". They went onto say, "There is still a lot to improve, but we are getting there".

Staff welcomed the deputy manager's hands-on approach. One staff member said, "She is very professional and approachable, I definitely have confidence in them". Another staff member said, "She has improved the communication with hand-over, it's much better now, we all get the same information". They told us that this had a positive impact for staff and the people they cared for. They shared an example where staff had used this opportunity to discuss one person's recent ill health; staff were updated about the person's care and treatment which meant that they knew how to further support the person while they were unwell.

The provider had employed a compliance manager to complete checks to ensure the service was performing to a good standard. We spoke with the compliance manager who showed us that they had completed an action plan to address the shortfalls they had identified. For example, staffing levels, re-assessment of people's care needs and aspects around dignity and respect. On the day of our inspection we could see that these plans had been implemented or were in progress. The compliance manager explained that the deputy manager had been appointed three weeks prior to our inspection, and they were working with them to address the shortfalls.

The deputy manager told us how they had taken the responsibility of managing staffing levels within the



home. They showed us how they had developed a new rota for staff which ensured staff worked in different areas throughout the home. This gave staff the opportunity to meet and learn about all people's care needs who lived in the home. The deputy manager told us and staff confirmed that with the new rota system staff had clear direction of where they were working. They continued to say, "Staff seem to be happier that they are being listened too".

The provider submits surveys to 10% of people and relatives every month. The compliance manager told us that for December 2015, six surveys were sent and three survey results were returned. While these results had been sent to the registered manager, the compliance manager was unable to find these on the day. The compliance manager told us that usually this information would be shared with people who use the service. It would show them what comments the provider had received said and what actions had been taken to address any comments raised. However we were unable to see any previous examples of these surveys. The compliance manager told us that this would be raised with the provider to ensure this information was made available to people who use the service.