HC-One Limited

# Leeming Garth

**Inspection report**

Leeming Bar
Northallerton
North Yorkshire
DL7 9RT
www.hc-one.co.uk
Tel: 01677 424014
Website: www.hc-one.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? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on 30 September 2015 and was unannounced. This meant that the registered provider and registered manager did not know we would be visiting.

Leeming Garth provides residential and nursing care for up to 55 people. The home is situated in a rural location on the outskirts of the village of Leeming Bar. The home consists of an old listed building with modern extensions. The accommodation is arranged over two floors with lift access. There are private car parking facilities, gardens and grounds.

The service had a registered manager who was on duty during 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

# Summary of findings

'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.

Staff we spoke with knew how to administer medicines safely and the records we saw showed that medicines were being administered and checked regularly. However, the morning medication round was not completed until 11.40 hours. This meant that there was the potential risk that people would not get their medicines at the correct and safe time intervals, especially when agency staff [who are less familiar with the service and needs of individuals] were on duty. We had also received some information of concern about medicines both before and shortly after our inspection, which was being looked into by the local authority. We have required that the provider makes improvements to ensure the safe management of medicines.

People using the service, and their relatives, told us they felt safe at Leeming Garth. Staff knew how to report any concerns about people's welfare and had confidence in the registered manager taking action. People had individual risk assessments in place which helped ensure staff were aware of the risks relevant to people's care.

Staff were recruited safely, but the service did not have enough staff employed to provide the nursing hours needed. The registered manager was actively trying to recruit staff and used agency staff to cover any short falls. We found that staff were busy and that there were some difficulties completing the necessary tasks in a timely fashion. We have recommended that the registered provider reviews staff levels and deployment to ensure that enough staff are available at peak periods.

The service had emergency contingency plans in place, including personal evacuation plans for people who used the service. Equipment was checked and serviced appropriately, to ensure it was maintained in safe working order.

Staff were provided with access to relevant training and support. The registered manager monitored staff performance through supervision and appraisal systems.

The service was following the principles of the Mental Capacity Act 2005. At the time of the inspection one person was subject to a DoLS authorisation. The registered manager understood the Deprivation of Liberty safeguards (DoLS) and had made appropriate applications, most of which were pending action by the local authority.

People told us that the food was good, with plenty of snacks and drinks available between meals. People's dietary needs were assessed and monitored, and we saw staff providing the support people needed with eating and drinking.

People told us that they were cared for by staff and usually treated with dignity and respect. We observed kind and caring interactions between staff and people who used the service throughout our visit. However, we received negative feedback relating to a small minority of staff who did not always treat people who used the service, relatives or other staff with respect. This was raised with the registered manager at the time of our inspection, who was aware of the issues and able to tell us what action they were taking.

People had their needs assessed and had care plans which were individual to them. The care and nursing staff we saw and spoke with knew people well and were able to describe people's needs. We also observed the care described in people's care plans being delivered in practice.

Information about the complaints process was displayed in the reception area. The manager was open to complaints and comments about the service. People we spoke with told us that they would feel able to raise any issues or concerns. However, resident and relatives meetings were not taking place regularly.

People had access to activities and events, but some people living at the home did not want to take part in these. A new activities coordinator had recently been recruited and a person who used the service was going to help them develop what was on offer.

The service was well-led. Everyone we spoke with told us that the registered manager was approachable and had made positive improvements since starting work at the home. There were regular checks and audits taking place. Senior staff from the registered provider's organisation also visited the service to monitor performance.

At this inspection we identified a breach of Regulation 12 (1) & (2) (g) of the Health and Social Care Act (Regulated

# Summary of findings

Activities) Regulations 2014, because the registered person did not ensure the safe management of medicines. 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.

The morning medicine round took a very long time to complete and there was the potential risk of people's medicines not being given at the correct times or intervals.

Staff had been recruited safely. Overall, there were enough staff on duty to keep people safe. However, the service had difficulty recruiting nursing staff and regularly used agency staff to cover shifts. Nursing staff struggled to complete nursing tasks during busy periods in a timely fashion.

Staff knew how to recognise and report abuse. The service had risk assessments in place to identify risks and help support people safely.

**Is the service effective?**

**Good**

The service was effective.

The service followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were provided with training relevant to their roles and felt supported by the new registered manager. Staff supervision and monitoring systems were in place.

People's dietary needs were assessed and a varied menu of regular meals, snacks and drinks was provided.

The service appropriately sought advice and support from relevant health care professionals.

**Is the service caring?**

**Requires Improvement**

The service was not consistently caring.

People told us the majority of staff were caring and we saw positive interactions and people being treated with dignity and respect during our visit. However we also received consistent and negative feedback about a small minority of staff, who did not always treat people kindly or with respect.

People were able to maintain relationships, with visitors made welcome.

People were supported to make decisions and choices about their day to day lives, such as daily routines, where they spent their time and what they ate and drank.

**Is the service responsive?**

**Good**

The service was responsive.

# Summary of findings

People's needs were assessed and reviewed. People had individual care plans in place, which included information about people's needs and preferences.

People were supported to maintain relationships with their families and friends and activities and events took place at the service.

A complaints procedure was in place and displayed in the service's reception area. Records showed that complaints were investigated and responded to.

**Is the service well-led?**

Good

The service was well-led.

People felt that the new registered manager had made positive improvements. They were clear about the responsibilities of their role. There was evidence of senior managers also visiting and monitoring the service.

Systems were in place to monitor the quality of the service, through regular audits, performance monitoring and an annual satisfaction survey.

The registered manager was open to feedback from people using the service and relatives, but there was a lack of regular formal feedback opportunities, such as resident and relatives meetings, at the time of our inspection.

# Leeming Garth

**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 30 September 2015 and was unannounced. This meant that the registered provider and registered manager did not know we would be visiting. The inspection team consisted of one inspector and a specialist advisor, with a background in nursing and management.

Before our inspection we reviewed all the information we held about the service. We had not asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications we had received. Notifications are incidents and events that the registered provider is required to tell us about. We spoke to the local authority contracts and commissioning team, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we spoke with ten people who used the service, three relatives and two visitors. We also spent time observing the care and support people received, including the interaction between people and care staff. We looked at documents and records that related to seven people's individual care and support.

We spoke with eight members of staff. This included; the registered manager, nursing staff, three care staff, two domestic staff and the deputy chef. We looked at three staff files; which contained employment records and supervision and training records.

We also looked at records relating to the management of the home, such as maintenance records, meeting records, audits, policies and procedures.

Following the inspection we spoke with two visiting health and social care professionals.

Requires Improvement

# Is the service safe?

## Our findings

We looked at the arrangements for the management, storage and administration of medicines. We received some information of concern about the management of medicines, both before and shortly after our inspection visit, and these issues were being looked into by the local authority. On the day of our visit the morning medication round commenced at 09:00 am and was completed at 11:40 am. This was a long time and finished very close to when the next medicines round was due to take place. This meant that there was the potential risk that people were not receiving their medicines in line with the prescribing instructions and safe time intervals. This risk was being mitigated well by the registered nurse on duty on the day of our inspection, who was an employed staff member working regularly at the home. They explained how they ensured any person requiring time critical medicines or medicines at both morning and lunchtime were managed with this in mind. However, there remained the risk that nursing staff who were less familiar with the service or the needs of the people living there [such as agency nursing staff, which the service used regularly] would not be able to mitigate this risk so well.

**This was a breach of Regulation 12 (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014, because the registered person had not ensured the safe management of medicines.**

Medicine Administration Record (MAR) sheets were in place for each person and had been correctly completed. MARs showed that medicines had been administered in accordance with people's prescriptions. Medicines were stored safely and securely in an air conditioned room. Both room temperature and fridge temperatures were monitored and documented daily, to ensure medicines were stored within the safe recommended temperature ranges. Controlled drugs (CDs) were stored correctly and were checked daily by two staff. The CD register was complete for the past six months without any omissions or discrepancies. Staff we spoke with were aware of the procedures for reporting in the event of medication errors or discrepancies and the action to be taken if people persistently refused to take their medicines.

We observed medication being administered and saw that this was done in a safe and patient way. Both the registered nurse and senior carer who were administering medicines demonstrated good knowledge of the medicines prescribed, such as risk factors, side effects and their use. The identity of each person was checked appropriately before medicines were administered and the medicine trolleys were kept either locked or supervised at all times. There was a daily medicines audit routinely undertaken, where a random sample of five people's medicines were checked. This audit included a stock count against the MAR, which would highlight any omissions or loss/theft of medication. This meant if there were any omissions these were identified in a timely manner and enabled the service to take any action required.

We looked at the arrangements that were in place to ensure safe staffing levels. The registered manager told us the service was advertising for more staff, but found it difficult to recruit registered nurses. Since the new registered manager started to work at the service they had employed two registered nurses and the service now had three permanently employed nursing staff. This was not enough to provide the home's nursing requirements and agency staff were used to provide the additional nursing hours needed. The manager described how they mitigated this and ensured better staffing consistency by using the same agency staff wherever possible, so that they were familiar with the service and the people living there. A new activities coordinator had also been recruited and was due to start the week after our inspection.

People who used the service told us that staff usually responded reasonably quickly to requests for help and support and that urgent calls for help were answered promptly. However, people also consistently told us that staff response times could vary, with people having to wait for assistance if staff were busy. One person told us, "Sometimes they come quite quickly [to answer the call bell] and other times I wait quite a while, but I know I'm not the only one they are looking after." Another person said, "It all depends on the time of day and if they are busy [response to call bell], but I've had two crashes [falls] and then they've come instantly."

At the time of our inspection 33 people were living at the service; 10 people receiving residential care and 23 people receiving nursing care. There was one registered nurse on duty on the day of our visit, plus 5 care staff. There was also the registered manager and ancillary staff [such as kitchen and domestic staff] on duty. During our inspection we observed how staffing levels worked and spoke with staff.

Requires Improvement

# Is the service safe?

Staff were busy and we found that there were some difficulties completing the necessary tasks in a timely fashion. For example, the length of time taken administering morning medicines meant that other essential nursing interventions were delayed until after lunch. There were 23 people requiring nursing care at the time of our inspection and this was very challenging for the lone registered nurse on duty in the morning.

**We recommend the registered provider reviews staff levels and deployment to ensure that enough staff are available at peak periods.**

People who lived at the service told us they felt safe. One person said "I feel safe and secure." When we asked another person if they felt safe at the service they replied "Oh yes."

We found that staff were recruited safely, meaning people were protected from unsuitable staff. We spoke with the registered manager about staff recruitment processes and checked the recruitment records for three recently employed staff. The records contained completed application forms and interview records. Appropriate checks had been undertaken before staff began work. For example, employment histories were available, along with two references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, helping employers make safer recruiting decisions. Proof of identification and qualifications were also on record.

People were protected from avoidable harm. The service had a detailed safeguarding policy, which offered guidance to staff. Information about local safeguarding alert procedures was also available. The registered manager and staff we spoke with demonstrated good awareness of safeguarding and whistleblowing processes and knew what to do if they had any concerns. The staff we spoke with told us they had received safeguarding training and training records we saw confirmed this. Staff told us they were confident the new registered manager would listen and take appropriate action. There were a number of ongoing safeguarding investigations at the time of our inspection, relating to events at the home earlier in the year. The registered manager was able to inform us of how these were progressing and the actions taken to safeguard people from further harm.

The care records we saw included risk assessments covering areas such as skin integrity, diet and hydration, mobility and falls. Some of the people whose records we looked at had specific care needs, such as dysphagia [swallowing difficulty] and a high risk falls. We saw that additional care and risk assessments for risk of choking and the use of equipment [such as bed rails, crash mats and sensor alarms] had been put in place to help manage these risks and keep people safe.

A health and safety audit had been completed in September 2015. This had resulted in an action plan, which included the dates actions had been completed. The service held regular health and safety meetings involving key staff. Records showed that the meetings included the discussion of relevant alerts and events and what actions had or needed to be taken to keep people safe. Accidents and incidents were recorded and were reviewed to ensure appropriate action had been taken. The registered manager also monitored other incidents [such as pressure ulcers, weight loss, infections and deaths] as part of their monthly quality assurance checks.

The service had an up to date emergency contingency plan. This provided staff with information and guidance on what to do in an emergency situation. An up to date fire risk assessment was in place and people had emergency evacuation plans, so that staff knew what support people would need to evacuate the building safely. The maintenance man was able to tell us about the weekly and monthly safety checks they carried out [such as hot water checks and fire equipment tests] and records were available to confirm this. A maintenance file was available, evidencing that periodic servicing and testing of the service's equipment took place. For example, there were up to date certificates for fire equipment, gas safety, call bell, manual handling equipment and electrical testing.

Good

# Is the service effective?

## Our findings

People who used the service told us that they received the care and support they needed. For example, one person said, "I must say I'm looked after. I can have a shower anytime I ask for it and a wash down every day." Another person told us that the service was, "Not bad at all, quite good."

The staff we spoke with during our visit told us that the registered manager was supportive and had clear expectations of staff. Staff told us that the registered manager had made positive improvements in relation to staff management and support since they came to the service. Staff also confirmed that they had access to appropriate training and development opportunities through the registered provider's online training system and that they felt adequately trained for their roles.

Training at Leeming Garth was provided through a mixture of face to face and online training, backed up with work books that staff completed. The registered manager showed us the online training system [Touch] that they used to monitor and manage staff training. The registered manager was able to show us examples of how they could check staff training progress and use this to inform their supervision meetings with individual staff. Where staff had failed to complete the training expected the manager showed us how they had sent formal letters to remind staff of training requirements. The registered manager was also able to provide us with detailed information and evidence on the training the staff team at Leeming Garth had completed. This showed that the majority of staff had completed a range of relevant training including, induction training, emergency procedures, food safety, infection control, manual handling, medicines, dementia care and safeguarding. We also looked at the training records for three staff recruited within the last six month and saw that they had all received a comprehensive range of training throughout their induction period.

The registered manager was able to tell us about the staff management and support actions they had taken since coming to work at the service. This included increased sickness management, to reduce the levels of staff absence. They were also able to show us their staff supervision and appraisal planner and staff supervision records. These showed that staff had received supervision. For example, some supervision records related to all staff being given a practice related procedure and guidance to read and agree. Other recorded supervisions were formal one to one sessions, where the staff member's performance and support needs had been discussed. However, there was no evidence of clinical supervision for the registered nurses working at the service, which may be something the organisation wishes to facilitate or encourage in future.

We saw staff asked for people's consent and offered people choices and explanations before care or support was provided. The people whose care we looked at in detail all had recorded 'do not attempt resuscitation (DNAR)' decisions in place. These had been reviewed and updated regularly to ensure that they remained relevant, up to date and in accordance with people's wishes.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. The registered manager demonstrated a good understanding of the principles of the MCA and explained how these were implemented. For example, through the use of capacity assessments and best interests decisions, and the involvement of other relevant professionals and relatives. Training records showed that training on the MCA and DoLS was provided to staff.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, if there are any restrictions to their freedom and liberty. The registered manager demonstrated a good understanding of the DoLS. They had completed DoLS applications for authorisation where appropriate and showed us the records relating to these. At the time of our inspection one DoLS authorisation was currently in place, with the others awaiting assessment by the local authority.

People were supported to have a healthy balanced diet and had access to drinks on a regular basis. People we spoke with were complementary about the food. One person told us, "The food is very good. You get plenty to eat, don't go hungry or thirsty." Another person said, "They try to be as helpful as they can [regarding special diets and preferences]." One person told us how they couldn't sleep one night and were hungry, so staff got them a sandwich. Menus showed a varied choice of meals on offer, including a cooked breakfast, choice of options for lunchtime and

Good

# Is the service effective?

teatime meals, and a substantial supper. We observed staff supporting people to eat their lunchtime meal. The food looked appetising and there was plenty to go around. Some people were eating in the dining room and others were eating in their rooms. The care staff demonstrated good skills whilst supporting people to eat. They sat at the side of the person they were supporting and engaged in appropriate communication. In the dining room we saw staff helping people who needed assistance, but also interacting with other people who were eating their meals. For example, checking they were happy with their food and offering second helpings.

The care records we looked at included risk assessments and care plans relating to nutrition and dietary intake. Where people had been identified as at risk of dehydration or nutrition deficit their fluid and food intake was being monitored. The monitoring charts we looked at had a guide for target volume of fluid intake based on the person's weight and were up to date and completed. However, the charts we observed throughout our visit were not always completed contemporaneously [at the same time food or fluid was given], resulting in the potential risk of omissions or inaccuracies. It is important these charts are contemporaneous and accurate, so that people's welfare can be properly monitored.

In January 2014 the home had received a visit from an environmental health officer and was awarded a 5 star rating (the best rating available) for food hygiene. We spoke with the kitchen staff. They were able to explain the different dietary requirements of people living at the service. These different requirements were outlined on a white board in the kitchen. We saw that the service catered for a variety of different needs, including different textures, thickened fluids, diabetic diets, gluten free diets and people's particular likes and dislikes. The service had recently achieved a 'food for life' award, meaning they had met strict standards for using local, traceable food. However, staff and people using the service told us that this sometimes limited their ability to be flexible and meet people's preferences. For example, they were no longer able to get the pork pies and scotch eggs people liked or the fresh battered fish one person preferred, due to the stringent new supply rules. This had caused some frustrations for the people and staff we spoke with.

The majority of people we spoke with felt that they received the medical support they needed. We also saw examples during our visit of where health care professionals had been involved in people's care. For example, the tissue viability nurse, occupational therapist, community nurse, doctor and speech and language team.

Requires Improvement

# Is the service caring?

## Our findings

People who lived at the service told us the majority of staff were caring and kind. One person told us, "I like it here. Staff are very caring." Another person told us, "Although I cannot manage on my own, the staff are really caring and help with those things I cannot manage myself." Throughout our inspection we observed good levels of interaction between staff and people using the service, which was caring, thoughtful and respectful. All of the care we observed was kind.

However, we received feedback from six individual sources about the attitude and approach of a very small minority of staff. Comments included; "A mixed bunch [the staff], some are really, really nice, and others….well I won't say anymore," "You get the odd one [staff member] who can be bolshie [deliberately combative or uncooperative], but I soon put them in their place" and "I don't want to move, it's a lovely place, the year I have had here has been good. It's just X [name of staff member]." Feedback included that a staff member could be dismissive of people's needs and requests or deliberately slow to respond, was rude and abrupt, and had been combative in their approach with other staff. We discussed this feedback with the registered manager during our inspection. They were aware of the concerns and were able to tell us what was already being done to investigate and manage this. We have asked that the registered manager keeps us informed of actions taken.

We saw that staff ensured people's dignity and privacy was respected. People told us how staff assisted them with personal care in private and did their best to make people feel comfortable. The staff we spoke with were able to demonstrate knowledge and awareness of the need to maintain privacy and dignity for people using the service. For example, by shutting curtains and doors before assisting with care, knocking on doors and offering people explanations and choices about their care. Information about the importance of dignity and respect was also displayed on the service's notice boards.

People were supported to maintain relationships with family and friends. During our visit we saw relatives and friends visiting people and joining in with the Harvest Festival event. People told us visitors were made welcome and were not restricted. We observed that a relative rang and wished to speak with their relative in their room. However, this was not possible using the home's phone, which did not work in some parts of the building. The manager offered to facilitate the call using her own personal mobile phone, but this was not ideal. We also noted that there was no Wi-Fi available at the service, to allow people to access the internet and email. These are things the registered provider should consider, to help people maintain relationships and minimise isolation and loneliness.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives. We saw that people had their own routines and preferences respected. For example, the care records we looked at included some personal information about people's preferences and routines. For example, what people wanted to be called by staff and preferred times for getting up and going to bed. During our visit we saw that people spent time in the communal areas or in their own rooms according to their own preferences and needs. We also saw people being offered choices regarding their meals and drinks. Staff we spoke during our visit knew people well and were able to describe how they involved people in decisions about their day to day lives. For example, by asking people what they would like to do, what they would like to eat or drink, and helping people to pick their own clothes.

Some of the care plan evaluations we looked at had been signed by the person using the service. Others had been signed by staff, but stated that the person had been informed. One of the people we spoke with was aware of their care plan and had been involved in reviews.

Good

# Is the service responsive?

## Our findings

People we spoke with felt that they received a good, responsive service, apart from the concerns expressed about a very small minority of staff discussed earlier in this report. For example, one person described how staff assisted them by ensuring they had enough oxygen in stock. One relative told us, "The home is nice. Staff are very friendly and helpful and if I need anything at all, staff are there to help."

We saw good evidence of comprehensive and detailed assessment and care planning in the care records we looked at. The documentation was consistent and showed that people's care needs had been assessed and planned, including people's personal preferences and wishes. For example, the care plans we looked at in detail included information about what people preferred to be called, when they liked to get up or go to bed, if they preferred showers or baths and information about their abilities and strengths. The care records we saw also included risk assessments and appropriate information about people's specific care needs and what staff needed to do to keep people safe. For example, where people had dysphagia [difficulty swallowing] or a high risk falls.

One of the people whose care and support we looked at in detail had benefited from the involvement of two specialist health care professionals recently. For example, a Speech and Language Therapist was involved and a referral had been made to the tissue viability nurse. The person's care plans included the health care professionals' recommendations, which were being followed and evaluated by staff. We saw that the people we observed throughout the day were receiving care in a timely and responsive manner. People's care needs, particularly help with feeding, change of position/turning [to help prevent pressure damage] and reminding of use of oxygen, were observed to be met by the staff on duty.

People we spoke with told us that there were events and activities taking place that they could join in with if they wished. However, many people told us that they chose not to join in for various reasons. One person said, "Oh yes there is plenty of things like that [activities and events]."

Another said, "There are quite a few things going on, but I just stick to my room." One person told us, "I've always been a bit of a loner. There are activities, but they are not my activities." One person showed us some of the crafts they enjoyed doing in their room. We saw that other people had access to books and newspapers, watched television or listened to the radio.

At the time of our inspection there was no activities coordinator at the service. However, one had been recruited and was due to start work the following week. On the day of our visit the service was holding a Harvest Festival event. This was a great success with people who lived at the service and their relatives enjoying a church service with the vicar, with a social get together with refreshments afterwards. One person who lived at the service also had a stall selling their handmade arts and crafts, to help raise money for the 'resident's fund'. During the afternoon of the event there was a pleasant, social buzz about the service.

One of the people using the service had a particular interest in arts and crafts and told us how they had been involved in recruiting the new activity coordinator. The registered manager told us how they hoped that the new activity coordinator and this person would work together to develop the activities and events at the service. They felt that this would make good use of the person's individual skills and enthusiasm and ultimately benefit everyone at the service.

The service had an up to date complaints policy and information about making complaints was displayed in the reception area. People we spoke with told us that they would feel able to discuss any concerns they had with the registered manager, who was approachable. The registered manager showed us the complaints record, which included information about the complaints and how they had been responded to. They were able to explain what had been done to resolve the issues raised and how they took complaints seriously. There was an on-going complaint at the time of the inspection, which we discussed with the registered manager and the person involved. This was still in the process of being looked into and resolved, with input from the local authority and the person's family.

Good

# Is the service well-led?

## Our findings

We looked at the arrangements in place for the management and leadership of the service. At the time of our inspection visit, the home had a relatively new registered manager, who had worked at the service since July 2015. A registered manager is a person who has registered with CQC to manage the service.

People who used the service, relatives and staff all spoke highly of the new manager. People told us they were approachable, supportive and had made improvements to the service since they started to work there. During the inspection the registered manager was open, honest and helpful. They were also organised and able to provide us with the information and evidence we asked for promptly. They understood their responsibilities and were managing the service effectively. The registered manager explained to us they felt well supported by the registered provider.

The staff we spoke with during the inspection were all aware of the new duty of candour responsibilities. These are new rules to help ensure that care providers are open and transparent with people who use services and other relevant people. The registered manager had provided information to the staff team about this and covered the requirements in recent staff meetings.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance systems help providers to assess and improve the safety and quality of their services, ensuring they provide people with a good service and meet legal obligations. The manager showed us the checks and audits that were completed. They completed a daily 'walk around' visual check of the service and regularly checked maintenance records to ensure that staff had completed and recorded routine safety checks. There was evidence of health and safety, infection control and medication audits having taken place. We also saw evidence of case note and care plan audits in the care records we looked at. The registered manager showed us the monthly management report that they completed and sent to the operations director. This included monitoring of events and incidents at the service and the actions taken. Monitoring visits had also been carried out recently by the registered provider's operations director and human resources administrator. This meant that senior staff within the organisation were checking to see how well the service was performing.

We spoke with the registered manager about the arrangements for gathering feedback from people who used the service, their relatives and other relevant people. An annual quality survey was carried and a report produced of the findings. However, the latest available report was from 2014, with the 2015 survey results not available at the time of our inspection. There had only been two relatives meetings during 2015, one in February and one in June, when only two relatives attended. There had been no residents meetings. We discussed this with the registered manager who acknowledged the lack of formal meetings, but explained that they tried to make themselves approachable and available so that people could come to them at any time. People using the service and relatives we spoke with said that the manager was approachable and listened to feedback, however the registered manager and registered provider should consider how more formal resident and relative feedback and involvement opportunities can be developed at the service. Staff meetings were held more regularly. We looked at the records for the last three staff meetings and saw that they were organised to include both day and night staff. The records included discussion of practice issues and updates about the service, to help keep staff informed and up to date.

We looked at the standard of records kept by the service. Overall the majority of records we viewed at the service were up to date, accurate and fit for purpose.

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<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>**The registered person did not ensure the safe management of medicines. Regulation 12 (1) & (2) (g).** |