S R Latimer and Dr K S Kotegaonkar

Oak Lodge

Inspection report

514 Bury New Road
Prestwich
Manchester
Greater Manchester
M25 3AN

Tel: 01617980005
Website: www.oak-lodge.com

Date of inspection visit:
05 January 2016

Date of publication:
19 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 5 January 2016. The last inspection of Oak Lodge took place on 15 Janury 2015. At this inspection we found that there were six breaches in the regulations that we reviewed. The breaches included the lack of safe recruitment of staff who were suitable to work with vulnerable people, cleanliness, staff training, DNAR records and environmental risks that had not been picked up by the services health and safety monitoring systems. We received an action plan from the service that informed us what action they would take to make improvements.

At this inspection visit we found that the service had met these breaches.

Oak Lodge is registered to provide accommodation for up to 41 older people who require support with nursing and personal care. There were 36 people living at the service at the time of our inspection including people who were using respite care. Oak Lodge also had three places that could be used exclusively by the local authority Crisis Response Team. These beds were used to help prevent unnecessary admissions into hospital.

The service had a registered manager in place. 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.

At this inspection we found two breaches in the regulations that we reviewed. This related to deprivation of liberty safeguarding authorisations being in place for some people who lacked capacity and the need to ensure that all staff had received the training and supervision they needed to help ensure they supported people safely and effectively.

You can see what action we asked the provider to take at the back of the full version of this report.

People we spoke with told us that they thought that the service provided a safe environment for them to live in. People said, "I can't say that I don't feel safe. It can be noisy at night," "I feel safe, I'm well fed and I'm warm" and "The home is brilliant. You can't beat it." The staff we spoke with told us that they knew what action to take if they thought a person who used the service was being abused or at risk of harm.

Relatives we spoke with commented on the cleanliness of the home and lack of unwanted smells. They said "It's kept clean. [My relative] is absolutely 100% safe here." "They do pretty well. Cleanliness wise they are good. We are more than happy." We saw that the service was clean and tidy and no malodours were detected during our inspection visit.

We found that the systems in place to manage people's medicines was safe.

People who used the service told us about the food that was offered. They said,"I can't complain about the food. They do their best for you," "The food here is incredible, the quality and the fact that they do what you ask for. I'm a vegetarian and they meet my needs," and "The food is excellent. I have a diet, which they help me with."

People had access to the healthcare professionals that they needed to support them with their health needs.

People and their relatives told us that the care given by staff was very good. We saw good interactions between people who used the service and staff, which demonstrated close relationships and kindness.

The home employed an activities organiser who came into the home two days a week and provided the opportunity for people to participate in games, music and other activities. The activities organiser was highly thought of by people who used the service and family members. Plans were in place to increase the activities provided by the home through the employment of an additional staff member.

People who used the service, their relatives and staff told us that they thought the registered manager was doing an excellent job.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People who used the service felt safe and able to raise any concerns. The staff were confident they could raise any concerns about poor practice and these would be addressed by the registered manager to ensure people were protected from harm.

We saw that there were recruitment and selection procedures in place to protect people who used the service from coming into contact with potential staff who were unsuitable to work with vulnerable people.

Improvements had been made to the prevention and control of infection procedures.

People's medicines were managed well.

Is the service effective?

Requires Improvement

The service was not always effective.

Deprivation of liberty safeguards were not in place for all the people who required them.

Improvements were needed to ensure that staff received all the training they needed to help ensure they supported people in a safe and effective way.

People were supported to maintain good physical and mental health through attendance at routine appointments, for example, with doctors, dentists, chiropodists and opticians.

Is the service caring?

Good

The service was caring.

The relationships we saw between people who used the service and staff were warm, frequent and friendly. The atmosphere was calm and relaxed.

Staff members spoken with were knowledgeable about people's

care needs and were patient and supportive. They were dignified in their approach.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to be involved in activities within the home. Plans were in place to increase the activities provided by the home through the employment of an additional staff member.

A suggestion and complaints box had been introduced in the entrance hall to enable people who used the service, relatives and staff to raise any ideas or concerns

Is the service well-led?

Good

The service was well led.

People who used the service and staff told us that the registered manager and the group manager were approachable and supportive.

Before our inspection visit we contacted the local authority commissioning and safeguarding teams. They informed us they had no concerns about the service provided.

Oak Lodge

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 and to provide a rating for the service under the Care Act 2014.

Before our visit we asked the provider to complete a Provider Inspection Return (PIR) form however this was not returned to us. We were told that the provider had not received this form. 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 also reviewed all the information we held about the service including notifications the provider had made to us.

We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service. No concerns were raised with us.

This inspection was unannounced and carried out by two adult social care 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. The expert had experience of residential care services for older people.

At this inspection we spoke with seven people who used the service, five relatives and one professional visitor. We also spoke with the registered manager, the new group manager, one of the providers, the team leader, the senior carer, three night care staff, three day care staff as well as the administrator, the housekeeper, the cook and briefly to the maintenance person.

During the inspection we spent some time with people who used the service and staff. This enabled us to observe how people's care and support was provided. We also looked at a range of records relating to how the service was run; these included four people's care records as well as medication records and monitoring audits undertaken by the service to ensure a good quality service was maintained.

Good

Is the service safe?

Our findings

People we spoke with told us that they thought that the service provided a safe environment for them to live in. People said, "I can't say that I don't feel safe. It can be noisy at night," "I feel safe, I'm well fed and I'm warm" and "The home is brilliant. You can't beat it."

At our last inspection visit records showed that not all staff had received training in safeguarding. At this inspection we saw on the staff training record sent to us by the provider that all the staff team had received training in safeguarding vulnerable adults.

The staff we spoke with told us that they knew what action to take if they thought a person who used the service was being abused or at risk of harm. Staff told us that, "When I first started I did training related to emergency procedures and safeguarding. All the carers do it," "If I thought a resident was being abused in any way I would inform the manager straight away and record what I had seen," and "Yes we have a whistleblowing policy and if I had to I would use it without hesitating."

We saw that the home had a new internal operational safeguarding vulnerable adult's policy and procedure that had been put in place in November 2015. A copy of the local authority safeguarding procedures was available in the office and accessible to staff. There was also a whistle blowing policy that staff we spoke with were aware of. We saw information was available for people to read in the reception area.

At our last inspection we raised concerns about the service's recruitment and selection procedures because one staff member did not have a Disclosure and Barring Service (DBS) check. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Also three files we checked did not have a full employment history detailed on the application form.

At this inspection visit we looked at the recruitment files of two new care staff who had recently come to work at the home. We found that all the required information was available. However we asked the group manager to check the employment history of one member of staff to ensure it was correct as the dates and reference check did not appear to correspond. We saw that new detailed interview questions for nursing and care staff had been devised and had started to be used to improve the selection process at the service.

We were told by the group manager that a new staff handbook is to be introduced in the near future, which would include key policies and procedures such as safeguarding, whistle blowing and health and safety. Greivance and disciplinary procedures had been reviewed and amended by the group manager to ensure a clear process was in place for staff to follow.

We talked with the registered manager about staffing levels at the home. The registered manager said, "I would say the staffing levels at the moment are fine. I am sure the staff would tell me if they could not manage." We saw staff rota's that supported this view.

We saw that there were adequate numbers of staff available to support people in communal areas and at meal times. We saw staff supporting people to mobilise between the lounge and the dining room. We heard people's nurse call bells being answered promptly.

A staff member we spoke with told us that they thought that staff morale had improved recently and this had led to a reduction in sickness and absence and an improvement in team work. They said, "It's the best its been in the five years I have been here. I really enjoy coming to work" and "We all know what we should be doing now so it is a lot calmer."

We watched two people who used the service being hoisted in a safe manner by two staff members. A staff member said, "We have quite a few people who require hoisting and we would always use two carers to support them. It wouldn't be safe otherwise."

Relatives we spoke with commented on the cleanliness of the home and lack of unwanted smells. They said "It's kept clean. [My relative] is absolutely 100% safe here" and "They do pretty well. Cleanliness wise they are good. We are more than happy."

At our last inspection we raised concerns about the levels of cleanliness at the home, particularly in relation to the laundry facilities and the cellar were the washing machines was housed. We saw at this inspection that a new professional washing machine had been purchased by the provider that we were told had a sluicing facility. The home had two working washing machines and two dryers.

Since our last inspection an infection control audit had been carried out by a health protection nurse. The audit was carried out on 10 September 2015 and Oak Lodge achieved a green rating of 92 out of 100%.

We did not note any unpleasant odours around the home. Housekeeping staff were on duty on the day of our inspection. We looked at the toilet and bathroom areas and found them to be clean and hygienic. We saw hand cleanser, paper towels and pedal bins were provided. We also saw hand washing instructions displayed which provided a reminder of the required hand washing procedure. Staff wore protective clothing when conducting domestic duties and serving meals.

At our last inspection we raised concerns about the condition of the toilet that was used by people who used the service throughout the day. At this inspection we found that although the toilet was cleaner and tidier it had yet to be refurbished as we discussed with managers at our last inspection visit. We were told by the group manager that the standard of the environment would be reviewed once Oak Lodge's sister home Hollybank Nursing Home had completed the major refurbishment.

We looked at the kitchen. We saw that the kitchen was clean, tidy and well organised. The cooks were also responsible for keeping the kitchen clean. Records were kept using the Safer Food Better Business documentation. The cooks had access to colour coded chopping boards to use to prevent contamination from different foods. Fridge and freezer temperatures were taken and recorded to help ensure food was kept at safe temperatures.

We spoke with the housekeeper who showed us the new cleaning records that had been introduced by the group manager. The housekeeper told us that the records had helped to improve systems at the home and now linked to maintenance requests. The housekeeper told us that they had been fully involved in making the changes.

Both the internal and external environments appeared safe and people who used the service moved around

freely and safely. Store rooms we checked were locked which helped ensure the safety of people using the services. We saw that the home was secure. Key pads were used to get in and out of the property, security cameras were in place outside the home and in the entrance hall. In the bedrooms we looked at window restrictors were in place to help prevent intruders entering the building. The services passenger lift was being serviced on the day of our inspection visit. The fire alarm system was checked weekly and people who used the service had been assessed to see what support they would need to evacuate the home in the event of an emergency and personal emergency evacuation plans (PEEPs) were in place.

We had received a notification from the service that informed us about an event that had stopped the running of the service. We were told that the home had experienced a power failure during the recent severe weather conditions. We were told that although this had been disruptive the staff team had pulled together to support people who used the service. We were also told that a number of relatives and local businesses had rallied round to help them as well. We were told that people who used the service had responded well to the disruption and a change in their circumstances with an impromptu singalong and spending time chatting to each other while the problem was resolved. A 'lessons learnt' review about this event was in the process of being carried out by the group manager.

We looked at the treatment room where medicines were kept. This room was locked at all times when not in use. The medicines cabinet was also locked and secured by a chain to a solid wall. Appropriate written guidance was available. We were told by the registered manager that only senior trained staff were allowed to administer medicines. Room temperatures had been recorded daily and we saw a record was kept for any destroyed or returned medicine. Hand wash facilities were observed in the treatment room.

Controlled drugs were stored appropriately and we saw records that showed they were checked daily. One person required a controlled drug to be administered whilst we observed the medicines round. The registered manager called for the team leader to assist with the administration. Both staff members checked the stock was correct, which it was, and then administered the medicine to the person before signing the controlled drug book which helped ensure the medicine was administered safely and correctly.

'As required' (PRN) medicine guidance was available. People who used the service who had capacity were asked if they required any pain relief. Where people did not have capacity the registered manager told us that the person's behaviour and body language was also monitored and used as an 'indicator' that people may be in pain and so required PRN medicine. We were also told no people who used the service currently received covert medicine.

Medicine administration record (MAR) sheets were looked at and and no gaps in recording were seen. We were shown evidence of regular medicine audits being completed. One had been completed by an external pharmacist in October 2015 and a further audit had been conducted by the Bury local authority quality assurance team. The medicine policy was reviewed annually, the last time was in November 2015.

We observed the morning medicine round. The registered manager was seen to wash his hands in between each medicine administration which ensured the health and welfare of people who used the service. People were offered drinks to help with their medicine and were told what their medicine was and what it was for. The registered manager stayed with the person and observed the medicine had been taken before moving on.

Requires Improvement

Is the service effective?

Our findings

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 people lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. At the last inspection visit the registered manager told us that they had been in contact with the local authority about the recent changes in the law regarding people who might be considered as being deprived of their liberty in residential care. Before our inspection visit we reviewed all the information we had received from the home. We saw that we had received only one deprivation of liberty safeguarding notification from the home. A staff member told us, "I know what DoLS are about and the requirements but I was told to stop sending them in by the local authority so I did."

During our inspection we looked at the Do Not Attempt to Resuscitate (DNAR) authorisations that were in place. We saw that these had been completed in line with requirements. Discussions had taken place with the person who used the service if they had full capacity or with family members if the person had been judged to lack capacity. However, within the DNAR file, we saw that five people had been diagnosed as living with dementia and lacking capacity which the registered manager confirmed. Lacking capacity is one of the stated criteria for Deprivation of Liberty Safeguard (DoLS) applications.

The registered manager confirmed that the identified people who used the service were not 'free to leave the care home and were under continual supervision'. This meant the five people should have had DoLS applications submitted because they met the criteria. We expressed our concerns with the registered manager who told us the local authority had asked them to stop sending applications in because they could not manage the volume of applications they were receiving. We advised the manager that all people who met the criteria should have applications submitted without delay. The registered manager confirmed this would be addressed immediately.

The lack of deprivation of liberty safeguards in place for people who lack capacity was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014.

We heard staff asking people who used the service for their consent to do so before providing care and support. We spoke with several staff and from our discussions with them there appeared to be some confusion about agreement and consent. For example a consent form had been signed by a relative who, although they were the next of kin, they were not the power of attorney. The provider might like to note that families may, and should, be consulted about the proposed care and support, and their views taken into

account, but this is not the same as legal consent. Only people who have a Lasting Power of Attorney (LPA) for health and welfare or, have been appointed by the Court of Protection as a deputy, have legal authority to give consent on behalf of a person who lacks capacity to do so.

We talked with staff about the training they had received whilst working at the service. Staff members said, "I've only been here three months and my induction included shadowing a senior carer until I was happy to work alone. I'm doing my NVQ two now and then I will do level three," "I've done training in dementia awareness, safeguarding, moving and handling and medication administration" and "We have regular training. I'm up to date and we are having safeguarding training in April. I have asked to some training on dementia too." Many of the staff who we spoke with told us that they were keen to learn and undertake more training.

At our last inspection we were concerned that the staff had not received all the training they needed to undertake their roles safely and effectively. In their action plan to us the provider told us that they would complete this training within six months of the date of publication of the report. We were informed by the group manager that plans were in place to provide an inhouse online training for staff with access to face to face training courses as appropriate.

We saw that a number of courses were planned to be undertaken by staff in January 2016. These included, skin integrity, Six Steps principles of care and support for the dying patient and syringe driver training.

Following this inspection we received an updated copy of the services staff team training record. We saw that new staff had not received all their mandatory training. All staff had undertaken moving and handling, fire safety, and safeguarding vulnerable adults. There were gaps in training for food hygiene, health and safety, first aid, MCA and DoLS.

We noted that there were twelve new care staff who had started to work at the home and their training was on-going. This accounted for most of the shortfalls in training. However we found that no progress had been made in relation to dementia awareness and the Malnutrition Universal Screening Tool (MUST) training. Staff told us they received regular supervision from their line manager and we saw written evidence to support this.

The lack of basic training for staff was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014.

People who used the service told us about the food that was offered. They said, "I can't complain about the food. They do their best for you," "The food here is incredible, the quality and the fact that they do what you ask for. I'm a vegetarian and they meet my needs," and "The food is excellent. I have a diet, which they help me with." Relatives we spoke with said, "The food is made on the premises and is really good. They get a choice" and "The food's quite good. I've eaten here a few times."

We observed the lunchtime service in the dining room. The atmosphere was very calm with some background music. Interactions between staff and people who used the service were good and demonstrated some very good relationships.

Everyone was offered a drink of juice before the meal. There were six tables occupied with a total of sixteen people. People were given a choice of pork casserole or fish with parsley sauce. Both were served with vegetables and mashed potato. The service was efficiently carried out with very little waiting for people. For dessert people were offered either bananas and custard or artic toll. One resident was also offered jelly.

We saw that people were encouraged to eat their meals. A staff member said, "At meal times if a resident can feed themselves then obviously we let them because that's what we want. But a few do need some help and so we give it them."

We saw that drinks and snacks were offered to people throughout the day. People could eat their meals in their rooms if they wanted to.

On the day of our inspection, the registered manager told us the Speech and Language Therapist (SALT) had been contacted for a new person who was using the service. MUST assessments were seen and people's weights and body mass index (BMI) were recorded on a monthly basis, or weekly if any concerns had been raised. The registered manager also told us they were considering contacting the tissue viability nurse for further advice.

We saw on the care records we looked at that people who used the service had contact with health care professionals. Records of their visits were recorded in people's care plans. A relative told us, "Overall they are very good. They've done a fantastic job for her. She can stand up and do a few steps now. She was bed bound when she came out of hospital."

We saw that the service had recently changed their optician. The optician left visual information which helped staff understand what people could see. The home had also introduced a sight champion whose role it was to check people's glasses were in good order.

Staff told us, "If a resident had a hospital appointment and there was no family member to go with them one of the carers would go and take all the necessary paperwork" and "We have handovers at the end of each shift and we talk about each resident so any changes would be passed on and they will be recorded in the care plans." We saw a staff handover take place from the night staff to the day staff. We heard staff updated about the personal care needs of all the people who lived at the service.

The home had three beds that were held by the local authority Crisis Response team. The Crisis Response Team aims to prevent unnecessary admissions to hospital. No-one had been admitted by the Crisis Response Team at the time of our visit. In the early part of 2015 a number of concerns had been raised with us about the admission process to the service. The registered manager and the provider were involved with the local CCG in putting together a service level agreement. There have been no further concerns about the service.

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with were very complimentary about the care provide by staff. Staff were described to be patient, friendly, fun, compassionate and caring. People who used the service said, "The staff are lovely here, they can't do enough for you," "By and large they're very good and very patient" and "They're fun. They staff are very good. You could go to anyone if you are upset about anything."

Relatives told us, "They go the extra mile. The staff couldn't have been more compassionate or caring," "They are angels here. I've never once heard a member of staff speak inappropriately" and "Generally the staff are fantastic. I've never had any issues with them."

Staff members spoken with were knowledgeable about people's care needs and were patient and supportive. They were dignified in their approach to people and called them by their first names. We saw that staff knocked before entering a person's bedroom. Bedrooms were seen to be personalised. Fresh flowers were seen in the communal areas of the service.

Staff members said, "Some residents do get confused at times but most of them we can talk to and ask what they would like to do, eat or whatever" and "The way things are now I would be happy to bring a family member here if I had to but it hasn't always been like that."

The atmosphere at the home was calm and relaxed. We saw that there were frequent and friendly interactions between people who used the service and staff. Residents appeared smart and well dressed.

We arrived at the home at 7am. The night staff that we spoke with told us that they did not get people up before 6am unless they were ready to do so. One person was up when we arrived and was waiting for their breakfast. We observed that there was no rush to get people up for breakfast. People appeared well dressed and cared for.

We saw that one person who was nursed in bed objected a little to taking their medicines. The registered manager was able to explain what the medicines were for in the person's first language. This reassured the person concerned who was reassured and took the medication.

We were told that the service were undertaking Six Steps end of life training. The registered manager told us that, "All staff do the six steps training and we recently 'lost' one of our residents and I think all staff handled it all very well." We saw that the managers were looking at ways to improve end of life care systems within the home. Staff told us that they had found this training beneficial.

We saw that there was information available for people who used the service about how to contact advocacy services. An advocacy service offers people independent advice and support. People also had information about Oak Lodge in their bedrooms. This information told people what they should expect from the service.

The group manager informed us that they were looking at ways to improve person centred care. For example, fire doorguards had been fitted to the doors of people who were nursed in bed to help reduce their sense of isolation from other people at the home. Plans were in place to start a reference library for people to access important legislation and published reports as a way of promoting an open and transparent way of working.

Good

Is the service responsive?

Our findings

The registered manager told us, "Care plans and risk assessments are reviewed monthly and we involve the residents and families as much as possible so we know what their needs are."

Care plan records were kept on a computerised system. At our last inspection we saw that the computerised care recording system was not being used to its full potential. At this inspection we saw that this situation had greatly improved. The staff had received formal training on how to use it and three electronic tablets were now available for staff to add care notes to people's records.

We looked at the care plans for four people who used the service.We saw pre-admission assessments had been carried out which helped ensure the service could meet the individual person's needs. Consent forms which related to the administration of medicine and the taking of photographs were seen This showed people who used the service and their families, where appropriate, had been involved in the development of their care plan.

Daily notes had been recorded which related to any care abd support that had been provided by staff. Professional visits were documented and appropriate referrals had been completed.

Two care plans we looked at were for people who had been nursed in bed for long periods of time. We saw turning charts were present in both rooms and both people had been turned in line with care plan requirements. One person was being treated for a pressure sore and was spending time out of bed on a regular basis.

We were told that a new nurse call system was being installed at the home. This would enable managers to monitor response times of the staff to buzzers.

People who used the service who we spoke with said gave a mixed response to the provision of activities. People told us, "A lady comes in, she's a volunteer. She organises music things. She organises dominoes, but it doesn't always take place. I like playing bingo and cards but there aren't people to play here" and "A lady comes in, a volunteer, once a week. She plays games with us and talks to us." Other people said, "There's not much to do." "We don't get out much. I miss that. We sit a lot here. There's not a lot going on." "Most of our entertainment is the television" and "There's no one here to have a conversation with. I miss that."

Relatives told us, "[The activities organiser] does try hard to get [relative] involved," "[The activities organiser] is brilliant, she gets them 'doing things'. She's great," "They could do with a minibus here to take them out" and"[My relative] wouldn't participate in activities so it doesn't really affect him."

The home's activities were provided by an activities organiser who came into the home twice a week. The group manager had recognised that there was a need to improve the activities available for people to participate in. The group manager had recently employed a staff member who would have responsibility for ensuring that activities take place when the volunteer was not available. We saw that a person came into the

home on a weekly basis to take Holy Communion with people who wanted to.

We saw that, the volunteer organised games such as dominoes, encouraging people to do some colouring in, organising a singer to come into the home to entertain residents, running quizzes and encouraging people to undertake activities. During the lunchtime period the volunteer persuaded one person to sing 'We'll Meet Again' much to the enjoyment of other people.

Resident and relatives meetings had started to take place which gave people the opportunity to raise any concerns that they had as well as positive feedback. Plans were in place to appoint a formal resident and a relative representative to help support people to raise issues at the meetings. The last residents and relatives meeting was held on 22 September 2015 and was attended by eleven relatives and three relatives. Items discussed included care, staffing, food, laundry, activities and lost property. The minutes confirmed that people were generally happy with all areas of services provided. It was noted that some people would like to go out more, for example, going to a local tea dance.

We saw that there was a new suggestion and complaints box available for people to use and the complaints procedure was displayed in the reception area. A new complaints policy and procedure and complaints log had been developed by the group manager. The group manager said that they thought that any dissatisfaction no matter how small should be logged as a complaint to help improve the service provided. We saw that were people had made complaints written records were maintained to confirm what action had been taken to help resolve them.

During our visit we were made aware of concerns by a relative. This information was passed on to the registered manager and the group manager for them to address.

Good

Is the service well-led?

Our findings

The home had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Before our inspection we reviewed the records we held about the service which included notifications. The information we held showed that there had been only one serious injury in the past 12 months. The registered manager provided us with assurance that this was the case.

Everyone we spoke with were full of praise for the registered manager. One person said, "That's the gaffer, he looks after us well." Relatives said, "[The registered manager] the nurse, is an absolute superstar. He responds immediately if [my relative's] health changes. He keeps the family informed appropriately" and "[The registered manager} is brilliant. He deals with anything very quickly."

Staff told us, "[The registered manager] is firm but fair. He is lovely. I respect him. Considering he has not done the job before he's taken it up well" and "I feel valued. Both [the registered manager] and [the group manager] have praised me. They have trusted me to show prospective clients around. It made me feel so good. I love my job."

We saw that since our last visit there had been changes to the management team, with the business consultant taking on a different role within the organisation. The operations manager role being shared between the new group development manager with the support of two administrators.

An established member of staff had been identified to become a team leader, there was a senior carer in place and two nurses were in the process of being recruited which would give the registered manager more time to undertake more management responsibilities. Some of the registered managers tasks had been delegated to the nurses and a recent review of how well this was working. The review had identified that the new system was working well and had reduced the number of incidents that had occurred.

We were told that one of registered providers would visit the home everyday. We met one of the registered providers briefly during our inspection visit and they told us that they were happy with the changes that were being made.

The registered manager said, "We have a new group manager and between us we are trying to encourage an open culture and I think that's what we've got. We have regular meetings and supervisions every couple of months. I think it`s important to give the staff a chance to have their say." Staff members told us that, "At the moment I'm the happiest I've been since working here. So much has changed since the new managers came in," "[The registered manager]was always easy to talk to before he got the manager's job. He is so helpful," "I don't feel as stressed anymore. I feel appreciated and thanked for what I have done" and "This ship is sailing again."

The group manager had recently introduced manager's meetings that were aimed to take place on a weekly. This was intended to give an overview of the week, discuss any concerns about people who used the service, staffing issues and any other outstanding matters.

The group manager had introduced a new procedure for staff meetings. This was to help create a team approach and ensure that staff felt able to raise any concerns or improvements they thought could be made. We saw a copy of the last staff meeting minutes that took place on 14 December 2015 at 8pm. The group manager had also clarified with staff what their roles and responsibilities were to help ensure they achieved good teamwork. They had also introduced staff champions to take responsibility for certain roles, for example, health and safety and the Six Steps. Champions are staff members who take additional responsibilities for areas of personal care.

An health and safety audit was carried out by a person who was external to the service. They had carried out a follow up visit in November 2015, where they recorded that all the intial areas for improvement had been addressed, for example, the fitting of window restrictors and the installation of a new nurse call system.

The group manager had started to review and amend the services policies and procedures and this work was ongoing. The group manager also had plans to introduce a new induction training programme, probation system, appraisal and supervision documentation for staff. We saw that an information governance tool had started to be developed to help evidence compliance in the CQC domain areas of safe, effective, caring, responsive and well led. It was planned that this quality audit would start to be used in the near future.

We saw that the results from the quality assurance survey undertaken in May 2015 were displayed in the reception area. There had been eight responses from relatives that were mainly positive. Comments included, "Lovely home with lovely ambience, staff are exemplary" and "All the staff are doing a great job looking after my mum."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Deprivation of liberty safeguards were not always in place for all the people who used the service that required them.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received all the training that they needed to help them support people who used the service safely and effectively.