

St Andrews Care GRP Limited

Acre Green Nursing Home

Inspection report

Acre Close
Middleton
Leeds
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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We inspected the service on 13 July 2015. The visit was unannounced.

Our last inspection took place on 18 and 23 February 2015 and, at that time we found the

service was not meeting the regulations relating to care and welfare of people who used the service; they did not have enough trained staff to meet the needs of the people in the home. Staff did not receive effective supervisions, medication was not given in a safe way and families were not supported to review care plans. The home had not made any applications for Deprivation of Liberty Safeguards (DoLs) and Mental Capacity

assessments (MCA) were not completed for anyone who used the service. The home was not clean and the provider did not have effective systems in place to monitor the quality of the service. We asked them to make improvements. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations. On this visit we checked and found improvements had been made in all of the required areas.

Acre Green provides accommodation and care for up to 50 older people. At the time of our inspection there were 36 people living in the home. The home is purpose built

Summary of findings

and there is car parking available. The home is divided over two floors and people living there have en-suite rooms. Both floors have communal lounges, dining rooms and bathing facilities. The home has a garden to the rear of the building which is secure.

At the time of our inspection there was a registered manager in the home. 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.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

We found the service was meeting the legal requirements relating to Deprivation of Liberty

Safeguards (DoLS).

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). We felt staff had confidence in using the MCA to make best interest decisions for people who lacked the capacity to make decisions in relation to their care. We looked at two capacity assessments which had been completed in the home with family involvement.

Medicines were administered to people by trained staff and people received their prescribed medication when they needed it. Appropriate arrangements were in place for the ordering, storage and disposal of medicines.

We spoke with staff who told us about the action they would take if they suspected someone was at risk of abuse. We found that this was consistent with the guidance within the safeguarding policy and procedure in place at the home.

People told us the food at the home was good and that they had enough to eat and drink. We observed lunch being served to people and saw that people were given sufficient amounts of food to meet their nutritional needs.

We saw the home had a range of activities in place for people to participate in. Staff were enthusiastic and people's relatives told us the activities had made a positive impact on the lives of their family members. This meant people's social needs were being met.

We looked at five staff personnel files and saw the recruitment process in place ensured that staff were suitable and safe to work in the home. Staff we spoke with told us they received supervision every two months and had annual appraisals carried out by the registered manager. We saw minutes from staff meetings which showed they had taken place on a regular basis and were well attended by staff.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. This showed through monthly and weekly audits that this was an effective system.

We found that staff had training throughout their induction and also received annual refresher training in areas such as moving and handling, Mental Capacity Act 2005, DoLS, safeguarding, health and safety, fire safety, challenging behaviour, first aid and infection control. The home had an action plan in place to ensure that staff were booked in for the relevant training when required. This meant people living at the home could be assured that staff caring for them had up to date skills they required for their role.

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?

The service was safe

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will check this during our next planned comprehensive inspection.

The service had sufficient staff to keep people safe.

Appropriate standards of cleanliness and hygiene were maintained in the home.

Medications were managed safely and administered in line with the prescribing instructions. They were ordered, stored and disposed of correctly.

Requires improvement



Is the service effective?

The service was effective

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will check this during our next planned comprehensive inspection.

The registered manager and staff demonstrated an understanding of how to apply the Mental Capacity Act (2005) and deprivation of Liberty Safeguards.

Staff had regular supervisions and an annual appraisal.

People's nutritional needs were being met. Where it had been identified people had lost weight these concerns were referred to a health care professional.

Requires improvement



Is the service caring?

The service was caring

Pressure ulcer management and prevention was in place and where the home needed support, external agencies were contacted to meet the needs of the people in the home.

We saw examples of staff treating people with kindness, promoting dignity and compassion.

Good



Is the service responsive?

The service was responsive

Good



Summary of findings

Care plans were in place and showed that families and people who used the service were involved the care plan reviews.

There was good communication within the home.

Activities were accessible for all the people in the home. Activities were based around people's needs.

Is the service well-led?

The service was well led

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will check this during our next planned comprehensive inspection.

The provider had taken the required action to improve the service.

Staff and residents meetings took place which meant people were involved in the service.

We saw effective audits in place within the home.

Requires improvement



Acre Green Nursing Home

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 13 July 2015 and was unannounced. The inspection team consisted of four adult social care inspectors, a specialist advisor with a background in nursing, and an expert by experience with a background in care of older adults. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 36 people using the service. During our visit we spoke with seven people

who used the service and two relatives/visitors to the home. We also spoke with seven members of staff, the registered manager, the deputy manager, the regional manager and the unit manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at people's care records. We also spent time observing care in both lounge areas and dining room areas to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Before the inspection we reviewed all the information held about the home. We contacted the local authority before the inspection. The provider had not been asked to provide a provider information return (PIR). This is a document that provides relevant up to date information about the home that is provided by the manager or owner of the home to the Care Quality Commission

Is the service safe?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not have arrangements in place to ensure the safe management of medicines, suitable arrangements were not in place to ensure people were protected from infection and there were not sufficient numbers of suitably qualified, skilled and experienced staff to meet people's health and welfare needs.

At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

All the people we spoke with at this inspection said that they felt safe in the home. These were some of the comments people made, "I feel safe here as every one of the staff know me so well" and "My bedroom is always nice and clean and tidy I feel at home." We spoke with a person's relative who told us, "I've never seen any staff not be nice to the residents and I come often at different times of day. There was lack of staff but not now. The staff have more time now, as a result it is clean and tidy with a calm atmosphere."

Staff we spoke with said there were enough staff to meet people's needs properly. One staff member said it could be a 'bit tight' when shortfalls occurred, especially on the residential unit. Another staff member said they were pleased that staffing levels had improved. They said, "It's much better, they can answer buzzers in time and generally have more time to spend with people. "One other person also said "We can do more activities now."

We were told by the registered manager that on the residential unit of the home, the usual staffing levels were; one senior carer and two carers on day shifts and one senior carer and one carer on night shifts. We looked at the rotas for the last six weeks in the home and could see the staffing was overall as planned. However, on one of the weeks we looked at, we saw that on five shifts there had been a shortfall on days of one staff member. We saw there had been staff sickness that week. We were told that the reduced staffing level was enough to meet needs as there had been reduced occupancy in the home. On the nursing unit in the home, we were told by the registered manager

the staffing levels were; two nurses and four carers on days and one nurse and three carers on nights. The rotas for the last six weeks showed these planned staffing levels had been maintained. This meant that there were enough staff to meet the needs of the people in the home.

Our observations and discussions with people who used the service and staff showed there were sufficient staff on duty to meet people's needs and keep them safe. The provider said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff we spoke with told us the staffing levels enabled them to support people well and to ensure their care needs were met safely. This was confirmed by our observations during the inspection. We spoke with one person's relative who told us, "Staff seem to have more time now to support people in the home and they are doing more activities."

We observed staff supporting people during the day in various rooms, this involved use of hoists and movement to and from wheelchairs. On these observations, all were undertaken in a safe manner, and clear explanations were given to the people. Hoists were observed to be subject to regular maintenance checks which were last completed in June 2015.

We looked at the recruitment records for five staff members. We found recruitment practices were safe. Relevant checks had been completed before staff worked unsupervised at the home which included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. One staff member told us safeguarding was about when people were having regular falls or illness. All the staff we spoke with said they would report any concerns to the manager. Staff said they were confident the manager would respond appropriately. The service had policies and procedures for safeguarding vulnerable adults and these were available and accessible to members of staff. Staff said they were aware of how to whistle blow (report concerns outside of the organisation) and confirmed they covered this on their training. A staff member we spoke with said they were now

Is the service safe?

able to report safeguarding incidents directly to the manager. This showed staff had the necessary knowledge and information to help them make sure people were protected from abuse

All staff we spoke with said they did not use any form of restraint for people who used the service. Two staff spoke of techniques they used to assist people to become calm when they were displaying any agitation. This included speaking with people in a calm way and counting with a person.

We looked in people's care records and saw where risks had been identified for the person, there were risks assessments in place to ensure these risks were managed. For example, care records showed assessments were carried out in relation to pressure care, food and fluids and medication. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm.

Staff demonstrated their knowledge of the home's emergency procedures and said they had taken part in fire drills. Staff said they were trained in first aid awareness and felt confident to deal with emergencies. They knew how to report accidents and incidents. Staff showed a good awareness of risk management and could describe individual risk management plans for people who used the service. Staff said there were good management plans in place such as those to maintain skin integrity and weight.

We checked the systems in place regarding the management of medicines within the home for people. We found records were all accurate. This meant all people in the home had received all of their medicines as prescribed.

Three random medication administration records (MAR) sheets were checked and administration was found to be accurate in terms of stock held. Each MAR had a

photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the MAR sheets. This meant it was clear if people had not taken their prescribed medicines.

We looked at medication storage and saw that the medication refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The Controlled Drugs register and stock were checked; a random sample of three medicines were checked against prescription and found to be accurate. As and when required (PRN) drugs were in place at the home. It was noted that there were protocol sheets with the MAR records indicating the rationale as to when they could be given and why. This meant there was guidance in place for staff to follow.

During our walk around the premises we saw the home was clean and tidy. We looked at various areas of the home including the communal lounges, dining room and bathrooms. We also looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair. Staff said they felt cleanliness had improved in the home. They said there were no malodours and people's rooms were kept clean and fresh. One staff member said, "They're really on with everything now, everything is clean and new stuff coming and lots of painting." Staff also said they now had more domestic cover and domestics were on duty in the home until 6pm each day. At the time of our inspection the home was undergoing decorating of the ground floor and reception area. We looked at maintenance records and saw all necessary checks had been carried out within timescales recommended and in relation to the homes policy. Cleaning schedules were in place for the domestic staff in the home and we observed staff cleaning on the day of our visit. . The deputy manager and the unit manager checked the cleaning schedules weekly and addressed any issues or repairs. The home also had a work schedule in place which showed clearly what improvements had been made and what were on going.

Is the service effective?

Our findings

At the last inspection we rated this domain as inadequate. The provider and care staff did not demonstrate an understanding of how to apply the Mental Capacity Act (2005) and Deprivation of Liberty. Staff had not received regular supervisions or received an appraisal in 2014. The staff did not have the required training to complete their role.

At this inspection, we found that people had access to healthcare services when they needed them. We saw evidence in four people's care records which showed they regularly visited other healthcare professionals such as dentists, chiropodists and in one care plan a dietician had been actively sought to monitor and maintain a person's dietary needs. Staff told us that people who used the service received prompt health care when they needed it. This showed people using the service received additional support when required for meeting their care and treatment needs.

We looked at staff training records which showed staff had completed a range of training sessions, which included moving and handling, dementia awareness, health and safety, food hygiene, management of medicines, infection control, safeguarding adults and meeting nutritional needs. The registered manager said they had a mechanism for monitoring training and what training had been completed and what still needed to be completed by members of staff. Staff we spoke with told us they had completed several training courses and spoke about medication, pressure care, dementia training and infection control. Staff said that they felt that the training they received supported them to carry out their job. We were told by the registered manager staff completed an induction programme which included information about the company and principles of care. We looked at five staff files and were able to see information relating to the completion of induction. This meant that staff had the required training to support people in their home.

During our inspection we spoke with members of staff and looked at staff files to assess how they were supported to fulfil their roles and responsibilities. Four members of staff confirmed they received supervision where they could discuss any issues on a one to one basis. We looked at five staff files and we were able to see evidence that each member of staff had received three supervisions this year

up to the day of inspection. We saw staff had received an annual appraisal of their role in March 2015. Staff said they got good support and expressed their appreciation for the registered manager; describing them as approachable. Staff said they received regular one to one supervision meetings where they could discuss their job role. Staff also said they received an annual appraisal. They said they found both these mechanisms useful in gaining feedback on their performance and in identifying any future training needs. One staff member said they were interested in training on Parkinson's disease. This was not available in the home so they had begun their own research on the topic. They said they would then discuss this with the registered manager.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We asked the registered manager about DoLS. They told us that some people in the home currently had a DoLS in place and were in the process of sending through some more applications for people identified at risk of having their liberty deprived. We spoke with staff about their understanding of the Mental Capacity Act (2005).

The Mental Capacity Act (2005) covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. Two of the four care staff we spoke with said they had not completed training on the MCA. We spoke to the registered manager at the time of our inspection who told us that there were seven staff who were put on the advanced 12 week course who were yet to complete this. The registered manager showed us evidence of this being booked in this year for the staff to attend.

Staff were aware of the MCA but were not all confident talking about what it meant. They were aware that people may lack capacity to make some decisions and spoke about what they did to help people make day to day choices such as what to wear or eat and drink. Staff spoke of best interest decisions and one spoke of their involvement in working with relatives to ensure a decision regarding someone's health needs was made in the person's best interests. Staff were clear when people had

Is the service effective?

the mental capacity to make their own decisions, this would be respected. We spoke with staff about their understanding of the Mental Capacity Act (2005). One staff member said, "I am going on an advance 12 week course this year." Another staff member said, "If I noticed a change in someone's behaviour I would speak to the deputy manager or manager as this could mean that their capacity may have changed". We looked at two capacity assessments which had been completed in the home by the registered manager with family involvement. This meant people's legal rights were respected.

The chef was aware of the specific dietary needs of people who used the service, and there were written records of this in the kitchen for the chef and kitchen staff to refer to. This included information on preferences, special diets, swallowing difficulties and food consistency requirements. We reviewed the four weekly menus that were in place and could see there were a wide variety of choices at every meal.

Staff said the food in the home was good. They said there was plenty of choice for people. Staff we spoke with told us of the importance of good nutrition and hydration for people who used the service. They said it was important to ensure good health and avoid illnesses such as urine infections. Staff described how they encouraged people who were nutritionally at risk to eat and drink.

One person who used the service said they enjoyed the meals. They said, "Everything is lovely, very nice and plenty of it." Another said, "They are always coming round with drinks and biscuits."

We looked at food and fluid monitoring charts for people who used the service. These were overall completed well and gave a good picture of people's intake and if there was

a need for further action such as to 'encourage fluids' or contact a health professional, they were reviewed and signed each day by a nurse or senior carer. However, we noticed that for one day in July 2015 all the charts were missing. The nurse in charge confirmed they had been completed and signed off. They said they must have been misplaced and they would conduct a search for them to ensure a complete record was maintained. The registered manager; after the inspection confirmed that these had been located and were in the people's files.

We observed the lunch time meal in the upstairs dining room and saw that the tables were set with water and juice. The dining room was clean and spacious. We saw the staff brought people into the dining room and were respectful and kind towards the people in the home as they did this. On the day of our inspection we saw that staff supported people with meals and there was social interaction throughout the whole meal. Staff were observed when a person became agitated and complained of struggling with their breathing. We saw three members of staff immediately removed the person from the dining room and the nurse called. The person returned some 15 minutes later and looked more relaxed, but their agitation continued. It was eventually resolved that the person's hearing aid battery was not working, and upon being replaced the person ate their dinner, and no further problem was observed. The staff showed due concern for the health and welfare of the person and acted in the correct manner to ensure the person remained centre of their focus, but also ensuring others were not unduly alarmed, thus protecting all concerned appropriately. This meant that staff were aware of the needs of the people in the home.

Is the service caring?

Our findings

We saw the interaction between staff and people who used the service was relaxed, staff were happy, smiling, and friendly and people who used the service responded to them well. Relationships that we observed between the staff and relatives of people who used the service seemed friendly and positive.

A person who used the service gave us a smile and thumbs up sign when we asked if they received good care. Another person said, “Staff are very nice, I am looked after very well.”

We saw that staff responded well, on the whole to people’s requests for assistance. However, at one point during our visit we heard a person who used the service shouting ‘help’ from their bedroom. We went to the person and their call bell was out of their reach so they had not been able to summon staff. We found a staff member who came to see what the person wanted. They wanted to use the toilet and sounded quite distressed. We told the staff member about the call bell being out of reach. They said, “It must have slipped” and walked away to get another staff member to assist them. They did not offer comfort or reassurance at this point to the person. It took another ten minutes to get a staff member to assist and at no point within this ten minutes did the staff member come back to explain what was happening. They did explain that the hoist had been in use with another person when they arrived to provide assistance and they did at this point try to reassure the person. We made the registered manager aware of this at the day of inspection.

People we spoke with were complimentary about the staff. One person said, “They are all nice [staff]. I like that I can go to bed when I want. Another person said, “The staff are kind and friendly.” Another person told us “I get enough privacy and am treated with dignity around personal care.”

We also received feedback from people’s relatives who told us, “My [relative] is happy here, she enjoys listening to music on her head phones.” Another person told us that they visited the home regularly and attended care plan meetings. They told us, “I feel included and valued when I come to visit.”

We spent time with people in the communal areas and observed there was a calm atmosphere and people were comfortable and relaxed around staff. We observed staff

chatting with two people about their memories; the member of staff spoke in a kind, interested voice and kept herself close to both people at eye level with good eye contact. A member of staff asked if one person could watch the television as there was another person in the communal area. The person said yes and that they would watch a film together. The staff member was observed giving choices to both people in the home. This meant that people were respected and involved around their own choices.

Staff spoke of the importance of respecting people’s privacy and dignity and gave examples of how they did this such as using people’s preferred names, speaking discreetly when asking about care needs and keeping doors and curtains shut when delivering personal care. We saw staff did this when attending to people in their rooms. Staff also spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement and being aware of people’s needs.

We looked at the care records of seven people and found evidence which showed the involvement of the person concerned and also of professionals who were involved in their care. In two people’s care records it was evidenced that external professionals had been sought to supply and support people around pressure mat care. We saw that this support meant that pressure care was effective and in both care records the pressure sores had reduced and were being appropriately managed. We saw that where documents required signing by the person this had been done. There was evidence in all the seven care plans that they had been reviewed between January and March 2015. People’s care plans were up to date and showed that risk assessments and referrals, to other professionals involved in the people’s care were in place. It was evidenced throughout the documentation that the family of people who used the service had been involved in the development of them.

People we spoke with told us they knew they had records which the home kept about their care. We also spoke with one person’s relatives who told us, “I am involved in the care of my family and I attend any care plan reviews with her.” Staff had a good understanding and knowledge of people’s care. Staff were able to describe how individual care needs were met and gave good examples of person centred care and how they met people’s individual needs. It

Is the service caring?

was clear they knew people well. Staff demonstrated they knew people's likes, dislikes and care preferences such as what time people liked to get up and go to bed, who needed bed rest in the afternoons and what activities people liked to be involved in. This meant that people, or where appropriate their relatives, had been involved in their care planning.

Staff said people received good care and routines were based on people who used the service and their needs.

They said they encouraged everyone to have a bath or shower every three or four days and more if they wanted it. People looked clean and tidy and well groomed, which is achieved through good standards of care. One staff member said "This is a good place to work and support people, they get good care, Another person said "We encourage people to be as independent as possible."

Is the service responsive?

Our findings

At this inspection, we saw people had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out where possible to make sure all people who used the service were compatible and to give opportunity for people to get to know each other.

People were encouraged to maintain and develop relationships and received visits from their family members, friends and to keep in touch. One person we spoke with told us their family member who visited them on a regular basis was always made to feel welcome by staff. The relative of one person told us, "Yes, we can visit when we want to and the home is happy with that." Another relative said that the home is a much better place and that you can ask the staff anything and they will deal with it straight away or if not, they will ask the manager

People received care which was personalised and responsive to their needs. Within the seven care plans we looked at, we saw that assessments showed preferences by recording for example, 'Prefers showers but sometimes chooses a bath' and written evidence of instructions of how people like to be dressed and if they like to have a hairdresser to do their hair. The hairdresser attended the home every Monday. One person was observed just chatting with the hairdresser and said "I know that every Monday the hairdresser comes and I have a chat with her while she does my hair." The care plans showed that regular reviews and changes had been completed to meet the needs of the people in the home.

Staff told us they found the care plans in the home useful. They said they gave them good guidance on how to meet people's needs. They said there were systems in place to ensure any changes to care plans were communicated to the staff team. Staff said they felt they were kept up to date on important issues that affected the home. They said they received feedback on concerns raised or inspection outcomes from the manager during staff meetings. They also said they received information during handovers and supervision meetings.

Throughout the day we observed different activities taking place. We saw a coffee morning took place with a number of people who used the service and the activity co-ordinator. People were engaged in a chat, reading the morning papers or magazines or having nails painted. There was lively banter between people and lots of laughter. People told us they were enjoying themselves.

In another lounge we saw an activity organised by one of the care staff. This involved the use of memory prompt photograph cards to encourage discussion. We saw there was lively discussion about remembered loved pets or favourite toys from the past. A relative of a person who used the service also joined in to help their relative in the reminiscence. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

People who needed to stay in their bed were visited by the activity co-ordinator to engage in one to one time. This included time spent assisting with meals and drinks and time spent chatting.

Staff said they thought there was enough activity in the home for people who used the service. They said there was something on every day as the activity co-ordinators provided a seven day service. Our review of rotas confirmed this to be the case except when one was on holiday. Staff said they had opportunity to be involved in activity; mainly in the afternoons as they were too busy in the mornings. One staff member said they thought people who used the service would benefit from more trips out. One person in the home said that they enjoyed listening to music and could do this with their own personal headset, another person said that they enjoyed going out into the garden and enjoyed it when they went out for day trips. They said these were organised; however, it was difficult as staff would have to attend in their own time to make sure there were enough staff for the trips. It was observed that this was on the staff meetings for next month to discuss.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns and speak to the

Is the service responsive?

registered manager. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner. We spoke to visitors who said they would and had brought up issues with a member of staff and that they

were happy that the complaint was looked at and addressed. We spoke with people who used the service one told us, "I have no complaints and if I had I would tell the staff, everyone is really kind and nice." The home had not received any complaints since the last inspection.

Is the service well-led?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not take the required action to improve the service. Audits were not effective and did not identify areas where improvements were required. There was mixed feedback about the registered manager's approach with staff and relatives.

At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

At the time of our inspection there was a registered manager in post at the home. The registered manager was not present at the start of the inspection, so a registered manager from another service came over to support the home with assistance from the regional manager until the registered manager arrived.

Joint staff and residents meetings took place within the home. We looked at two meetings which had taken place in 2015. We saw that people were happy with the service and the improvements that had been made over the last few months. People in the home said that they were happy with the activities that they now do throughout the day. This meant people were involved in the service and asked for their views about the care and support the service offered.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues in the home. Staff described the registered manager as approachable.

Staff described the home as having a happy atmosphere, and a good supportive team who all 'pulled together'. They said the registered manager communicated well with them and was often around the home to observe staff's practice. One staff member said, "She's a good manager, she has everything under control." Staff said they felt listened to and that their opinions mattered. They spoke of a recently introduced suggestions box which meant staff could put suggestions for improvements into the home. Staff received supervision and an annual appraisal of their work

which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or provider.

People who used the service spoke highly of the management team. Comments included: "Very good deputy manager, he is very nice they all are" and "[Name of manager] is very nice, she is more approachable now and you see her around the home more, she comes round asking if everything is alright." One person said, "The home has improved so much over the last few months, its lovely to be see everyone [staff] happier."

We asked people who used the service and their relatives for their views about the care and support the home offered. One person said, "We have been asked about the service we get and things have changed". "The manager provides support to the home". The provider sent out customer satisfaction surveys for people who used the service and their relatives. We looked at 2015 surveys. They showed a positive degree of satisfaction with the service. One person, in a returned survey said 'The unit manager sets a good example because he is hands on; I have already seen an improvement in what we said in the surveys as the activities are happening and these work well in an afternoon after lunch.' This meant that the home was responding to the needs of people in the home.

We saw the provider had a quality assurance system in place which consisted of audits which required completion on a monthly basis by the manager. We examined the audits for: Complaints; Incidents; Safeguarding of Vulnerable Adults Infection Control; Health & Safety; Fire Evacuation Plans; Risks Assessments, Safety Thermometer; Quality Assurance Surveys, Monitoring and Oversight. There was clear evidence from these audits that they were used to improve the services to the people who lived in the home and staff. For example, the registered manager followed up on handling complaints and enforcing hand hygiene standards This showed there were systems in place to assess and monitor the service provision and ensure improvements in the service.

There were quality assurance and health and safety policies and procedures which were in use and confirmed that effective systems are in place to monitor the effectiveness of the services provided for people who lived at the home. We met the regional manager who had been

Is the service well-led?

visiting the home weekly since our last inspection. Staff suggestion box was in place in the home to initiate change which was also consistent with reports we received from staff.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were

monitored by the registered manager and the provider to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.