

Stratford Bentley Ltd

Stratford Bentley Care Centre

Inspection report

Stratford Bentley Nursing Home
Saffron Meadow
Stratford upon Avon
Warwickshire
CV37 6GD

Tel: 01789414078

Date of inspection visit:
29 March 2016
30 March 2016

Date of publication:
03 May 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 29 & 30 March 2016 and was unannounced.

Stratford Bentley is a nursing home which provides care to older people including some people who are living with dementia. Stratford Bentley is registered to provide care for up to 30 people. At the time of our inspection there were 22 people living at the home. Stratford Bentley is also registered to provide a personal care service to people living in five individual bungalows situated next to the home. At the time of our visit, these bungalows were unoccupied so no care provision was provided.

There was no registered manager in post. The registered manager left the service on 17 March 2016 and the home was being managed temporarily by a senior nurse. 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. The provider is currently recruiting for a registered manager.

Staff knew how to keep people safe from the risk of abuse. People told us they felt safe living at Stratford Bentley and relatives agreed their family members felt safe and protected from abuse or poor practice.

The provider assessed risks to people's health and welfare and wrote care plans that minimised the identified risks. However, some care plans and risk assessments required updating to make sure staff provided consistent support that met people's needs.

There were enough staff on duty to meet people's health needs. However, if personal care was provided to people living in the bungalows, the provider would need to reassess staffing levels to ensure people living at the home, continued to receive a responsive and effective service. The premises were regularly checked to ensure risks to people's safety were minimised.

People's medicines were managed, stored and administered safely in line with GP and pharmacist prescription instructions.

People were cared for by kind and compassionate staff, who knew their individual preferences for care and their likes and dislikes. Staff understood people's needs and abilities and they received updated information at shift handovers to ensure the care they provided, supported people's needs. Staff received regular training and support that ensured people's needs were met effectively. Staff were encouraged to develop their skills and knowledge, which improved people's experience of care being delivered.

Nursing staff and care staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one had a DoLS in place at the time of our inspection. The temporary manager acknowledged people's care plans did not always record

information to make sure, where they lacked capacity, staff knew how to support and encourage them. Records showed consideration had been made if a persons' liberty may be deprived, as the provider had made six applications to the local authority.

People were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs, which minimised risks of malnutrition. Staff ensured people obtained advice and support from other health professionals to maintain and improve their health, and when their health needs changed.

People and their representatives felt involved in care planning reviews and said staff provided the care required. Care was planned to meet people's individual needs and abilities and care plans were reviewed although some information required updating to ensure staff had the necessary information to support people as their needs changed. People were supported to pursue their interests and hobbies and live their lives how they wished, and staff promoted people to remain as independent as possible.

The quality monitoring system included reviews of people's care plans and checks on medicines management. Accidents, incidents, falls and complaints were investigated and actions taken to minimise the risks of a re-occurrence. Improvements were required in assessing risks to people and how staffing levels were determined to ensure safe levels of care were maintained to a standard that supported people's welfare.

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 told us they felt safe and staff understood their responsibility to report any observed or suspected abuse. Staff supported people who had been identified at risk although risk assessments required updating to reflect people's current health needs. Medicines were administered, recorded and stored safely and were given in line with their prescription or GP instruction.

Is the service effective?

Good ●

The service was effective.

People were involved in making day to day decisions about their care and support needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards. People received support from a staff team that were trained and knowledgeable to meet people's needs. People were offered meals and drinks that met their dietary needs.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate towards people and people felt confident asking staff for support. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning how they were cared for and supported. Staff understood people's preferences, likes and dislikes and how they wanted to spend their time. People took part in a range of activities that kept them

physically and mentally involved, as well as forging friendships with others. The temporary manager took action to resolve people's concerns and had not received any formal complaints.

Is the service well-led?

The service was not consistently well led.

Some systems required better organisation and monitoring to ensure improvements that had been identified, resulted in positive actions being taken. Care plan audits were not always effective in identifying improvements that ensured people received a service that remained safe and effective. Actions raised to management were not always followed through and people felt they were not always listened to, and had limited confidence their concerns would be addressed in a timely manner. We found examples of incidents and safeguardings where we should have received a statutory notification, and had not.

Requires Improvement 

Stratford Bentley Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 & 30 March 2016. On 29 March 2016 this inspection was unannounced. We returned on 30 March 2016 to speak with more people and staff about their experiences of living and working at the home.

Before the inspection visit, the provider completed 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. Because the provider had changed their legal entity we were unable to access this information. With this in mind, during the inspection, we gave the temporary manager and staff opportunity to let us know what they do well, and what they have identified as areas to improve and focus upon.

We reviewed the information we held about the service. We looked at information received from other agencies involved in people's care. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with the local authority before this inspection but they did not share any information with us that we were not already aware of.

We spent time observing the care people received from staff in the lounge and communal areas of the home. We spoke with five people who lived at Stratford Bentley and two relatives. We spoke with one nurse, four care staff and two cooks. We also spoke with the temporary manager. We looked at three people's care records and other documentation related to people's care including quality assurance checks, management

of medicines, complaints and incident and accident records.

Is the service safe?

Our findings

People told us they felt safe living at Stratford Bentley and said they received the care and support they needed from staff. People said staff made them feel safe and at ease and were not worried when asking for help. One person told us they felt safe because, "I like to spend time on my own in my own room, but staff always come in and check on me." Another person said, "Good gracious yes, the staff are lovely here." No-one we spoke with had witnessed anything that gave them cause for concern or made them feel unsafe.

Staff were able to describe how they protected people from, and recognised indicators for abuse. Staff described how their knowledge of people meant they could identify changes in behaviour that could be an indication of abuse. One staff member said, "If some residents are particularly quiet, we would know something was wrong." Staff said if this happened, they would speak with people to check they were okay, nurses and where necessary, relatives.

We gave staff various scenarios involving abusive behaviour and asked how they would respond. A typical response was, "I would report it to the manager or go higher and you would phone safeguarding, we have the numbers to contact." Another staff member told us they would feel confident to report any concerns and said, "It's about protecting them I would call you (CQC) or the police." Staff told us they had the information they needed to report safeguarding concerns. A local safeguarding policy linked with contact numbers for staff should they be required. The temporary manager was aware of safeguarding procedures and described to us the actions they would take in the event of concerns being raised with them.

People felt there were enough staff to meet their physical and emotional needs, although some people said at certain times, they had to wait. One person said, "The girls are so busy, I tell them I need help and they tell me when they are coming (if they can't help immediately)." This person said other people in the home had more health issues than they did, so they were happy to wait. They told us, "They work so hard." Other people we spoke with raised the same issue. A relative said, "The care is very good, staff will stop and answer my concerns but they haven't got time really." They went onto explain their family member did not always get washed and dressed before mid-day. They said, "I have seen it, and look at the notes. It's been a couple of times." However, overall, they were satisfied with the care their relative received.

All the staff we spoke with said they felt there were sufficient staff to meet the needs of the people who lived at Stratford Bentley, although there were occasions staff said were busier than others. One member of staff said it was busy, especially mornings, when they were short staffed but the team pulled together to ensure people's needs were met. One staff member said, "I don't count heads. I count personal needs and sometimes, I don't think there is enough." The temporary manager was confident staffing levels met people's needs and said, they covered the floor and supported staff where necessary. They told us they were staffed with a ratio of 1:5, but gave no reason why this ratio was used. The temporary manager said the shift would benefit from closer management so staff were clear about what was required during shift. They said if people's needs changed, staffing levels would be reviewed to ensure they continued to meet people's needs.

Whilst staffing levels were sufficient to meet people's needs, we asked the temporary manager how they would ensure the care needs of people living in the five bungalows were met. They told us the current staffing levels would be expected to support people in the bungalows. We told the temporary manager current staffing levels would make it difficult to support additional people with their care delivery, without it having a negative impact on people living in the home. They told us the provider had requested people's dependency to be reviewed in January 2016, so they could be assured staffing levels would meet everyone's needs and expectations. At the time of our visit, we were told the registered manager had not given the provider this information. The temporary manager did not know this had been requested, and why it was not provided.

The provider's policy for managing risks included assessments of people's individual risks. For example, nurses checked risks to people's mobility, communication and nutrition and described the equipment needed and the actions care staff should take to support people safely. In the three care plans we looked at where risks were identified, people's care plans described how staff should minimise the identified risks. However, some risk assessments required updating to make sure people's support needs continued to be met and the temporary manager agreed they would review all of the care plans. For example, one person was at risk of falling. Risk assessments around their personal care routine to help reduce falling, were incorrect and staff provided us with inconsistent information. However, we found care staff were knowledgeable about people's risks and knew how to support them.

Records showed staff recorded incidents, accidents and falls in people's daily records and kept an ongoing log for analysis. The temporary manager analysed falls by the person, the location, time, outcome and action taken. The temporary manager told us because they were nursing staff, they knew which people were at risk of falling. They told us they had analysed the falls for February 2016 and found there was no underlying pattern or trend they needed to act on. They told us in the past, they had arranged for the GP to visit to check whether an underlying change in the person's health had caused the falls, or asked the GP to consider a medicines review.

To minimise potential for medicines errors, only nursing staff administered medicines to people. The temporary manager told us they had assessed nursing staff to ensure they remained competent to support people with their medicines.

Medicines were delivered from the pharmacy in blister packs. A photo of the person to confirm their identity was on file which staff said helped ensure they were given to the right person. Medicines delivered in boxes and liquid form were kept in a locked cupboard and liquids were marked with the date the medicine was first opened, to ensure they were administered or disposed of within their expiry date.

The medicines administration records (MAR) we looked at were signed and up to date, which showed people's medicines were administered in accordance with their prescriptions. Staff recorded when medicines were not administered and the reason why not. For example, if a person declined to take them or if the GP changed their prescription. When creams were prescribed, body maps were included to show exactly where each cream should be applied.

Staff received guidance to ensure people's medicines were administered appropriately. For example, one person whose MAR sheets we looked at was prescribed pain relief medicines to be taken 'as required'. The registered manager had written protocols for each medicine which explained how and when staff should offer pain relief. The protocols described how staff should monitor the person for signs of pain, such as showing signs of agitation or discomfort.

The provider had plans to ensure people were kept safe in the event of emergency or unforeseen situations. Fire emergency equipment was checked regularly and the staff knew what action to take in emergency situations. Rechargeable torches were located around the home so people and staff had access to them in the event of a loss of power.

Is the service effective?

Our findings

People told us they were pleased with the support they received from staff and they felt staff had the skills and experience to care for them. One person said they felt confident with staff's abilities because in their opinion, "They know what they are doing" and another person told us, "The staff are excellent." People said staff employed by the provider knew about their care needs and one person said, "They look after us extremely well. Not a them and us set up, we have good fun."

The temporary manager and staff told us an induction supported new staff in the home. They said and we found, staff had worked at Stratford Bentley for a long period of time. People and a relative said the staff team was very consistent so they knew people well and could spot signs that may not be obvious, to less experienced staff. For example, a sudden change in mood or behaviour.

Staff told us they received training to meet people's health and safety needs and they had received some training specific to the needs of people, such as caring for people living with dementia. One staff member said, "I have had all the training I need, they are very good here." The temporary manager used a training schedule to make sure staff received training updates and staff told us they had all received essential training to provide people with effective care and support. We saw planned dates for training in the coming months for care staff and nurses which included 'React to Red' (skin tissue training), fire training and wound care training.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Mental capacity assessments were completed for people who lacked capacity to make certain decisions. People, their family and appropriate healthcare professionals were involved in best interest meetings and records and decisions were kept. We found staff followed the principles of the Act when providing people with support and respected the right of people with capacity to make decisions about their care and treatment. Staff understood the need to support people to make their own choices and staff received training in the Mental Capacity Act 2005 (MCA). People we spoke with told us staff recognised they wanted to remain independent, which included making their own day to day decisions. Staff gave us examples of how they sought consent and how they made sure people had consented before any care was provided. One staff member said, "We still need to give people choice."

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). The temporary manager understood their

responsibilities under the legislation. They identified six people who could have some restrictions on their liberty and had submitted the appropriate applications to the authorising authority, as people were restricted from leaving the home on their own. The temporary manager said DoLS applications for others would be considered and completed as required, to ensure people's freedoms were not being unnecessarily restricted.

We observed the support people received during their lunchtime meal and saw people were given a choice of two meals and if they wanted something else, this was provided. We spoke with the chef who told us they received information about people's dietary needs so they made sure people received their foods in a way that did not put them at risk. They said they were told of people's choices, "When they first come to the home and if there are any changes." They said, "People have two choices of main meal but if they wish, they can request alternatives." People who required help received assistance from staff and people's meals were prepared to meet their individual dietary needs. People were complimentary about the food. One person said the food was, "Lovely, well presented, and I have a choice."

We saw people were offered a variety of drinks during our inspection visit and staff understood the importance of keeping people hydrated. People who had risks associated with poor fluid and food intake had 'food and fluid' charts completed to monitor their daily intake. These records supported people at risk, and staff told us they used these to check people remained hydrated and nourished. We discussed with the nurse on duty that people's 'ideal' fluid intake should be recorded. They agreed to ensure this was documented on future records so the necessary action or interventions could be taken. Staff said where people were identified at risk, people were weighed weekly and if their weight caused concern, support from dieticians or other health professionals had been requested.

People told us they saw other healthcare professionals when required. Nurses said they had good communication links with the local GP surgeries. They told us GPs would visit regularly to see people and conduct medicines reviews to ensure people's medicines continued to be effective. We saw one example where a person's medicines had been reduced which had not affected their health and wellbeing. Relatives confirmed other healthcare professional advice was sought and followed. Professional visits were recorded in peoples' care plans and staff followed advice or guidance provided. We were unable to speak with a visiting GP during our visit, however we saw completed surveys from other healthcare professionals that supported people living at Stratford Bentley. All of the responses provided positive feedback. Comments included, "Staff follow recommendations consistently" and "One of my most pleasant visits. Staff knowledgeable with patients."

Is the service caring?

Our findings

People were complimentary about staff who they described as, "Wonderful, kind, caring and respectful of your choices." People said staff supported them when they required assistance and they told us they received the support they needed, when they needed it. People said if it took them time to do certain things, staff were patient and attentive. One person told us they suffered a stroke and as a result, it took them time to do certain things. They said staff were patient with them and supported them at a pace that was suitable to them. Another person said they had recently been in hospital and when they were discharged back to Stratford Bentley, they felt, "It was like coming home."

A relative told us they were very pleased with the care their relation received. They said, "Staff are so caring, they bother." This relative said staff provided them with emotional support when things got too much for them. They told us staff would ask how they were feeling. They gave us an example, saying, "I got upset and staff said to me 'We are here for you.'" They told us they really appreciated this and said it was a good example of how staff showed the values of a caring team. Other comments people made were, "Staff are excellent, nothing is too much trouble" and "It's excellent."

The temporary manager told us the provider had arranged a presentation from a local funeral directors at the home to talk with staff and families. The temporary manager said this was arranged by the provider to inform staff and families what was involved when a loved one had passed away, and some of the decisions that need to be considered. They said, "It can be a difficult and emotional time. Sometimes you don't know what's involved and this will help both staff and families in providing them with useful information." Some of the staff said they would find this useful and it would be a useful source of information to tell family members at important times.

From speaking with people and relatives, we found staff were kind, considerate and caring when they carried out their duties. The atmosphere in the home felt calm and relaxed. Music and televisions entertained people in certain areas of the home so people could choose if they wanted to be entertained, or sit somewhere more peaceful. Some people sat in quiet areas reading a newspaper. Staff spoke respectfully and explained what they were doing as they supported people to move around the home, or if people were upset or agitated. Staff gave people choices, such as where they wanted to sit, what they wanted to do and offering choices of drinks and biscuits for people.

Most people we spoke with were able to express their views and opinions so we asked them if they were involved in their care decisions. Some of the people we spoke with had not been involved in how their care plans were designed around their needs but people did not seem to be concerned. People told us they were satisfied with the support they received and any help they required, staff were on hand to provide. Relatives told us they were pleased and confident staff knew how to provide individual care that their relative appreciated. The temporary manager said and we found, care plans were reflective of people's needs and were reviewed monthly, although some of the care plans required further improvements. They said people were not routinely involved in monthly reviews but said this was something they would ask people in future. They said relatives were always involved and updated when people's health and wellbeing changed.

Relatives we spoke with confirmed this, with one relative saying, "Staff never alarmed me but they always kept me informed."

People told us they were supported with their personal appearance where required and staff respected their privacy and dignity. One person said they felt comfortable when staff provided their personal care. They told us, "They stay with me just to make sure I am safe."

People said staff helped promote their independence and supported them to do things for themselves, such as washing, dressing and making their own day to day choices. One person told us, "I am very independent and I want to do as much as I can. I am possibly too independent", They said staff supported them, but only when they needed it, or to help keep them safe. Staff told us they recognised respecting people's independence was important to promote.

Staff respected people's privacy and dignity and they understood people's need for personal space and privacy. When people required assistance with their personal care, staff managed this discreetly and made sure all doors were closed. People's bedrooms were individually furnished. For example, people furnished their rooms with personal items such as furniture, pictures, photographs and other personal memorabilia. People we spoke with were proud of their rooms with one person saying, "I have the best and biggest room, it's marvellous."

Staff understood the importance of caring for people and they described to us the qualities staff had at Stratford Bentley. Staff said there was a good team spirit that helped people and each other and some staff had worked with each other for a long time. One member of staff described what care meant to them. They said, "Treating people like your own family." Other staff we spoke with said they treated people how they would like to be treated themselves. All of the staff said they enjoyed working at the home and looking after people.

We spoke with the temporary manager and asked them how they were confident staff respected people's choices and supported people in a caring and dignified way. They told us they spent time observing staff practices because they worked shifts themselves. They said this provided opportunities to talk with people and observe how staff supported people, as well as caring for people on a regular basis.

People were supported to maintain relationships with people important to them. Visitors were able to enjoy meals with their family member if they wanted. One relative told us they came most days and were always made to feel welcomed and offered drinks and food throughout their visit.

Is the service responsive?

Our findings

People told us they were happy with the support they received from staff and were complimentary about the staff who provided their care and support. Comments people made to us were, "A fantastic experience", "Staff go the extra mile, it meant a lot to me (as a relative)" and "I think they (staff) spend a lot of time with me."

People said staff were responsive to their requests for help, although some people said at certain times, usually in the mornings, if they rang their call bells for help there were occasional delays. People said if staff could not help them immediately, staff explained that they would come back and provide the support they required as soon as possible. Everyone said they did not wait long, usually five minutes. A visiting relative said, "When [person] called for help, nothing was too much trouble."

People told us they were cared for and supported in the way they wanted. They told us that staff understood them and knew their likes, dislikes and preferences, because they were involved in the decision making. One person gave us an example of how staff were responsive to their individual needs which as a result, had a positive impact on their wellbeing. This person told us they were at risk of falling, and that they had fallen whilst at the home, resulting in an injury that required hospital treatment. They said since they returned to the home, "I have come on in leaps and bounds. It's down to the staff, so attentive, remarkable." They told us staff helped them manage their own independence against safety by saying, "I don't do silly things, they step in if needed." They said initially, two staff helped them to mobilise but as their health improved, it was reduced to one staff member. This person told us, "Staff still keep an eye on me, the attention is superb."

A relative told us about the care their relative received which they described as, "The best experience of old age life." They explained their initial thoughts of a family member going into a home brought about anxiety, but they said at Stratford Bentley it was like, "A breath of fresh air." They told us staff were very responsive to their relation. They said, "Staff rallied around, saying you are getting up to day, rather than do you want to get up." They said they always gave choice, but this approach worked for their relation, which they responded well to. They explained, "In the end, we could not get [person] out of the lounge." They said, "When [person] crossed the threshold here, [person] life changed for the better."

It was clear that some people had formed supportive friendships with each other living in the home and staff encouraged this. Some people chose to sit next to each other during the day and at meal times. Some people said others visited them in their room 'for a chat' and we saw this during our visit. People told us they enjoyed the range of activities provided, whether individually or as a group. Some people enjoyed their own company and were supported to do this. Others enjoyed taking part in group bingo which happened whilst we were visiting. People told us they enjoyed the singers, entertainment, helped make Easter bonnets and had visits from pet therapy. One person told us about one musical entertainer who they were, "Fascinated by because they built their musical instrument in front of us, that was entertaining in itself. I love to watch him do that."

One person told us they thought activities were limited for them. They told us they felt lonely because there

were not many people at the home of the same gender, who had the ability to communicate well. This person recognised this had some impact on them, but said they had been involved in skittles this morning and tried to join in where possible. They told us they were always asked and made to feel welcomed. They said, "People get together and anything goes."

We were told the activities co-coordinator put together a programme of activities and they told us although some were planned, the programme of activities was flexible and responsive to people's needs.

Photographs displayed in the communal lounge showed people enjoying themselves, such as in the garden, arts and crafts and meeting the visiting pets. One relative said, "So much goes on here, falconry displays, bbq's, and Christmas was magical. The singers are very good, we all sang 'Old time songs'. It was fantastic."

We looked at three care plans and examples of care records and found there were inconsistencies in the records. For example, one care plan for a person at risk of falling, said they required two care staff to mobilise and to support with personal care, however the person only required one staff member as their levels of mobility had improved. Another care record indicated a person required fortified foods to maintain their weight, but food chart records did not always record what the person required. We spoke with the cook on duty and another cook who prepared food for people at the home. They gave us inconsistent information although we were satisfied the person was receiving their meals in line with dietician advice. Fluid charts were completed but the daily total was not included which meant it was difficult to know whether staff should encourage more fluid or not. The temporary manager was confident if anything was 'unusual', visits from other health professionals were booked or had taken place to seek the support people required. We found care records were reviewed but they did not always reflect people's changing needs, such as changes to the number of staff needed when mobilising some people. Although staff spoken with could tell us about people's needs, staff did not always have current information available to refer to if needed.

Staff said they found daily 'handover' provided them with useful and relevant information to help meet people's needs. Staff said this was important, especially if they had been off or if people's needs had changed since they last supported them. We found staff did not always have time to read care plans which put greater emphasis on the handover providing staff with up to date knowledge and information. One staff member showed us written notes from handover they had which provided them with instant reminders about people's individual needs.

Everyone we spoke with told us they were satisfied with the service and had no reason to make a formal complaint. The provider's complaints policy was accessible to people which informed them how to make a complaint and how to pursue it if they were not satisfied with their response. Records showed that two complaints had been received within the last 12 months and both had been resolved to people's satisfaction. The temporary manager said people usually came to see them or staff to discuss any issues which meant the need to raise a formal complaint was reduced as potential issues were resolved at an early stage.

Is the service well-led?

Our findings

Speaking with people, it was clear people and relatives were pleased with the quality of care provided by staff. They told us the quality of care was very good, provided by staff who knew them well and who cared for them with compassion and understanding. People and relatives made positive comments about the home and staff. People said the home was, "Like a home from home". One person described their personal experience that it was, "Like a family living in a home."

We asked people what they thought about the management of the home and whether the registered manager (when in post) was effective and approachable. We got mixed opinions. One relative said of the registered manager, "[Person] was never too busy to speak with me. They went the extra mile and it meant an awful lot. "Another relative told us they had raised issues about their family member not being dressed, on some occasions it was just before lunchtime. They told us they had raised this with the registered manager but prompt action was not taken. They also told us they asked them on several occasions to make sure their family member received milky drinks and fortified food in line with dietician's advice. They said, "I suggested Ovaltine, milky drinks which he likes. [Person] had it, then it stopped. I raised it again but it stopped." We checked this person's fluid charts and there were no records to support the type of milky drinks which the relative said they really enjoyed, which would help them to maintain their fluid intake.

One person we spoke with said they had raised some issues with the registered manager and said they had little confidence action would be taken. They told us of one example where they repeatedly asked for some information. They told us the registered manager was willing to talk but said their favourite line was, "Leave it with me [person's name]. I never heard anything of it." They went on to explain they felt they had little or nothing to say. They told us they had 'residents' meetings but said they wanted to see more supervision, management of staff and visits from the provider.

Another person said the communication in the home needed improvement. Some people said, "I have heard the manager has left, is that right" and "[Persons name who is the provider] has gone." Some people said they were not updated when changes were made which could present difficulties for people if they did not know who was managing the service.

We spoke with the temporary manager and asked them what support they had received when taking up the temporary manager position. They said the provider was supportive but they had found this to be a challenge. They told us they were finding their feet and getting up to speed, but they had come across important issues they had not known about. For example, we looked at a staff meeting held in January 2016 (temporary manager was not at this meeting). At this meeting the provider asked the registered manager to identify people's dependency levels and report back. In April 2016, this had not been completed. We asked the temporary manager but she was not aware until recently when the provider mentioned it again. They said as a senior nurse, they should have been notified. During our visit we found staffing levels were meeting people's needs but any additional pull on staff time could have implications. Minutes of a staff meeting suggested the provider may have recognised this also, but no positive action had been taken or follow up made.

Some staff had mixed views about the previous registered manager. Some found them to be approachable whilst others did not share the same levels of confidence, if they reported issues. One staff member shared an example of how they felt supported by the registered manager and provider. They told us they had faced some personal challenges and said the registered manager was very supportive and understanding. They told us they were offered flexible shift times which they found eased pressures.

During our inspection visit we identified some people who had fallen and some had suffered injuries that required hospital treatment. We also found a number of examples of potential safeguarding concerns that involved medicines errors. In some cases, the registered manager should have submitted to us statutory notifications about these important events at the home, in accordance with their legal obligations. We checked recorded incidents, falls and safeguardings and found examples we had not been notified of. For example, we saw examples of potentially serious incidents and accidents that had been referred to the local safeguarding team, but had not been referred to us which is their legal responsibility. The registered manager failed to notify us which was their legal responsibility. The temporary manager was unable to explain this because they were not responsible at the time. However, we were satisfied from speaking with the temporary manager, that should such concerns arise in the future, they would notify us.

We looked at the management checks and audits that monitored quality and safety. We looked at examples of completed audits such as health and safety, infection control and fire safety. Regular monitoring made sure people received support in an environment that kept people safe and protected. Audits showed incidents and accidents had been recorded and where appropriate, people received the support they needed. The temporary manager told us they analysed incidents for any emerging patterns and took measures to reduce the potential of further incidents. They told us their analysis meant necessary measures could and were taken to keep people safe. For example using alarm mats to alert staff when people were mobile in their rooms who were at increased risks of falling.

However, some audits had room for improvement to ensure they remained effective. Audits such as care plan reviews and risk assessments that were reviewed monthly were not always accurate or detailed. We were told assessment tools to determine people's dependency were not used, however the provider had asked for these and were not given them, so current staffing levels may not be reflective of some people's needs. We found some records of MCA decisions and DNACPR (Do not attempt cardiopulmonary resuscitation) forms had conflicting information about people's mental capacity. The temporary manager agreed to get these updated to accurately reflect people's wishes.

Regular medicines audits were completed to ensure people received medicines safely and the provider completed an internal check on areas such as complaints, improvements, and standards within the home. From the audits we checked, we found no actions that required improvement.

People's personal and sensitive information was managed appropriately and kept confidential. Records were kept securely in the staff office so only those staff who needed to, could access those records. Staff and nurses updated people's records every day, to make sure that all staff knew when people's needs changed. However some required further improvement, such as food and fluid charts and repositioning charts to ensure they remained accurate so people continued to receive consistent levels of support.