Four Seasons (DFK) Limited

Cherry Trees Care Home

Inspection report

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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

Overall summary

Cherry Trees is registered to care for 89 people requiring personal and nursing care in the categories of dementia, old age and physical disability. On the day of our inspection there were 68 people living in the home.

There was a manager at the service who at the time of our inspection was in the process of registering with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We last inspected Cherry Trees on 7 July 2014 and found at that time the service was not meeting the requirements of regulation 23, supporting workers. At this inspection we found staff received training, supervision and an annual appraisal.

Since our last inspection Barnsley Local Authority had placed a statutory embargo on admissions to the home. This was because they had received information of concern through safeguarding referrels. This meant new people could not be admitted to the home because the local authority had concerns about the quality of care

Summary of findings

provided. The local authority were continuing to monitor progress at the home and carrying out 'spot checks'. The healthcare professionals we contacted prior to this inspection told us the new management team at the home were improving the service and they did not have any significant concerns.

This was an unannounced inspection which took place on 28 October 2014. During the visit, we spoke with nine people living at the home, the regional manager, the deputy manager, two professional visitors, three relatives and 12 members of staff.

People told us they were well cared for in this home. People said, "I'm happy here and feel safe," "I don't know what I'd do without them, they're all so kind and caring," "They are nice lasses, nothing is too much trouble for them" and "I'm happy here and have no worries."

Relatives told us, "The staff are marvellous, they put up with so much," "Staff are lovely," "I have finally got peace of mind that my relative is being looked after" and "My relative has always been well cared for at Cherry Trees. The staff are always welcoming, approachable and professional. My relatives well being is of utmost importance to me and I am confident they are happy and in a safe environment."

We saw staff advising and supporting people in a way that maintained their privacy and dignity. People told us their views and experiences were taken into account in the way the service was delivered.

Seven external professionals we contacted before the inspection, which included specialist nurses, a dentist, social workers and a pharmacist said the service had recently improved. One healthcare professional told us the managers were continuing to make improvements to the overall appearance of the home and were recruiting new staff. They said generally there was a lot of improvement within the home.

The service followed the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards. This helped to protect the rights of people who were not able to make important decisions themselves.

The manager had recently employed two new activity workers who were in addition to the one already employed. This meant an extended and more varied activity programme would be available to people who used the service. We saw people participated in a range of daily activities many of which were meaningful and promoted their independence in and outside the service.

People were encouraged to maintain a healthy lifestyle which included being provided with nutritious meals and being supported to attend healthcare appointments.

Staff said the training provided them with the skills and knowledge they needed to do their jobs. Care staff understood their role and what was expected of them. They were happy in their work, motivated and confident in the way the service was managed.

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.

Appropriate arrangements were in place for the safe administration of medicines.

There were effective recruitment and selection procedures in place.

Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Good

Is the service effective?
The service was effective.

People were supported to receive adequate nutrition and hydration.

Staff had processes in place to identify where people required referrals to other professionals so that people received care to meet their health needs.

Staff were appropriately trained and supervised to provide care and support to people who used the service

Good

Is the service caring?
The service was caring.

We saw that staff respected people's privacy and dignity and knew people's preferences well.

Staff were caring in their approach and interactions with people. They assisted people with patience and offered prompting and encouragement where required.

Relatives and friends were encouraged to visit at any time and they said they were made to feel very welcome during their visits.

Good

Is the service responsive?
The service was responsive.

People's care plans were under review and had been amended in response to changes in their needs.

Staff understood people's preferences and their abilities. A varied activity programme took into account people's personal hobbies and interests.

People and relatives told us they felt confident to raise any issues with staff and managers and felt their concerns would be listened to.

Good

Is the service well-led?
The service required improvement in this area.

Requires Improvement

Summary of findings

The manager was not yet registered with the Care Quality Commission however an application was in progress at the time of our inspection.

The provider, manager and staff told us they felt they had a good team. Staff said the manager and provider were approachable and communication was good within the home. Team meetings took place where staff could discuss various topics and share good practice.

The service had a full range of policies and procedures available to staff.

Cherry Trees Care 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 checked 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 28 October 2014 and was unannounced.

Two adult social care inspectors and an expert by experience carried out the inspection. 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 by experience had experience in caring for older people.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received about the service and notifications submitted by the service.

We also contacted the commissioners of the service and seven external healthcare professionals who had knowledge of Cherry Trees. We received feedback from a GP, a dentist, a pharmacist, specialist nurses, Healthwatch Barnsley and social workers. This information was reviewed and used to assist with our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit, we spoke with nine people who used the service, the regional manager, the deputy manager, two professional visitors, three relatives and 12 members of staff, including care workers, a qualified nurse, activity workers and ancillary staff.

We spent time observing daily life in the home including the care and support being offered to people. We spent time looking at records, which included four people's care records, four staff records and records relating to the management of the home.

Good

Is the service safe?

Our findings

Everyone we spoke with who used the service said they felt safe living in the home and relatives were equally confident their loved ones were safe and well cared for. People said, “I’m happy here and feel safe,” “It’s as safe as houses here” and “I’m safer here than I was at home.”

We found safeguarding vulnerable adults and whistleblowing policies and procedures in place, including access for staff to South Yorkshire’s local joint working protocols to ensure consistency in line with multi agency working. Staff told us and records confirmed all staff had received safeguarding vulnerable adults and whistleblowing training. Whistleblowing is one way in which a worker can report suspected wrong doing at work, by telling their manager or someone they trust about their concerns. This meant staff were aware of how to report any unsafe practice.

Staff were able to tell us how they would respond to allegations or incidents of abuse and the lines of reporting in the organisation. Staff spoken with were confident the manager would take any concerns seriously and report them to relevant bodies. They also knew the external authorities they could report this to, should they feel action was not taken by the organisation or if they felt uncomfortable raising concerns within the service. The manager had reported any incidents that were potentially safeguarding concerns to us and the local authority in line with written procedures to uphold people's safety.

We looked at four people’s care records. There were individual risk assessments in place for people who used the service in relation to their support and care. These were reviewed and amended in response to their needs. Relatives told us they had been invited to be involved in discussions about their loved ones care, support and risk assessments. This was confirmed and recorded as having taken place in the care plans we checked. Risk assessments were designed to ensure that any identified risks were minimised, whilst still allowing independence, to ensure people’s safety.

The service had a policy and procedure in relation to supporting people who used the service with their personal finances. The service managed money for some people. We saw the financial records kept for each person, which showed any money paid into or out of their account. The record was signed by the person who used the service or their advocate and senior staff at the home. Money held for people was checked by the company auditor twice per year. The regional manager told us the auditor carried out at least one check each year unannounced.

We looked at the system for recruiting staff. Staff files we viewed contained all the required information and checks. Three staff we spoke with had been recently employed by the home and they told us they had provided reference details and had a Disclosure and Barring Service (DBS) check prior to starting their role. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home.

One professional visitor at the home on the day of the inspection told us, “they are brilliant here, they always make sure staff have an induction and they carry out checks on staff before they allow them to work here,”

There were 68 people living in the home. In total there were two nurses, 14 care workers and three activities workers on duty. There was also the deputy manager and ancillary staff. We saw people received care in a timely manner. People and relatives we spoke with told us there was always enough staff on duty to provide assistance and support.

Everyone who we spoke with who used the service said they received their medicine on time and had not experienced any problems.

We saw medicines at the home were stored in medicine trolleys on each wing. When the trolleys were not in use they were kept in ‘treatment rooms’ which were locked. Nurses and senior care workers were responsible for medicines. Senior care workers told us they had completed training in the safe administration of medicines and we saw evidence of this through the training records we looked at.

We observed a senior care worker administering the lunch time medicines. We saw medicines were given to people from a medicine pot and each person was offered a drink. The member of staff stayed with the person until they were sure they had taken their medicines. When the person had taken their medicines the member of staff signed the MAR (medication administration records) sheet.

Good

Is the service safe?

We looked at the records of daily temperature checks kept for the medicine fridges. On one unit we found gaps in the records where daily checks had not been recorded for over one week. In another unit there were small gaps in the daily records. The deputy manager took action on the day of the inspection to ensure that staff were aware of their responsibilities in checking the fridge temperatures daily.

We noted the temperature readings in the 'treatment rooms' were well above the maximum temperature range to store medicines. This meant medicine may not be effective as they were not appropriately stored as directed by the manufacturers. The deputy manager told us new fans had been purchased for the treatment rooms, however on the day of the inspection the fans had been moved to other areas of the home due to the warm weather. The deputy manager said she would go out and purchase additional fans so this would not happen again.

Following the inspection we received confirmation that additional fans had been purchased and staff had been instructed they must not remove the fans from the treatment rooms.

We spoke with the pharmacist who supplied medicines to the home. They told us they did not have any concerns about the way the service managed medicines and they were always given enough time to supply medicines so that people were not left without.

There was a current detailed medicines policy in place. We spoke with two staff who were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines. All staff had also been on medication training, which they said was regularly updated. We saw training records which provided additional evidence that staff had undertaken this training.

Good

Is the service effective?

Our findings

At the last inspection on 7 July 2014 we looked at staff supervision forms and found a significant number of staff had not received formal supervision during 2014. Also all staff had not been provided with a yearly appraisal. This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Supporting workers because suitable arrangements were not in place to ensure that persons employed were receiving appropriate supervision and appraisal.

At this inspection staff we spoke with told us they had received formal one to one supervision with their line manager. Six staff said they had also had their yearly appraisal. Staff told us, "we now get supervision every six weeks, they are in private and we have the chance to speak up," "I had a supervision a few weeks ago and I'm feeling much more supported now" and "supervisions are good because we get chance to talk about the people who live here and what we can do to improve their lifestyle."

The deputy manager showed us the supervision and appraisal matrix which was scheduled to ensure that all staff received six supervision sessions (of which two could be group supervisions) per year. Staff were also scheduled to receive a yearly appraisal.

The majority of training for staff was completed via e-learning. Each member of staff had a password so they were able to access the computer training programme. All mandatory training, including, fire safety, safeguarding, food hygiene and health and safety were completed on line. Practical training sessions in fire safety and moving and handling were also mandatory. Additional training had also been provided to staff in such things as care planning, medication, dementia and record keeping. One healthcare professional we spoke with said they had been asked by the manager to provide some additional medicines training at the home because they had recently recruited new staff. This training was arranged to be completed the following week.

Two newly employed staff told us they had been provided with an induction which lasted three days. During the induction they had received training in some mandatory subjects and also spent time with other staff learning about the service. Following their induction they were continuing to complete training and were working alongside other more experienced staff. They told us they were able to do this until they felt confident enough to work on their own. Staff told us, " it's a nice place to work, the staff are all lovely" and "I work on the dementia unit and I've enjoyed getting to know the people who live here and their family members. I've been made welcome by everyone. I enjoy coming to work and find this job very rewarding." Our observations of staff were that they were skilled and experienced in their role. People told us, "they know what they're doing" and "I think the staff are good."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The manager had recently applied for a number of people to have a DoLS authorisation in place due to recent changes in the legislation. We saw 'best interest meetings' with appropriate healthcare professionals had taken place to make decisions regarding such things as using bed rails, using the stand hoist and administration of covert medicines. This showed the manager understood the requirements of the MCA and where relevant the specific requirements of the DoLS.

Staff said they had received MCA and DoLS training. The training matrix showed 96% of staff had completed the e-learning training. Senior staff had also completed formal MCA and DoLS training with the local authority. Staff we spoke with were able to correctly describe what the act entailed and how it was used. Staff were clear about the importance of ensuring decisions were made in the best interests of people and correct procedures were followed.

We observed the lunchtime meal. People had a choice of menu and we saw alternatives being offered if they were not eating. One person was not eating much at all and refused to try anything else, so the senior care worker brought a supplement drink for them. One person told us, "the meals are ok and I have enough to eat." Another person said, "the meals are nice." A number of people preferred to eat in their rooms and we saw staff taking their meal to them on a tray. Staff were also available to assist people to eat either in the dining room or in their own room.

Good

Is the service effective?

Lunch was a choice of sandwiches or fish fingers and peas. The main meal of the day was served at tea time. We looked at the four weekly rotating menus. Meals provided included lots of fresh vegetables, healthy options and meals suitable for people on special diets. Between mealtimes there was a drinks trolley taken round and people who used the service and relatives could make a drink for themselves if they wanted one at any time.

The manager told us the care plans had recently changed so that they provided a clear pen picture of each person. We saw people's needs were assessed and records demonstrated that care was planned appropriately. Sections of each care plan included information about the person's preferred priorities of care and their assessed needs in relation to medication, mobility, nutrition, safety, communication, health, activities and everyday living.

People were referred to healthcare professionals in order to maintain good health and receive suitable healthcare support. For example, people were referred to GPs, opticians, speech and language therapist (SALT) and diabetic nurses. Healthcare professionals told us, "staff from the service often ring for advice about moving people from one type of diet to another, for example, from mashable to soft. When given advice they have always taken this on board and acted appropriately. They always carry out our recommendations" and "I visit the home to provide healthcare support to people. I have always found the staff to be welcoming. They know the people who use the service well and are interested in asking questions about how they can improve the person's well being. Relevant paperwork and documentation is always completed as requested."

The regional manager told us there were no people who were at significant risk of malnutrition. She said they were able to contact the dietician and SALT for advice about any concerns they may have. Records confirmed that people were weighed each month or more frequently if there were any concerns about their health or food intake. The regional manager told us the tissue viability nurse visited the service regularly and no one in the home was being treated for pressure wounds.

The home was clean and tidy with modern furnishings. The lounge and dining rooms were light and airy. We asked some people if we could look in their bedrooms and we found they were comfortable and made homely with peoples' personal belongings.

On the unit for people living with dementia we saw colours, symbols and pictures on doors which helped people to recognise their bedroom, the lounges, bathrooms and toilets. There were also prints on the walls showing scenes from the 1940's and 1950's which instigated conversation and memories between people and staff.

Good

Is the service caring?

Our findings

People who used the service made a lot of positive comments about the staff and the care they provided. People told us, “they are nice lasses, nothing is too much trouble for them,” “it’s lovely here and I get looked after” and “I’m happy here and have no worries.”

People said the care and support they received from staff was good. They told us, “there’s always someone there when you need them” and “I don’t know what I’d do without them, they’re all so kind and caring.”

Relatives said, “the nurses are fab,” “the staff are marvellous, they put up with so much,” “staff are lovely,” “I have finally got peace of mind that my relative is being looked after” and “my relative has always been well cared for at Cherry Trees. The staff are always welcoming, approachable and professional. My relatives well being is of utmost importance to me and I am confident they are happy and in a safe environment.”

During our observations, we saw staff were kind and caring when they interacted with people, who in turn responded positively. Staff demonstrated familiarity and knowledge of people’s preferences, likes and dislikes. We witnessed a lot of shared laughter and friendly, appropriate banter between staff and people at the home. We saw two members of staff moving a person using a hoist and they were reassuring them and telling them what was happening all the time. We saw that staff ensured their dignity was maintained by keeping them covered whilst moving them.

We saw staff encouraging people to join in with conversation and discussions and when people were not actively participating staff included them in their conversation. When one person started to sing a member of staff encouraged another person to play the harmonica, which they did and this made people smile and instigated more laughter and conversation.

People were supported to maintain their independence. One member of staff told us about a person who went out twice a week to remain involved with their hobbies and interests. The person had an advocate who supported them with this and we saw this was recorded in their care plan. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

We did not see or hear staff discussing any personal information openly or compromising privacy and we saw staff treated people with respect. A privacy and dignity statement was included in the ‘service user guide’ to inform people how their dignity should be promoted and upheld by staff. Staff told us that the issue of privacy, dignity, confidentiality and choice was discussed at training events and at staff meetings that were held. They were able to describe how they maintained people's privacy and dignity and how important this was for people.

One healthcare professional told us, “I have been visiting Cherry Trees for many years, I have always found the staff welcoming and wanting the best for the people they care for. They regularly refer directly to our service, and value my professional opinion. They always assess clients with me and introduce me to them.”

Care plans seen contained information about the person's preferred name and identified the person's usual routine and how they would like their care and support to be delivered. The records included information about individuals' specific needs and we saw examples where records have been reviewed and updated to reflect people's wishes. Examples of these wishes included meal choices and choosing the social activities they wanted be involved in.

Some people who used the service said they were aware they had a care plan and that they were involved in discussions about their care and support. Relatives we spoke with also said they had been invited to ‘care plan meetings’. This consultation was confirmed and recorded as having taken place in the care plans we checked.

Two people who used the service had been placed on the end of life pathway. We saw an end of life care plan had been completed for them which included information and support from a range of healthcare professionals. Their preferred priorities of care during their last days were recorded. We were told by the deputy manager that after providing care as prescribed in their care plans both people’s health had improved and they had been taken off their end of life pathway and were now being cared for as per their original care plans. Staff we spoke with were very proud that the care they had provided had improved people’s health and that the two people were now feeling much better.

Good

Is the service caring?

The 'service user guide' stated that visiting times were flexible between 9am and 8pm seven days a week. It also said visiting times may be extended across the 24 hour period under certain circumstances and with the agreement of the home manager and the consent of the person using the service. Two relatives we spoke with said they visited every week, at various times and were always made to feel welcome.

Good

Is the service responsive?

Our findings

People who used the service told us the home was flexible in meeting their needs and they were able to make choices about their lives. They told us they chose where to spend their time, where to see their visitors and how they wanted their care and support to be provided. People told us the staff in the home listened to them and respected the choices and the decisions they made.

We observed staff taking time to involve people in conversation. They adapted the way they communicated with people so they were able to understand them. Staff sat down next to people and asked them how they were feeling and if there was anything they needed. Throughout the home there was a positive atmosphere and we saw good interactions between staff and people who used the service.

Care records confirmed people had been involved in discussions and reviews of their care. We saw a 'resident's profile' in each care record which detailed their life history, family and preferences. We saw there were individual personal support plans which reflected people's interests. We found people's care plans and risk assessments had been regularly reviewed and updated.

People said they were asked if they wanted to be involved in discussions about their care and support. Some people chose to be involved and others chose not to. We saw that family members had been asked to contribute to the care plans. Some relatives had given information about their own feelings and thoughts about the person and what they believed was best for their loved one. Where people and relatives had been involved in the planning of care this was recorded. We spoke with a relative who told us, "my [family member] was struggling to eat proper meals so staff talked to us and we decided on a way to make it easier for them. When the changes were made this was recorded on their care plan."

People's personal preferences and interests were recorded in care plans and support was being provided in accordance with people's wishes. We looked at their daily notes records and we saw examples where they had been supported to participate in these interests.

All staff were included in the daily handovers which took place at the beginning of each shift. The home was divided into four units and staff worked on an allocated unit each day. The senior member of staff 'handed over' to staff, giving them information about how each person was, if there was any changes to their care and for example if they had any appointments they needed to attend. This information was recorded and passed to the manager for them to check if any further action needed to be taken. Staff told us this was very useful and that they also arranged what additional specific tasks they would all be responsible for during the shift.

There was an activity co-ordinator in post and two more had been recruited recently. This meant activities would be provided over seven days with flexible hours each day to enable people to attend and participate in activities during the day and evening. The activity workers were all very enthusiastic about their role and had lots of ideas for involving people in a range of activities and outings. The activity workers had started spending time with people individually to complete a 'life history'. This would then assist in the planning of activities which would meet people's personal choices and preferences. The home had recently purchased a mini bus so outings to places of interest could be arranged.

We saw people involved in singing, playing musical instruments, games and quizzes. There was a real 'buzz' in the home as a new pool table had been bought and people were enjoying competing against each other. We saw one staff member spend a lot of time and show a lot of patience whilst assisting a person to play pool. The person was in a wheelchair, each time they had a shot the member of staff moved the person around the table ready to play their next shot. They took time to ask the person if they were in the right position and moved them to the exact spot they wanted to be in to play the shot. We also saw a large poppy on a canvas which had been made by the activity workers and people using the service. Attached to it were small cards where people, staff, friends and visitors could write a remembrance comment in support of remembrance day. One person who used the service was very heartened by this and said it was, "very respectful." An activity worker told us she arranged one to one activities/hobbies for people who stayed in their rooms and also did personal shopping for people who required it. We saw evidence of this.

Good

Is the service responsive?

People said they maintained good links with their family and friends. One person said, “my family come and take me out, I see a lot of them.” Two relatives told us, “we visit regularly and we’re encouraged to join in with activities and get-togethers.”

Healthcare professionals told us they felt the staff at the home were responsive to people’s needs. They said staff were always willing to listen to ideas to improve people’s care and they acted promptly on suggestions made, such as referrals to other professionals.

The deputy manager told us there were on average four ‘resident meetings’ per year. They had also arranged a ‘relatives and residents’ meeting for November which included cheese and wine. Some people and relatives said they enjoyed attending meetings and others said they “were not interested”. Everyone we spoke with agreed that they were able to go to staff in the home if they had any worries or concerns.

There was a clear complaints system in place and we saw any matters were recorded and responded to. People we spoke with told us they knew how to make a complaint if they wished to. One person said “ I would tell one of the staff if I wasn’t happy and I know they would sort it out.”

The deputy manager told us there had been three complaints reported to them since our last inspection. Two had been resolved and the third was being investigated by the regional manager. The complaints policy/procedure was on display in the home and included in the ‘service user guide’ which each person had a copy of. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses. One relative told us, “if there is anything to bring up with the staff or the manager then I feel comfortable doing so and I know that something would be done”.

Requires Improvement

Is the service well-led?

Our findings

In July 2014 Barnsley local authority visited the home and found concerns relating to care plans not being up to date, staffing and management turnover and staff training. The service agreed to a voluntary embargo on new admissions. The local authority carried out spot checks to the service to monitor progress. Seven weeks later evidence from spot checks suggested that moderate progress had been made in some areas but they still remained concerned about infection control, care planning and staffing. The voluntary embargo was then moved to a statuatory embargo on new admissions. The service was asked to supply a written report by 26 September showing the actions being taken to make the necessary improvements.

The home manager was relatively new to the role being in post since August 2014. She was in the process of registering with CQC. On the day of the inspection the manager was on annual leave and the deputy manager was covering for her. Staff and management at the home were clear about the challenges faced in order to improve the service. For example staff said better team work and ensuring a full complement of staff was a key challenge which had been recognised by management. We found the management team had made improvements since out last inspection and were continuing to work towards meeting the requirements of the action plan sent to us. For example 42 care plans had been re-written meaning 26 were required to be completed.

The majority of people who used the service and their relatives said they found the manager approachable. One person told us they thought the manager had not been helpful when they had raised an issue with them.

During our inspection we found the atmosphere in the home was lively and friendly. We saw many positive interactions between the staff on duty, visitors and people who lived in the home. The staff we spoke with told us they enjoyed working at the home and said they were proud of the service and the care provided. Staff told us, “when I first started working at Cherry Trees the morale of staff was very low but now things are much better. The manager and deputy manager are doing a fantastic job,” “I think we’re now working together as a team,” “the new managers are very thorough and can answer questions, which is making staff feel more confident” and “management are now supporting staff and we are looking forward to better times. I would be happy for my own relative to live here.”

We saw evidence of regular audits completed by the provider and manager within the service to check the quality of service. These included health and safety, infection control, medication, staffing, care plans and premises. The moving and handling assessor had the responsibility for completing monthly audits for all the moving and handling equipment and bed rails. Actions resulting from these audits were recorded and checked they had been completed by the regional manager.

People who used the service, relatives, healthcare professionals and staff were asked for their views about their care and support and these were acted on. We saw evidence the provider carried out annual satisfaction surveys. The regional manager told us surveys for 2014 were going out in November, to be returned in December and a report of the findings would be completed by January. The surveys had been postponed until November because the provider wanted to wait until the new management team had been in post for several months and had had enough time to make the changes necessary to improve the quality of care at the home. No one we spoke with could suggest anything the service could do better and all said they would recommend the service to other people.

We saw minutes of staff meetings which took place every month or more frequently if required. The minutes we saw had included discussions on training, general care, incidents, updated policies and procedures and best practice. Staff we spoke with told us they were always updated about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies and procedures were comprehensive and had been updated and reviewed as necessary, for example, when legislation changed. This meant changes in current practices were reflected in the home’s policies. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The managers’ said they were aware of their obligations for submitting notifications in line with the Health and Social

Requires Improvement

Is the service well-led?

Care Act 2008. The deputy manager confirmed that any notifications required to be forwarded to CQC had been submitted. They said they had an oversight of all incidents and reviewed these on a regular basis with referrals and notifications passed on to relevant organisations where required. They said they planned in the future to use this regular review to identify any themes or trends that may require addressing.