Reason Care Limited

The Troc Care Home

Inspection report

256 Beacon Hill Road
Newark
Nottinghamshire
NG24 2JP

Tel: 01636671342
Website: www.thetroc.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection was carried out on 18 April 2017. The Troc Care Home provides accommodation and personal care for up to 32 older people. On the day of our inspection visit there were 23 people who were using the service

The service had a registered manager in place at the time of our inspection, however they were due to leave this role shortly. A new manager had been appointed who informed us they would be applying to become the new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by staff who might not follow the correct procedures to protect them. Risks to people's health and safety were identified and action was taken when needed to reduce these. There were not always sufficient staff on duty to meet people's needs. People received their medicines as prescribed and these were managed safely.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. People were supported to make choices and decisions for themselves. People who might lack capacity to make certain decisions were assessed following the Metal Capacity Act (2005) and if needed decisions were made in their best interests.

People were provided with a nutritious diet which met their needs and were provided with any support they needed to ensure they had enough to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

People were cared for and supported by staff who respected them as individuals. Staff had caring relationships with people and respected their privacy and dignity. People were involved in planning and reviewing their own care and some people were supported by relatives in doing so.

People received individualised care and they were able to participate in meaningful interaction and activities. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

There was not enough time allowed for the service to be effectively audited and monitored. Staff worked well as a team and were supported with their work by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe.

Whilst people felt safe using the service there was a risk that staff concerns about people's safety may not be acted upon.

People were not always supported by a sufficient number of staff. Staff who were employed had been recruited safely.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People received the support they required to ensure they took their medicines which were stored safely and securely.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs. The induction programme was being improved to make this more informative.

Peoples were supported to make choices and decisions for themselves. People's capacity to make decisions was assessed. DoLS had been applied for when required.

People were provided with a nutritious diet and received any support they needed to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

Is the service caring?

Good

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People and their relatives contributed to the planning and reviewing their own care.

Staff had positive relationships with people and respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received individualised care that met their needs and had opportunities to take part in activities.

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

Is the service well-led?

Requires Improvement

The service was not completely well led.

There was not sufficient management time provided to ensure all of the service was being effectively audited and monitored.

People had opportunities to provide feedback and make suggestions.

Staff were provided with support and guidance about their role.

The Troc 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 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 18 April 2016 and was unannounced. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and commissioners who fund the care for some people and asked them for their views.

During the inspection we spoke with four people who used the service and six relatives. We also spoke with a housekeeper, the cook, five care workers, two senior care workers, the administrator and the registered manager. The new manager was working their first day at the service and was present for the feedback at the end of the day. Additionally we had a telephone conversation with the operations manager the day following our visit, who provided a written response to some questions we raised.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, four staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

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.

Requires Improvement

Is the service safe?

Our findings

During our inspection on 5 July 2016 we found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that risks to the health and safety of service users were not properly assessed. Reasonable steps were not always taken to mitigate any such risks. We told the provider they needed to make improvements in relation to this and they sent us an action plan describing how they would do this. During this inspection we found the provider had made the required improvements and had taken the action needed to mitigate these risks.

Procedures that were in place to report any suspicion or allegation of abuse had not been followed. There had been a recent investigation into some allegations of abuse at the service. During this investigation it had been found that some concerns and allegations had not been reported correctly. As a result there was not a clear record of all of the concerns and allegations as soon as there could have been. This was explained by the registered manager to have been a failing to follow the correct procedures by some staff. Action was taken about this with the staff concerned as well as reminding all staff of their responsibilities should they have any suspicion a person was at risk of abuse or harm of abuse. However we still found some staff did not provide clear answers to questions we asked about protecting people from abuse or harm.

We were informed by both the registered and operations managers that it had been identified in a care home managers' meeting (where managers of all the provider's care homes met on a regular basis to discuss issues) that the eLearning safeguarding training provided was not sufficiently in depth. They told us a recently appointed training officer would be providing face to face safeguarding training for staff in the future. However staff we spoke with had only completed the eLearning training. The operations manager wrote to us following the visit and confirmed there was a safeguarding course arranged with the training officer and they would "ensure that the staff that were on duty the day of the inspection attend".

We were informed by representatives from the local authority that they had raised concerns with the provider about a possible financial abusive practice implemented at the service. This involved a charge being imposed for each transaction made involving people's personal allowances. We saw records that showed the money taken from these transactions had been returned to the people concerned who still lived at the service. However there were some people who no longer lived at the service and the money for these people was still being held there. The operation manager confirmed in the letter they sent to us following our visit that they were arranging to refund this money.

People told us they felt safe using the service and they were treated well by staff. One person told us, "I have felt safe with the staff since I moved in here." Another person said they felt safe because, "They (staff) look after you well." One relative described staff as "trustworthy" and another said they had "not seen any problems" with people's safety. Relatives also referred to visiting their relations regularly and they would notice if anything was not right.

Whilst some staff did not provide clear answers other staff demonstrated a good awareness of their roles and responsibilities regarding how to protect people from harm or abuse. They were able to describe the

different types of abuse and harm people could face, and how these could occur. They described indicators that could signify a person had been abused, such as a change in a person's usual behaviour or having unexplained marks or bruising. Staff told us they would report any concerns they suspected or identified to a senior member of staff on duty and would make a record of any concerns they had.

We did not receive any comments from people who used the service about staffing levels but relatives felt there were not always enough staff available to meet people's needs. One relative said," They could do with more staff, they (staff) work really hard." Another relative told us, "The girls work hard and could do with more help." A third relative said commented that staff were "not always quick enough to get people to the toilet". At one point during our visit we had to remind a staff member that one person had been told staff would come and assist them 20 minutes earlier but had still not done so.

There were occasions when there were not the number of staff planned to be on duty. Staff told us about occasions when there were not enough staff on duty to meet people's needs. They told us these occasions were when they did not have the planned number of staff on duty, if for example someone had called in unavailable for work at short notice. Staff said when someone was unavailable for work at short notice they tried to cover the shift asking other staff to work additional hours, contacting bank staff or contacting an employment agency to request an agency staff member to cover. However this was not always successful.

The registered manager told us they planned for three staff to be on duty each night. This was due to the number of people who required two staff to support them and the layout of the premises where bedrooms were in three different areas of the building. We saw from the rota for the previous week that although this had been planned, there had been three nights where there had only been two night staff on duty rather than the intended three, and this had happened again the previous night to our visit. On that occasion a staff member who was meant to be on duty had called in to say they were unavailable for work 45 minutes before they were due to be at work, which meant it would be difficult to find a replacement for this shift.

We observed that the afternoon staffing levels were insufficient for the duties that need to be covered to meet people's needs. There were four staff, including a senior care worker, planned to be on duty each afternoon. At tea time this required one staff member to prepare the teatime meal and the senior care worker had to administer people any tea time medicines. This left two staff to respond to people's care needs, a number of whom required two staff to assist with these due to their mobility issues. A staff member also had to answer and deal with any telephone calls, answer the door to any callers as well as provide relatives with updates regarding their relations. One staff member said, "Management say yes (there are enough staff) and we say no (there are not)." Another staff member told us, "During the mornings we have enough staff but afternoons and evenings are not so good. No laundry staff, no cleaners and no kitchen staff and we only have three carers and one senior."

Following our visit we spoke with the operations manager and informed them of our concerns about the staffing levels. Following this conversation they wrote to us stating they had considered the staffing levels and had now asked the registered manager to, "interview and recruit for five staff in the afternoon and ensure there are three staff at night." They said that in the meantime they would maintain these staffing levels through the use of agency staff.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the

necessary recruitment checks had been carried out.

People felt the care and support they received from staff helped keep them safe. One person told us they felt safe having staff check on them during the night. They added, "I have used my buzzer a couple of times and they have come quickly." Relatives spoke of staff ensuring people had any walking aids within reach and encouraging their relations to use these. One relative said their relation was unable to stand independently and staff used a hoist to support them with any mobility. They told us, "I see staff use the hoist confidently and people look safe and not worried. Staff talk to them about what they are doing." We saw people receiving safe and caring support when being assisted to transfer with the use of a hoist.

Relatives told us about how staff supported their relations to be safe whilst promoting their independence. One relative told us that their relation was at risk of falling, and had done so prior to moving in to the service. The relative said that staff helped their relation as much as they needed but "let them do what they can do themselves". Another relative told us how staff had suggested their relation moved to a room nearer to the communal areas of the service when they had fallen. This resulted in their relation having less distance to walk and enabled them to maintain their independence with their mobility. A third relative described how their relation had been provided with a bed that could be adjusted in height enabled staff to provide them with safer care and support. The relative also said how their relation made choices in their room that posed some risks, but they worked together with staff to reduce these.

Staff told us about discussions that had been held when one person had received an injury following a fall. This had included making sure they followed safe practices when using equipment that were identified following the fall to ensure there was no repetition of this. One staff member described how they would speak with a senior care worker and use a risk assessment to "find the right approach" if they saw someone was struggling with their mobility. We saw a risk assessment for one person made a number of recommendations about the equipment and type of footwear this person should have and that staff should observe them whilst walking. We saw all of these recommendations were begin complied with.

Staff spoke of making sure people used equipment that they had been assessed to require. One staff member said, "The equipment keeps them safe." The staff member said risk assessments were completed to ensure equipment was appropriate for people to use. They told us people who used a hoist had an individual sling that had been measured to ensure these were the correct size. They also said they had other moving and handling equipment available that wasn't used at present in case it was need in the future. Staff also spoke of introducing new equipment as this would help someone maintain their independence, such as aids that would assist someone to continue to eat independently. Where a person had bedrails fitted we saw there was a risk assessment in place with a rationale as to why this was appropriate for the person concerned.

People were supported to have any medicines they needed when these were required. One person told us they received their medicines "on time and I get what I need". Another person said, "They do my medication when I need it." A relative confirmed their relation received their medicines as needed. They also knew their relation were due for their medicines to be reviewed soon to ensure these were what they needed.

We observed a staff member administering people their medicines during the morning and saw this was done following safe practices. We found there were suitable arrangements that ensured medicines were stored securely, and at the required temperature. There was a suitable procedure in place for ordering new medicines and accurate records were made on medicine administration records (MAR) when people were administered their medicines. Senior care staff said they gave out medicines during the day time and they had received training and been assessed to be competent to do so. However they said that the care staff

would do so if needed at night time as there was not a senior on duty then. The registered manager said training was being arranged for care staff who worked nights to have medicines training. They added that at present there was just one person who had a pain relief tablet given PRN (when required) during the night.

Good

Is the service effective?

Our findings

Improvements were being made to the way new staff were inducted into their role. This was because it had been recognised that new staff were not provided with a suitable induction to explain their role and what was expected of them. We were told by staff who had been through this that they did not feel the induction period was sufficient and had not prepared them for their work. This was a view shared by other longer standing staff who felt new staff needed more time to learn their job role. One staff member said it had arisen when "a new starter was showing another new starter what to do". The registered manager and the operations manager both told us that it had been agreed at a recent care home managers' meeting that the induction provided was not sufficient. Both of these managers said the company (Reason Care Limited) now employed a training officer and they were implementing a new induction, which would include new staff being assessed for competency in care tasks as part of the Care Certificate. This is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

We did not receive any comments from people who used the service about staff training but relatives felt staff had the skills they needed to care for and support their relations. One relative said, "They seem to have the right sort of training and they know what they are doing." Another relative said, "Staff know what they are doing with people, they use equipment properly."

Staff told us there were some improvements being made to their training programme. This included more face to face rather than on line (eLearning) training. Staff told us their training was kept up to date and they were reminded when they were due any training updates. One staff member said the administrator was "on our backs if we need to do some training". We saw a training matrix was kept up to date and showed when staff were due for any training updates. There were a few staff who were due some training updates and we were told the training manager was arranging these. Staff said they had regular opportunities to discuss their work and any support they needed in planned supervision sessions with a supervisor. A record of staff supervision showed all staff were up to date with supervision and they either had received or would be receiving an annual appraisal.

People were asked if they consented to being provided with any care and support before receiving this. We saw people being asked for consent and to make choices over every day matters throughout our visit. One person told us, "They always ask you if you want them to do things." Another person said that staff "Sometimes asks if I am ready for bed at 8pm. I say 'no that is too early'." We also found examples where people who had capacity to make a decision had been supported with this even though staff viewed this as unwise.

Relatives told us they witnessed staff asking their relations if they wanted to do something or if they wanted something doing before anything took place. One staff member told us, "All people are different and have the right to choose, we should assume people have mental capacity until proven otherwise." Senior care workers said they saw that staff asked people for consent when providing them with support.

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.

We checked whether the service was working within the principles of the MCA. Some staff demonstrated they understood how they implemented the MCA when they were working, although some other staff were not as clear about this. The operations manager confirmed in their letter to us following our visit that additional training would be provided for these staff.

We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that some DoLS applications had been made when they had not met the criteria for these to be requested. The registered manager said that "in the early days" following a high court ruling which affected when a DoLS request should be made they had requested some that were not needed. The registered manager said none of these had been authorised and they now knew when these should be applied for.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made other applications for DoLS when they had identified this to be required. Some people who had a DoLS approved were no longer using the service. However a DoLS that had been approved for one person had passed the time when an application should have been made for this to be extended, and a condition that had been made for this DoLS had not been complied with. The operations manager wrote to us following the visit and informed us the registered manager was taking the action needed to rectify these issues.

Most people were supported to have sufficient to eat and drink and to have a balanced diet they enjoyed. People were complimentary about their meals and the quality of the food. People's comment were, "The food is very good", "Meals are usually pretty good" and "We get very good meals." Most relatives said their relations had enough to eat and one relative said if their relation was asleep at a mealtime their meal was saved for them for later. However one relative told us their relation was encouraged to eat well and have a variety of food but they did not respond to this and only ate what they wanted. We saw this person was given a full meal at lunchtime but only ate the parts their relation said they would eat. We discussed this with the registered manager who said they would ensure this person was provided with a diet they wanted and enjoyed.

We observed the lunchtime meal and saw this was a calm experience and people who required assistance received this in a patient way. Second helpings were available for those who wanted these. We noted that the way meals were served did not promote the social aspect of the meal, which would encourage people to eat well and increase their nutritional intake. The operations manager informed us in the letter they sent us that they had reviewed how the mealtime was organised and made some improvements to this, and planned to make more to increase the social aspect of the mealtime.

People's weight was monitored through being weighed monthly, and if there were any concerns about

someone's weight change they were weighed more frequently. The cook told us they "checked on' people's weights so they could support anyone who was losing weight and "fortify" their meals. This involved using butter, full fat milk when preparing their meals and using thickened cream on desserts. The cook had information about people's needs, preferences, diets and allergies and told us there was not anyone who required a specific diet for cultural or religious reasons. The cook said they were informed each day by the senior care on duty if there were any changes involving people they needed to be aware of. Staff told us that if needed they would monitor people's food and fluid intake and when necessary make a referral for a nutritional specialist, such as a dietician to visit a person they had concerns about. We saw some people's nutritional and fluid intake had been monitored when they had lost some weight.

People were supported to maintain good health and had access to healthcare services. One person told us how they had been supported well when they had a health problem which had led them going to hospital. The person also told us they were provided with the support they needed to manage a health condition they had. Relatives described staff as "quick" in calling a doctor or nurse if one was needed. We saw a district nurse had come to visit some people during our visit. Relatives also said they were kept informed of any health issues concerning their relations.

Staff knew about people's healthcare needs and told us they recognised any signs or symptoms if someone was not feeling well. They told us they would call for a doctor or nurse to call if needed. One staff member said if they were concerned about someone's wellbeing, "We go to the senior and they sort things out. They will either get a GP, or advice from the 111 service and if need be they call an ambulance." All staff were required to complete first aid training. Records showed healthcare professionals regularly visited the service including visits by a GP, district nurse and a chiropodist.

Good

Is the service caring?

Our findings

People were cared for and supported by staff who they related well with. One person told us the staff were "a lovely bunch". Another person told us they got on very well with staff and found them to be very caring. A relative told us their relation "thinks of staff as family". Another relative described the service as being "family orientated". We were also told by a relative that some staff "go above and beyond".

Staff told us they enjoyed working at the service and they found the work they did rewarding. They spoke of building relationships with people's relatives and one staff member described the service as "a little community". A senior care worker told us, "It does feel like a home. There is an old fashioned feel and a warm and relaxed feeling." Staff also said there was a "fantastic staff team". One staff member told us, "I love it, it can be hard work, it can be challenging but then someone makes me smile." The operations manager told us in the letter they sent that, "The care that is delivered at The Troc is very good. The staff at the Troc are exceptional and are all very caring." During our observations we saw staff respond to people in a caring and sensitive manner.

People were involved in planning their care and support and making decisions about this. One person who had recently moved into the service told us, "They are making a care plan with me at the moment." The person said they were making decisions about what care they wanted. Another person told us they received their care and support when they wanted this, and when they did not wish to have this they didn't. A relative said that their relation did not sleep well at night and they were able to spend time when they were awake sat in the lounge with night staff.

Some relatives said they had had been involved in planning their relation's care and support as they were unable to do so themselves. One relative told us they had spent time over the first few days of their relation's stay at the service discussing the care they needed. They told us they had been asked if there was anything they thought could make things better for their relation and they had given a suggestion of using a different type of mug for their drinks. Some staff told us they carried out the reviews of people's care plans, but they were not involving people who could be in these reviews. The senior care workers said this was something they could try to do in future.

There was information on a noticeboard about advocacy services available to people in the local area and how to contact these. The registered manager told us one person who used the service had the support of an advocate. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service were treated with respect by staff who were polite and respectful. One person told us, "I have been able to bring some of my own ornaments, I have a very nice room." We saw some other people's rooms which were all clean and personalised. A relative told us, "I see them (staff) doing things to protect people's privacy."

We saw staff respect people's privacy and dignity when needed, for example helping someone to move to a

private room to see a healthcare professional and ensuring a person had their dignity respected when being hoisted. There was a screen in the lounge area which staff told us was used if someone chose not to leave the communal room to see a healthcare professional, which a relative told us they had seen occur. Staff also said if someone had a fall the screen was used until they had been helped off the floor.

There was a dementia friendly clock in the lounge, which showed the time of day rather than the actual time. There was also a white board informing people of the day and date and what the expected weather was as well as the menus for the day. There was pictorial information about making a complaint and respecting people's dignity in the dining area. There was also a dignity tree where people could add 'leaves' with their comments on about what dignity meant to them and suggestions of other ways people's dignity could be promoted. One staff member had contributed a poem about respecting dignity to this display. However this was a missed opportunity to improve the way people's dignity was promoted and respected. The dignity tree had few suggestions on and had not been used as a way to improve people's experience of having their dignity respected.

Good

Is the service responsive?

Our findings

People received the care and support that had been planned for them to receive and this met their needs. One person told us they were "happy" with the care and support they received. A relative told us they felt their relation's care was "centred around their needs". A staff member told us there was good communication between staff when there was a change of shift so they knew how people were feeling and what they needed. Another staff member told us, "We follow their assessments so people get the individualised care they need."

Each person had a care plan which described the support they required and how this should be provided. Staff told us they found the plans "straightforward and easy to understand". They also said the plans were simple to update when needed. One staff member told us how several staff had discussed some deterioration they were noticing with one person's mobility. This led to the person being reassessed and changes made to their care plan to provide staff with updated guidance on how to provide the person with support.

The care plans we reviewed were detailed and contained clear information. There was information about people's likes and dislikes and we were able to see what had been done to address issues that had arisen. For example where a person had lost some weight it was shown in the care plan what had been done about monitoring the person's diet through the use of food charts. There was a description of how the person was provided with additional calories and that the person's weight had subsequently increased. Each person's care plans were evaluated monthly by a staff member allocated to be their "keyworker".

People had opportunities to take part in activities and events organised in the service. There were two activities coordinators employed who organised a programme of activities. One person told us, "I enjoy the activities and going out to the garden centre." Another person told us they liked to follow a long standing interest and we saw they were doing so during the day. The person told us, "It keeps my mind going, and my fingers." Relatives said they saw activities such as dominoes, painting and ball games taking place. There were pictures, drawings and Easter bonnets on show left over from the recent Easter bonnet event held in the service.

Staff told us as well as 'in house' activities there were trips out arranged, such as going for lunch at a local pub and going on a boat trip when there was good weather. However some staff also told us that they felt activities were not always centred on what people liked and knew. We looked at records made of activities each person took part in. These tended to be general with only a few that were designed around people's individual interests and hobbies. The operations manager informed us in the letter they sent us that a meeting had been held with one of the activities coordinators and plans had been made to implement more "meaningful activities".

People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with. There was a procedure to explain how to make a complaint on display in the entrance hall, as well as one included in the service user guide available in each bedroom. One person told us, "You can say if things

are not right, they listen." A relative told us they had raised a concern on behalf of their relative and said, "This was addressed and no longer happens". Another relative said they had raised some concerns about the management of their relation's laundry and we saw discussions about laundry management had taken place in meetings held with both residents and staff.

Staff told us they would sort out any minor issues brought to their attention but they would pass any more significant issue onto the registered manager. We saw a record kept of complaints made that had been passed to the registered manager and these had been investigated when needed and all had been acted upon.

Requires Improvement

Is the service well-led?

Our findings

During our inspection on 5 July 2016 we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the systems used to monitor and improve the quality and safety of the service were not effective. Staff did not always maintain an accurate, complete and contemporaneous record in respect of each person who used the service. We told the provider they needed to make improvements in relation to this and they sent us an action plan describing how they would do so. During this inspection we found the provider had made the required improvements and these records were in place and kept up to date.

We found during this inspection that some management responsibilities were not being completely fulfilled as areas in need of improvement were not being identified. These included not effectively monitoring the staffing levels, the management of any DoLS and not ensuring cleaning schedules were being filled in correctly. For example a cleaning schedule which was meant to evidence areas of the service and equipment had been cleaned was not being completed. Instead a phrase was written across the form stating "all jobs completed". A recent inspection by the local Fire Authority had identified a number of deficiencies at the service including some tests and checks not being completed, as well as some concerns about documentation and the environment.

The registered manager undertook the majority of management duties in the service and there was a lack of knowledge amongst other staff about these. There was a part time administrator who carried out some of the administrative duties and supported the registered manager where they could. However the registered manager also had to undertake the administrative duties when the administrator was not working. The registered manager told us they had recommended to the provider that there was additional management support provided to share in the day to day management of the service. They explained this would ensure the routine management tasks were completed and would enable the service to be developed rather than "fighting fire" each day. The operations manager informed us in the letter they sent us that, "We are developing the senior care role to support the manager. We are having regular meetings to up-skill the seniors in the absence of the manager."

We saw there were other records kept as part of the management of the service that were up to date and effective. This included an analysis of incidents and accidents which had identified certain issues and actions to bring about improvements. For example an analysis of falls that had taken place identified a higher proportion of these occurred at certain times of the day. As a result some changes were made to the staffing rota and the next analysis had shown there had been a reduction in the number of falls that had occurred.

Staff described a positive culture within the service and said they felt they were supported. One staff member said they had felt able to admit to having made a mistake and had been supported when they had done so. Another member of staff said they appreciated the support they had received over a personal issue. Staff said there were staff meetings held and they felt able to speak out in these. Staff also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and

other paperwork. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

Relatives felt confident in the registered manager and they described her as approachable and having made a number of improvements. One relative said, "The manager was the reason we chose the home. We liked her attitude and approach." We saw the registered manager spend time with people who used the service and relatives during our visit. One person told us, "She is a really good lass." We spoke with a relative of a former resident who was visiting the service. The relative praised the support they had received from all the staff and the registered manager during the time their relation used the service.

We found that whilst relatives and staff spoke positively about the registered manager they had either neutral or negative perceptions of the provider's senior management team. These perceptions included a lack of presence at the service, a lack of opportunities to be spoken with and a lack of commitment to some aspects of the service such as providing social activities for people who used the service. The operations manager was surprised when we told them this and informed us in the letter they sent us "We always provide for activities when requested by the home."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. However the registered manager was due to leave their position shortly. A new manager had been appointed and they had just started to work at the service as part of a two week handover with the outgoing registered manager. The new manager confirmed they would be applying to become the registered manager.

We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.