Bupa Care Homes (CFHCare) Limited

St Christopher's Nursing Home

Inspection report

Drakes Way
Hatfield
Herts AL10 8XY
Tel: 01707 274435
www.bupa.co.uk/care-homes

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Ratings

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

Overall summary

The inspection took place on 27 October 2015 and was unannounced.

St Christopher's Nursing Home is registered to provide accommodation for up to 163 older people who require nursing care and may also have a physical disability or are living with dementia. The accommodation is arranged over five separate houses each with its own management structure. One of the houses was closed for refurbishment and 129 people were accommodated at the home at the time of this inspection.

There was a manager in post who has not registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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.

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to people who lived at St Christopher's Nursing Home and they were pending an outcome. Staff members were not clear of their role in relation to MCA and DoLS and required further support to improve their understanding.

When we last inspected the service on 12 November 2014 we found the provider was not meeting the required standards and that they were in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not operate effective systems to protect people who used the service against the risks of inappropriate or unsafe care. The provider sent us an action plan to tell us the improvements they were going to make. At this inspection on 27 October 2015 we found that significant improvements had been made. The management team demonstrated visible leadership on a daily basis within the home and operated systems to continuously monitor the quality and safety of the service provided for people.

People and their relatives told us that they felt people were safe living at St Christopher's Nursing Home. The manager and staff team demonstrated a clear knowledge of safeguarding matters. Risks to people`s health and well-being were identified and plans developed to mitigate the level of risk. The manager operated safe recruitment practices and records showed that the necessary checks had been undertaken before staff began to work at St Christopher's Nursing Home. There were suitable arrangements for the safe storage, management and disposal of people's medicines. There were some areas of the home that were in need of refurbishment such as the bathrooms on one unit that had damaged and stained flooring.

People gave us mixed feedback about the food and mealtime experience at St Christopher's Nursing Home. Some people said the food was enjoyable and others disagreed. Support for people identified as being at risk of poor nutrition was variable. The staff team received regular support from management which made them feel supported and valued. The staff had the basic core skills and knowledge necessary to provide people with safe and effective care and support and the management team had identified training needs and these had been planned for. People's health needs were well catered for because appropriate referrals were made to health professionals when needed.

Staff were calm and gentle in their approach towards people. However, in some areas of the home the care and support provided did not always promote people's dignity. Staff interaction with people varied throughout the home. In some areas staff interacted with people positively and spent time talking with them. In other areas of the home we noted that staff only interacted with people in order to meet their physical needs. Relatives and friends of people who used the service were encouraged to visit at any time.

People and their relatives had been involved in developing people's care plans. People's care plans were sufficiently detailed to be able to guide staff to provide their basic care needs however, did not always give a clear account of treatment regimes and outcomes required. People had opportunities for activity and stimulation in the home. These did not always meet people's needs however, the management team were working to recruit additional resources in this area. Relatives and people who used the service told us that they would be confident to raise any concerns with the management team.

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?

Requires improvement

The service was not always safe.

There were some areas of the home that were in need of refurbishment.

People were supported by staff who had been safely recruited.

Staff knew how to recognise and report abuse.

Individual risks were assessed and reviewed.

People's medicines were managed safely.

Is the service effective?

Requires improvement

The service was not always effective.

Some people enjoyed the food and others said it was cold and not always appetising. People at risk of poor nutrition did not always receive the support and encouragement they needed.

People's mental capacity was assessed. However, staff members were not clear of their role in relation to MCA and DoLS and required further support to improve their understanding.

People received support from staff who were appropriately trained and supervised.

People had access to health and social care professionals as needed.

Is the service caring?

Requires improvement

The service was not always caring.

People were positive about the staff. However, we noted that

meaningful interaction between staff and people varied throughout the home.

Privacy was promoted however, some people did not have their dignity respected.

People were involved in the planning of their care.

Is the service responsive?

Requires improvement

The service was not always responsive.

People received care that met their needs. However, people's care plans did not always give a clear account of treatment regimes and outcomes required.

Activities were provided but work was needed to ensure people's needs and preferences were taken into account.

Summary of findings

People knew how to make complaints and these were responded to appropriately.

People's feedback was sought through meetings and surveys.

Is the service well-led?

Requires improvement

The service was well-led and the provider was now meeting legal requirements.

We found that significant improvements had been made. The management team demonstrated that they had identified areas that required improvement and had management plans in place to drive forward the quality of the service.

While improvements had been made we have assessed the rating for this key question as 'Requires Improvement'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for the 'well-led' domain at the next comprehensive inspection.

St Christopher's Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 October 2015 and was unannounced. The inspection team was formed of two inspectors, a specialist nursing advisor and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, 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. We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with 20 people who used the service, 17 staff, representatives of the senior management team and the regional manager. We spoke with relatives of 15 people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from three representatives of the local authority health and community services and one visiting health professional. We also 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.

We reviewed care records relating to 14 people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Requires improvement

Is the service safe?

Our findings

People and their relatives told us that they felt people were safe living at St Christopher's Nursing Home. One relative said, "I feel [person] is safe here and generally well looked after." Another relative told us, "I come regularly and I feel when I go away my relative is in safe hands."

The provider had whistle blowing and safeguarding policies and procedures in place. The manager demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff members confirmed to us that they had received training to give them the necessary skills and knowledge to recognise abusive practice and were clear that any suspicions of abuse should be reported immediately. There was information available throughout the home to guide staff to report any safeguarding matters.

Staff helped people to move safely using appropriate moving and handling techniques. For example, we saw two staff members using a mechanical hoist to assist a person to transfer from a wheelchair to an armchair. The staff reassured and talked with the person all the way through the procedure and we observed them checking that the sling was appropriately fitted before they lifted the person.

Risks to people`s health and well-being were identified and risk assessments had been developed detailing the measures to be employed to mitigate these risks. For example we saw that a person had been assessed as being at a high risk of falls when mobilising independently. Staff carried out preventative measures to manage the risks to the person including checking that the person had their walking aid at hand and also their call bell and they encouraged the person to spend time in areas of the home where they were not isolated. People who had been assessed as requiring bedrails on their bed to prevent them falling had protective covers over the rails to reduce the risk of entrapment.

We checked pressure mattresses for people who had been assessed as being at risk of developing pressure ulcers and we found that they were at the appropriate setting for their weight. Staff told us that people were assisted to reposition at appropriate intervals to help maintain their skin integrity. For example, one person required to be repositioned every two hours and another person every four hours, records were maintained to confirm when people had been assisted to reposition.

A relative told us, "There are always enough staff about and they check on [relative] hourly. I feel [relative] is safe here when I leave. [Relative] is comfortable and looked after, that's all we can ask." Staff members told us that although they had previously been concerned about staffing levels in the home they felt that there were now enough staff available to meet people's needs. Staff told us that many new staff had been recruited since the previous inspection and that this was an on-going programme. One staff member said, "I noticed a difference in staffing it is much better than it was before. We could not finish our jobs before, now is much better."

The manager operated safe recruitment practices and records showed that the necessary checks had been undertaken before staff began to work at St Christopher's Nursing Home. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. For example, disclosure and barring service checks [DBS] had been made and references obtained to help ensure staff were safe to work with vulnerable adults. However, we noted that one reference had been provided as a, "to whom it may concern" and not specifically in response to a reference request made by the provider. We discussed this with the senior management team who agreed that this practice was not appropriate and that they would make sure that all future references were appropriately received.

There were suitable arrangements for the safe storage, management and disposal of people's medicines. A relative said, "Staff are kind and caring, we can always ask them for extra pain relief if [relative] is in pain." We observed a staff member encouraging people with their medicines, going at their pace and without rushing them. Medicines were managed, stored and given to people as prescribed. Staff were appropriately trained and confirmed they understood the importance of the safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. People had risk assessments and clear protocols in place for 'as required' medicines and emergency medicines.

People who lived with diabetes had their blood glucose levels monitored regularly and we noted that there were no

Requires improvement

Is the service safe?

gaps in any recordings. One person refused to have their blood sugar tested on one occasion, staff accepted their decision at that time however they approached the person later and the person agreed to the test. This showed that staff respected the wishes of the people they supported whilst ensuring their health needs were managed.

The environment was not always fresh and well maintained throughout the home. There were some areas of the home that were in need of refurbishment such as the bathrooms on one unit that had damaged and stained flooring. There was a background unpleasant aroma in one of the houses and tired décor throughout. The manager reported that capital expenditure had been approved to create a wet room in each of the five houses and the remaining bathrooms were planned to be refurbished during 2016.

Requires improvement

Is the service effective?

Our findings

People gave us mixed feedback about the food and mealtime experience from the different houses that make up St Christopher's Nursing Home. One person said, “My son and I complained about the food because it was really atrocious in the summer. Everyone was leaving it. I still send mine back from time to time. It is a bit better now.” Another person said, “It is not very warm we all complain about the food not being warm, but that was not the main problem – most was inedible.” However, some people gave us positive feedback about the food, they told us it was appetising, there was plenty of choice and it was warm enough. A person told us, “Lunchtime you get two choices. They come round and you say what you want.” Another person said, they had ‘really enjoyed’ their breakfast, and told us, “I get food here I couldn’t afford at home.”

Relatives told us that they thought the food provided for people was good and varied. Another relative told us, "The food is really good when [relative] was at home they barely ate a thing but they really tuck in here." However, a further relative said, “The quality of food is very good; however it needs to be presented better. A whole chicken breast on a plate for someone who has no teeth is not good. It is too difficult for people to eat it as tough.”

We observed the mid-day meal at each of the four houses. In one house people sat at small, intimate tables and the atmosphere was light, pleasant and conducive to encourage people to eat. However, in another house people were constantly disturbed whilst eating their lunch because the food trolley was stationed behind them and staff constantly walked past. People were also interrupted during their lunch to have their medicines given to them. A noisy or busy environment can be distracting for people with dementia at mealtimes and we saw many examples where people did not eat all their food and they received little encouragement from staff to do so.

In one house people waited for a long time before their dinner arrived and many people said that their food was cold. We noted that when one person complained that their food was cold the plate was taken away from them and a dessert was placed in front of them without alternative main courses being offered.

People who were cared for in bed received assistance from staff to eat their meals where needed. We saw many good examples where staff sat with people and chatted with them whilst helping them with their meal. However, we also observed an example where a staff member was watching the television whilst wordlessly proffering spoonful’s of food to a person.

People who had been assessed as being at risk of poor nutrition had their weight checked weekly. We saw that when weight loss had been identified people were referred to external professionals for additional support and guidance, such as speech and language therapists and GP. However, we saw one example where a person who had been admitted to the home for a period of respite care had lost weight since admission and this had not been recognised as a risk to the future healing process of the person’s pressure areas.

Where people were identified as being at risk from poor hydration their fluid intake was monitored and reviewed at the daily management meetings. This helped towards ensuring that people’s food and fluid needs were met. However, we noted that whilst people’s fluid intake was monitored there were no records of fluid output for people with indwelling catheters. We asked staff to show us where people’s fluid output was monitored, they showed us fluid charts where fluid had input totalled but not output.

We observed a person who had recently lost weight and had been assessed as being at a high risk of malnutrition who had not eaten their meal. Staff did not provide them with any encouragement to eat and removed their plate without offering alternatives. The person’s food intake had not been monitored for the previous two months. This meant that that there was a risk that people would not consume sufficient quantities of food and drink to maintain their health.

People did not always receive the support they needed to eat and drink to sustain good health and reduce the risks of malnutrition and dehydration. This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff asked people for their consent before they delivered all aspects of care. However not all staff demonstrated a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Some staff were able to tell us who had DoLS in place and why however they were unclear about the principles and the best interest process. People’s mental capacity had been

Is the service effective?

assessed for specific decisions regarding their care, where it was established they lacked capacity consent forms and care plans had been signed by the next of kin. Staff were not able to tell us if the relatives involved in making important decisions about people`s health and welfare had the authority to do so. Records relating to capacity were not always clear and well maintained. For example, a person had been assessed as not needing a capacity assessment or a DoLS authorisation in one part of their care plan; however, in a different section of the care plan we saw they had a capacity assessment and a DoLS application.

Some staff members did not demonstrate an understanding of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. When cardiac or respiratory arrest is an expected pathway for a person and CPR will not be successful, making and recording an advance decision not to attempt CPR will help to ensure that the person experiences a dignified and peaceful death. This can also help to ensure that people's last hours or days are spent in their preferred place of care by avoiding emergency admission to hospital. We found instances where relatives had signed DNACPR documents but assessments showed that the people did have the capacity to make their own decisions relating to their care. We discussed these issues with the manager and regional manager. They acknowledged that this was an area where staff required further development and the manger's service improvement plan showed that further training was being planned for the staff team.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a 'night bite' menu available for people when the main kitchen was closed. Options provided could be fruit, cereals, toast, cakes, biscuits, yoghurts, soup and snacks such as beans on toast. Staff confirmed that these options were available and told us that this meant people could always have access to some comfort food outside of mealtimes.

People and their relatives told us that they had no concerns about the care provided. A person who used the service told us, "I am quite happy here, and they look after me all right. The breakfasts are lovely." A relative said, "You couldn't find better anywhere else." Another relative told us, "They look after people really well, I am impressed overall." A further relative told us, "People here are fantastic, I can't fault them at all. The care is fantastic."

Staff told us they were happy with the training they received and that the training provision had improved recently. One staff member said, "I have been booked on five different training courses. I am very happy to develop." Another staff member told us how they had been provided with tissue viability study day recently and that they had really enjoyed it. A newly employed staff member said, "I had induction training before I started work and then I had to shadow somebody more experienced to learn what I had to do."

Staff told us that they felt supported by the manager and their line manager to carry out their job roles. One staff member said, "The manager is very supportive, they care for us staff as well as for the residents. They listen." They continued to say, "I can even contact the manager over the weekend. They are here every day early and they leave late, so I can always have support if I need it."

Staff told us that they had regular one to one supervision with a line manager where they discussed professional development opportunities and any problems they had. However, recently recruited staff members told us that they had been observed by the colleagues and the unit manager whilst they were shadowing experienced staff members but that they had not received supervision with a line manager.

People's health needs were well catered for and people's relatives told us that they were satisfied with the health care people received. One person said they had recently seen an optician and had been prescribed new glasses. A visitor said that the dentist had recently come to see her relative, who had lost their dentures, to take an impression for a new set. Records showed that chiropodists, dentists and opticians visited the home when people needed them and people had easy access to their GP as and when needed. A health professional visiting the home on this day told us that the staff team were, "Very competent here and experienced in palliative care."

Requires improvement

Is the service caring?

Our findings

People, and their relatives, told us they were happy with the staff that provided their care. People's relatives said, "I am very happy with my [relatives] care, staff are very good." Another relative commented, "Staff are very nice here, I feel [relative] is very well looked after."

Staff were calm and gentle in their approach towards people. For example, we heard a staff member gently ask a person if they would like to sit in a more comfortable chair and then they were assisted to transfer by mechanical hoist from wheelchair to armchair with staff gently explaining what was happening as they went.

Staff interacted with people positively; they gave eye contact, smiled and talked clearly. We observed a staff member holding the hand of a person who used the service and having a conversation about a dog. However, in other areas of the home we noted that staff only interacted with people to meet their physical needs such as providing drinks, assisting people to use the toilet and to administer medicines.

We saw an example where staff took prompt action to relieve a person's discomfort. A person was squinting because the sun was shining into their eyes. A staff member noticed this, they asked the person if they would like the curtain drawn slightly and made sure they were comfortable. However, we noted that at times the tasks staff had to do came before people's needs. For example we saw that a person had become anxious during lunch and asked for support to move away from the table. Staff gave the person verbal reassurance but they did not help the person to move until they had finished collecting the plates and served everybody`s dessert some 15 minutes later despite the person becoming distressed.

People`s right to privacy was promoted. We saw that staff knocked on people's doors before entering their rooms. Staff acted on people`s preferences to have their bedroom doors open or closed and we saw staff closing bedroom doors when personal care was delivered.

A hairdresser attended the home on the day of the inspection and we saw that ladies who were being cared for in bed were able to have their hair washed and set. One person told us how they looked forward to this and how it made them feel so much better knowing that their hair looked nice when their relatives visited. However, we saw some people throughout the home who needed more support with their personal grooming. One relative told us, "I have no complaints regarding my [relative's] personal hygiene however I often have to get a comb and comb their hair to have the person I know back."

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and we noted that an external advocacy service was available to provide people with support in this instance.

People's care records were stored in a lockable office in each of the four houses in order to maintain the dignity and confidentiality of people who used the service. We noted that the offices were closed when staff were not using them however, were not always locked.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us they had been involved in developing people's care plans. A relative told us they had read and signed their relative's care plan. They told us, "I've been doing it since Friday. I read it and, if it's right, I sign it. If anything is wrong, I'll tell them and they'll change it."

People's care plans were reviewed regularly to help ensure they continued to meet people's needs. A relative told us, "I know there are reviews I was not involved this time, I could not visit that day." Another relative said, "Reviews are happening, I always discuss my [relative's] care with staff." We noted that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes or if they had declined to talk about this matter when they moved in to the home.

People's care plans were sufficiently detailed to be able to guide staff to provide their basic care needs however, wound care plans were not always accurate. Nursing staff were able to describe the care and support that had been provided but the records were fragmented and did not give a clear account of the treatment and outcomes required. This had the potential for a negative impact on the effective management of wounds and is an area that requires improvement.

People's care plans had been developed around their individual care needs. However, we saw one example where the care and support a person received did not reflect the guidance contained within their care plan. The guidance in the person's mental health and wellbeing care plan stated that the person was prone to anxiety and in order to promote their wellbeing their personal care needs should be met by staff of the same gender as themselves. During our observations we overheard the person becoming agitated and anxious and found that personal care had been provided by two people of the opposite gender. We discussed this matter with the management team who acknowledged that this was an area for improvement.

There were some arrangements for people to take part in opportunities for activity and stimulation in the home however; we noted that these were limited on the day of the inspection. Some people told us that they enjoyed the activities provided whereas other people told us that they would like it if staff could spend more time to sit and talk with them, one person said, "It doesn't always have to be arranged games, a chat would be lovely." Another person told us that quizzes and spelling bees took place but that, "I sit here all day. They don't even offer you anything to do." The person told us that they would enjoy doing a 'bit of office work.' One visitor said their relative helped out in the office and enjoyed cleaning and tidying. They told us, "I know that [relative] does all the activities they do. [Relative] is always tidying up here.'

Other relatives told us that people had the opportunity to do the things they enjoyed such as listening to music and watching television. During the inspection the activity coordinator in one building was continuing art and craft activities on a Halloween theme to add to the display that was being developed. Some people who used the service chose to join in.

The manager told us they were recruiting another person onto the activity team and arranging training for the staff team in relation to providing care centred around individuals needs to help ensure that people had more access to this important area of care and support. We saw photographs that showed people engaged in such activities as pet therapy, tea parties and bingo and we noted that some of the other activities on offer included flower arranging, singing and arts and crafts. During the course of the day we saw people reading magazines and we saw a person cuddling a doll for comfort.

Relatives of people who used the service told us that they would be confident to raise any concerns with the management team. One relative said, "I met the manager and complained about the laundry, they took my complaint seriously and I was offered compensation for the items which were ruined in the wash." This showed that the management team were responsive to people's concerns and took prompt action to address them.

Requires improvement

Is the service well-led?

Our findings

At our comprehensive inspection of St Christopher's Nursing Home on 12 November 2014 we found the provider was not meeting the required standards and that they were in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person did not operate effective systems to protect people who used the service against the risks of inappropriate or unsafe care. The provider sent us an action plan to tell us the improvements they were going to make.

At this inspection on 27 October 2015 we found that significant improvements had been made. The management team acknowledged that there was still work to do to be confident that they were providing a safe and effective service. However, were they able to demonstrate that they had identified areas that required improvement and had management plans in place to drive forward the quality of the service.

At our inspection in November 2014 we found that the quality assurance and governance systems used were not effective to identify poor performance. Regular audits had been undertaken of the quality of service provided however had not identified shortfalls that we had found during our inspection. At this inspection we found that the provider's systems to monitor performance across all areas of the home were being used effectively. The manager's service improvement plan was a live document that detailed areas of identified shortfalls together with actions and timescales for completion. For example, the manager had identified that there were some gaps in the staff knowledge base and an action documented was to implement a clear training strategy for staff. An interim measure had been for senior staff to be visible on the units daily to see and address any training issues immediately. Nursing staff confirmed to us that they had been booked on various training courses and the improvement plan had been updated to reflect this. The manager reviewed and updated the service improvement plan regularly to assess the progress achieved against required actions.

The manager completed a number of quality audits to assess if service they provided was safe and effective. These included such areas as medicines, health and safety, infection control and nutrition. The information from these audits was collated into a monthly quality report completed by the manager and this was sent to the provider for analysis. An action plan was completed to ensure that any identified issues were rectified promptly. The managers of the individual houses provided a weekly report for the manager on pressure ulcers or other wounds detailing where there had been improvements and what professional involvement had taken place. Any concerns arising from these audits were discussed during the daily heads of departments meeting.

At our previous inspection staff told us that the systems in place to gather feedback from them to make improvements to the service were not effective. The manager had been in post for two months at the time of this inspection and staff gave positive feedback and said they felt their concerns were listened to and acted upon to improve the quality of the service provided for people. Staff were all positive about the effect new manager has had on raising staff morale. One person said, "The manager is really approachable, and we can call on her at any time." Another staff member said the manager walks around daily asking if we had any problems with staffing or if there are any concerns relating to the residents. This makes us feel supported." Another staff member said, "We have a good boss. She supports us even at weekends. It is better. This home will be fine now. We respect the boss."

The manager operated an open door policy where staff were able to meet with them privately in their office between two and four pm daily. Staff told us that issues discussed included annual leave, changing hours and future personal development plans. The manager told us that over the past eight weeks that they had been in post they had got to know the staff team. The manager had held a series of staff meetings across the four houses and there told us that the intention was to have quarterly meetings with teams from the individual houses. Staff confirmed that these meetings had been held and said that they contributed to the feeling that they had management support.

At our previous inspection people who used the service, their relatives and the staff team all told us that they did not have confidence in the management and leadership of the service and said that they rarely saw the manager and did not feel they could approach them. At this inspection we found that the management team demonstrated visible

Requires improvement

Is the service well-led?

leadership on a daily basis within the home. Staff told us of daily meetings facilitated by the manager with the head of departments to discuss such matters as occupancy levels, discharges, admissions, the resident of the day, maintenance issues, housekeeping, activities and laundry. These meetings helped to ensure that the manager was aware of any issues in the home on a daily basis.

The manager had arranged to meet with people's relatives soon after taking up the post at the home. However, this meeting had not been well attended. As a result a letter had been sent to all relatives to ask them what would be the best time/day for a meeting to be arranged to ensure as many people as possible would be able to attend. A relative told us, "I have not met the new manager yet however I received a newsletter from the home at my home address which is the first time something like this happened in the seven years my relative is in here." Another relative said, "I received a questionnaire from the manager to ask for my availability and dates to provide when I can attend relatives meetings and reviews."

The provider undertook an annual quality assurance survey of the views of people who used the service and their relatives. We saw posters at the entry of each house advising people that survey questionnaires would be coming out shortly as part of this year's quality review and encouraging people to respond.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs **The provider did not ensure that risks to people in relation to malnutrition and dehydration were managed appropriately.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The service did not work in accordance with the Mental Capacity Act 2005.**