

Loxley Health Care Limited

The Shires Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 12 December 2016.

The Shires Care Centre can accommodate up to 42 people with personal care and nursing needs. At the time of our inspection nursing care was not being provided at the service. 17 people with a range of needs including physical needs, mental health needs and people living with a learning disability were living at the service.

A registered manager was in post who had been registered since October 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our previous inspection on 12 and 13 April 2016 we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; how risks associated to people's needs were assessed and planned for, how the principles of the Mental Capacity Act 2005 was adhered to, staff received insufficient training and support, people did not receive a personalised service and the systems in place to monitor safety and quality were insufficient.

During this inspection we checked to see whether improvements had been made. We found improvements had been made in all the breaches identified at our last inspection. A robust action plan was in place to fully complete the action required that would ensure sustainability. New systems and processes required further time to fully embed.

People told us they felt safe living at the service. Staff understood how to identify and report allegations of abuse. Risks associated to people's needs had been in the main assessed for, but risk plans were variable in detail and guidance for staff. A new falls audit had been introduced but other incidents lacked detail and analysis. The internal and external environment people lived in was safe.

People's emergency evacuations plans and the provider's business continuity plan were being updated. This was to ensure staff had the required information in the event of an incident affecting the safe running of the service.

There was a system used to review and monitor people's dependency needs. There were sufficient staff available to meet people's needs and safety. Staff had been appropriately recruited; checks had been completed in relation to safety and suitability before they commenced their employment.

People received their prescribed medicines safely and their medicines were stored and managed appropriately.

Staff required additional support to fully understand and implement the principles of the Mental Capacity Act 2005. Some people experienced periods of heightened anxiety that could result in behaviours that were challenging to themselves and others. Staff had limited information and guidance available about how to support people effectively at these times.

Improvements had been made to the support and training offered to staff to enable them to carry out their role effectively and safely.

People's nutritional needs had been assessed and planned for and people were supported to maintain their health. Staff worked well with external health professionals and followed recommendations made in supporting people with their health needs.

People were supported by kind, caring and compassionate staff that showed dignity and respect. People did not have access to independent advocacy information should they have required this support. People were involved in regular reviews of their care to ensure the support provided met their needs.

People were supported by staff to participate in activities of interest to them. Information available for staff about people's needs, routines and preferences was limited in parts. People reported that they had to wait to have their requests for assistance responded to.

Systems were in place for receiving, handling and responding appropriately to complaints. People had regular opportunities to provide feedback on the care and support they received in order to continue to drive forward improvements in the service.

Improvements had been made with regard to the quality assurance systems in place to ensure that people received high quality, safe and effective care and support. Whilst improvements had been made, further time was required for systems and processes to fully embed.

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 consistently safe.

Risk plans lacked specific detail in places. Personal evacuation plans and the provider's business continuity plan were being reviewed and updated.

A new falls audit had been implemented but other incidents lacked clear detail and analysis. Staff had received safeguarding training.

Sufficient staff were employed and deployed appropriately and safe staff recruitment processes were followed.

People received their medicines safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff required further support to enhance their understanding of the principles of the Mental Capacity Act 2005. Best interest decisions did correctly follow mental capacity assessments. Staff had limited information about how to support people at periods of heightened anxiety.

Staff received an induction and appropriate training and support.

People received appropriate support to ensure they were eating and drinking healthily.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. .

Information about independent advocacy services was not available.

People's privacy and dignity were respected by staff.

Is the service responsive?

The service was not consistently responsive.

Information available for staff lacked specific detail about people's individual needs. People felt they had to wait for staff to respond to calls for assistance. Activities were available to meet people's individual preferences and interests.

People felt involved as fully as possible in reviews and discussions about the care and support provided.

People's views were listened to and there was a system in place to respond to any complaints.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

People and their relatives were involved or had opportunities to be involved in the development of the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

People who used the service and staff were positive about the changes and improvements being made by the registered manager.

There were systems in place to monitor and improve the quality of the service provided. An action plan was in place to drive forward some shortfalls and further time was required for new systems to fully embed.

Requires Improvement ●

The Shires Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 12 December 2016 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with five people who used the service and one visiting relative for their feedback about the service provided. We also spoke with a visiting healthcare professional. We observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager, the cook, activity staff member and five care staff. We looked at all or parts of the care records of six people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

During our previous inspection on 12 and 13 April 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how risks associated to people's needs were assessed and managed. Risk plans lacked specific detail for staff of how to manage and reduce known risks. In some instances risk plans had not always been followed by staff. People's emergency evacuation plans that advised staff of people's support needs in the event that they needed to evacuate the building, were not all up to date. Nor were there any systems in place to analyse accidents and incidents for patterns and themes.

During this inspection we found some improvements had been made about how risks were managed but further time was required for new systems and processes to fully embed. The registered manager had a clear action plan that identified what action had been taken to address these shortfalls with timescales and details of further improvements required.

People told us that they felt any risks associated to their needs were known and understood by staff and managed appropriately.

We found risk plans were variable in the quality of information that was provided for staff of how to manage known risks. The registered manager told us they were aware of this and showed us the action that had commenced to improve information and guidance. The registered manager had started a programme of reviewing and updating people's care records and said that they planned to have this completed by the end of December 2016. We found staff were knowledgeable about people's needs and known risks. For example, staff were confident of the signs and symptoms of an infection and what action they would take if they had concerns. Staff gave examples of risks associated to people's health needs that indicated they knew how to care for people safely and effectively.

Where people had been identified as requiring equipment to reduce pressure sores developing, we found this was in place and being used appropriately. We looked at two people's diabetic care plans; one was sufficiently detailed to support staff whilst the other was not. We discussed this with the registered manager who said that they would review these care plans as a matter of priority.

The registered manager was in the process of reviewing and updating people's personal evacuation plans and the provider's business continuity plan to ensure staff had the required information to safely support people.

The registered manager had introduced a new system whereby they completed a falls management audit that they reviewed monthly for any patterns and themes. We reviewed these records and found falls and accidents were minimal, and where concerns had been identified, action had been taken to reduce further risks. For example, care plans and risk plans had been amended. We found body maps used by staff to record any injuries such as bruising and skin tears people had and any behaviour incidents people displayed due to anxiety were poorly completed. They lacked sufficient details and analysis. The registered manager

said that they had already identified this as an issue that required addressing and had plans to discuss this at the next staff meeting and in staff supervision meetings.

We saw that the premises were well maintained and checks of the equipment and premises were taking place. We saw that action was taken promptly when issues were identified from premises and equipment checks.

People spoke positively about living at The Shires Care Centre and that they felt safe and that the service had improved in relation to their safety. One person said, "Before there were problems with my money but it's all safe now. I trust them [staff] nine out of ten now. It used to be six out of ten." Another person told us, "I can talk to staff now. I like it, its safe." A third person added, "It's safe here, there has been one or two issues, but they are all sorted now. My possessions are safe and I could have a key to my room. I trust people."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from harm. Records reviewed confirmed staff had received adult safeguarding training and the provider had a policy and procedure to support staff. We were aware that the registered manager had worked with the local authority safeguarding team to investigate safeguarding concerns and had taken appropriate action where required to protect people's safety. This included using the provider's staff disciplinary procedures where concerns had been identified about the unsafe practice of care staff.

People did not raise any concerns about the staffing levels provided. Staff told us that staffing levels had increased since our last inspection and that improvements had also been made to the deployment of staff. A staff member told us, "Staffing is better; we now get allocated breaks and an allocation sheet that delegate's tasks, the staffing levels are safe in meeting people's needs."

The registered manager told us of the systems in place that identified the levels of staff required to meet people's needs safely. They explained that they considered people's dependencies when setting staffing levels and monitored them closely to ensure that staffing levels remained at the correct level. The registered manager also said that they had employed bank staff that enabled them not to have to use agency staff.

Safe staff recruitment processes were followed. Staff confirmed they had been through a robust recruitment process. New staff employed had been subject to relevant checks to ensure as far as possible, they were suitable to work at the service. The registered manager told us staff that had worked at the service longer were also subject to further checks. Staff files we looked at confirmed staff had completed an induction and checks had been completed as described to us.

People received their prescribed medicines safely. Several people told us, "I get my medicines on time."

Staff told us and records we looked at confirmed, they had attended training on how to administer medicines. One staff member said, "We are monitored on how we administer medicines to ensure we follow the correct procedures."

There was a procedure in place for the person responsible for administering medicines to follow. The staff member administering medicines wore a 'not to be disturbed' tabard, so they could concentrate on making sure they administered medicines safely. This helped to reduce the risk of errors.

We observed people receiving their morning medicines and saw they received their medicines in a safe way. Staff ensured people received their medicines the way they wanted them. Staff stayed with people and

watched them take their medicine before they completed the medicine administration record to confirm the person had taken their medicines.

We looked at the process for the ordering and storage of medicines and found they were in line with best practice requirements. We found the box identified for collecting used sharps instruments had not been dated when it was first opened. We also found that some entries in a medicine records book had been crossed out. We found the audit that had been undertaken did not highlight these issues. We brought this to the attention of the registered manager. They told us they would address these issues and make sure the medicine audit was more robust and fit for purpose.

Is the service effective?

Our findings

During our previous inspection on 12 and 13 April 2016 we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staff receiving insufficient training and support.

At this inspection we found improvements had been made. People who used the service spoke positively about the staff and their competency in meeting their needs. One person said, "The staff are trained and kind – no fault with them." A visiting relative added, "The staff are well trained and everyone gets to know one another."

Staff told us that they had received opportunities to attend training and that they had meetings to discuss and review their work. One staff member said, "I've had one to one meetings with the manager, they are really supportive and helpful." Another staff member told us, "The training and support has really improved. It's been a mixture of on-line and face to face and we're kept informed about when refresher training is due."

Staff records confirmed new staff completed an induction and completed the care certificate when they commenced their employment. The care certificate is a nationally recognised qualification regarded as best practice for the induction of new healthcare assistants and care workers. It also offers existing staff opportunities to refresh or improve their skills.

The registered manager had systems in place to ensure staff were supported and able to share good working practices, which in turn helped to drive improvement within the home. For example the manager observed care being delivered and gave feedback to staff about this. The registered manager kept up to date with new guidance and developments, and had links with organisations that promoted best practice.

We found staff were knowledgeable about the people they cared for. They were able to describe the support people required and the level of care needed to ensure they received effective care. Records confirmed staff had completed appropriate training for the needs of people within the service. However, the registered manager acknowledged that further training was required in some areas to fully support staffs understanding. This included communication and activities for people living with a learning disability.

During our previous inspection on 12 and 13 April 2016 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to people not being appropriately protected under The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

At this inspection we found some improvements had been made but further action was required to support staff's understanding.

The Mental Capacity Act (MCA) 2005 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 found that where people lacked mental capacity to make specific decisions about their care a MCA assessment had been completed. However, there was no best interest decision documented to show what had been agreed in the person's best interest, that least restrictive options had been considered and who had been involved in these decisions. All of which are requirements of this legislation to ensure people's liberty and freedom have been appropriately protected. The registered manager told us that they were aware that the MCA was not fully being adhered to. As a response they had arranged further staff training and people's MCA assessments were being reviewed.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was very clear about their role and responsibility in protecting people's human rights. Where authorisations had been granted we checked these to ensure if any conditions had been made these were being adhered to, we found they were. This meant that any restrictions placed upon people were done lawfully.

Some people experienced periods of high anxiety and behaviours associated with their mental health needs. We found information provided for staff of how to manage and support people at times of anxiety lacked detailed information. For example, known triggers to people's anxiety was minimal, there was no explanation or direction about people's coping strategies. Language used such as "Can be aggressive" was not supported with what this meant for the person and others. This meant that staff had insufficient supporting information about how to effectively support and manage people's mental health needs.

People told us that they were involved in discussions and decisions about their care. We saw examples of people being given day to day choices of what they ate, drank, where they spent their time and activities they wished to do.

We saw care records for some people who had a decision not to attempt resuscitation order (DNACPR) in place. There were DNACPR forms in place and all had been completed appropriately.

People received sufficient to eat and drink and choices were provided. No person we spoke with raised any issues or concerns about the food choices provided. One person told us, "The food is alright."

When we first arrived at the service some people were having breakfast. We observed people arriving at different times of the morning and were offered breakfast. The cook told us there were no restrictions on people and they could have their breakfast when they wanted. We also saw and staff confirmed, people had access to drinks and snacks when they needed them.

Staff were knowledgeable about people's food preferences and nutritional needs. People's dietary needs had been assessed and planned for, including consideration to people's needs associated with their cultural or religious needs. Where concerns had been identified with regard to swallowing or weight loss, appropriate referrals had been made to external health professionals for further assessment and guidance.

We saw where required people had access to food supplements. We saw two food choices were offered on the day of our inspection. The cook told us they had a food menu that was rotated four weekly. Staff said the menu was discussed with people and in resident meetings to ensure they were involved. When we checked

the resident meeting minutes we saw this was the case. We found food stock were sufficient and stored appropriately. This included food supplements.

We observed both the breakfast and lunchtime experience for people. Some people required assistance from staff to eat and drink. We saw that staff were unhurried and gave people explanation and choices and chatted to them making people's meal time a relaxing and pleasant experience. People's independence was encouraged by providing people where appropriate with adapted cutlery, crockery and plate guards to keep food on the plate.

People's healthcare needs were assessed and understood by staff. One person told us, "I did ask to see the GP about private things about a month ago I think and I'm still waiting."

We received positive feedback from a healthcare professional who said that many improvements had been made at the service, including how healthcare needs were managed. They said that referrals to external health care professionals were made straight the way a concern was identified. They added that any recommendations they made, were followed through and that they had confidence staff met people's healthcare needs well.

Staff demonstrated a good awareness of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. We found care records gave examples of the service working with external healthcare professionals such as the GP, dietician and district nursing.

Is the service caring?

Our findings

Several people had lived at the service for a significant amount of time; they made positive comments about the changes that had been made at the service in recent months. They said that their relationship with staff had greatly improved and that they now felt that staff respected them and they felt they mattered. One person said, "It was a dump but has changed over the last five months. Last Friday the big bosses from the new owners came in and they talked to the staff and us residents. The other residents asked me why they were talking to them and I told them it is because they care about us." This person added, "It used to be 'them [staff] and us' but it's now a bond. The staff are caring and there is respect in the building." Another person said, "It's brilliant and like a family now. I can talk to staff now." Other people we spoke with including a visiting relative described staff as, "caring and kind."

Staff were also positive that changes at the service had brought about positive outcomes for all. One staff member said, "The residents and staff are a lot happier now, we are better supported. I really enjoy my job now, I was ready for leaving as nothing was being done to improve things but now it's very different."

Staff were aware of people's preferences and personal histories including individual diverse needs. People who used the service confirmed staff knew and understood their needs and what was important to them. One person told us how their religious faith was important to them and that they attended the local church on a regular basis. They also said that they had experienced periods of depression but felt more able to seek the support from staff at these times.

Throughout our inspection we observed good interaction between staff and people, who used the service, and amongst the staff team and between people. This created a relaxed and homely environment where conversations were meaningful, and mutual respect and a caring approach was adopted. We observed a conversation between a person who used the service and the laundry staff member who were talking about their laundry which was friendly and homely.

We were made aware of a person that was described as being at end of life care. We saw staff regularly spent time with this person in their bedroom, making sure they were comfortable and offering drinks. Staff spoke compassionately to us about this person, they showed a real regard to this person in wanting to ensure they were as comfortable as possible and supported at the end stage of their life.

Staff were observed to use good communication when interacting with people, this included talking to people at eye level and giving explanation and opportunity to ask questions. Staff were seen to offer choices and wait for the person's response before acting upon it. The only exception to this was we observed how a member of staff removed a person's plate at breakfast time, without communicating with the person and whilst the person had a sandwich in their hand.

People told us that they were involved in discussions and decisions about how they received their care and support. One person said, "I have a care plan and they [staff] involve me in it." Another person told us, "I can see my care plan regularly. They [staff] know me well now. They support me well and they are responsive

and treat me with dignity and respect and I have choices." A third person added, "I have a care plan and they [staff] read it to me because I can't see very well. I can discuss changes to it if I want to."

A visiting relative also confirmed that they were aware their family member had a care plan and said they felt involved in discussions and decisions where appropriate. They went on to say that their family member was fully involved in their care.

We saw information on display for people about what to do if they were feeling upset. This had some visual prompts but was displayed high up and therefore was not accessible for everyone. People did not have access to independent advocacy information should they have required this additional support. We discussed this with the registered manager who agreed to source this information and make available for people.

People told us that improvements had been made to how staff treated them with dignity and respect. People said that this had greatly improved which made them feel a lot happier.

Staff gave good examples of how they respected people's privacy and dignity, this included recognising when people either required personal space or additional support.

We saw staff were polite and courteous to people, they knocked on people's doors before entering and were discreet when providing support to people.

People told us that there were no restrictions about when their family and friends visited and this was confirmed by a visiting relative. They said, "I can visit whenever I want to."

The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Is the service responsive?

Our findings

During our previous inspection on 12 and 13 April 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive care and support that was personalised to their individual needs.

During this inspection we found some improvements had been made and people confirmed they received a service based on their individual needs. However, further time was required for new systems and processes to fully embed. The registered manager had a clear action plan that identified what action had been taken to address these shortfalls with timescales and details of further improvements required.

Since our last inspection no new people had moved to the service. The registered manager showed us the pre-assessment they would use to assess people's needs prior to moving to the service. This document was found to be detailed and enabled the registered manager to fully assess people's holistic needs. Pre-assessments are important to ensure people's needs can be met effectively or if additional resources are required such as extra staff training.

People were positive that they were involved in opportunities to discuss and review their care plans. People said they were actively involved in making decisions about the way their care was to be delivered, and arrangements were made to review their care needs. Care plans provide staff with information and guidance about people's needs and the support required of staff.

Staff told us they listened to people's choices and everyday decisions. They told us they also took note of people's reactions and body language to make sure they fully understood what they wanted.

We found people had a variety of care plans that instructed staff on their physical and mental health needs, including diverse needs, routines and preferences. Care plans identified aspects of care that people could do independently, while also identifying areas of support. For example if they were able to walk independently, but required assistance with dressing.

The quality of care plans were variable. For example, some were more detailed than others. One person's needs had very recently significantly changed. The GP had instructed what care was to be provided, however, care plans had not been implemented, including clear instructions on the administration of end of life medicines were not in place. We discussed this with the registered manager who arranged for this person's care needs to be immediately reviewed and plans put in place. This meant there was a potential impact that without written information being available for staff, people may not have received a personalised service. The registered manager told us that they had identified that care plans required a thorough and detailed review to ensure they were up to date and reflected people's needs and wishes. The registered manager showed us records that confirmed this review was underway and the timescale for completion was the end of December 2016.

We received a mix response from people about the length of time staff responded to their requests for

assistance. One person told us, "I am well looked after, they [staff] are very prompt even when they are on their breaks." Another person said, "I have to wait for them to help me because they have other people to see to. I wait longer at night time." A third person added, "I can't put my socks on without help and I have to wait about 10 or 15 minutes for them to help me." A visiting relative told us, "Sometimes my family member has to wait a long time for help." We shared what people told us with the registered manager. We observed that staff responded to requests within a reasonable amount of time.

People told us they were happy with the activities provided. One person told us, "Since the new manager came they are a lot more organised and there are more activities and we are going out more." Another person said, "They [staff] have told me that I can have some racing pigeons. I have been ringing around to get some quotes. All the residents can join in with the racing if they want to." A third person said, "The manager is after changes as it can get boring. I like the activities, cooking, dominoes, all sorts of things." A visiting relative told us, "My family member likes to do arts and crafts and to go out shopping and they are supported with this."

A reoccurring comment was made about the service not having their own transport and this affected people's opportunities to access the community. Some people could have specific needs with their mobility and could not easily use public transport. The registered manager told us that the issue about transport was being addressed and that the provider was acquiring a mini bus that would be shared across other services within the organisation.

We met with the activity coordinator and they told us how they provided activities based on people's wishes and activities of interest. They also said that people accessed adult learning courses and the local school and church visited. Additionally people received opportunities to attend local community social groups. The activity coordinator gave examples of fund raising activities which included a recent Christmas Fayre.

An activity timetable was on display and during our inspection we saw people participating in table top games and watching the television. The film was Mamma Mia and we observed and heard several people singing along clearly enjoying themselves.

People told us they were confident to raise any issues or concerns if required. One person said, "I would talk to the manager if I was upset or even to the CQC." Another person told us, "If I had any concerns or worries I would talk to the manager." A third person added, "I would talk to the manager, I do hope they stay, or the assistant manager if I was worried."

Initially we found the provider's complaints procedure was displayed but not easily visible for people. The registered manager moved this information and ensured the easy read copy of the complaint procedure to support people with communication needs was also available for people.

Staff were aware of the complaint procedure and what their role and responsibility was in responding to any issues or concerns.

The registered manager told us that there had been no complaints received since our last inspection. They did however say that they recorded and responded to any concerns that people made and referred to these as "grumbles." An example of this showed what action the registered manager had taken, this was found to be appropriate, timely and detailed. This meant that any type of concern was responded to and acted upon.

Is the service well-led?

Our findings

During our previous inspection on 12 and 13 April 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to insufficient systems in place to check and monitor quality and safety.

During this inspection we found improvements had been made to the quality assurance systems in place to monitor quality and safety. However, further time was required for new systems and processes to fully embed. The registered manager had a clear action plan that identified what action had been taken to address these shortfalls with timescales and details of further improvements required.

People spoke positively about the service and that they had begun to experience improvements with the care and support they received. A visiting relative told us they were confident with the registered manager and that they felt better informed and involved in their family members care. Comments included, "It's very comfortable (making reference to the atmosphere and environment). The other managers didn't chat with us."

A visiting healthcare professional told us that the leadership of the service had recently improved. Comments included, "There is a big difference at the service, it's much improved."

People told us that they had regular meetings with the staff where they were able to share their feedback about the service they received. A visiting relative said, "They [service] do have meetings but I can't get to them, but they do tell me about what has been said. I have had two surveys since January of this year."

We saw meeting records dated September 2016. The registered manager used this as an opportunity to share information about new developments such as a refurbishment plan. Also, monthly feedback forms for people who use the service were being introduced as a method to drive forward improvements.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

The provider's statement of purpose and service user guide were in the process of being updated. Staff demonstrated they adhered to the provider's vision and values of the service in their day to day work. They showed compassion for the people they cared for and a strong commitment in improving the service people received.

The registered manager used supervision meetings and observed practice to regularly review the attitudes, values and behaviour of the staff team.

Staff were enthusiastic about how the registered manager was improving the service and described them as a good leader. One staff member said, "It's a much better place to work, the manager is brilliant, really

dedicated in improving the service for people, she really cares for the residents and is supportive to staff."

Staff said that the registered manager encouraged them and acknowledged good practice which they found positive and supportive.

We observed the registered manager made themselves available for people who used the service and staff. People who used the service approached the registered manager for either information or a general discussion. The registered manager was warm, friendly and helpful in their response. We also found the registered manager was informative about people's needs.

The registered manager had a clear understanding and plans in place to continually improve the service. This was confirmed by the systems and processes in place that checked on quality and safety. Daily, weekly and monthly audits were completed by the registered manager and senior staff within the service, with additional checks and support provided by the organisations quality team.

Staff told us that improvements had been made to the frequency of meetings, that daily 'flash' meetings were held with the registered manager and with heads of department to discuss and plan the day and to exchange information. Staff meetings were also more regular and we saw records of these meetings where the registered manager encouraged and involved the staff with improvements that were being implemented. Staff told us about the new systems and records introduced that recorded people's daily needs. These included repositioning charts for people who had risks with their skin and food and fluid charts for people who had been assessed at risk of malnutrition. We found these were kept up to date and reviewed daily.

We found staff had a clear understanding of their roles and responsibilities and good communication systems were in place. Staff were observed to work well together as a team; they were organised, demonstrated good communication and were calm in their approach.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.