ADR Care Homes Limited

# Bethany Francis House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

Bethany Francis House provides accommodation and personal care for up to 34 older people, some of whom are living with dementia. Bedrooms are located over two floors. There are two lounges, a dining room and a cinema room on the ground floor. There is a passenger lift and stair lift for access to the upstairs bedrooms.

Our last inspection took place on 15 February 2016 and as a result of our findings we asked the provider to make improvements to the staffing levels within the service. We received an action plan detailing how and when the required improvements would be made by and this action has been completed.

This unannounced inspection took place on 1 and 13 December 2016. There were 23 people receiving care at that time.

The provider had made improvements in the service's staffing levels since our last inspection and there were sufficient staff to meet people's assessed needs. Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm. The service was clean and smelled fresh and staff had an understanding around the prevention and control of infection.

People received their prescribed medicines appropriately and medicines were stored safely. People's health, care, and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People received care and support from staff who were kind, caring, thoughtful and respectful to the people who lived at the service. People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care. People were treated with dignity and respect.

Care records provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the changes were effective and met their current needs. There was a programme of events for people to join in with and people were encouraged to maintain their hobbies and interests.

The service had a registered manager in place who was approachable and supportive towards staff. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. Concerns were investigated and plans actioned to bring about improvement in the service.

The provider's quality assurance systems had not always been effective, leaving people at risk of harm. Improvements had been made to the quality monitoring systems. However, these needed time to embed and show that improvements were sustained.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

There were sufficient staff to ensure people's needs were met safely. Staff were only employed after satisfactory pre-employment checks had been obtained.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

People were supported to manage their prescribed medicines safely.

### Is the service effective?

Good

The service was effective.

People received care from staff who were trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People's health and nutritional needs were effectively met and monitored.

### Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring, thoughtful and respectful.

People and their relatives were involved in every day decisions about their care.

Staff treated people with dignity and respect.

### Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person was provided.

There were opportunities for people to maintain hobbies and interests.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

The provider's quality assurance systems had not always been effective, leaving people at risk of harm. Improvements had been made to the quality monitoring systems. However, these needed time to embed and show that improvement was sustained.

People were encouraged to provide feedback on the service in various ways and their comments were listened to and acted on.

People benefited from good community links.

# Bethany Francis House

**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 unannounced inspection took place on 1 and 13 December 2016. It was carried out by one inspector 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 looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge to aid with our inspection planning.

During our inspection we spoke with six people, some of whom were able to tell us about their experience of living at Bethany Francis House, six relatives and one visiting healthcare professional. We also spoke with the regional director, the registered manager, the deputy manager, a senior care assistant, a care assistant, an activities co-ordinator and a maintenance person. Throughout the inspection we observed how the staff interacted with people who lived in the service.

We looked at seven people's care records, staff training records and other records relating to the management of the service. These included audits and staff rotas.

Following our inspection a community nurse who regularly visitor the service provided us with further feedback. The registered manager also sent us further information in relation to issues we had raised and how they were further improving the service.

Good

# Is the service safe?

## Our findings

At our inspection on 15 February 2016 we found that there were not always sufficient staff to safely meet people's care and support needs. This was a beach of the Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection the provider sent us an action plan that detailed the improvements they planned to make. They told us these improvements would be made by 31 May 2016.

During this inspection on 1 and 13 December 2016 we found that sufficient improvements had been made to ensure there were sufficient staff to meet people's care and support needs.

People told us there were always enough staff on duty to meet their needs in a flexible way. One person said, "I do come down to breakfast and [staff] bring me down around 9.30 in the morning, but it's not the same time every day because it depends on how I feel." A relative told us staff responded quickly when they called them. They said, "I rang the bell and someone appeared … who saw the need to call extra staff to assist … I was quite pleased with the way they handled it to be honest."

A visiting healthcare professional told us that staffing levels had been "up and down" in the past and that the service had "struggled to achieve stability" with staffing. However, they went on to tell us that the service had "more or less achieved it now."

Staff told us that there were sufficient staff on duty to meet the needs of the people living at service. One staff member said, "For a little while earlier this year it was difficult, but there are more staff now." Another staff member told us, "I feel [staffing levels are] safe and we can meet people's needs."

The registered manager told us that they had recruited more staff since our last inspection and the service was now fully staffed. They told us that they used a recognised tool (formula) to assess people's needs and determine the safe number of care staff required in the service. Staff rotas showed that the numbers of staff delivering care at any time met or exceeded the number identified by the tool.

In addition, staff told us that the registered manager assisted with care when the need arose. One staff member told us, "If we need help …[or] in an emergency [the registered manager] gets involved."

Records showed that the required pre-employment checks were carried out before staff started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

People receiving the service said they felt safe. One person told us, "I do feel safe here most of the time because there are enough people about."

Care staff told us they had received training to safeguard people from harm or poor care but not all ancillary staff had received this training. However, all staff that we spoke with were able to give us examples of what constituted abuse. They all told us they would report any concerns to the registered manager. Staff said that they felt confident that the registered manager would take action regarding any concerns they raised. Staff were also aware of how to escalate their concerns within the provider's organisation and externally to the CQC or the local authority.

Systems were in place to identify and reduce the risks to people who used the service. Care plans contained a range of assessments which had been reviewed and updated. These included hazards such as assisting people to move, reduction of people's anxieties, people at risk of falls and poor skin integrity. Appropriate measures were in place to support people with these risks. For example, guidance on safe moving and handling techniques and how to respond to people when they became anxious or upset. These focused on what the individual could do, and the support they needed so that assistance was carried out safely and sensibly. Staff were aware of people's individual risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. For example where any untoward event had occurred, measures had been put in place to monitor people more frequently or check on their wellbeing more often. We saw that the potential for future recurrences had been minimised. For example, a person was prone to getting lost when they left their bedroom at night. An alarm was fitted to the person's door that alerted staff when they left their room so staff could support them. This reduced the risk of the person entering someone else's bedroom.

The fire service identified numerous concerns during an unannounced visit to the service on 26 August 2016. These included fire doors being locked shut, lack of staff knowledge regarding evacuation procedures, a fault with the fire alarm system and combustibles stored on escape routes and in high risk areas such as an electrical cupboard. The provider took immediate action to rectify the most urgent issues and worked through an action plan to address the other issues raised. The fire officer made five subsequent visits to the service and told us they were satisfied with the provider's progress with the action plan.

During our inspection the registered manager told us that the remaining areas of the action plan had been addressed. Staff were aware of the actions to take should a fire occur. We saw that regular checks were made that fire doors closed properly, that escape routes were clear and equipment was regularly tested. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service. In addition equipment, such as an evacuation chair was sited at the top of the stairs for use in an emergency. This demonstrated to us that the provider had considered ways of planning for foreseeable emergencies.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner. One person said, "I get my medicines three times a day … I can recognise them okay." Another person told us, " [Staff] give [my medicines] to me in the morning and at lunch time. I hate taking tablets. But they say to me 'it's your turn' and we have a laugh about it." They went on to tell us staff gave them medication for pain relief when they requested it outside of the routine times for their medicines and when they hadn't exceeded their dosage.

There were appropriate systems in place to ensure people received their medicines safely. Staff told us that they had been trained to administer medicines and that their competency to do so had been assessed.

We found that medicines were stored securely and at the correct temperatures. Appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

We found that medicines were administered in line with the prescriber's instructions. However, where medicines were prescribed to be given 'when required', there were no protocols in place to advise staff of the circumstances for administration. Following our inspection the registered manager sent us a form that they were introducing that would make this information available to staff.

Environmental Health Officer (EHO) visited the service on 31 August 2016. They give a 'Food Hygiene Rating Score' based on how hygienic and well-managed food preparation areas are on the premises. The rating is from zero to five, zero being the worst and five being the best. On 31 August 2016 they rated the service 'two'. The registered manager informed us they had taken action to address the issues the EHO had raised. For example, a 'Safer Food Better Business' pack was in use, new chopping boards had been purchased, and high level cleaning had been carried out.

People told us they thought the service was clean. One person said the service was "Very clean" and went on to tell us that their en suite bathroom was cleaned daily and items such as toilet paper replenished. One relative said that they had complained about the cleanliness of the service in the summer of 2016. They went on to tell us that since that time the cleanliness had improved.

We found all areas of the service to be clean and smelled fresh. Staff were aware of the need to wash their hands before and after providing personal care and to use personal protective equipment. They said this was always available as was the appropriate cleaning equipment and products. Staff told us they had received training in the prevention and control of infection.

Schedules were in place and completed showing the frequency the different areas of the home were cleaned. This showed that the service was regularly cleaned.

Good

# Is the service effective?

## Our findings

People told us they liked the staff who worked at the service and they seemed well trained. One person said, "[Staff] seem to know what they are doing." Another person said the staff were, "Very nice."

Staff were trained to meet the needs of the people they were providing care to. Staff told us, and records showed, that staff were trained in a range of subjects. These included health and safety, moving and handling, food hygiene and fire procedures.

Staff were supported to achieve appropriate qualifications for their roles. For example, one staff member told us they had achieved a level three, nationally recognised, qualification in health and social care and planned to work towards a level four qualification.

Staff members told us they liked working at the service and felt well supported by the registered manager and each other. One staff member said, "There's a good group of staff. It makes you want to come to work… Relaxed staff rubs off on people and they are calmer too." Another staff member told us, "[The registered manager's] been absolutely amazing with my illness. Everyone has supported me."

Staff told us they received formal supervision approximately every two to three months. A staff member said, "[My supervisor] asks how I am and about any concerns, work load, rota, or if I have any feedback. It's a chance to raise issues." Records showed the frequency had varied over the last year. However, the registered manager said she anticipated the frequency becoming more regular now the home was fully staffed.

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.

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 where appropriate, applications for authorisation had been made to the supervisory body. Where authorisations had been granted, the registered manager had a system in place to review the authorisation before it expired.

We found the service was mainly working within the principles of the MCA. People were supported by staff who had knowledge and understanding of the MCA. They knew about their duties under the MCA and how to support people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. However, records did not consistently show whose views had been taken into consideration or how the decision had been reached. The registered manager advised they would review these decisions and include who had been consulted in any best interest decisions made.

Staff told us they sought people's consent before providing personal care. We asked staff how they did this. One staff member said, "We speak to [the person]! If someone tells us 'no', we won't do it. I don't want to wash someone against their will. We leave them and go back [a little later] or ask another member of staff to go and have a word [to help encourage them]."

People told us they liked the food provided. One person said, "[The food is] lovely. I have porridge for breakfast. I'd never had it before and it's really nice. I'm eating things I wouldn't normally. It's good." Another person told us, "The food here is very good. It used to be good, but then it went downhill, but they have a new cook and things have got much better. Not many plates have food left on them here."

Most people took their meals in the dining room which was clean, well-lit and attractively dressed with tablecloths and napkins. Background music played during mealtimes and there was good interactions between staff and people using the service at lunchtime in order to make it a social occasion.

People were offered a choice of what they would like to eat and drink and at mealtimes a full jug of squash was placed on each table within people's reach. Staff told us, and we saw, people could request options other than those on the menu.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available throughout the day and night. One person commented, "I think we get three meals a day, plus snacks like biscuits or fruit when we want them."

Staff offered people assistance where this was needed. Staff brought each person's meal from the kitchen and placed in front of them. They told each person what the dish was. For example, "Here's your fish pie." They asked if the person wanted more to drink and offered assistance with the person's napkin and food. Efforts were made to maximise each person's independence. For example, staff made sure people had appropriate equipment to eat with. We saw that staff gave each person the time they needed and did not try to rush them. One person fell asleep during their meal. Staff gently woke them and encouraged them to finish their meal. Another person slept through lunch, and were assisted with their meal when they woke and were ready.

Records showed that people were weighed and their nutritional needs assessed. Appropriate diets were provided to people who required them and people were referred to a dietician when needed. For example, we saw that some people's diets included nourishing drinks. This showed that people at an increased risk of malnutrition or dehydration were provided with meal options that supported their health and wellbeing. We noted that where people's food or fluid intake was being monitored, the records were completed accurately. This helped staff to identify any change in people's food and fluid intake.

People had access to healthcare professionals and were supported to manage and maintain their health. A relative told us, "[My family member] did have [an infection] a little while ago. From what I can see she was well cared for during that period." A visiting healthcare professional told us that staff referred people to them promptly when they had concerns. For example, when staff noticed that an area of a person's skin was red or sore. They said that staff followed the guidance they put in place. For example, the frequency of repositioning a person to reduce the risk of pressure damage to the person's skin.

Records showed that people had been appropriately referred to healthcare professionals, such as their GP, the community nurse, a Speech and language therapist [SALT] and a podiatrist.

Good

# Is the service caring?

## Our findings

People and their relatives were complimentary about the staff. One person said, "Personally, I find the staff at the moment good, and I'd say they really care." A relative told us, "[The staff] are all very nice here." A healthcare professional told us staff were "kind, careful and thoughtful."

Staff told us they thought people were well cared for, and that they would be happy with a family member receiving the service. One senior staff member told us, "I observe staff. Staff are very caring. I think [the service] is good." Another staff member told us, "[The staff] genuinely care for [the people receiving the service] and that's what I'd want for my mum." They went on to tell us they felt all the staff "will go the extra mile" when providing care. A third staff member said it was "because I know the carers care. They are so loving, it's not just a job."

Our observations showed the staff were kind, caring and respectful to the people receiving the service. Staff called people by their preferred name and spoke in a calm and reassuring way, using humour where appropriate. One person told us that the staff were always very nice. They said that staff understood that they liked "a nice laugh and joke."

Throughout our inspection staff maintained a caring attitude towards people. We saw staff members were discreet in relation to personal care needs. For example, one person had fallen asleep over their meal and the care worker gently woke them and sensitively provided the assistance they needed on that occasion. Staff involved people in every day decisions about their care. One person told us, "You can do your own thing. I don't like being told what I can or can't do. [The staff] are fine with that."

Relatives told us they were consulted about their family member's care and kept informed of the person's changing health status. One relative said, "I find the current staff quite happy to talk about the care given here and they seem very open." Staff told us they spoke with people and their families when reviewing people's care plans.

People who required advocacy were supported in a way which best met their needs. For example, relatives and people who knew the person well were consulted about people's care. The registered manager was aware that local advocacy services were available to support people if they required this.

People told us that staff respected their privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. However, staff were flexible about this depending on the person's preference. One person told us they preferred staff to go straight into their room and that they didn't want staff to wait for them to respond. They told us, "Staff knock and come in. I'm happy with that." During the first day of our inspection we found people's dignity was at risk of being compromised because the lock on one toilet door lock did not work. This had been rectified on the second day of our inspection and the registered manager assured us that all toilet door locks were checked and were functioning correctly.

People had their own bedrooms and staff had supported people to personalise their bedrooms with photographs and small items of furniture. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. The registered manager told us they had plans to further personalise people's bedroom doors to help people orientate themselves.

Good

# Is the service responsive?

## Our findings

People told us that staff responded to their needs appropriately. For example, one person told us, "I do feel looked after here. I like to get up at around 9am and [staff] come and help me get ready: getting dressed and washed, you know." Another person said, "Yes, I think so" when we asked them if staff understood and met their care needs. A relative told us that they felt their family member was "well looked after" at the service." A healthcare professional told us they felt that overall, people received good care from staff at this service.

A senior staff member told us that the registered manager assessed people's needs prior to them moving to the service. This ensured that the person's needs could be met by the service. From this assessment the registered manager wrote care plans that provided staff with guidance on how to effectively meet the person's needs. This included what the person could do for themselves, and what support they needed from staff. For example, there were clear instructions for staff about how to support the person at night. This included the type of nightwear the person preferred and whether they liked to sleep with a light on. Other needs addressed within people's care plans included communication, moving, and eating and drinking. People's care plans were reviewed regularly and reflected changes to people's health or wellbeing.

Staff recognised if people were unhappy or not their usual selves. Examples included changes in people's mood as well as people telling staff about any concerns they may have had. Staff knew how to respond to people in these situations as well as having the right steps in place to ensure all staff maintained a consistent approach to people's individual care needs. A healthcare professional told us that staff "coped really well" with people who were living with dementia. One staff member explained they had had training to help them understand how to respond appropriately to people who lived with dementia. They told us that some people were "at a different time of their lives in their mind" and often needed reassurance.

People were encouraged to maintain family relationships and friendships. People and their relatives told us that staff welcomed them into the service. One person told us, "My [relative] comes in … to see me and brings my old friend in at the weekend. I know [my relative] talks to the staff and [registered] manager and seems to get on well with them." A relative said, "The staff all know me and my [family member] by name." Another relative told us, "We are doing a big group family photograph here for Christmas with all the family. The [registered] manager is helping get that arranged."

Care records clearly stated the circumstances staff were to contact their relatives. For example, some people's relatives were to be contacted at any time if the person was unwell. Records also showed that staff followed these care plans and people's relatives were kept informed of any changes to the person's health and wellbeing as agreed.

People were encouraged to maintain their interests. For example, one person told us, "I liked sport, but of course these days I can't play but I'm encouraged to keep an interest by watching it on TV." They went on to tell us that staff encouraged people to join in games. They said, "There are some ball games here and I think there were some games in the garden when the weather was better." Another person told us, "I'm not really a game person, but there are things to do like watch TV or listen to music. I do go to the cinema here to see

films, which is quite nice. I do enjoy living here." Other people also told us how much they enjoyed the films shown in the cinema room. One person said, "We saw a film the other night. It was a good film. There were quite a few of us in [the cinema room]. Not everyone sat through it all though."

One person's relative told us, "I would say that [my family member] has as much to do here as [they] did at home, which I have to admit isn't a great deal, but of course [they have] limitations due to [their] health." Another relative told us their family member used to take part in a sewing club which they had enjoyed. However, they said their family member's health had declined and they were no longer able to take part in this.

The provider employed an activities co-ordinator. They told us, and records showed, that they spent time with people individually and in groups. During these sessions they supported people to participate in regular exercise sessions, games and crafts, such as making Christmas decorations. They also spent time reading newspapers, books and magazines with people. They told us that people particularly enjoyed singing sessions and that they were hoping to get a karaoke machine for people to use.

On the first day of our inspection we saw people reading books and watching television. Staff offered to support people to do some baking, but no-one expressed interest in this. We saw staff reading books with a number of people during the day. During the second day of our inspection a local choir came in to sing Christmas songs. People clearly enjoyed this and the social interaction over a cup of tea afterwards.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. They were confident the registered manager or another member of staff would listen to them and address any issues they raised. Relatives explained that they had complained about the cleanliness of the service and that they had seen improvements as a result of raising these concerns.

Information about how people could complain, make suggestions or raise concerns was available in the reception area of the service. Staff had a good working understanding of how to refer complaints to more senior staff or the registered manager for them to address.

We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure. We saw that the registered manager learned from complaints and made improvements where appropriate. For example, a healthcare professional told us they had seen improvements in the way staff member's assisted people to move after they raised a concern with the registered manager.

Requires Improvement

# Is the service well-led?

## Our findings

The registered provider and registered manager had processes in place to monitor the service and identify shortfalls. However, we found these were not always effective and significant failures were found by other regulators when they inspected this service.

Cambridgeshire Fire and Rescue Service found serious breaches of the Regulatory Reform (Fire Safety) Order 2005 (FSO) when they inspected the service on 26 August 2016. They found significant failures in the fire safety preventive and protective measures required under the FSO. This meant that the registered provider had not taken sufficient action to reduce the risk of a fire occurring and people may have been at risk if a fire a fire had occurred at the service.

Some of these breaches were so serious that the Fire Officer required nine actions were taken before they left the premises to reduce the risk to people at the service. These included the Fire Officer delivering training to staff of the action to take should a fire have occurred; the removal of bolts from emergency fire exits; and an engineer visiting to rectify a fault with the service's fire alarm. The Fire Officer issued an action plan and told us the registered provider had made improvements in line with this. There were a small number of outstanding items for the Fire Officer to check compliance with. During our inspection the provider's representative told us they had completed all the required actions and they were now fully compliant with the FSO.

The Environmental Health Officer carried out an inspection of the premises on 31 August 2016. They also found serious contraventions of food safety law. They told us they had revisited the service on 15 September 2016 and found the registered provider had made significant improvements in relation to food safety. Also on 15 September 2016, the Environmental Health Officer carried out an inspection of the health and safety for staff working on the premises. Their letter to the registered manager with the report of their inspection refers to the 'significant contraventions of health and safety law that were identified during the inspection.' Following our inspection the registered manager told us they had also taken the required actions in relation to health and safety. At the time of writing the Environmental Health Officer was yet to check these were satisfactory.

The registered provider had carried out regular audits of the service. However, these had failed to identify the significant failures in relation fire safety, food safety and health and safety. The registered provider had recently introduced a new monthly audit of the service, carried out by the regional director. One of these audits had been carried out prior to this inspection. We recognised the provider had taken steps to improve their monitoring of the service. However, as only one of the new style audits had been carried out, it was too soon for the provider to demonstrate to us this tool would be more effective than the previous one.

The registered manager carried out various monthly audits. These included audits of a sample of people's care records, accidents and incidents, people's weights, staff training and of the environment. We saw that appropriate action was taken to bring about improvement. For example, dementia awareness training was planned for newly recruited staff.

People and their relatives told us that the registered manager asked for feedback about the service. One relative said, "I've been sent a form to fill in which is a sort of questionnaire about the home and I'll return it soon." The registered manager told us they asked for feedback via a survey every six months. Three surveys had been completed and returned. These showed that the respondent were 'satisfied' or 'very satisfied' with the service provided. The registered manager told us that they hoped to receive more responses and would then analyse the results and consider whether there were any areas of the service that could be improved.

Relatives, a healthcare professional, and staff all told us there had been significant improvements in the service in recent months. A relative said, "I do feel this hasn't been the best care home in the past. There does seem to be a more positive attitude here at the moment, but time will tell." Another relative told us, "I find the staff and manager very approachable and friendly and minor problems are soon sorted out."

A healthcare professional told us they had seen improvements in the service, particularly in relation to the environment and staffing. They said they had confidence in the registered manager and deputy manager and felt their comments were listened to and acted on.

Staff told us they too had seen improvements. One staff member told us, "I think [the service has] got better over the last few months. [Staff] were leaving [and a] few new [staff] came in. It's a good group of staff now." Another staff member said, "I think the home has picked up and improved a hell of a lot. The staff want to stay here. It just makes it a home from home. [The staff are] a good team. There's new furniture and redecoration. It makes you feel better when the home looks better."

The registered manager recognised that improvements to the service had been needed. They told us, "I'm proud of what I've actioned" and went to describe how they planned to further improve the service. This included further improvements to the environment to help people find their way around the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager understood their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records showed that notifications had been submitted to the CQC in a timely manner.

The registered manager was supported by a staff team that included a recently recruited deputy manager, senior care workers, care workers and ancillary staff. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

People and relatives knew who the registered manager was and said they found her approachable. One relative told us, "The registered manager obviously has an open door and she is on the floor walking about checking from what I've seen." Another relative said, "The [registered manager] is always available to talk to at any time and ready to answer questions."

All the staff we spoke with were familiar with the procedures available to report any concerns within the organisation. They all told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. Staff all said that the manager was approachable and was supportive towards them. A staff member said, "We can ring [the registered manager] at any time." They

went on to tell us that the registered manager assisted them with people's personal care when the need arose. They said they had found this to be supportive. Another staff member told us they had experienced some difficult personal circumstances. They said, "[The registered manager has] been absolutely amazing. [All the staff have] supported me."

The registered manager had worked to improve links with community groups. For example, a community choir performed at the service during our inspection. Afterwards the choir members took refreshments and socialised with people who lived at the service. Staff told us that other groups had also visited and that some people were visiting a local school later in the week.