Central England Healthcare (Wolverhampton) Limited

Eversleigh Care Centre

Inspection report

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Date of inspection visit: 07 and 15 January 2015
Date of publication: 10/06/2015

Ratings

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

Overall summary

Our inspection took place on 07 and 15 January 2015 and was unannounced. We last inspected the service on 9 July 2014 where we did not identify any areas where the provider was not meeting the law.

Eversleigh Care centre provides accommodation for up to 84 people. The service caters for older people with dementia and people who have a physical disability. The service provides nursing care with nursing staff available 24 hours a day.

The service had a registered manager at the time of our inspection. 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

Summary of findings

service is run. The registered manager was leaving but a new manager had been employed by the provider and was working with the registered manager at the time of our inspection.

We found that people had not always received their medicines as needed which meant there was a risk their healthcare conditions would not be treated as intended. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff demonstrated awareness of what abuse was and how abuse should be reported in order to keep people safe. Staff were aware of how to report issues to the provider and to outside agencies so that any allegations of abuse would be responded to.

People told us that staff responded when they needed assistance. The views of relatives and staff varied as to whether there was sufficient staff available at the service. The provider had identified issues with staffing due to vacancies in the staff team and was recruiting new staff to address this matter. We found the provider had systems in place to ensure staff were checked before working at the service and that all staff were well trained in important areas of knowledge.

People's right to make their own decisions was respected and encouraged by staff. Where people were not able to make decisions the provider had consulted with the appropriate people to make decisions in their best interests. Staff followed people's care plans which informed them what support people needed to ensure their rights were protected.

People's health and well-being was supported by external healthcare professionals, when required, such as district nurses and doctors, although one relative commented on a delayed referral to dentists. The home was improving the way it managed people's fragile skin (with support from commissioners) and we saw there was monitoring of people's health to ensure any risks to people's welfare were identified.

We saw that people had access to a choice of sufficient meals and drinks. People were complimentary about the food that was provided to them. We saw that people that needed help with eating were provided with appropriate assistance by staff.

Most of the people and relatives we spoke with were complimentary about the staff, describing them as caring. We saw that the care people received showed staff considered people's privacy and dignity.

People told us that they, or their families were involved in planning and agreeing the care provided to them, where this was their choice. We saw that people had an individual plan that was accessible to them, detailing the support they needed and how they wanted this to be provided.

The provider gathered people's views in a number of ways, for example through the use of surveys, meetings and face to face discussion. We saw that the provider had a complaints procedure that enabled people to raise concerns, with these responded to appropriately.

People felt they were able to spend their time in the way they wanted and told us they were happy with the opportunities they had for stimulation.

Regular audits were carried out by the provider and registered manager, these used with support from other agencies to identify where the service needed improvement. These audits had not always identified areas where the service needed to improve. The provider had however made some improvements, for example in record keeping although there was still further work needed to ensure these improvements continued.

We found a breach of the law in respect of how the service managed people's medicines. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

People did not always receive their medicines as intended to treat their healthcare conditions. The provider had identified some issues with staffing that they were addressing through recruitment of new staff. People felt safe and staff were aware of how to identify and report any abuse or discrimination.

Requires Improvement

Is the service effective?
The service was effective.

The provider recognised how to protect people's rights when people could not make decisions. People had access external healthcare services dependent on their needs although we heard one person had not seen a dentist when needed. Some people had been identified as having had avoidable broken skin areas in 2014, but we saw there was improvement in how people's fragile skin was managed. People were happy with the choice of foods and were supported appropriately with their food and drink. Staff were well trained and supported.

Good

Is the service caring?
The service was caring.

People told us that staff provided care that considered their views and were kind and respectful. We saw staff communicated with people in ways that helped their understanding and choices. People were able to maintain links with their friends and relatives. People told us their privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

We found that people were involved in planning their care. People were happy with how they spent their time, and felt they had opportunities for stimulation. People or their representatives were provided with guidance on how to complain and these complaints were responded to appropriately.

Good

Is the service well-led?
The service was not consistently well led.

We found there were systems to assess the quality of the service provided these had not always been successful in identifying areas where improvement

Requires Improvement

Summary of findings

was needed. The managers were clear about the provider's aims and had regular support from them. The provider had with the support of other agencies recognised areas where the service needed improvement to ensure people received better quality care.

Eversleigh 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.

Our inspection was undertaken by 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 service. We were also accompanied by a pharmacist inspector and a specialist professional advisor who was a nurse.

We had contact with the local authority and local commissioners prior to our inspection to discuss information that had been shared with them about the service. We also looked at information we received from the service after our last inspection in July 2015, for example statutory notifications. These are events that the provider is required to tell us about in respect of certain types of incidents that may occur like serious injuries to people who live at the service.

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

We spoke with nine people who lived at the service and seven relatives/visitors of people that lived at the home. We spoke with the provider, a senior manager, the registered manager, the new manager and the training manager. We also spoke with twelve staff, which included nurses and care assistants.

We looked at seven people's care records and 10 people's medication records to see if their records were accurate and up to date. We looked at records relating to the management of the home, including quality audits, complaints records, staff training and development records. We looked at the recruitment records for three staff.

Requires Improvement

Is the service safe?

Our findings

We found that where people needed to have their medicines administered by disguising them in food or drink, the provider had the necessary safeguards in place to ensure that these medicines could be administered safely. We spoke with a nurse who told us they had decided to place one person's medicine capsule in some food whole rather than opening the capsule and sprinkling the contents into the yoghurt. As a result of this the person spat the capsule out. The registered manager told us the capsule should have been opened and emptied into the food. This meant that staff had not followed the expected procedure and consequently one person's prescribed medicine was not successfully administered.

We looked at the records for people who were having pain relieving skin patches applied to their bodies. We found that these records and the way controlled medicines were handled did not ensure these patches were administered safely. We looked at people's medication administration records (MAR) and found that their pain relieving skin patch application intervals were not being adhered to. For example the skin patches were supposed to be changed every seven days to provide continuous pain control but we saw on several occasions the patches were not changed until after eight or nine days. This meant that people may have experienced unnecessary pain. This was raised with the registered manager who said they would look into how these had been administered. We also found that a person had received four doses of a medicine that had passed its expiry date which meant they may not have been effective in treating the person's pain. This showed that people may not always have effective pain relief. These issues were raised with the provider at the time of our inspection.

We found that people's medical conditions were not always being treated appropriately by the use of their medicines. For example we found two errors had taken place within a space of two days with a person who had not received the correct dose of prescribed medicine to prevent blood clots. We also found the people's MAR were not able to evidence that three people had received their inhaled medicines as prescribed. We discussed this staff but were still unable to establish if these people had their inhaled medicines correctly. There was the potential that if these people had not received their medicines as prescribed this may have impacted on these people's health.

This was a breach of regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they received their medicines on a regular basis. One person told us their medicines, which they needed on a timely basis were, "Always on time", and pain relief was provided when needed. We saw people were given choice when offered their medicines by staff, for example they were able to choose if they took pain relief medicines.

People we spoke with said that staff responded to requests for assistance reasonably quickly. One person told us when they pressed the staff call button [which they showed us was accessible to them] the staff were, "Pretty quick on that night or day". Another person said if they called staff they would come and check on them. A third person said when using the call system staff, "Most of the time they come quickly – depends on what they are doing". One relative told us the staff checked on a person on a regular basis as they could not use the call system. Other relatives were not sure there was enough permanent staff one telling us, "There is a lot of temporary staff. They [staff] can be shorthanded and people can be left waiting for a toilet change".

Staff we spoke with had differing opinions on staffing some telling us staff levels were sufficient, others said difficulties arose when staff phoned in sick or agency staff did not turn up. One member of staff told us, "The care is good but we struggle with the staff turnover and agency is difficult", this more of an issue at night-time. People we spoke with did not highlight any issues with staff response times during the night. We discussed these issues with the registered manger and they acknowledged that there was some difficulty as they had a number of staff vacancies, meaning they needed to use agency staff while they were recruiting to vacant posts. They explained that they were having a recruitment drive to fill vacancies, and reduce use of agency staff. They said there was a number of staff ready to commence work at the home pending the receipt of recruitment checks. They said that the consistency of staffing would improve in the near future. We saw that staff were busy during our inspection, but where people needed or requested assistance we saw staff responded to their

Requires Improvement

Is the service safe?

needs and requests as soon as possible, not leaving people waiting too long. This showed that the provider was taking steps to address issues they had identified with staffing levels.

We looked at the recruitment checks for staff that were recently employed. We found that appropriate checks had been carried out prior to the employment of these staff. These included Disclosure and Barring Service checks (DBS). DBS checks enable employers to check the criminal records of employees and potential employees so they can ensure they are suitable to work at the service. Staff we spoke with confirmed they did not commence work until their DBS checks were completed. One member of staff told us, "I had my police check and training before I started". We also saw the provider ensured that any agency staff they used were subject to appropriate checks.

People told us they felt safe at the home. One person told us staff were never impolite and, "Some of them are lovely". A relative we spoke with said. "[The person] is safe and secure here". People also told us that their possessions were safe and that they did not have to worry about them.

Staff had received training in safeguarding adults and they were able to explain how they would respond to different safeguarding scenarios. They told us they would report concerns to the management team and would expect the provider to follow the safeguarding process. Staff were aware of who to contact if they felt concerns they raised were not being addressed appropriately by management. Staff were aware of the need to raise concerns with outside agencies on poor practice and knew how to do so. This showed staff had an understanding of how to recognise and report potential abuse.

A relative told us how steps had been taken to protect a person who was at risk of falls, for example there was a sensor mat available that alerted staff if the person stood up. We saw that the provider had systems in place to measure risks to people, and had taken steps to reduce these risks. Incidents and accidents were recorded and analysed to identify trends and where for example people had a number of falls. However, on two separate occasions we saw that staff did not apply the brakes to people's wheelchairs when they were helping them to move from the wheelchair to a static chair or hoist. People were not harmed on these occasions but this was a potential risk should the wheelchair have moved when still supporting the person. We saw other staff, when transferring people, did put the brakes on wheelchairs when needed. The registered manager reiterated the need for safe practices with staff at the time of our inspection.

Good

Is the service effective?

Our findings

One person said, "I can do what I want". Another person told us about the aids they used which gave them freedom to move around the service. Other people we spoke with said they were asked for their consent, for example where people had bedrails they told us that these were fitted because they felt safer with these on their bed. We observed staff provide care to people who were not always able to verbally express their consent to care and we saw occasions where they took time to talk to people, and respond appropriately to people's reactions or non-verbal cues.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack the capacity to make decisions are protected. DoLS are safeguards used to protect people where their liberty may be restricted to promote their safety. We spoke with the registered manager and staff about how they promoted people's rights and they had a good understanding of how this would be done in accordance with the MCA. The registered manager told us no one was subject to a DoLS at the time of our inspection. We saw where decisions were made on behalf of people that did not have capacity these were considered with other appropriate persons so that people's 'best interests' were promoted. The registered manager told us that they were reviewing people's capacity assessments to ensure they were up to date, as we saw recorded in some people's records.

Commissioners made us aware some people had developed avoidable areas of broken skin (pressure ulcers) at the service prior to September 2014. We looked to see how people's fragile skin was cared for to ensure this did not impact on their health. At the time of our inspection there was one person who had a pressure ulcer. We looked at how the service managed the care for this person and two others that were at high risk of developing pressure ulcers. We found that the person's pressure ulcer was identified by staff and referred promptly to an appropriate healthcare professional. We saw the care plan for treating the person's pressure ulcer was written following advice from this healthcare professional when they visited the person. Nurses were able to demonstrate they understood how they should promote the person's health needs in accordance with their care plan. We saw that the person's health had improved through the correct treatment of their pressure ulcer; this evidenced by clear photographic evidence that showed the ulcer was healing.

We found that the equipment needed to promote the health of people's skin was in place and used correctly. People we spoke with told us they were repositioned to relieve pressure on their skin in accordance with their health care assessments. Care staff understood what they should look for when providing personal care to people, and what they should report to a nurse so that any potential skin breakdown was identified quickly and the health of people's skin was promoted. One nurse told us, "[Care] staff are pretty quick at reporting back to us".

One person told us that they had seen a number of external health professionals in respect of their health care and this had helped them. A relative told us they were confident staff would call in health care professionals when needed to support a person's health. We saw that people's involvement with external healthcare services was recorded in their care records and showed that staff had identified and referred people to their doctor or other external care professionals appropriately. Staff we spoke with were aware of when they needed escalate concerns about people's health. People we spoke with told us they saw a dentist when they wanted or needed although to a relative said, "[The person's] false teeth went missing before Christmas and they haven't notified the dentist yet". They were concerned the person would not be able to eat properly without these. The registered manager told us that people did see dentist, but was concerned about what they heard and said would speak to the relative. We saw they commenced an investigation into this concern through the service's complaints procedure, and they told us they would ensure the person was referred to their dentist.

People were satisfied with the meals they received. One person said, 'It's alright', another person said, "They're not skinny with the food here, you get a cooked breakfast if you want it". A third person said, "They [the meals] are up to scratch, I do like them". A relative told us, "[the person] has more than enough food." People told us they had a choice of meals. One person told us, "If you don't like it you can change it again". Another person said, 'They make something else for you if you don't like what is there". People told us that staff asked them what their choices

Good

Is the service effective?

were in advance of meal times and there were menus available to people. We saw that people could change their mind about their choices at meal times and have a different option. Catering staff were given information by care staff on a daily basis about the meals people wanted. This included information on people who needed special diets, and people were given a soft diet when this was needed. People had the option of culturally appropriate food when wished. People were offered drinks at regular times throughout the day. People were able to have food and drink that was consistent with their personal requirements.

We spoke with a relative of a person who had a poor appetite. They told us how staff encouraged the person with food and drink. We looked at people's records where there was a risk identified of dehydration or malnutrition and found that staff had identified when this risk should lead to further action. For example, we saw where people's food intake was a concern and they had lost weight, referrals had been made to a dietician, or where there was a choking risk a speech and language therapist. A member of staff told us "If there is a problem we get speech and language therapists in to advise us". We saw this advice was added into people's care records.

All the staff we spoke with told us they had received sufficient training in subjects that gave them the knowledge to provide people with safe and effective care. For example nurses we spoke with told us of training they had received in promoting the health of and management of people's skin care. One member of staff told us, "I enjoy it here, and I've done training, health and safety, safeguarding, food and hygiene and first aid. We've all had a lot of training". We found that recently employed staff had an induction that gave them an introduction to help them understand their job. One member of staff said, "I have supervision every three months, we have meetings and the care staff and nurses communicate really well". Another member of staff said, "We have supervisions once a month and appraisals". This showed that staff were well supported and had opportunities to discuss their practice with managers on a regular basis.

Good

Is the service caring?

Our findings

People told us that the staff were very caring and helpful. One person told us, "As far as I can see they are very nice people who work here". Another person said the staff, "Definitely" treated them with respect. A third person told us that staff while busy did respond in a way that that they liked and with some humour. A relative told us, "The staff here are brilliant, they look after [the person] in a lot of ways and [the person] has good care and attention here. They are also lovely to me". Another relative said the staff were, "Very willing and friendly".

One person told us that staff talked through their care as they received it and said, "I know what they are going to do, they [staff] do talk through". We saw there was friendly discussion between people and staff and we saw people got on well with the staff. We saw that the staff offered people choices, for example at lunch time we saw when napkins were offered staff respected one person's choice when they declined. We saw staff spoke to people in a way that was appropriate, for example we saw staff entered a person's room only after knocking and asking if it was alright to come in. We saw that staff knew the people they were supporting and were kind and considerate to their needs. This showed that people received care from staff that were caring and kind.

People said that staff communicated with them in a way they could understand when providing care. We saw that staff communicated with people in a way that reflected their needs. For example when staff spoke with people they responded to staff with smiles and laughs. Where people were not always able to communicate verbally, we saw staff talked to them when providing personal care, asking people what their choices were and if they were happy with what they, the staff, were doing. We saw some staff spoke slowly using clear and simple terminology which helped some people understand the choices available. Some people's first language was not English and there was staff that were able to talk to them in their chosen language.

People told us they were able to have privacy when they wanted. One person told us, "What I like is that they [the staff] respect privacy and don't talk about other people". We saw a number of people chose to spend time in their bedrooms. When we spoke with them they told us they were quite happy to be there rather than the lounge. People showed us that their rooms were personalised with their possessions and photographs which made them feel more homely. People told us they were able to move freely around the building and we saw that people were able to see their visitors in their rooms, which gave them privacy. People told us that staff encouraged them to maintain their independence where able, for example one person told us that staff encouraged them to carry out personal care themselves where able, but with support. This showed that people were able to maintain their independence.

We spoke with people and relatives and they told us that there were no restrictions on visiting. One person said that visitors could drop in at any time and we saw that relatives were able to help people where this was agreeable with the person. For example we saw that some relatives came in at lunch time to assist their relative with their meal. One relative told us, "No restrictions on visiting, mealtimes, anytime". This showed that people were able to maintain contact with people that were important to them.

Good

Is the service responsive?

Our findings

People told us how they were able to contribute to planning their care. One person told us staff, "We're alright, I get good care". We saw people had summary care plans in their rooms which we discussed with them with their permission. People told us that they received the care that was detailed in these plans and they confirmed the accuracy of the information that was recorded. They told us the information reflected their views about the care and support they needed. They also confirmed the information from these plans about their individual preferences. Staff we spoke with had a good understanding of people's needs, one telling us, "I got to know all the residents and we all read the summary care plans. The nurses keep the big care plans but we can see them". Another member of staff said, "There's a resident of the day on each unit. That means that the nurse sits with them and talks through their care plan with them".

We spoke with one person and their relative who had recently come to live at the service. We heard how staff had visited them to complete an assessment that they were involved with. Another relative was able to visit the home to help the person, and the relative that supported them make a decision about moving in. They confirmed that they had received written information about the service before the person moved in, a copy of the same seen to be available in people's rooms. This showed that the person and their representative were able to make a better informed choice about using the service.

People and relatives we spoke with told us they were kept up to date with any developments, for example outcomes from our previous inspection reports about the service. One relative said, "I have a nice friendly relationship with all the managers. If you want to talk to them they are there. They talk to me and the family and we know what's going on ". Another relative said they were able to talk with staff when needed. We saw the last meeting for people that lived at the home and relatives was in June 2014, this well attended. The registered manager said that they would be looking to hold another one in the near future, which had been advertised. One person said "I do go to meetings or friends and relatives go and tell me about it". A relative told us, there was a meeting taking place in the near future. Minutes of the last meeting showed that areas shared with people included plans for development of this service, findings from our inspections and surveys that were sent out to people in March 2014.

Most people we spoke with were happy with how they spent their time. People told us Christmas had been very special with sing-a-longs, concert and good food. One person told us that nothing much happened in the winter but more was available for people to do in the spring. Another person told us about how they liked to pass their time and said they were able to do a number of things which meant they were never bored. We spoke with people who chose to spend time in their rooms and they were content with how they spent their time. One person said, "I'm quite alright the way I am". They told us how they liked to look out into the garden and watch the wildlife. They said this was helped by the large window they had in their room. We met other people who spent time in their room. One relative told us they were content with how they spent their time and others we saw had some stimulation such as music or television. A relative told us, "The activities are put on, BBQ's and fund raising at the fayre. They have parties and they do their best to keep people entertained". Another relative told us, "[The person] has been out to the new shops with staff". We spoke with staff and they told us they had volunteers that spent time stimulating people and they also allocated time with people who were on bed rest to provide stimulation.

Not all the people we spoke with said they were aware of the service's complaints procedure, although some people were aware that this was available in their rooms. People were confident about making their views known. One person said, "'I'm very straight forward. I tell them as it is and they listen to me'. People were able to tell us about member of staff they trusted and could approach if they had any issues. Another person said that if he had an issue they would, "Just walk up to the front desk". Other people said they would talk to the registered manager or staff and were confident they would be listened to. We spoke with one person who raised some concerns and said they were going to speak with the registered manager. We looked at the service's complaints record and saw that these concerns had been recorded on the second day of our inspection, and were to be investigated. We saw other

Good

Is the service responsive?

complaints that the service had received and these were recorded with information as to their resolution. This showed that people felt able to complain to staff, or were confident that they would be listened to.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in place who oversaw the day to day running of the service at the time of our inspection. We had been informed that the registered manager was leaving the service. The provider had recruited a new manager who had commenced at the service shortly before our inspection, and was still completing their induction. They told us that they intended to apply to be the registered manager for the service after the existing registered manager had left.

We were informed of concerns about some people having developed pressure ulcers that were avoidable prior to our inspection by the local authority, these raised as safeguarding alerts. These were identified as avoidable following audits carried out by a commissioner, not the service. The learning from these had led to the local authority and commissioners working with the service to effect improvements. The registered manager said that commissioners were going to work with them so they could develop their approach to analysing occurrences of pressure areas, so they could use this to aid their own learning and become more proactive in identifying where improvement was needed.

We found that there was an approach to repositioning people at risk from pressure ulcers two hourly, without the use of assessments to ensure this was appropriate and needed. We raised this with the provider who said this was the commissioner's expectations, as opposed to the care the service had identified was needed through an individual person centred approach. There was a lack of clarity in those people's care plans we checked and it was not clear that this frequency of repositioning was necessary or whether a longer period could be left between turns with close monitoring. The time taken on repositioning every person at risk of fragile skin had an impact on staff deployment. In addition it meant people for example being woken during the night to be moved when potentially this may not necessary. This was indicative of the service not having systems that were robust enough to ensure they were able to communicate people's individual needs to stakeholders and challenge what may not the appropriate expectations for some individual people's care.

One area we identified was that while records set out people's needs it was sometimes difficult to access information due to the number of records. One nurse we spoke with told us, "There are so many forms it can be confusing for the people that don't permanently work here. I'm okay as I know what to write where but I do feel like I am duplicating information". When we looked at people's care records we did see that there was duplication of information in these and these had the potential to make information harder to find. This was another factor that impacted on staff time and deployment. The provider expressed some concern with reducing the amount of recording but we did see they had made some improvements, with the summary care plans now introduced that were easy for people and staff to read. A senior care worker told us in respect of these summary care plans, "They are very good, they explain to staff as a general guide to what needs residents have". Another member of staff told us, "This system works really well. We never leave the information out. Staff are really getting used to it now, it's good".

There were some quality assurance systems in place to monitor care and plan on-going improvements in respect of the care people received that worked well. For example, we saw a number of audits were completed that looked at staff training, complaints, and the environment. We found that there were regular audits in place to identify specific risks to people's health, for example monitoring of people's weight loss and incidents such as falls, which were fed back to the commissioners for monitoring. However there were issues that we identified with management of people's medicines and this indicated that the medicine audits needed to be more robust.

We heard from people that they were able to share their views with staff. Some people told us they knew who the registered manager was, although other people were not sure who they were. We did see the manager and operations manager were available during our inspection, and we saw that they made themselves available to people. Relatives we spoke with knew who the managers were one telling us, "The managers are fine" and they dealt with requests they made to them. We saw the results from the last survey of people and relatives in early 2014 which indicated that people were positive about the service. One relative had commented on the, 'Professionalism and wonderful care' received.

We were made aware of a number of safeguarding concerns by Wolverhampton City Council prior to our inspection. We were aware that the provider had worked

Requires Improvement

Is the service well-led?

with the local safeguarding authority to progress the investigation of some of these concerns when requested. Some of the safeguarding concerns were not upheld, but there were some concerns that were raised in respect of people's safety. The provider and registered manager had worked with commissioners and the local authority to improve the service and had recognised that there had been areas identified where they needed to improve. We saw during our inspection that some improvements had been made although there were still areas where the home needed to develop. We spoke with the provider who recognised what had been potential barriers to the service's performance, for example providing care to a number of people with complex care needs. They told us they were giving more consideration to the needs of people they admitted to the service.

We asked staff if they were well supported by managers to do their job. One member of staff told us, "The managers are supportive and try their best. If I've got a problem I can go to the managers". Another member of staff said, "The managers are supportive in and out of work. If there's a problem it's acted on quickly and we are listened to". We saw that the registered manager planned time for staff to have one to one support, and staff confirmed these support was available.

The registered manager and the new manager told us they had regular support from the provider, who visited the service on a regular basis, and was almost in daily contact with them. The managers acknowledged there were a number of challenges outstanding which they discussed with the provider. They told us this included developing, for example more robust systems to monitor medication and improving nurse leadership in line with their aim of recruiting nurses for the staff vacancies they had at the time of the inspection. These aims were consistent with those that the provider saw to be important. This showed that management were working towards common goals, with the provider's expectations understood by the managers of the service.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's medicines were not always managed in a way that was proper and safe, this to ensure that their healthcare conditions were consistently treated as intended by medicines they were prescribed. Regulation 12(2)g