Four Seasons (Bamford) Limited

Churchfield Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 19 April 2016.

Churchfield Care Centre provides nursing and personal care accommodation to older people. It is registered for a maximum of 60 people. There were 29 people receiving care and support at the home at the time of our visit.

On the day of our inspection there was a manager who had been in place since September 2015, but they were not registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received their medicines as prescribed. Medicines were stored and handled safely. People told us they felt safe at the home. They were supported by staff who understood how to report allegations of abuse. Risk assessments were in place to identify and reduce the risk to people's safety. Staff were in place to keep people safe. Staff completed a robust recruitment process to ensure they were safe to provide care for people.

People's rights were protected under the Mental Capacity Act 2005. People received sufficient to eat and drink, but had to wait long periods for their meal, which meant they may not always have a good experience at mealtimes.

People received effective care, preferences and choices, but staff were not always able to meet their individual needs. People were supported by trained and knowledgeable staff. People were supported to make decisions about their care and treatment. People had access to other healthcare professionals and received effective care, but their care was not always managed appropriately.

People were encouraged and supported to have positive caring relationships with each other, staff as well as their family and friends. People were treated with kindness and compassion. Staff interacted with people in a friendly and caring way. People's privacy and dignity were protected and people felt able to contribute to decisions made about their care. Arrangements were in place for people to receive support from an independent advocate if they needed one.

People's care records were person centred and focused on their wishes and respected their views. Staff responded to people's needs promptly. They encouraged people to participate in activities that were available in the home which reflected their needs. A complaints process was in place and staff knew how to respond to complaints.

The service did not always follow their legal obligation to make relevant notifications to the CQC The quality

of the service was sufficiently monitored to make sure people received safe and effective care. The manager supported the staff team in a positive way. Staff felt supported and that the management of the service was approachable and valued them. People and their relatives had opportunities to be involved in the development of the service and share their views.

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.

People received their medicines as prescribed and they were stored and handled in a safe way.

People felt safe at the home and were supported by staff who understood how to report and manage allegations of abuse.

Individual risks were identified and managed to reduce the risk to people's safety.

Sufficient staff were employed. The recruitment and selection processes were safe and robust.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were cared for by trained and qualified staff, but staff did not always fully understand the principles of the mental capacity act and what it meant for people.

People were supported to eat and drink sufficiently, but not always in a timely manner.

People had access to other healthcare professionals and received effective care, but their care was not always managed appropriately.

People consented to the care they received. People's rights were protected by the use of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were encouraged and supported to have positive caring relationships.

People were treated with kindness and compassion.

People's privacy and dignity were protected and they felt able to contribute to decisions made about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that focused on their wishes and views. Staff responded to people's needs promptly.

People were encouraged to participate in activities that were available in the home which reflected their needs.

People were aware of the complaints process and staff knew how to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was no registered manager in place. The provider had not notified us that there had been a change to the management of the service.

Systems and procedures were in place to monitor and improve the quality and safety of the service provided.

Staff and people who used the service were encouraged and felt able to voice their views and concerns.

The service worked well with other health care professionals and outside organisations.

Churchfield 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 19 April 2016 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor who was a nurse 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the home, 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 to obtain their views about the service provided.

On the day of the inspection we spoke with six people who used the service and six visiting relatives for their feedback about the service provided. We also used observation to help us understand people's experience of the care and support they received. We spoke with two provider representatives, the manager, the deputy manager, one nurse, one agency nurse, one senior care staff member and five care staff assistants. 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.

Good

Is the service safe?

Our findings

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns that people were not receiving their medicines as prescribed by their doctor. We took action against the provider and followed this up with a focused inspection on 27 April 2015 where we found improvements had been made, but the service still required further improvement. During our inspection on the 19 April 2016 we found improvement had been made and the service was compliant with the regulation.

During this visit people told us that they received their medicines on time. Nursing staff we spoke with told us they were responsible for administering medicines. Two care staff told us although they did not administer medicines they were aware of different side effects that may occur from people's medicines and that they should report to the nurse in charge if there were any concerns.

People received and their medicine on time and they were stored in a safe way We found the provider had safe arrangements in place for managing people's medicines. We checked medication administration records (MARs) and saw that photographs were in place at the front of the MAR charts. We saw appropriate arrangements were in place for the recording and administration of all types of medicines. MARs had been completed correctly in all but two charts on the day of inspection. We raised this with the provider at the time of our inspection as a person who used the service had not received one of their medicines. The provider's representative dealt with this promptly and appropriately with the member of staff involved. Where medicines were prescribed on a PRN basis (as and when required), protocols were in place which meant this ensured people were given their medicines when they needed them and in a way that was safe and consistent.

The register used to record medicines was in good order and medication was clearly recorded and accounted for. Medication that was no longer required had been returned to the pharmacy for destruction using a defined process. We saw a medicine training programme was in place and the registered nurses and senior care staff had completed the relevant course. Staff competency records demonstrated that staff were supervised by more senior staff before being assessed as competent to administer medications. Medication audits were conducted daily by the registered nurses and monthly by the manager. Any identified areas of development were communicated to the staff involved and general themes were shared.

We asked people if they felt the service provided safe care and if they felt safe with the staff that provided care for them. Most people told us they felt safe. However, one person we spoke with who was in bed told us that they were sometimes frightened by another person who used the service. They said, "They [the person] comes in to my room and looks at me. I wonder what they are going to do next." They told us the person's actions made them feel uneasy. A friend who was visiting the person told us, "A few [people] wander in the bedroom and [name] doesn't feel too safe." We raised this with the manager and the provider's representative and they addressed the persons concerns and put a support plan in place before we left the service. A relative told us their family member felt safe and said, "Yes, the doors are always locked and I've never heard or seen anything that I've thought that's not right."

Staff were able to describe the different types of abuse that people who used the service could be exposed to and understood their responsibilities concerning protecting the people in their care. One member of staff said, "We make sure they [people] are safe at all times." Another member of staff said safeguarding is about, "looking after their [people who use the service's] welfare." The provider's representative told us they had completed a full audit of safeguarding training. They identified individuals who required refresher training in this area and plans were in place for staff to attend dates booked.

The deputy manager told us all staff were aware of safeguarding processes and if needed they knew who they should report concerns to. There were systems in place to monitor any safeguarding concerns which was overseen by a central management team. This showed us the provider had systems and processes in place to ensure people were protected from harm.

Individual risks were identified and monitored on a regular basis to address themes and trends of any incidents that may occur. We did not receive any feedback from people regarding how their risks were managed. However people we spoke with felt they were free to make their own choices.

Staff described how they managed risks for people. They gave us some examples. One staff member said, "One person was admitted into the service from hospital with a pressure sore. The incident was investigated and reported to the local authority." They said we support the person and appropriate equipment was put in place to reduce the risk. Another staff member told us about a time when they identified a red mark on a person. They said they had reported it to the nurse who checked the person over. The staff member told us they shared this information appropriately with other staff at the change of shift.

We saw individual risks were identified on people's care files. One person was at risk of choking when they had to swallow tablets. Staff had identified this and requested a liquid form of medicine from the person's GP. All staff we spoke with felt incidents and accidents were managed appropriately. We saw where people were at risk of pressure sores appropriate equipment was put in place and records to turn and reposition a person were completed in line with their care plans. We looked at the manager's quality and improvement action plan and we saw that trends for development of pressure sores or falls were to be analysed on a monthly basis. Where trends or concerns had been identified appropriate action had been taken. The system in place to monitor risks was robust and helped identify and mitigate any risks. The provider's representative showed us a number of incidents that had been dealt with on the system. The records were only closed when the manager had agreed all action taken was effective and safe.

People had their own personal evacuation plans in place (PEEP) to ensure they were supported in an emergency. We found the premises were well maintained and the member of staff responsible for the maintenance of the home undertook and recorded weekly and monthly checks. These included checks such as, water temperatures, call bell systems and fire tests to make sure people were safe. The environment of the home was free from hazards and clutter.

We asked people if they felt there was sufficient staff working at the home. We received mixed views. One person said, "Yes, because there's always someone around." Another person said, "No not really they don't seem to have enough time. Some of the girls work really hard." One visiting relative told us they felt the numbers of staff for the number of people and the attention people needed was not enough. They went on to say, "It's a demanding job. 12 hour shifts are too long in this environment. They need more [staff]." Another relative said, "There can never be enough. Sometimes I notice there's not as many as there maybe should be. Once I was in the lounge and there were no staff, just a nurse in the office. A person fell out of a wheelchair and I shouted and the nurse came straight away."

One staff member told us, "Yes I think it's plenty." Another staff member said, "Yes it's enough." Two more staff we spoke with felt there were sufficient numbers to meet people's needs and to keep them safe. They also told us staff were asked if they could cover extra shifts. One staff member said, "Staff from the provider's other homes also helped out." However, two other members of staff felt there could be more staff. One said, "I don't think there are enough, especially with someone having to be in the lounge all the time." The other staff member said, "We could do with more on the floor at some times." We asked staff what they would like the service to improve and two said, "More bank staff, as it is all the same staff who volunteer for when there are shortfalls in staffing."

We found staff were visible throughout the home and there was no indication that staff were rushed. Although, we heard a call alarms we found they were responded to by staff promptly and in a timely manner.

The manager told us they used a dependency tool to identify the number of staff needed to maintain safety with in the home. The manager told us that staffing levels were based on dependency levels of people living in the home. The manager said that any shortfalls in staffing levels were covered by staff or agency staff We saw there was an agency nurse working on the day of our inspection. The home consisted of two buildings, but we were told the provider had closed one of the buildings in the home and moved all people into the one building. This meant they could manage the area better and safer.

Safe recruitment and selection processes were followed. We checked the recruitment files of three members of staff. These files contained the relevant documentation required to enable the provider to make safe recruitment choices. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could start. Other checks were conducted to ensure people had a sufficient number of references and proof of identity.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection on 17 and 18 February 2015 we identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not all consented to the care they received and their rights had not always been protected by the Mental Capacity Act 2015. During this visit we found improvements had been made.

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 people 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and DoLS applications were made where appropriate.

The requirements of the MCA were adhered to. When a person lacked the capacity to make some decisions for themselves, a mental capacity assessment and best interests documentation had been completed.

People who had capacity had been involved and consented to their care. We looked at four care plans and one identified where a person had agreed to have bedrails put in place. However, where a person did not have the capacity we found discussions and appropriate safeguards DoLS had been applied for and authorised. We saw two DoLS had been authorised. When we spoke with staff they were aware which persons had DoLS in place.

Three staff we spoke with did not fully understand or have sufficient knowledge about people's mental capacity and how it impacted on their role. However, all staff were aware of what DoLS meant for people and how it related to restriction. We looked at the training staff had received for MCA and DoLS. The provider's records showed 100% of staff had completed DoLS training and 92% of staff had completed MCA training. We spoke with the manager and the provider's representative. They told us they had also identified that staff lacked understanding of the MCA. They said that they had put specific supervision in place regarding areas, such as, MCA for all staff. They told us they had discussed how they could put the MCA in simpler terms, so staff could be more aware of what it means for people.

We observed people being asked by staff what they would like to do. They were asked whether they wanted a drink and we saw people consenting to their care. This told us people were asked to give consent to care and support.

We saw the care records for people who had a decision not to attempt resuscitation order (DNACPR) in place They had been completed appropriately.

Staff we spoke with said they received enough training to be able to care for the people in the home.. Two

staff members said they were monitored by a senior member of staff who checked the information staff wrote in care plans and checked the diet and fluid charts to make sure they were completed correctly. One staff member said they would like more classroom training as they learned better by someone showing them how to do tasks. The manager and provider's representative told us they had identified this in staff supervision. They said that they would look at different options of training to ensure all staff benefited and understood.

We found staff received supervision and annual appraisals. All staff had completed an induction, which consisted of shadowing other experienced staff members of staff. Two members of staff confirmed they received supervision every three months. Another staff member told us they received supervision every six months. They said that areas of discussion were their development, goals and progress. One staff member told us they had wanted to progress and take qualifications in health and social care. They told us this had been discussed in their supervision as part of their development.

We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. Skills for Care is a recognised workforce development body for adult social care in England. The care certificate is a set of standards that health and social care staff are expected to adhere to.

People had been protected from the risks of inadequate nutrition and hydration. However we received mixed comments about the food offered. One person said, "The food Is very good, done to my liking, I get enough and a choice of what I want." One person said, "It's not very good, the taste of it and how they do it. You sometimes get a choice of two options, but not always. I eat in a chair with a small table, as I don't like to sit with others." One person told us they had limited mobility and spent most of their time in their bed. They said that staff usually left their drink on a nearby cupboard away from them. This meant they had difficulty and were not able to reach the drink. Another person who had restrictive use of their upper limbs and was unable to get out of bed unassisted told us "They [staff] bring me a drink of coffee and they put it right over there. The person pointed to a shelf just inside their door some two metres away from their bed. They said, "How is that any good to me I can't get to it." This meant people who were living with complex needs or unable to move unaided and with difficulty their needs were not always taken into consideration. We spoke with the provider's representative and they told us they would address this.

We observed lunch in the ground floor dining room. We saw staff assisted people to the tables in a kind, unhurried manner. As people were seated we saw they were immediately offered a hot or cold drink, which were replenished throughout the meal. People did not always receive their food promptly. People were served in a haphazard manner, which meant that some people at a table had a meal while others at the same table did not. We saw some people had to wait up to 45 minutes to be served. Staff told us that was because they needed assistance to eat their meal. When staff provided support with support, they did this in a kind manner and at the person's pace, while giving reassurance and praise to the person. We saw that other staff walked around in the dining area assisting people with their meals. We saw that staff asked people if they wanted help before providing this.

Most people had a pleasant experience during the lunch time. We found there was a calm, friendly atmosphere in the room and plenty of friendly banter between people and staff. We saw staff talked to people in passing, as they were serving the food. People were given a choice of what they wanted to eat. We saw that one person did not like the meal they had chosen and was offered something else. The person asked for a sandwich and we saw this was soon brought to them. We saw that staff encouraged people to eat and drink.

Staff told us they encouraged drinks at meal times and prompted people with drinks if they were confined to

their bed. They were aware some people had diet and fluid charts in their rooms and some people required full assistance with drinks and meals. They offered snacks in between meals and gave examples of what particular people liked to eat and drink.

People's care files contained information about their food allergies and type of diet and their weight was monitored regularly. We saw systems in place to meet people's dietary requirements. We spoke with the cook about people's diets. The cook was knowledgeable and could identify people who required different diets such as, soft, pureed or sugar free or if they required equipment to help them eat, for example a percutaneous endoscopic gastrostomy (PEG). However, staff were unable to tell us what type of endoscopic tube had been sited into a person. We raised this with the provider at the time of inspection. This meant that correct care of the PEG or site may not be planned or delivered in the correct way to be effective.

We found the correct PEG fluid monitoring charts were in place for this person and saw evidence that the charts had been completed. However, there was no plan of care for the dressing of the person's PEG site. We raised this with the provider at the time of inspection who told us they would review the records and make improvements.

People were supported to maintain their health and had access to healthcare services. Care records contained information to show that other health care professionals had been involved in people's care where appropriate. We saw that a district nurse had visited a person and dressed a wound, which had significantly improved; as it was recorded the dressing was no longer required.

Staff gave many examples that identified when external professional visits were required. Such as, if someone was struggling to chew or was choking on food a referral may be required for the speech and language team (SALT). One health care professional raised concerns with us about how staff managed PEGs. They had also raised the concern with the local authority. During this inspection we found the same issues of concerns regarding the PEG feed management. We had previously spoken with the manager about these issues. The manager and the provider's representative told us they were implementing further training for permanent nursing staff and would ensure any agency nurses used had received appropriate training in this area before they were used.

Good

Is the service caring?

Our findings

People told us they had a good relationship with the staff. One person said, "I can't find anything wrong with any of them [staff], they're very helpful." Another person said, "Staff are very nice, they are polite. They go out of their way to please you." One visiting relative said, "The staff are lovely, I can't fault them." Another relative said, "Everyone we've seen [people who use the service and the staff], and we've been here a few times, are very, very polite, they are all lovely."

One staff member described how they communicated with people. They said, "I give plenty of eye contact. Speak to people clearly and be patient and caring at all times." Another member of staff said, "We use flash cards with pictures on, so people can get a visual picture of what we are asking them." They showed us an example of a picture with a cup of tea to indicate if the person would like a drink of tea.

We observed one member of staff come into the downstairs lounge and ask people if they were cold as the windows were open. We saw the staff member wake a person who was sitting in a wheelchair and slipping down out of the chair. They told the person they would get help from another member of staff to transfer the person to an easy chair if they wanted them to. The staff member spoke to the person in a gentle, reassuring manner, holding the person's hand and kneeling down to the person's eye level when they spoke to them. We observed the person agreed and the staff transferred the person in a caring and safe way. The staff explained what they were going to do or wanted the person to do. They were constantly reassuring and praising the person throughout the procedure.

We observed without exception all the interactions of staff with people we saw were positive and carried out in a caring and kindly manner. This demonstrated there was a good relationship between people and the staff who cared for them.

People were supported to express their views and be actively involved with decisions about their care and support. People told us they felt involved in how their care was delivered because the staff always asked them what care they wanted on a daily basis. One person said, "Oh yes, they are very kind and if you ask them anything they'll always tell you." Care records identified people had been involved with their care and support. We saw reviews had taken place and people and their family had been involved.

Staff understood about personalised care and were able to give many examples. One staff member told us, "It's about the person's wishes and preferences." They said, "It's about what soap they use, how they have their hair or how they like their tea or coffee." Another member of staff told us, "It is about care for the individual. Communicating with friends and family, so people can tell us what they do and don't like." Staff talked about giving people choices in what they like to do. Staff told us they read the care plan to see if a person preferred a bath or shower. One staff member gave an example of how they knew a person liked to wear a tie, look smart and have a clean shave, as it was written in the person's care plan.

The provider told us they were in the process of improving and developing people's life histories. The provider's representative said that a written statement about the person's life history would be displayed

outside their door to initiate conversation with the person. This was also to help new and agency staff to get to know the person they were caring for.

Advocacy information was available for people if they required support or advice from an independent person. Advocacy services use trained professionals to support, enable and empower people to express their views. There was an electronic system in place for people and their relatives to feedback and monitor their care. The provider's representative showed us some of the feedback they had received and the actions they had taken if required. This showed us how people were supported to voice their views.

Most people told us they were treated with dignity and respect. One person described what staff did when they first came to their bedroom. They said, "They knock and ask to come in." A visiting friend told us, "I find they [staff] always knock and if the person wanted to go to the toilet staff always asked visitors to leave and shut the door, give [name] privacy."

Staff describe the actions they took when providing care to protect people's privacy and dignity. One member of staff said, "I put a towel around people when they are getting out of the bath." Another member of staff said, "[Respect] is about treating people how they want to be treated. For example, giving people options, such as, what to wear, what to drink." The staff member also said, "Give people the options they [people] like. If people are unable to communicate then people's body language tells me what people want to choose." We saw staff protected people's privacy and dignity and talked to people quietly about sensitive issues. One person was supported by staff to drink their tea and the staff member encouraged the person to do as much as they could for themselves. We saw staff did this in a gentle manner, kneeling down to face level and constantly reassuring the person. Family and friend were able to visit without restrictions at any time. We also found staff treated information confidentially and care records were stored securely.

Good

Is the service responsive?

Our findings

People and their families told us they were involved in decisions about their care and that regular reviews about their care took place. We looked at care records and saw there was comprehensive information about people's care needs. People's likes, dislikes, preferences and routines had been incorporated into the care records. The provider's representative told us the service was working through recording people's life stories. Staff were able to tell us what people's needs were and how appropriate care was delivered.

All the staff told us they had a debrief daily, where information about people's needs were discussed and shared. Staff told us handover sheets were completed by a nurse. Staff also said they attended regular team meetings to ensure all information on people's changing needs was passed down appropriately.

We observed staff responding promptly to people when they required assistance or support. One person who had requested assistance received staff support in a timely manner. We observed two staff moving the person with the use of a hoist. They were speaking to the person and telling them what they were going to do. When they wanted the person to help support themselves they asked the person to hold a part of the equipment with their hands or lift their body when required. This showed us staff were aware of the person's needs and how they could support them when they were unable to do things for themselves.

People were supported to take part in activities. One person said, "Usually [Activity Co-ordinator] tries to do things, but I think she is off at the moment. She does things like skittles, cutting things out, playing scrabble. I've a telly and radio in my bedroom." Another person said, "Not a lot, occasionally there's certain events or activities are put on." A relative said, "To be honest [Activity Co-ordinator] puts their heart and soul into the role, but needs more help." Staff members told us there were numerous activities, such as, arts and crafts, cake making, exercise, music, 1940s themed singer, Christmas fair, skittles and facials. We observed people reading the newspapers. Staff told us people had the paper delivered daily.

We saw each person had an individual record of activities called "My Choices". These records contained information about people's goals in relation to activities and noted their progress against those goals, such as movement or enthusiasm. Staff gave an example of a person who kept themselves to themselves when they first came to the home, but now they had started to join in most of the activities.

The activities coordinator told us they take some people out on an individual basis to coffee mornings and the local church. The staff member's enthusiasm for their role was clearly evident as when they spoke about their role and what this meant for people we could see they enjoyed what they were doing. When we spoke with them they told us that today should have been their day off, but had been asked to come into work. This meant they went the extra mile to provide a good service.

The staff member responsible for the activities described how they encouraged people's individual interests and how they supported people, for example, people that liked to knit or to play dominoes and chat. We saw on the day of our inspection that the person engaged people in some activities and they took people outside as it was a nice day. We observed that it took the member of staff a long time to organise the activity,

as they had no support from other members of their team. We spoke with the provider's representative and they told us they would look at ways to support this member of staff to ensure people got the most out of the activities on offer.

People and visitors told us if they had any concerns or complaints they would raise them with the management. One person raised a concern that they were not happy about a person coming into their room uninvited. The person's relative told us they had raised this as a concern during a review of care in February 2016. They said that the manager was going to address the issue and make some changes. We spoke with the provider's representative and they spoke with the person and responded to their concern. During our visit they had updated the person's care plan and put safety measures in place. Another relative told us about an incident and that they had made a formal complaint which had been dealt with satisfactorily. This told us complaints were dealt with appropriately.

Staff were clear about how they would manage concerns or complaints. They said any complaints would be reported to the nurse or management. We saw the complaint procedure was displayed and available in different formats and was included in the information people received when they first moved into the home.

We saw complaints were responded to and monitored regularly. The provider's representative showed us the electronic system that captured all the data that produced a report on complaints. The system would not allow the complaints process to be closed without action having been taken. The provider told us this made the process more efficient and helped to promote their customer satisfaction.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection 17 and 18 February 2015 we identified a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had concerns that the service was not sufficiently monitored in order to ensure people's care and treatment was always safe. During this visit we found improvements had been made. The regulation had been met.

The provider had an effective system to regularly assess and monitor the quality of service that people received. We saw that regular audits had been completed by the manager and also by representatives of the provider. The manager told us they completed a number of audits, which covered safety and cleanliness of the premises. Other audits were carried out in the areas of infection control, care records, medication, health and safety, laundry, kitchen and domestic areas.
We saw an electronic system in use in the foyer for people and staff to identify what they thought of the service and how it was run. This system highlighted the effectiveness of the service and identified areas where the provider could improve the service they provided. There were weekly and monthly trackers in place to ensure the quality of the service was maintained and any shortfalls rectified promptly and in an appropriate time frame.

Incidents and accidents were monitored and recorded appropriately. Staff told us they knew how to report any incidents or accidents. They gave examples of incidents that had been investigated and reported to the local authority. One staff member gave another example of where a person acquired an injury that was reported to the nurse on duty. They said the person was checked over and information was verbally passed to the next shift to ensure they were aware of the incident.

Staff told us they felt the new manager and deputy manager were very approachable. One staff member said, "The new manager is a, "Very nice lady, caring and committed." Another staff member said, "Management were very approachable and understanding with anything. I know that the management are there for me. Management are really supportive." A staff member gave an example of when staff asked for more hoist slings, as people's mobility had changed. They told us a few days later more hoist slings arrived.

Staff felt they had a good team that was caring and compassionate. One staff member said, "We work well as a team. I enjoy my job and the people at the home are most important." Another staff member told us all staff got on and they communicated well with each other. They said, "I really like working here." A third staff member told us the home had staff that cared.

The registered manager was no longer working at the service. There had been no registered manager at the service since September 2015. However, we found a manager was in place, but had not submitted an application to register. We had not received a notification telling us of the changes to the way the service was managed. The new manager in post was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good care in the home. She felt well supported by the provider. She told us that sufficient resources were available to her to provide a good quality of care at the home.

People and their relatives were asked to give regular feedback on the service. We had mixed comments from people when we asked if they had completed any questionnaires. One person said, "I might have done first off [meaning when they first came to the home], but not for a long time." One relative said, "Yes I've done a couple when they've asked me and another one on-line." Another relative said, "I think we have on the website." They also said they had been asked to attend relatives' meetings. We saw that a "Questionnaires, Answers and Responses" notice from January 2016 was displayed on the wall in a downstairs foyer area. Overall the feedback was positive.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be comfortable raising issues using the processes set out in this policy.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. We noted the service did not always follow their legal obligation to make relevant notifications to the CQC and other external organisations. We became aware of a recent clinical incident involving a PEG feed tube. We asked the provider to provide us with the relevant incident report, but they told us that a report had not been completed. We checked our records and had not received the notification.