

East And West Healthcare Limited

Meadowview Care Home

Inspection report

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Rochdale
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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 

Summary of findings

Overall summary

This inspection took place on 7 and 8 February 2019 and was unannounced.

At the last comprehensive inspection of the service in March 2017 the service was rated good.

Meadow View Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Meadow View Care Home is registered to provide care for up to 39 people, with accommodation in single or shared bedrooms over two floors. It is situated in the Castleton area of Rochdale, Greater Manchester. At the time of the inspection there were 37 people living in the home.

There was no registered manager in post. 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. The current manager is in the process of applying to be the registered manager.

At this inspection we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was for fire safety. You can see what action we told the provider to take at the back of the full version of the report.

We also made two recommendations to support further improvement. We have made a recommendation about how decision making is recorded for people who lack capacity for specific decisions. We have made a recommendation regarding improvements required in relation to the Equality Act 2010.

Systems were in place to monitor the safety of equipment and required checks were up to date, including gas and electric safety checks.

Systems were in place to ensure sufficient numbers of staff were provided and people reported feeling safe.

Staff were aware of their responsibilities to safeguard people from abuse and risks to people's safety were assessed with guidance on how to minimise the risks. The service had a whistleblowing policy and staff reported feeling able to report poor practice if required.

Risks to people's safety were assessed with guidance on how to minimise these risks. Accidents and incidents were recorded and risk assessments were updated in response if required.

The home was clean and staff had received training and understood their infection control responsibilities.

There was a business continuity plan in place to help staff respond appropriately to any emergencies that could arise.

People's needs were assessed before admission and a support plan was put in place to meet these needs. This was reviewed and updated monthly. The service worked closely with other agencies to provide the care that people needed.

Positive feedback about the care staff and the standard of care was received during the inspection from three health care professionals. The local council had also reported improvements to the service within the past three months.

The premises were adapted appropriately for the people who lived there. It was dementia friendly and practice in this area was excellent. The home environment was tailored to support people's safety, independence and well-being.

People's nutritional and hydration needs were assessed and adhered to. The lunch time experience needed to be more person centred and communication of people's specific dietary requirements needed to improve.

Relevant authorisations were in place where people were being deprived of their liberty. Care records show that capacity and consent had been considered when planning people's care and support.

Staff felt supported and were provided with an induction to prepare them for the role and regular training was provided to support care staff to meet the needs of people effectively.

Staff interactions were kind, caring and respectful. People's dignity and privacy was respected. Independent advocacy was promoted to help safeguard people's rights.

Care planning did not fully consider the Equality Act 2010. Confidentiality and data protection was covered by the induction and staff training.

Care files were person-centred and included information about people's likes and dislikes.

There had been some negative feedback about the activities available to people in the home. A new activities coordinator was in post and was supporting people to pursue their individual interests and plans were in place to improve access to the local community.

The accessible information standard was met. People were routinely assessed to ascertain what their communication preferences or abilities were.

There was an appropriate complaints policy and procedure in place and people told us they knew how to complain.

The home had an end of life policy that provided guidance to staff and the home actively involved family as much as possible.

The management team were committed and hands on. Staff, relatives and health and Social care professionals reported an open culture. Staff supervisions, team meetings and handovers were held regularly and staff reported feeling supported in their roles.

There was a positive impact from the new manager and the home was moving in the right direction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

A fire risk assessment had not been responded to in a timely manner.

Medication was managed safely. Staff were trained in the safe administration of medicines and their competence was assessed. monthly.

Is the service effective?

Good 

The service was effective.

Thee home was dementia friendly and adaptations had been made to promote people's wellbeing, their safety and their independence.

Care staff received the induction, training and support required to enable them to deliver effective care.

Is the service caring?

Good 

The service was caring.

Staff interactions were friendly and respectful. People's dignity and privacy was respected.

People's independence was promoted and people had access to independent advocates.

Is the service responsive?

Good 

The service was responsive.

Care files were person-centred and included information about people's likes and dislikes.

There was an appropriate complaints policy and procedure in place and people told us they knew how to complain.

Is the service well-led?

Requires Improvement 

The service was not always well led.

There was no registered manager in place.

Better oversight was required to support effective quality assurance.

Meadowview Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 7 and 8 February 2019 and was unannounced. The inspection team on the first day of the inspection was made up of an inspection manager, an adult social care 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. The second day of the inspection was carried out by one adult social care inspector.

Before our inspection the provider completed a provider information return (PIR). The PIR 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.

To help us plan our inspection we reviewed information we held about the service. This included the inspection report from our last inspection in March 2017 and statutory notifications that had been sent to us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. The commissioning team had reported significant improvements to the service in the last six months. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch shared information from a relative who had concerns about their relative's care.

During the inspection we spoke with nine people who used the service, two managers, two staff members, one cook, an activity coordinator, six visiting relatives and three visiting professionals.

We undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, four staff recruitment files, training and supervision records, five care plans, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management and safety of the service.

Is the service safe?

Our findings

At the last comprehensive inspection of the service in March 2017 we found the service was safe and was rated good for this key question.

All the people we spoke with reported feeling safe. One commented, "I feel very safe here, there's always someone around looking out for us". All the relatives that we spoke with told us the home was a safe place. One commented, "His personal safety was the main reason for coming here and he's definitely safe here. It's given us real peace of mind".

Policies and procedures for safeguarding people were in place to support staff. Appropriate safeguarding information was on display on a notice board. This supported residents and families to raise concerns if they needed to. A safeguarding log was in place to keep track of any concerns raised. Staff we spoke with had undertaken safeguarding training and safeguarding was covered in the induction for new staff. Staff were aware of how to recognise a potential safeguarding issue and understood it was their responsibility to report any concerns.

The home had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with felt confident about raising concerns if they needed to.

Staff were recruited safely. Recruitment procedures helped to protect people from the recruitment of unsuitable staff. Each staff file included an application form, employment history, two references and proof of identity. All staff had a Disclosure and Barring Service (DBS) check in place. DBS checks record any criminal convictions and help employers assess the suitability of the candidate for the job.

Staffing levels were planned and organised in a way that met people's needs and kept them safe. The registered manager regularly reviewed staffing levels and used a dependency tool to determine how many staff were needed to safely meet people's needs.

There were up to date safety certificates in place including gas and electrical safety, portable appliance testing and the passenger lift. A Legionella risk assessment had been carried out a week before the inspection and had identified that the home was a high risk. Dates had been arranged to complete all the required work within a month as recommended by the assessment. Completion of this work was confirmed prior to the publication of this report and the home was re-categorised as a low risk by the risk assessor.

There were concerns about fire safety. The fire evacuation procedure was displayed in the reception area, but fire drills were not taking place and staff were not familiar with the fire evacuation plan. Following the inspection this issue was resolved and fire drills had taken place. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explained how each person would be evacuated from the building in the event of an emergency.

The fire risk assessment carried out in October 2018 rated the risk of harm in the event of a fire as "moderate" and required critical work to be carried out within one month to reduce this risk. Work that had not been completed included fire doors that needed replacing as they did not comply with current standards and all exterior fire doors were not fitted with "fire exit keep clear signs". The manager explained that this was an oversight and all work was completed before the completion of this report. This oversight and delay in carrying out essential work was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection of care records showed that risks to people's health and well-being had been identified. We saw care plans had been put into place to help reduce or eliminate the identified risks. This included falls assessments and assessments for self-neglect and self-harm. General risk assessments were also in place and covered issues such as the environment including infection control and general health and safety. Records were regularly reviewed and were clear and up to date. We spoke with one person who was cared for in bed and was unable to use the call bell and checked the records kept in their room. They received hourly pressure relief and slept on an airflow mattress. We could see that skin integrity was monitored and turn charts were completed. They were happy with their care and their room was in a visible and busy area of the home and they chose to have their door open so that they could interact with people as they passed.

We looked at the systems in place for managing medicines within the home and found that the systems were safe. Staff who knew people well administered their medicines. Staff were trained in the safe administration of medicines and their competence was assessed annually. Medicines audits took place monthly. Medicines were stored securely and temperatures were monitored daily to ensure medicines were stored in accordance with the manufacturer's guidance. We saw controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed appropriately in line with legislation.

The staff member administered the medicines with patience and professionalism. There were sample signatures of staff responsible for administering medicines and a photograph of each person who used the service alongside their Medication Administration Record (MAR). The people we spoke with were happy with how their medication was managed. One commented, "There's never been a problem with my tablets. I get them at the same time every day".

We found the home was clean, tidy and with no malodour. We saw that there were infection control policies and procedures in place. This included guidance on preventing the spread of infection; effective handwashing and use of personal protective equipment (PPE) including uniform, disposable gloves, aprons and hand gel. Staff received infection control training and understood their infection control responsibilities. We checked cleaning schedules and could see that these were detailed and included deep cleans. We observed staff using PPE during the inspection.

We looked at the on-site laundry facilities. We found that there was sufficient equipment to ensure safe and effective laundering. Handwashing facilities and protective clothing were available and in use. To minimise the risk of staff handling heavily soiled laundry, the laundry was placed in special bags that disintegrated when placed in very hot water in the washing machine.

Accidents and incidents were recorded and a column was completed to record if any risk assessments needed updating to help prevent or reduce the likelihood of an accident or incident occurring again. We saw evidence that there was a learning culture where lessons were learnt and improvements made in response where required.

The front door was securely locked. This helped to keep people safe by ensuring the risk of entry into the building by unauthorised persons was reduced. It also helped to prevent people who were assessed as being at risk if they left the home alone, from leaving the building unsupervised. People who were able to leave unsupervised were not restricted.

There was a business continuity plan in place help staff deal with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. Key contact numbers were listed to enable an effective response.

Is the service effective?

Our findings

At the last comprehensive inspection of the service in March 2017 we found the service was effective and was rated good for this key question.

People's care needs were appropriately assessed prior to admission to the home and a support plan was put in place to guide staff on how to meet these needs. We could see evidence of this in all five care files that we looked at. Support plans had information about all key areas of care including physical and mental health, nutrition, communication, personal care and mobility.

The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from three health care professionals about the support offered by staff. Comments included, "I have confidence in the staff. They know the residents well and people's care needs are met. The home is friendly with a calm atmosphere", "The care staff work with us and communicate well and are supportive. We have no concerns".

Daily records were maintained of all healthcare visits and contacts. The five files we looked at included visits and contacts with podiatry, opticians, the falls team, speech and language therapists, GPs and social workers.

The home was dementia friendly and the premises were adapted appropriately for the people who lived there. We saw aids and adaptations were provided to promote independence as well as maintain people's safety. These included handrails, assisted bathing, accessible bathrooms and raised toilet seats. The toilet seats and grab rails in the bathrooms and toilets were of a different colour than the toilet. Research has shown that coloured seats and grab rails assist people living with dementia to recognise the toilet more easily.

There was excellent signage in place and the corridors were well lit. Signage for bathrooms, for example, can help to reduce any feelings of confusion or anxiety caused by feeling lost. Where appropriate, the bedroom doors had names and photographs of the person whose room it was. The bedroom doors were all a different colour too and was chosen by each person. This helped to promote independence as people with dementia are more likely to find their rooms without assistance if the doors are clearly identifiable. People's rooms also had memory boxes outside them and the corridor walls had sensory aids and stimulation boards to promote wellbeing. The manager informed us that they had plans to make the garden dementia friendly.

We observed lunchtime in the upstairs dining room. The tables were set with flower vases, placemats, cutlery, napkins and condiments. All staff wore protective aprons and one person was also wearing a protective apron. There was a calm, relaxed atmosphere and people received the help they needed to eat and drink.

The feedback about the food was good with only two negative comments. People commented, "He has his meals in his room and if we're here, we help him to eat. He really likes his food and enjoys the meals", "She's

quite happy with the food; she's never complained to me about it and the menu looks okay", "The food's good but I didn't enjoy lunch today as much as usual", "The food's not too good, would prefer something different. The breakfast is alright". Relatives we spoke with were positive about the food. One commented, "The food is brilliant."

The kitchen had achieved a good hygiene rating of five stars in November 2017 and we observed that it was clean and tidy. People's dietary requirements had been assessed and appropriate care plans and risk assessments were in place. No one had dietary requirements related to culture or religion.

The lunch time experience needed to be more person centred. The menu displayed on the wall was pictorial but had not been updated on the day of the inspection. We reported this to the manager who said it was normal practice to use it and the staff member may have been distracted by the inspection. We observed everyone being given the same selection of sandwiches from the trolley by care staff. There was no choice. A large bowl was also provided for the crisps, but we observed that a variety of flavours were all mixed into the same bowl. One person stated that she did not like the sandwiches and a member of staff tried to encourage her to eat and asked what she fancied instead. When the manager was informed that this person had not eaten, it was pointed out that they liked jam sandwiches and a special plate had been made for her. It was on the trolley but had not been seen by the care staff. Once the person had been given this plate, she proceeded to eat and commented, "These are nice".

We discussed the issue of choice with the manager. We were informed that each person is asked each morning what they would like for lunch and dinner using picture cards if required. These choices are recorded in their files in the kitchen. After the inspection the choices for the evening meal were changed to include both hot and cold options. People were offered alternatives if they didn't like what was offered.

We observed that there were four slices of sponge cake on a separate plate labelled diabetic sponge with four people's names. However, only two people were served this cake and the other two were given the usual sponge pudding. The manager informed us that one person no longer required a diabetic diet and the other was an error where they should have been given the diabetic sponge cake. The manager responded to our feedback and introduced a new system that required a second staff member to countersign the communication sheet in both the kitchen and in the two dining areas to ensure information about people's dietary needs was accurate. New whiteboards were also installed in the kitchen and the two dining areas to ensure that all specific needs were communicated effectively.

We checked to see if people's other special dietary requirements were being dealt with effectively. Care staff had recently attended training to ensure safe practice when people required the use of thickeners. 'Thickener' is used for individuals with difficulty swallowing and reduces the risk of choking, enabling them to swallow safely. The manager followed a recommendation from the training to highlight people's dietary needs on a poster in their rooms. This was done with people's consent and helped to ensure that visitors or agency staff did not give people the wrong food or drink. A district nurse reported that the care staff were responsive to people's dietary needs and were quick to contact other professionals such as dieticians and always followed the recommendations made.

Care staff received the induction, training and support required to enable them to deliver effective care. The induction required staff to sign to say that they had read key policies and procedures including safeguarding, whistleblowing and anti-bullying. The induction also included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

Records demonstrated that care staff shadowed more experienced staff on a minimum of three occasions until they had been assessed as competent to work unsupervised. Staff competencies to administer medicines were checked and were up to date. Staff could only administer medication after they had been assessed as being competent. The manager explained that new staff shadowed experienced staff to learn about moving and handling. This training was both theoretical and practical. They agreed that competency in this area of practice should also be tested and they have now added this to the induction and all current staff will be competency checked. Competency checks for person centred care had already been introduced prior to the inspection as this had been identified as a need.

Mandatory training was refreshed regularly and electronic records confirmed this and additional training was provided to meet specific needs such as end of life care and person-centred planning.

The supervision matrix confirmed that supervision was regular and up to date. Staff reported being happy with the supervision and support that they received. Team meetings were also held and gave staff the opportunity to voice their concerns or make suggestions. One commented, "The support is good the manager is great, the door is always open".

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

Where people were being deprived of their liberty relevant authorisations were in place. At the time of our inspection authorisations for DoLS were in place for twenty-four people. The registered managers had appropriate systems in place to monitor this and to kept all applications up to date. This meant appropriate action could be taken in advance of the expiry date so that people were not being unlawfully restricted whilst living at the home.

We saw that policies and procedures were in place to guide staff on MCA and DoLS. A review of people's records evidenced that capacity and consent was explored. We saw that where people had capacity, people consented to their care and support and best interest meetings had taken place when people who were unable to give consent.

Records for larger and one-off decisions did not always show how the decision was reached, the reasons for reaching the decision, who was consulted and what factors were considered. For day to day decisions the care plans needed to be clearer to show that a person lacked capacity to consent to areas such as personal care, for example and that decisions will be made in their best interests. We recommend that the service looks at best practice to ensure that care records demonstrate how decisions have been reached where people lack capacity.

Is the service caring?

Our findings

At the last comprehensive inspection of the service in March 2017 we found the service was caring and was rated good for this key question.

All the people we spoke with and visiting family and professionals were complimentary about the attitude and kindness of the staff. People commented, "The staff are good" (This comment was followed by a two thumbs up sign by the person using the service), "They look after me very well", "The staff are lovely", "The staff are really kind". Relatives commented, "The Carers' are very good, they genuinely care about my relative and they're good with me too", "The staff are very polite and friendly; and they have a lot of long-term staff which is good for continuity. He's being well looked after and he's happy in himself which is peace of mind for us. They always close the door when they're doing any personal care which is all about his dignity and so important to him and us", "Staff often report how they love their jobs" and "Carers are okay and go above and beyond".

People were treated with dignity and respect. We observed that when one lady got up from her chair, her skirt was tucked up into her underwear. Care staff immediately went over and discreetly informed her and helped her to rectify the situation. We observed good care when one person was agitated. Care staff walked with this person, speaking to him calmly and gently stroked his hand.

It was noted that staff called all people by their first names or preferred names. During informal conversations, staff spoke about individual people with knowledge of their backgrounds, likes and dislikes, as well as their current individual needs and behaviours. We observed during the day that staff had time to sit and chat with people on the residential unit and interact with them on an individual basis. The senior nurse was also extremely good at making time to interact with people on the floor that supported people with dementia.

Routines were flexible with people rising and retiring at different times. The atmosphere within the home was relaxed and calm and there was space on both floors to cater for people who wanted to sit quietly and space for people who wanted to socialise.

People's independence was promoted by the design of the home and through person centred care planning and we observed this in practice. For example, plate guards were provided for people to enable them to eat independently without support. There were policies on choice to support people's rights and a human rights policy. Independent advocacy services were promoted with posters throughout the home. People can have a legal right to an advocate in some circumstances under the Care Act 2014, and when they are under a DoLS. The role of the advocate is to act as a safeguard and to check that people's rights are being met.

There was a policy on equality and diversity that staff were asked to read during their induction. Improvements were required to fully embed the Equality Act 2010. We looked at how the home considered areas of equality and diversity when planning people's care and support. Care files did not record whether people were being given the choice to share information about relevant protected characteristics which

could apply to them.

There are nine protected characteristics, including age, disability, religion and sexuality that are protected by law to prevent discrimination. This information helps to inform care planning and removes barriers to providing good care. To fully embed the principles of equality, diversity and human rights in all aspects of people's life, we recommend that the service also consults CQC's public website and seeks further guidance from the online toolkit entitled; Equally outstanding: Equality and human rights - good practice resource.

The service was committed to ensuring confidentiality and adhered to all data protection requirements. This included safe storage of care files, induction and staff training. There was a data protection statement within people's care files and we saw documentation that this had been discussed, agreed and where appropriate, signed by the person who used the service.

Is the service responsive?

Our findings

At the last comprehensive inspection of the service in March 2017 we found the service was responsive and was rated good for this key question.

People's care plans showed that an assessment of their needs had been undertaken before any care and support was provided. Care plans were divided into sections that related to people's individual care needs and included personal care, moving and handling, medication, footcare, continence and communication. Each section included a clear description of what was required to meet the identified need and each section was reviewed monthly by staff. Records of professional visits, including doctors, district nurses and other healthcare professionals, were recorded in people's care files.

One visiting professional commented, "I have no concerns about here, they always call me promptly either at the individual's request or when the home is worried about something. They always carry out my instructions. I've never seen anything that has concerned me about the home or the staff here". A relative commented, "They do respond when I raise things. Her needs are met...They are trying hard to get things right. They are open when something goes wrong. Over all I am pleased". People reported that care staff were responsive to their needs. One commented, "They answer my buzzer very quickly".

The care files were person centred and recorded people's preferred routines and preferences around different aspects of their care. One person's file stated a preference for a bed bath as they did not like to use the hoist to access the bath. Each care file had a resident's profile that covered people's likes and dislikes and what was important to them. There was also a section to record what was important to people's families. An 'all about me' section included information about people's backgrounds and their life history.

The service met the Accessible Information Standard (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard. The home routinely assessed people's communication needs and preferences and these were clearly recorded in care files that we looked at.

There was negative feedback about the lack of activities. People commented, "There's not a lot to do to be honest but it's okay and they do have movie afternoons like they are today", "I do get wheeled out into the garden when it's nice but it's too cold at the moment. I like watching the birds through my window". A relative commented, "She's mobile and would like to go out if she could. She's expressed a wish to go out for a walk because that's what she used to do before she came here. I've never seen much entertainment for them...there's no newspapers or magazines and she would like to know what's going on in the world. She's bored, there's nothing for her to do", "He's only interested in being in his room with the TV on, he's quite happy with that".

Improvements to activities were being made. An activities coordinator had been employed since December

2018 and was in the process of improving activities for people. A new activities board had been installed in the corridor and a new weekly plan was in place. The activities coordinator had opened a file for each person after meeting them one to one to find out their preferences. They recorded how people responded to each activity to help inform future planning. On the day of the inspection a movie afternoon was well attended. People were given a choice to watch it or not and people appeared to enjoy the film being shown.

We looked at how the service managed people's complaints and concerns. No one we spoke with had felt the need to complain. Information about how to complain was included in the statement of purpose and it was displayed in communal areas. The procedure outlined how to complain and where to go externally if people weren't happy with the outcome of the complaint. We reviewed the most recent complaint and found that appropriate action had been taken and corrective actions put in place.

The home had collected compliments from relatives and health and social care professionals in the previous twelve months. One relative commented, "I just wanted to write and thank you for all your help...I was deeply impressed with the care, patience, and compassion...I can't thank you enough for giving me such peace of mind".

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. The home had an end of life policy that provided guidance to staff and the home actively involved people's families as much as possible. At the time of our inspection, no one at the home was receiving end of life care. The home had an end of life champion in place and they had good links with the local hospice. Four staff had completed their end of life passport training and training had been arranged for all other staff prior to the inspection to take place in February 2018.

Is the service well-led?

Our findings

At the last comprehensive inspection of the service in March 2017 we found the service was well led and was rated good for this key question.

There was no registered manager in place. The previous registered manager left in October 2017 and a replacement manager left in May 2018. A new manager was appointed in July 2018 and they are in the process of applying to be the registered manager after successfully completing a six-month probationary period. 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.

The manager supported the inspection throughout and they had been working hard to improve the service. The manager was organised and had several monthly audits in place including audits for medication, care plans and infection control. Support was in place from a registered manager from a sister home and the local council was also working closely with the service and had reported significant progress in the last three months.

There were no external audits in place from the provider to support the manager. Better oversight was required to make quality assurance more robust. The fire safety oversight was not consistent with the overall standard that we observed during the inspection and could have been avoided if better quality assurance was in place.

There was an open learning culture and this was demonstrated by what we observed and by the feedback that we received from health and social care professionals and from people's families. An action plan was also put in place voluntarily after the inspection to correct any shortfalls identified during the inspection. This included the lunch time experience which was not person centred on the day of the inspection. Measures had already been put in place prior to inspection to improve activities for people through the recruitment of an activities coordinator. We also made two recommendations to support further improvement to ensure that the home was working to the principles of both the Mental Capacity Act 2005 and the Equality Act 2010.

There was a calm atmosphere in the home and we observed that the staff were kind and caring. One staff member commented, "I love my job, I love caring, I treat them like family".

We saw evidence that resident's meetings and surveys with relatives had taken place and the home had made improvements based on feedback. There was good feedback in a family satisfaction survey completed in July 2018. Any criticisms were analysed and a summary of actions put in place and reported in a letter to families. We received good feedback from relatives about the management, "They are very open and approachable here. They always keep us informed and we just have to ask if we want clarification about anything", "The manager's great", "They listen and take issues seriously".

There was good support in place for staff and regular team meetings and an open-door policy. Staff commented, "Support is good the manager is great, the door is always open", "I get loads of support from the manager".

Policies and procedures were available and up to date and covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control.

The law requires that providers of care services send notifications of specified changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that appropriate notifications from the service were being sent.

Ratings from the last inspection were clearly displayed in the reception area of the home. The service did not have a website. From April 2015 it is a legal requirement for registered providers to display their CQC ratings. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Appropriate systems were not in place to ensure people received safe care and treatment. The registered person had failed to respond to the recommendations made by a fire risk assessment.</p> |