Barchester Healthcare Homes LimitedBarchester Healthcare Homes Limited

Rothsay Grange

Inspection Report

Weyhill Road, Weyhill,
Andover, Hampshire SP11 0PN
Tel: 01264 772898
Website: www.barchester.com

Date of inspection visit: 15/04/2014
Date of publication: 09/03/2014

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask about services and what we found 3

What people who use the service and those that matter to them say 6

Detailed findings from this inspection

Background to this inspection 7

Findings by main service 8

Summary of findings

Overall summary

Rothsay Grange is a care home providing accommodation, care and nursing support for up to 60 people. At the time of our visit 30 people were living there.

The home is divided into three floors:

- The ground floor accommodates people who are physically frail, some of whom may be living with dementia. At the time of our visit 13 people were living on this floor.
- The first floor is called the 'Memory Lane Community.' This unit provides support and accommodation for people living with dementia. At the time of our visit 12 people were living on this floor.
- The second floor currently accommodates five people with a wide range of health and care needs.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and who shares the legal responsibility of meeting the requirements of the law with the provider.

People we spoke with said the staff were kind and caring. We observed that staff assisted people with their care in an unhurried manner and saw that people's privacy was respected.

Although most people were happy with the care and support provided a few were concerned that staffing levels were not always sufficient and a few others felt that some staff were not trained sufficiently to meet their needs. The registered manager was aware of the concerns and was monitoring staffing levels. We saw that the levels determined to be safe had been maintained. The registered manager also ensured that inexperienced staff received training and worked with staff who had more experience to ensure that people received safe care.

People's care and treatment needs had been assessed and staff followed clear plans of care to support

them effectively. Staff consulted with external health care professionals when they needed to meet people's specialist needs.

One person had a negative experience after they had been discharged back to the service after spending time in hospital. Their plan of care following their discharge had not been appropriate and this meant that there was a delay in them receiving further specialist medical support. We told the registered manager that improvements could be made in this area.

People were provided with information about their care and treatment and we found the service was meeting the requirements of the Deprivation of Liberty Safeguards, with systems in place to protect people's rights under the Mental Capacity Act 2005.

The management structure of the home gave clear lines of responsibility and accountability. There were good quality monitoring systems in place which helped to ensure that the service continued to achieve its aims and objectives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because people were protected from abuse and avoidable harm.

We observed safe care being given. People were mainly happy with the quality of support and treatment provided. Risks to people's health and welfare were effectively assessed and staff took appropriate action to ensure these were reduced.

Staff were trained in how to recognise and respond to any potentially abusive situation.

There were good infection control processes in place to protect people against the risk of acquiring healthcare associated infections.

Some people on the ground floor were concerned that there were not always enough staff employed on each shift to make them feel safe. Some people on the second floor felt that not all staff assisting them were competent to meet their needs. The registered manager had reduced staffing numbers as the service was not fully occupied. We saw evidence that the registered manager regularly assessed staffing numbers and competencies and the service had not fallen below the levels that she had determined to be safe.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005.The service understood its responsibilities to comply with this legislation and was taking steps to ensure applications were being made where necessary.

Are services effective?

The service was effective because people's care, treatment and support promoted a good quality of life.

We saw that people were provided with sensitive support that was appropriate to their needs.

People's needs were effectively assessed and from this assessment a plan of care had been devised which staff followed. People were consulted and provided with choices about their care and treatment.

We previously had concerns about how staff managed to support people who became agitated or distressed and in how they recognised and responded to people who were in pain. After this visit we were satisfied that these shortfalls had been addressed.

Summary of findings

Specialist health care professionals had been consulted when people had particular needs, for example, people who needed specialist advice for their diabetes or people who needed specialist support to maintain their skin care.

The environment was appropriate to meet people's diverse needs. The home had specialist equipment, including hoists and beds, which helped staff to move people safely and maintain people's comfort and safety

Are services caring?

The service was caring and treated people with dignity and respect. People's privacy was maintained and visitors were welcomed.

One person had a negative experience after they had been discharged back to the service after spending time in hospital. They had not received coordinated care as they moved between services. Improvements were needed to ensure that people always received safe and coordinated care following discharge from hospital.

Staff were provided with a good range of training to ensure that they understood their role and responsibilities to provide care and support that did not discriminate against any person

Are services responsive to people's needs?

The service was responsive because it was organised so it could meet people's needs.

People were provided with information about the service and their care and treatment. They were supported to make their own decisions. Where they were unable to make decisions themselves we found that decisions were made in their best interests and in accordance with relevant legislation.

People took part in a range of activities, both at the service and within the wider community.

People varied in their opinions in how confident they felt about raising any concern that they had with managers. We discussed this with the registered manager at the time of our visit. A recent complaint had been recorded and investigated in a timely way.

Are services well-led?

The service was well led because the management team assured the delivery of good personalised care.

There was a registered manager in post who had taken steps to ensure that staff with the right skills and experience were employed in sufficient numbers.

Summary of findings

Most people felt they were listened to. The registered manager explained the work that had taken place to improve the culture of the home. This included daily 'walk rounds' where she talked with people who lived and worked at Rothsay Grange. Additional training had been provided about the importance of always providing people with choices.

Improvements had been made to areas where the service had previously breached the requirements of the Health and Social Care Act 2008. There were a number of methods used to monitor the quality of the service to ensure that it continued to meet its aims and objectives. These included residents' meetings and monitoring visits by senior staff.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 10 people who lived at Rothsay Grange, with 10 staff and with three relatives of people who lived at the home.

People who lived at the service and their relatives described the staff as "kind", "caring" "helpful" and "responsive". One person who lived at the service said "the regular staff know what to do without me asking them". Another said, "staff do the little things that make a difference." Another said, "staff are mainly so good."

Rothsay Grange provided care and treatment to people with a wide range of medical conditions. A few staff and people on the second floor felt the service could improve by ensuring that staff who worked there always had skills and training to support people's specific needs. Others, particularly on the ground floor, felt there were not always sufficient staff to respond in a timely way when people needed assistance.

People praised the quality of the environment. For example, one person said "I have such a lovely room."

Visitors said they were made to feel welcome and said they could visit at any time. One person who lived at the service said their family were able to bring their pet in to visit them. They told us how much they valued these visits. A visitor told us they enjoyed accompanying their wife on trips arranged by the service.

Most people said they were listened to when they wanted to change their daily living routines, for example, when they requested changes in the activity schedule. Another person said they had requested small portions for meals and staff always served their meals as they had asked.

People varied in their confidence about raising concerns with management and whether they would be responded to in a timely way. One person said there were resident meetings, but were always at a time that was not convenient for them to attend.

All staff we asked said they would recommend the service to their friends and family. They described the service as "caring", "well run" and with "a good environment". One staff member said they felt staff were "blending together as a team," another said, "It is a good home with good standards of care."

Rothsay Grange

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our visit to Rothsay Grange, we reviewed the information we held about the service. This included previous inspection reports and notifications of significant events that had occurred since our last inspection

For this inspection, the team consisted of a lead inspector, a specialist advisor and an expert by experience. The specialist advisor was a nurse and had experience of the care of people living with dementia. The expert by experience had personal experience of services for older people.

We visited the home on 15 April 2014. We talked with 10 people who lived at Rothsay Grange and with three visiting relatives. We used the short observational framework (SOFI) which is a specific way of observing care to help us to understand the experience of people who could not talk with us. We spoke with 10 staff, with the registered manager and a senior manager. We looked at all lounge and dining rooms in the building and in some people's bedrooms, (with their permission.) We also spent time looking at records, which included people's care records and records relating to the management of the home.

At our previous inspection in September 2013 we found that staff were not receiving support through supervision meetings or annual appraisals. Our inspection in November 2013 found the provider had not always acted in accordance with legal requirements when people did not have the capacity to consent to their care. We also found that people's care and welfare had been compromised as the service was not managing people's emotional needs or recognising when they were in pain.

The service sent us an action plan saying they would address these issues by February 2014. At this inspection we found the service had made the required improvements, although processes that had been put into place to increase staff support through supervision meetings and annual appraisals were not yet fully embedded into practice.

Are services safe?

Our findings

Not everyone who lived at Rothsay Grange was able to tell us if they felt safe at the service and so we used our SOFI tool to observe care being given. This helped us to form a view about whether people were being safely cared for. We spent some time observing people receiving care in the dining room of the first floor Memory Lane Community. During our observation we saw that people were provided with safe care. For example, they were provided with food appropriate to their dietary requirements such as pureed meals. The food provided was in line with the information recorded in people's plans of care. We saw that an agency member of staff checked with an experienced staff member to ensure that the food and drink provided to a person was appropriate. This helped to ensure this person received appropriate and safe support.

Identified risks to people's health and wellbeing were managed safely. Care records contained comprehensive risk assessments. These included tools to help staff assess and take action to reduce risks. For example, when people needed help to move or when they were at risk of developing pressure ulcers. These had been updated regularly according to people's changing needs.

Screening for the risk of malnutrition was routinely carried out and people's weight was regularly monitored. This helped to ensure that people maintained optimal health. Where people needed to have their food and fluid intake monitored, charts had been completed and staff also recorded when food supplements had been given. This helped to ensure that people's nutritional needs were being met.

There were clear plans in place to support staff to care for a person when they became distressed or agitated.

There was a team of six domestic staff. We spoke with housekeeping staff who confirmed they had completed relevant training in infection control. Regular audits of cleaning took place which included spot checks. We observed that staff wore protective clothing such as aprons and gloves whilst assisting people with their care and we observed that staff washed their hands prior to starting tasks. This helped to reduce the risk of cross infection.

Staff we spoke with understood their role and responsibility about how to keep people safe, for example if they suspected abuse. Training records showed that staff received regular training in adult protection.

We spoke with 10 people who lived at Rothsay Grange. A few people on the ground floor, whilst happy with the care provided, felt that staffing levels were not always adequate. They were particularly concerned about the number of staff on duty in the afternoon and evenings. They felt that staffing levels during these times led to delays in staff assisting them with their personal care needs, particularly when they needed support from two staff to help them to move. This had an impact upon how safe they felt. Two people on the second floor said that sometimes they did not feel safe when inexperienced care staff were assisting them. Some staff also said that as they were moved around to work in different units, this meant that they did not always have the particular skills to work effectively with people who, for example, had specialist communication needs.

We looked at the staff roster for the week of our visit. This showed the service had maintained staffing levels at a minimum of three nurses on duty each day (one on each unit). Nurses were supported by eight care staff in the mornings and by six care staff each afternoon and evening. Two people who lived on the Memory Lane Community had additional one to one support during the day. Each night one nurse and four care staff were on duty. The roster showed that new staff were on duty in addition to the usual staffing numbers, whilst they were completing their induction. This enabled them to shadow more experienced staff. The roster also showed that care and nursing staff were supported by activity staff, a team of domestic staff, administrative support and a training manager. This meant that care and nursing staff were not responsible for any other duties apart from the care and treatment needs of people at the service.

The registered manager said that staffing levels had decreased recently as the service was not full. At the time of our visit 30 people were living at Rothsay Grange and the service had capacity to accommodate up to 60 people. The registered manager said that current staffing levels were safe and they reflected people's level of dependency and their support needs. The service had a dependency assessment tool which was used to determine safe staffing

Are services safe?

levels and the registered manager said this was adhered to. The rota that we saw for the week of our visit had not dropped below the minimum staffing levels determined by the service's dependency assessment tool.

During our visit we found that staff responded quickly and appropriately to people who needed support or used their call bells. We did not witness any delays in staff responding to people's requests for assistance. As our visit took place during one day we remained concerned about people's comments about staffing levels and competencies. We discussed what people had told us with the registered manager who said she would continue to review people's needs to ensure that the staffing levels and skills remained safe.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. When this is the situation a service needs to apply to a supervisory body, in this case, adult social services to ensure that the proper processes are being followed. A recent court decision has provided a definition of what is meant by the term 'deprivation of liberty'. A deprivation of liberty occurs when 'the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements'. The service understood its responsibilities following the court decision and was taking steps to ensure applications were being made where necessary.

Are services effective?

(for example, treatment is effective)

Our findings

People who were able to tell us were generally satisfied with the standard of treatment, care and support they received. They praised the staff describing them as "helpful", "responsive"' and "wonderful". Some people were not able to tell us what they thought about the service and so during the visit we spent time observing how people experienced the care and support provided. We observed care provided over one lunchtime and saw that people were consulted and offered choices about what they would like to eat and drink. We saw that a staff member described to a person living in the home what was on their plate; they then gave them an alternative when they said they did not like it. People who needed help to eat were offered sensitive support, and were provided with suitable cutlery to help them to eat independently where possible. People told us that they were generally satisfied with the choice of food available. This provided evidence that the service provided to people was effective.

We found that the service was effective in assessing and planning people's care and treatment. People's care and treatment needs had been assessed before they moved to the service to ensure that Rothsay Grange would be suitable for them. From this initial assessment a plan of care had been devised.

People's care plans were detailed and made reference to how people wished to be cared for and supported. For example, there were instructions for staff to talk to a person using short simple sentences and we saw that staff did this when interacting with the person concerned.

Information about people's needs was shared by staff at the beginning and end of each shift. This helped to ensure that staff could support people effectively. During one handover we observed, staff discussed a person who wished only to have female care staff. They were also reminded that another person needed to have their privacy and dignity protected when they were using their ensuite toilet as this person liked their bedroom door to be left open.

We saw that people were consulted about their care and support. We looked at five people's care records. These showed that people, or their representatives, had been involved in the planning and review of their care. One person had chosen not to be involved in their care plan and these wishes had been respected and documented in their records. People's care records were updated regularly and regular reviews took place. This helped to ensure that staff were provided with accurate guidance about how to support people. One person who was considering moving to another care home had been fully involved in discussions about this.

At our last inspection we found that some care was not always provided in a way that ensured people's welfare. This related particularly to when they became distressed or agitated or when they were in pain but unable to tell staff about this. During this visit we saw this had improved. We saw care plans had clear guidance for staff about how to manage people's behaviour when they became agitated and we saw that staff followed this guidance. We found there were clear and detailed plans in place to manage and respond to people's pain. This included techniques to reduce the risk of pain developing as well as guidance on how to respond to pain when it occurred.

Some people had specific health care needs. We saw that external professionals had been consulted to ensure that people's health care needs had been planned for effectively; for example health professionals provided guidance about the management of a person's diabetes, where their blood sugars were prone to being unstable. We also saw detailed assessments and plans in place for a person who was prone to skin wounds. A nurse with a specialism in skin care had been consulted and there were plans in place to help to ensure people's skin remained intact and undamaged and to manage their wound care.

People lived in an environment which met their health, care and support needs. Corridors were wide and rooms were of a size to ensure that staff could support people when they were being cared for in bed. En suite toilet and bathing areas were large enough to allow access to wheel chairs and there were adapted bathing facilities on each floor. Large spacious dining rooms and lounges, and access to the garden, provided a number of pleasant living spaces in which people could spend their time. The dining rooms were large and enabled people to eat as part of a group or if they preferred, on their own. There was plenty of space for staff to support people effectively with their meals. The home had specialist equipment, including hoists and beds, which helped staff to move people safely and maintain people's comfort and safety.

Are services caring?

Our findings

People who lived at the service and their visitors described the staff as kind and caring. One person said, "the regular staff know what to do without me asking." Another person said staff "do the little things that make a difference."

We observed that staff knocked on people's doors and waited for a response before entering their bedrooms so that privacy was upheld. During our visit we saw that staff supported people gently and in a way that was caring and eager to meet with the person's wishes. We saw that staff monitored people's needs and responded when people asked for help or needed assistance. For example, one person had returned to bed after lunch. A member of staff took time to make sure that the person was comfortable and kept checking with the person how they felt. We saw at lunch-time that two staff on the second floor spent time assisting and supporting people to eat their meal in an unhurried and considerate way. Another person who had complex physical needs was supported to make choices about their daily life and to do the things that they were able to for themselves. This helped ensure people were able to maintain their independence. We observed that some staff clearly knew people well and spoke with them about the things that were meaningful to them.

Visitors said they were made to feel welcome and they could visit at any time. One person who lived at the service said that their family were able to bring a pet in to visit them. They valued these visits. Another said that they accompanied their wife on trips arranged by the service and they said that they appreciated this opportunity.

Most people felt that they were listened to and that they could request changes, for example to the activity schedule and said these requests would be acted on. One person said they had requested small portions for meals and staff always served their meals as they had asked.

People had privacy when they needed it. All bedrooms were single and en suite. There were a number of rooms, in addition to people's bedrooms, where people could meet their friends and relatives in private. People could choose to eat in their bedrooms or in the shared dining rooms.

Records showed that experienced staff conducted observations of other staff providing care to people in the dining room of the Memory Lane Community. At the end of the sessions they provided feedback to staff about interactions that were positive and discussed where they could communicate more effectively with people, for example by providing them with more choices.

We saw that customer care and equality and diversity was covered as part of the induction programme for all new care and nursing staff. New staff were also provided with information about relevant legislation such as the Human Rights Act, Sex Discrimination Act and Race Relations Act. This helped to ensure they adopted good working practices from the start of their employment.

One person had recently been discharged back to the service. They had arrived at the service at 9pm following a procedure which had involved a general anaesthetic that day. When this person developed complications there was a delay in admitting them to hospital as the service had followed advice to contact community services in the first instance. This meant that the immediate needs of the person were not met. Whilst staff at Rothsay Grange were following medical advice, we discussed with the registered manager that improvements were needed to ensure that people received coordinated care, treatment and support when they moved between services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found the service was responsive as people's changing needs and preferences were taken account of so that people received personalised care.

There was information available to people about the service provided. The service has a website which describes what the service offers; signposts people to the relevant Care Quality Commission inspection reports and to a care questionnaire relating to Rothsay Grange which had been completed in September 2013 and October 2013. People considering using the service were invited to drop in to have an informal discussion with the registered manager and to look around the home.

During our visit we saw there was information available to people about care and treatment provided. For example, one person's records contained a lot of detailed information about their long-term condition, and this had been shared with them. There were signs in the Memory Lane Community to help people find their way around, for example, on toilets and people's bedrooms.

We saw that staff took time to talk to people about what was important to them. These included activities of daily life such as what they wanted to eat and drink and what they would like to do during the day. We heard one member of staff take a telephone message for one person who lived in the home and saw they passed the information on straightaway to the person concerned. We observed that one person had a wish to carry out an activity which may be detrimental to their health. Staff said they had the mental capacity to make this decision. We saw that staff tried to support the person to maintain their well-being whilst respecting their rights to make their own choices.

When we visited in November 2013 we found that staff had not always acted in accordance with the Mental Capacity Act 2005 for some aspects of people's care. We told the provider they needed to take action to meet legal requirements about this and the registered manager responded that they would achieve compliance by February 2014.

We found during this visit there were suitable arrangements in place for obtaining and acting in accordance with the consent of people in relation to their care and treatment. Where people did not have the mental capacity to make a specific decision, their families had been involved in saying what the person's wishes would have been if they had been able to make choices for themselves. For two people who had declined care, we saw that their mental capacity to make these decisions had been assessed and once their lack of capacity had been determined, a best interest decision had been made on their behalf. There were plans in place to provide care in the least distressful and most respectful way. For example staff were advised to go back if people initially chose not to accept help. We observed that staff followed this advice on the day of our inspection. We found therefore that staff were acting in accordance with the Mental Capacity Act 2005.

People said they enjoyed the activities provided and liked the trips out to places in the community, such as to garden centres. We spoke to the music therapist who visited regularly. They described how appropriate activities were provided, for example, some people enjoyed educational talks, others who were more frail needed one to one interactions and so they spent time talking with them or doing activities, according to their wishes. One room in the service had been turned into a sensory lounge which staff said was well used.

We asked people if they understood the complaints procedure and if they felt able to raise any concern that they had. People varied in their views. Some people who lived at the service were not confident that any concerns would be listened to; some staff also felt they would find it difficult to raise issues with managers. Two visitors said they had made complaints in the past. They said they had been listened to and their concerns had been acted upon. However they did not feel that the responses to their concerns had always been prompt. We looked at the complaints records and found that one complaint had been recorded since our last visit. We saw this had been fully responded to in writing by the registered manager in a timely way. We discussed people's comments with the registered manager who described the work she had been doing to improve the culture of the home, for example by completing daily tours of the home, talking with people who lived at Rothsay Grange and to staff and visitors. The registered manager said that her door was "always open" for people to discuss any concerns they had.

Are services well-led?

Our findings

The service was well-led as it promoted a positive culture that was centred on people's needs.

The service had a management structure which supported the smooth running of the home. There was a registered manager in post. A registered manager is the person who is in day-to-day charge of the service. Rothsay Grange had also recently appointed a deputy manager. The registered manager said that three heads of unit had been appointed, one for each floor. All were registered nurses. One head of unit was already in post and the registered manager said the other two would take up their official posts soon. This would help to increase the consistency of support to people living on each unit.

The registered manager discussed efforts made to recruit staff and in particular the difficulties of recruiting nursing staff to the service. Barchester had made efforts to resolve this by having a recruitment drive for nurses from overseas. This had had some success and some additional nurses had been recently recruited.

We considered how the service ensured that staff had suitable skills and competencies to meet the diverse need of people living at the service. The home had a training manager who told us they were providing a programme of training, which included an in-depth course related to dementia. A number of staff working in the care of people living with dementia were attending this course.

We saw a training schedule which showed there were regular training courses which covered key health and safety areas such as fire safety and safeguarding and also more specific subjects such as dysphasia (dysphasia is a partial or complete impairment of the ability to communicate resulting from brain injury) and falls prevention.

Five people were living on the second floor, three of whom had complex needs in terms of their care and support. There were two care staff and a nurse allocated to work on this floor. Three people on the second floor told us they did not always feel confident that all staff assigned to this part of the home had the skills and experience to meet their needs. Some staff also told us this. We discussed this with the registered manager at the time of our visit. A visiting professional said that a lot of staff who received specific training about how to support people had left the service. They said this made it difficult to give the continuity of support people needed, given their complex needs. The registered manager said she always tried to ensure there was one member of staff on duty on this floor who knew people's needs well. The registered manager expressed a commitment to "get this right" and to listen to the views of people to ensure they felt cared for by people who had the necessary experience to meet their needs.

The manager explained the work that had taken place to improve the culture of the home. This included daily walk rounds during which time she talked with and observed care of people who lived at Rothsay Grange and talked with staff. Additional training for staff had also been provided for example, about the importance of providing people with choices.

Staff had the opportunity to feedback any concerns in staff meetings or in the daily seniors meetings where any specific issues about the wellbeing of people who lived at Rothsay Grange was discussed.

We saw there were good quality assurance processes in place. The registered manager was being supported by another manager from Barchester who was assisting her to improve and develop the service. Whilst we were visiting another senior manager from Barchester was at the service. They were carrying out a visit to monitor whether the service was meeting the essential standards of quality and safety. We saw records of previous visits by senior managers. These were detailed and included reviews of care and support records, discussions and observations of residents, discussions with staff and a tour of the premises. Complaints and any incidents were reviewed. A plan was drawn up and checked at the next visit to ensure that any identified actions had been completed.

We saw that a record was kept of accidents and incidents within the home. These had been seen by the registered manager who signed to confirm that any action required to reduce the risk of reoccurrence had been taken. This demonstrated that the service had a number of monitoring checks in place and we found that the actions taken since our last visit had improved the quality of the service.

At previous visits we had said the service was not meeting some essential standards of quality and safety for people. This related to how the service responded to people who

Are services well-led?

lacked capacity to consent to their care or treatment; in how the service managed people's pain relief and how they supported staff by means of regular supervision and annual appraisals.

We saw evidence that all of these areas of concern had been addressed. The registered manager had worked hard to increase staff knowledge and improve processes regarding people's consent to care and treatment. These included putting resource files in each part of the home which contained information about the Mental Capacity Act. Staff had signed to show they had read and understood this. There had also been further training and supervision for staff on this subject. We saw also there were clearer processes in place to help staff to effectively manage people's pain relief.

The programme for staff supervision had only recently been improved and had yet to have an impact upon some staff who told us they had not been regularly formally supervised by having one to one meetings with a senior. One member of staff told us for example, that they had "not received supervision for a long time". Another senior staff told us that they were booked to attend a course to enable them to carry out supervisions for other staff. Records we saw showed that some staff had received formal supervision sessions and other staff had supervision sessions booked for dates in the near future. The training manager told us they tried to ensure that new staff were allocated to work with experienced staff as part of their induction. We saw this was happening on the day of our visit. This helped to ensure that staff were appropriately supported to carry out their roles and responsibilities.