

# Church View (Nursing Home) Limited

# Church View (Nursing Home)

## Inspection report

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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

We carried out a comprehensive inspection of Church View (Nursing Home) on 27 February, 1 and 4 March 2019. The first day was unannounced.

Church View (Nursing Home) is registered to provide nursing and personal care for up to 40 older people, younger adults and people living with dementia. There is a separate unit for people living with dementia, which has its own lounge and dining area. Accommodation is provided on the ground floor. There are gardens and a car park for visitors and staff. The home is situated in a quiet residential area in Accrington, close to local amenities. At the time of our inspection there were 20 people living at the home.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and we looked at both during this inspection.

At the time of the inspection, there was a registered manager in place who was responsible for the day to day running of the home. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 19 and 22 June 2018, we found a breach of the regulations relating to a failure to provide people with safe care and treatment. Following our inspection, the provider sent us an action plan and told us that all actions would be completed by 30 September 2018. We also found a breach of the regulations relating to the provider's failure to have oversight of the service and to assess, monitor and improve the quality and safety of the service. We issued a warning notice and required the provider to be compliant by 10 September 2019.

At this inspection we found that many improvements had been made and all of the regulations reviewed were being met. However, many improvements were in the early stages and it is necessary for the provider to provide evidence that the improvements made are being sustained over time.

People told us they were happy with staffing levels at the home and never waited long when they needed support.

We found evidence that people's medicines were administered safely and people told us they received their medicines when they should. Some minor improvements were needed to some medicines practices. Records showed that the registered manager had identified the improvements that were needed during recent audits and was in the process of introducing the necessary changes.

Staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or

the risk of abuse.

People received appropriate support with their nutrition, hydration and healthcare needs. Referrals were made to community healthcare professionals to ensure that people received appropriate support.

We found that people were supported and encouraged to take part in a variety of activities and some people were supported to go out. People told us they were happy with the activities and entertainment provided at the home.

Staff received an effective induction and appropriate training. People felt that staff had the knowledge and skills to meet their needs.

People told us they liked the staff who supported them and that staff were caring and respected their right to privacy and dignity. We observed staff encouraging people to be independent when it was safe to do so.

Staff communicated effectively with people. People's communication needs were identified and appropriate support was provided. Staff supported people sensitively and did not rush them when providing care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

People told us that they received care that reflected their needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines and how they liked to be supported.

The registered manager sought feedback from people living at the home about the support they received. We saw evidence that she used the feedback received to develop and improve the service.

People living at the service and relatives were happy with how the service was being managed. They found the registered manager and staff approachable and helpful.

A variety of audits and checks were completed regularly by the registered manager. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home. We found that the provider had oversight of the service. He received regular reports from the registered manager and they met regularly to discuss the service, including any concerns. This meant that the provider could be assured that people were receiving safe care which met their needs.

## 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 consistently safe.

We found that the service managed people's risks appropriately and provided people with care that met their needs. However, improvements in the management of people's risks had not been in place for long and evidence is required to demonstrate that the improvements made are sustained over time.

People living at the service and their relatives felt there were enough staff available to meet people's needs.

There were appropriate policies and practices in place for the safe administration of people's medicines.

The registered manager followed safe recruitment practices when employing new staff, to ensure they were suitable to support people who lived at the home.

### Is the service effective?

**Good** 

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005. Where people needed to be deprived of their liberty to keep them safe, applications had been submitted to the local authority.

Staff received an appropriate induction and relevant training that was updated regularly. They received regular supervision. People felt that staff had the knowledge and skills to meet their needs.

People were supported appropriately with their nutrition, hydration and healthcare needs. They were referred to community healthcare professionals when appropriate.

### Is the service caring?

**Good** 

The service was caring.

People told us they liked the staff who supported them. They

told us staff were caring and kind. We observed staff treating people with respect and kindness.

People told us staff respected their right to privacy and dignity. We saw staff involving people in everyday decisions about their care.

People told us they were encouraged to be independent and we observed this during our inspection.

### Is the service responsive?

Good 

The service was responsive.

People were supported to take part in a variety of activities at the home and told us they were happy with the activities available.

People received individualised care that reflected their needs and preferences. Staff knew the people they supported well.

People's needs and risks were reviewed regularly and care records were updated to reflect any changes. This meant that staff had up to date information to enable them to meet people's needs effectively.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The service had a registered manager in post who was responsible for the day to day running of the home.

People who lived at the home and their relatives felt the home was managed well and the staff and registered manager were approachable.

Staff felt that the registered manager had made many improvements to the service. They felt well supported by her.

The registered manager regularly audited and checked many aspects of the service. We found that the audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home. However, many of the improvements made at the home were in the early stages and evidence needs to be provided that they can be sustained over time.

The provider had oversight of standards of care and support provided at the home. This meant he could ensure action was

taken in a timely way if improvements were needed to ensure that people received safe, effective care.

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# Church View (Nursing 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 checked whether the provider was 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 was a comprehensive inspection.

The inspection took place on 27 February, 1 and 4 March 2019. The first day was unannounced. The inspection was carried out by an adult social care inspector, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including previous inspection reports, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the provider is required to send us by law. We contacted Healthwatch Lancashire for feedback about the service. Healthwatch Lancashire is an independent organisation which ensures that people's views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

During the inspection, we spoke with five people who lived at the service and four relatives. We also spoke with four care staff, two nurses, the registered manager, the service provider and two visiting health care professionals. We looked in detail at the care records of two people who lived at the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records. Following the inspection we contacted one relative and five people's independent advocates for feedback about the care provided at the home.

As a result of concerns about standards of care at the home, in August 2018, the service became subject to

Lancashire County Council and East Lancashire Commissioning Group's Quality Performance and Improvement Planning (QPIP) process. As a part of this process, documentation and practices at the home were reviewed and discussed during regular meetings involving a variety of stakeholders, including CQC. This process was instigated to ensure that the service provider achieved the improvements necessary for people living at the home to receive safe and effective care.



## Is the service safe?

### Our findings

At our previous inspection in June 2018, we found a breach of Regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010. This related to a failure to provide people with safe care and treatment. Numerous complaints, whistle blowings (staff reporting poor practice) and safeguarding concerns relating to abuse and neglect had been raised about the home, many of which had been investigated by the local authority and found to be substantiated. During this inspection we found that significant improvements had been made. However, the provider needs to provide evidence that the improvements made have been built on and sustained over time.

A safeguarding policy was available and records showed that staff had completed safeguarding training. The staff we spoke with understood how to safeguard adults at risk and how to report any concerns. Eleven safeguarding concerns had been raised about the service since the previous inspection. These related to a variety of issues including neglect, poor staff attitude and behaviour, people not receiving adequate support with their personal hygiene and a lack of appropriate action when people experienced weight loss. Following investigation by the local safeguarding authority, most of the concerns had been substantiated. Most of the safeguarding concerns were raised within four months of the last inspection and only one was raised in 2019. This was due to an improvement in standards of care at the home. We saw evidence that lessons learned from the safeguarding concerns were shared with staff through staff meetings and supervisions.

People we spoke with told us they received safe care and they felt safe at the home. Comments included, "I'm very safe here" and "Staff move me and I feel safe".

The service had a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff.

People living at the home and their relatives felt there were enough staff on duty to meet people's needs. One person commented, "If you press the buzzer they come right away, just five minutes that's all and then they come". Another told us, "Yes, there are enough staff. At night times I can press my buzzer and someone comes. They are normally very good".

We reviewed the staffing rotas for four weeks, including the week of our inspection, and found that the staffing levels set by the service had been met on all occasions. The staff we spoke with felt that the staffing levels set by the home were appropriate to meet people's needs and told us that people did not wait long for support. The registered manager told us that agency staff were used when shifts could not be covered by permanent staff. She explained that regular agency staff were used who had become familiar with the home and the needs of people living there. We saw evidence of this on the rotas we looked at. The registered manager told us that the service was in the process of recruiting for nurses for days and nights, care staff for nights and a deputy manager. She told us she also hoped to build up a small number of bank staff to help cover periods of staff sickness or holidays. This would help to ensure that people were supported by staff

they knew.

Risk assessments were in place for each person, including those relating to falls, moving and handling and nutrition and hydration. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. They were updated regularly. Any changes in people's risks or needs were documented and communicated between staff during shift changes. This meant that staff had up to date information about people's needs and risks and were able to support them effectively.

Records had been kept in relation to accidents and incidents that had taken place at the service, including falls. We found that appropriate action had been taken to manage people's risks, including referrals to their GP and the local falls team. Sensor mats were in place to alert staff if people who were at a high risk of falls tried to move independently. Falls records were reviewed by the registered manager weekly and quarterly, to identify any patterns or trends and to ensure that appropriate action had been taken. This helped to ensure that people's risk of falling was managed appropriately.

We looked at how people's medicines were being managed at the home. We reviewed the medicines and records about the management of medicines for nine people. We found that improvements in the management of medicines had been made since our last inspection and medicines were mostly managed safely. Systems for storing, ordering, administering and recording medicines were in place. Medicines training and staff competence assessments were all up to date. Some people did not have any guidance in place to assist staff when giving their 'as required' (PRN) medicines or for medicines prescribed with a choice of dose. We also noted that when doses of people's medicines were changed by a health care professional, the change was not always actioned in a timely manner. The registered manager was aware of these issues and was working to resolve them. Audits and checks on medicines were made and when concerns were found actions were taken. People told us they received their medicines when they should.

We looked at the arrangements in place for protecting people from the risks associated with poor infection prevention and control. Domestic staff were on duty on all three days of our inspection and we observed cleaning being carried out. Daily and weekly cleaning schedules were in place. The registered manager was the infection control lead and was responsible for monitoring infection control standards at the home. We found the home to be clean and free from odours. People living at the home and relatives told us it was clean. One person commented, "It's nice and clean. They Hoover the bedroom carpet every day and wipe the tables down. They change the bed every other day". We noted that the service had been given a Food Hygiene Rating Score of 5 (Very good) in February 2018.

People living at the home told us staff supported them regularly with their personal hygiene needs. However, one relative told us that although standards of care had improved at the home, there were still issues with staff making sure their family member was clean and checking their skin integrity regularly. We reviewed some personal care/bath records. We noted that while some people were having a bath or shower two or more times each week, records suggested that not everyone was having a bath or shower at least once a week. We discussed this with the registered manager. She told us she would remind staff to document clearly when people refused support with personal hygiene, to offer support again later the same day or on subsequent days and to document this.

We found that records were managed appropriately at the home. People's care records were stored in the office and were only accessible to authorised staff. Staff members' personal information was stored securely in a locked cabinet and only accessible to the registered manager.

We looked at the recruitment records for two members of staff and found the necessary checks had been

completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists and bath chairs. Checks on the safety of the home environment had been completed, including gas, electrical and fire safety checks. Legionella checks had also been completed. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. We noted that some actions remained outstanding from the last legionella risk assessment. We discussed this with the provider, who arranged for an updated risk assessment to be completed following our inspection and assured us that any necessary actions would be completed in a timely way. We will check that this is done. Shortly after the inspection the provider sent us evidence that water systems at the home had been tested for legionella bacteria and no concerns were found.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a business continuity management plan in place, which provided guidance for staff in the event that the service experienced a fire, flooding or a loss of amenities such as gas or electricity. This helped to ensure that people continued to receive support if the service experienced difficulties.

# Is the service effective?

## Our findings

People told us they were happy with the care they received and they felt staff had the knowledge and skills to meet their needs. Comments included, "I get on with all the staff. They work hard, they are good staff here. It's a good nursing home here, I think it's one of the best", "It's excellent, it's a good place" and "The staff seem to know all their jobs". One relative told us, "I feel it's improving. Things seem to have improved since December". Another told us, "The home is much improved. The supervision of residents is better and staff are more engaged. There's always a staff member in the lounge now".

Records showed that an assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. This helped to ensure that the service was able to meet people's needs before they came to live at the home.

Each person's care file contained information about their medical history and any allergies. We saw evidence that staff sought medical attention when it was needed and people had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, podiatrists and speech and language therapists. The service used a digital 'telemedicine' service provided by Airedale NHS Foundation Trust. The service enables communication between the Trust's clinical staff and staff at the home via a secure video link and helps to avoid 999 calls and people being admitted to hospital.

Two visiting healthcare professionals provided positive feedback about the care provided at the home. One commented, "We have no concerns or issues with the home. They refer to us when they should and follow our advice. There are always staff about when needed". Another told us, "We have no concerns at present. They have made vast improvements, they've worked hard. They're really engaging well with us and contacting us when they need support. They have a good knowledge of people's needs and risks and communication has improved. There's really good leadership and staff are working well together".

The service used 'The 'Red Bag Relay' scheme, when people were attending hospital. The scheme involves ensuring that necessary information such as a person's medicines administration record, and personal items such as a change of clothes, go with a person when they attend hospital. This helps to ensure that important information is shared when people move between services.

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).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people needed to be deprived of their liberty to keep them safe, appropriate applications for authorisation had been submitted to the local authority. Staff had completed MCA training and the staff we spoke with understood the importance of gaining people's consent and providing additional information when necessary to help people make decisions.

We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. Where they were able to, people had signed to document their consent to staff providing them with support, for example in relation to managing their medicines. Where people were unable to consent to their care, we saw evidence that their relatives had been consulted.

Records showed that staff received a thorough induction when they joined the service and completed mandatory training which was updated regularly. This included fire safety, health and safety, moving and positioning, first aid, basic life support, safeguarding, MCA, dementia awareness and infection control. In addition, a number of staff had completed training in mental health awareness, nutrition and health, managing falls and pressure care. This helped to ensure that people were supported by staff who had the knowledge and skills to meet their needs safely.

Staff told us they received regular supervision with the registered manager or one of the nurses and could raise any concerns and make suggestions. The staff we spoke with were clear about their roles and responsibilities, which were addressed during their induction, supervision, staff meetings and regular training updates.

Care plans and risk assessments included information about people's nutrition and hydration needs, preferences and intolerances. Where there were concerns about people's diet or nutrition, increased monitoring was in place and appropriate referrals had been made to community healthcare professionals. The care staff and kitchen staff we spoke with were aware of people's dietary requirements. People told us they were happy with the meals available at the home and were given lots of choice.

We saw people having lunch during the inspection. The food looked appetising and portions were adequate. Tables were set with condiments, napkins and artificial flowers. The atmosphere was relaxed and people were offered choices. Staff were attentive to people's needs and people were given the time they needed to have their meal.

We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff, and hoists were available for people with restricted mobility. We found that furniture and furnishings were comfortable and people had personalised their rooms to reflect their tastes and make them more homely.

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and they found staff kind and caring. Comments included, "They are very nice. I'm happy here", "I like it here, they look after you" and "They are very kind and caring. All the girls know me well".

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They gave examples of people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. Staff felt they had enough time to meet people's individual needs in a caring way.

Communication between staff and people who lived at the home was good. We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective and that staff were able to meet people's needs.

Staff were friendly and affectionate towards people. We saw that people were relaxed around staff and we observed humour and playful banter between people living at the home and staff members. We saw that people felt able to approach staff and the registered manager and felt able to ask questions and request support when they needed it. We observed staff providing people with reassurance and comfort when they were upset.

We noted that where people were able to, they had signed their care plan to demonstrate that their needs had been discussed with them. During our inspection we observed staff involving people in everyday decisions about their care, such as what they would like to eat or drink and where they wanted to spend their time.

We observed staff encouraging people to be as independent as possible, for example when they were moving around the home. One person told us, "I'm independent as far as I'm able".

People living at the home and their relatives told us staff respected their right to privacy and dignity. Comments included, "The staff are very kind. They always knock on the door before they come in, they respect your privacy", "The staff are very polite" and "Yes, they respect me. They are very good staff". We observed staff speaking with people respectfully and using their preferred name.

People's right to confidentiality was protected. Staff signed a confidentiality agreement when they joined the service and people's personal information was only accessible to authorised staff. We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors.

The service user guide issued to people when they came to live at the service provided a variety of information, including the services available, health and safety and how to make a complaint. The

registered manager told us it could be provided in other formats if necessary and we saw that a copy had been provided to a person in large print.

We found that people's relationships were respected and people told us there were no restrictions on visiting. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. One person told us, "The family come when they want. They can come in the evening and some come on my birthday and at Christmas".

Information about local advocacy services was on display. People can use advocacy services when they do not have friends or relatives to support them or if they want support and advice from someone other than staff, friends or family members. The registered manager told us that six people were being supported by an independent advocate at the time of our inspection. We contacted people's advocates for feedback about the service and have included the feedback received in this report.

## Is the service responsive?

### Our findings

People told us that staff at the home knew them and they received care that reflected their individual needs and preferences. Comments included, "Yes, they know what I like. They are suited to me" and "Oh yes, the staff know my likes and dislikes". People told us they were able to make everyday choices. One person commented, "We've got freedom, we do what we want. We go to bed when we want and we have a choice of meals".

One of the concerns which had resulted in the home becoming subject to the QPIP process, related to care documentation at the home not always being up to date and reflecting people's risks and needs. As part of the improvements at the home, the registered manager was reviewing and updating everyone's care documentation. At the time of our inspection, 18 people's documentation had been fully reviewed and updated. The registered manager told us that the remaining two care files would be reviewed within a couple of days. The care files we reviewed included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care files were personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff to reflect people's preferences. The care documentation we reviewed was up to date and accurately reflected people's needs and risks.

People's care documentation included information about their religion, ethnic origin and sexual orientation. This meant that staff had an awareness of people's diversity and what was important to them.

We looked at whether the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must 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. We found that the provider was complying with the standard. People's communication needs had been assessed and documented and people were receiving appropriate support.

We looked at the activities and entertainment available to people at the home. The service had an activities co-ordinator who worked Monday to Friday. Daily activities were displayed on the board in the entrance area and the activities co-ordinator spoke with people each morning to tell them what was planned and to find out what they would like to do. She told us she also provided some one to one support to people, involving things like hand massage and reminiscence. People told us they were happy with the activities and entertainment available. Comments included, "I like the dancing and I do a lot of knitting" and "You get choices with every activity and going out every so often". Records were kept of the activities that people took part in and enjoyed, so that the activities co-ordinator had a record of people's interests to help her plan future events and activities. We noted that regular activities included arts and crafts, movie afternoons, bingo and dominoes. Entertainers visited the home regularly and we saw that a male vocalist was visiting on 13 March 2019. Three people regularly attended a local dementia café and there were plans for people to go out for a pub lunch regularly. During the inspection we saw people watching television, reading and taking part in arts and crafts.



A complaints policy was in place which included details of how to make a complaint and the timescales for a response. Information about how to make a complaint was also available in the service user guide. We found evidence that complaints had been investigated appropriately and a response provided, which included an apology where improvements were needed. Most people we spoke with had not made a complaint but told us they would feel able to if they needed to. One person commented, "When I first came I had complaints. I get on with all the staff and talk about any complaints. It's a good idea".

No-one was receiving end of life care at the time of our inspection, though anticipatory medication was in place for one person to ensure it was available if needed. Six staff had completed end of life care training and a further 13 staff were due to attend training in April 2019.

## Is the service well-led?

### Our findings

At our last inspection in June 2018, we found a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2010. This related to a failure by the provider to assess, monitor and improve the quality and safety of the service. In the six months or so before that inspection, concerns had been raised by the local authority and a number of health and social care professionals who visited the home, about deteriorating care standards and a lack of effective management at the home. We found there had been a lack of provider monitoring and oversight of the home and a failure to identify when standards were slipping and to take action to address this at an early stage.

During this inspection we found that improvements had been made in this area. The registered manager had taken over the day to day management of the home following our last inspection and had subsequently registered with CQC as the registered manager in November 2018. Records showed that the registered manager was completing a variety of regular checks and audits, which included infection control, health and safety, falls, equipment and the home environment. Care records such as food and fluid charts and weight charts were being checked regularly, to ensure that staff were completing them appropriately and to ensure that action was taken where concerns were identified. This helped to ensure that people received safe, effective care and were referred appropriately to community healthcare services. However, many of these improvements and checks had not been in place for long and further evidence is required to demonstrate that these improvements are maintained over time.

Records showed that action plans were in place where audits had identified areas that needed to be improved. The action plans were reviewed and updated regularly and recorded when improvements had been made. We found that the audits completed had been effective in ensuring that appropriate standards of care and safety were being achieved at the home.

We found that since the last inspection, the provider had become more involved in the management of the home. He met with the registered manager regularly to discuss the service and to ensure he remained up to date with any concerns or issues identified. In addition, the registered manager submitted a monthly report to the provider, updating him about issues including staffing, complaints, safeguarding concerns, care documentation, audits and the home environment. This meant that the provider had oversight of the service, was aware of any concerns and could ensure that any necessary improvements were made in a timely way.

The registered manager told us that she felt more supported by the service provider than she had previously and could ask for support if she had any concerns. She felt that the increased involvement of the provider meant that the management of the service had become more of a shared responsibility, which reduced the pressure she felt to manage all of the improvements herself.

People living at the home and their relatives knew the registered manager and were happy with the way the service was being managed. Comments included, "It's managed very well. They know I'm happy here", "It's calm and organised and you are cared for. They have a nice routine here" and "Now we've got a really good

manager, there's been a vast improvement".

People told us that the staff and the registered manager were approachable. Comments included, "It's certainly not like they dictate to you. The owner is very nice" and "Staff are quite approachable and courteous. None of the girls I have any sort of quibbles about, that's important to say".

One person's advocate told us there had been significant improvements at the home since the registered manager had taken over and the service had been involved in the QPIP process. They commented, "[Registered manager] is very proactive regarding [person]. She has kept me up to date and all care documents were updated and accurate. I have no concerns".

During our inspection we found that the home was organised and had a relaxed atmosphere. The registered manager was able to provide us with the information we requested quickly and easily and was familiar with the needs of people living at the home. We observed her communicating with people who lived at the home, visitors and staff in a friendly and professional manner.

All of the staff we spoke with felt there had been improvements at the home since the last inspection. Comments included, "Everything's improved since [registered manager] took over. Things are more a lot more positive. Staff are clear about their roles and it's got a good atmosphere. Some staff have gone. Now staff morale is good and everyone gets on", "Things have improved massively, like the environment, the documentation and the carers. I would be happy to have family living here now but I wouldn't have previously" and "There have been big improvements. It's a lot more calm and organised now. Management make sure residents and staff's needs are met" and "[Registered manager] is a brilliant manager. She always has time to listen to the staff and residents and she makes sure staff are doing what they should be doing. I enjoy coming to work now".

Staff told us staff meetings took place regularly and they could raise concerns and make suggestions. One staff member commented, "We can add things to the agenda if we have any issues. We feel listened to".

A questionnaire had also been issued to staff in September 2018, when 15 responses were received. We noted that staff had expressed high levels of satisfaction about a number of issues, including the management team, response to complaints and concerns and standards of care at the home. We saw evidence that lower scoring areas were being addressed. For example, additional equipment had been purchased and additional training had been arranged for staff.

People told us their feedback about the service was sought during regular residents meetings. One person commented, "I go when I can. They ask us if anyone would like to say anything about things like the laundry and the meals. I always say the laundry comes back nice and clean and pressed". Another told us, "You can voice your opinions on things, it's good".

The registered manager told us that satisfaction questionnaires were given to people living at the home each year, to gain their feedback about the service. We reviewed the results of the questionnaires issued in September 2018, when eight questionnaires were completed. We saw that people had expressed a high level of satisfaction with most areas of the service, including social activities, meals, cleanliness and staff treating them with dignity and respect. One person had expressed dissatisfaction with how complaints were managed and the registered manager provided evidence that action had been taken to address their concern.

We saw evidence that the service worked in partnership with a variety of other agencies. These included

community nurses, GPs, podiatrists, opticians, hospital staff, dietitians, speech and language therapists, social workers and advocates. This helped to ensure that people received support from appropriate services and their needs were being met.

We noted that a number of improvements had been made to the home environment since the last inspection, including the redecoration of some bedrooms and new flooring in a lounge and dining room. The registered manager showed us the improvement plan for the home, which included the redecoration of more bedrooms and some communal areas and new flooring in some areas of the home. The improvement plan stated that all improvements would be completed by 31 May 2019.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The provider was meeting the requirement to display their rating from the last inspection.