

The Trustees of the Earley Charity

The Liberty of Earley House

Inspection report

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21 June 2018
25 June 2018

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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 20, 21 and 25 June 2018 and was unannounced on the first day, with days two and three being announced.

At the previous inspection in January 2017 we found breaches of Regulation 12 regarding medicines management, Regulation 17 regarding governance and oversight and Regulation 18 regarding staff support.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe, Effective and Well-led, to at least good. The service submitted an action plan which detailed the steps proposed to address the breaches identified.

At this inspection we found the majority of these actions had been carried out or were in process, although the service had not recruited a deputy manager as stated in the action plan. This placed additional burdens on the registered manager to maintain effective overview of the service. The trustees had provided some additional support through a series of six-weekly meetings with the manager to provide an opportunity for issues to be brought to their attention and discussed.

Improvements had been made to medicines recording and administration practice to significantly reduce the number of reported errors and omissions. Identified health and safety-related environmental works had been completed. Staff had been provided with regular support through supervision and the majority had now had a performance appraisal to explore their progress and learning needs. Sufficient improvements had been made that there were no longer breaches of these regulations. However, the provider needed to evidence their ability to sustain the improvements.

Some issues identified during this inspection were dealt with immediately following the inspection. The trustees and registered manager should identify ways to ensure they do not recur. These issues are referred to within the body of the report.

The Liberty of Earley House 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. The service provides support for up to 35 people with needs associated with old age. People each have their own bedsit or flat with kitchenette and en-suite toilet/shower. Facilities are arranged over two floors served by a passenger lift. At the time of this inspection there were 19 people receiving support.

A registered manager was in post as required. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were generally safe in the service. Appropriate risk assessments had been carried out, with one exception, to identify potential risks and action had been taken to mitigate them. Better oversight of health and safety matters had been exercised since the previous inspection, as evidenced by the prompt response to the Legionella risk assessment, received during the inspection.

People felt safe and said staff treated them with kindness. No one raised any concerns about staff approach or attitude as had been the case at the previous inspection.

People and staff regularly commented that at times they felt staffing levels were not sufficient to meet people's needs. People noted that at times they had to wait too long for a response to their call bell.

The service had a robust staff recruitment process which included all required actions. However, we identified some gaps in required records which could have put people at risk. These were addressed following the inspection.

People felt the service met their needs and provided them with effective care. They gave us positive feedback about the approach of staff, who they said supported them to do as much as possible for themselves. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People's rights, privacy and dignity were respected by staff. Their spiritual and other diverse needs were provided for.

People were provided with effective support to meet their dietary and healthcare needs and were consulted when planning menus.

People's views about the service were sought and acted upon. People felt they had opportunities to raise any concerns and that they would be listened to.

A range of suitable activities and events were provided which people could choose to take part in if they wished. People's views and suggestions about activities were sought during regular residents' meetings.

The registered manager failed to notify the Care quality Commission as required by law, of one incident, although it was investigated at the time. The notification was provided retrospectively after the inspection. Other matters requiring notification had been reported.

The registered manager had a range of systems in place to monitor the day to day operation of the service and reported on a six-weekly basis to the trustees. This helped ensure improved governance over the service's operation.

Staff understood the ethos of the service as it had been established. However, the increased dependency of more recent admissions put additional pressures on aspects of their work such as monitoring of people's well-being in their flats.

This is the second consecutive time the service has been rated 'Requires Improvement'.

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 safe with regard to all aspects of care.

Significant improvements had been made in respect of medicines management and health and safety. However, we needed to be sure these would be sustained.

The service had an appropriate system of pre-appointment checks for potential staff. However, omissions in recruitment records, although corrected following the inspection, could have presented some risk to people's safety.

Failure to complete baseline risk assessments for the most recent admission, could have placed them at risk of receiving inadequate or inappropriate care.

Concerns were raised by people and staff, about staffing levels leading to people having to wait too long to receive support at times.

Is the service effective?

Good 

The service was effective.

Improvements had been made in the regularity of staff support through supervision. Progress had been made in providing more staff with annual appraisals.

People felt the service met their needs and provided effective care. They made positive comments about the approach of staff and felt they supported them to do as much as possible for themselves.

People's rights were respected by staff. People were provided with effective support with their dietary and healthcare needs.

Is the service caring?

Good 

The service was caring.

People felt staff and the service were caring and that staff were kind.

People were treated with respect for their rights, dignity and privacy.

Their spiritual and other diverse needs were recognised and supported.

Is the service responsive?

Good ●

The service was responsive.

People felt their needs were responded to and addressed satisfactorily apart from some delays in response times.

People said their wishes and preferences were sought as part of planning their care.

People were offered a range of appropriate activities and entertainment and encouraged to take part in what they wanted.

People's views about the service were sought through face to face conversations and surveys and their suggestions acted upon.

Is the service well-led?

Requires Improvement ●

The service was well led for the most part.

The observed improvements in governance by the trustees will need to be sustained. New issues needed to be fully addressed in a timely way.

The registered manager needed to ensure all notifiable incidents were submitted to the CQC without delay as required and that necessary baseline assessments were always completed in a timely way for new admissions.

The ongoing absence of a deputy manager meant the registered manager was responsible for maintaining an effective overview of all aspects of the service.

The Liberty of Earley House

Detailed findings

Background to this inspection

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

This inspection took place on 20, 21 and 25 June 2018. Day one was unannounced, with days two and three being announced. The inspection was carried out by one inspector.

The service had submitted a provider information return (PIR), in January 2018. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed the information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about.

During the inspection we spoke with four people using the service, two relatives, the registered manager, the administrator and five other staff. We examined a sample of five care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including, training and supervision records and medicines recording. We observed interactions between people and staff during lunch on the first day and at intervals throughout the inspection.

Is the service safe?

Our findings

At the previous inspection in January 2017 we rated the service 'Requires Improvement' in the 'Safe' domain. We found concerns regarding the level of medicines errors which placed people at potential risk of harm. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014.

At this inspection, we found significant improvement in term of medication errors. There were only two recorded errors in the previous 12 months. These had been investigated by the registered manager to identify any possible further improvements. Neither incident had resulted in harm to people. Both had been appropriately reported by the staff on discovery and medical advice had been sought regarding any actions needed. The staff involved were required to re-do the medicines training and had their competency re-assessed.

Since the last inspection the trustees had engaged an external consultant to review all aspects of the service, including the issues found relating to medicines management. They identified a range of issues relating to medicines which led to further actions. Issues were also identified in the pharmacist's inspections in June 2017 and January 2018, which had since been addressed.

At this inspection, the medicines systems in place were found to be effective at safeguarding people. Care staff and seniors had been trained/retrained, their competency assessed and medicines records were checked at the end of each day as well as weekly. The administering staff member wore a 'do not disturb' tabard to reduce the risk of interruption. Wherever possible, two staff carried out medicines administration to enable each occasion to be witnessed. Medicines administering staff had been issued with a copy of nationally recognised guidelines on the management of medicines in residential care to remind them of their responsibilities. They had all signed a medicines improvement plan for the service. Posters had been put up in medicines rooms to remind staff about recording. Ongoing staff vacancies and the lack of management support, meant the senior management daily oversight of medicines, as stated in the service's action plan, was not always possible. This potentially increased the risk of delays in responding to any identified issues.

At our previous inspection in January 2017, we identified concerns regarding the trustees' response where health and safety concerns were identified. At this inspection, we found people were safer because improvements had been made in terms of the health and safety issues identified at the January 2017 inspection. At the time of that inspection we found delays in addressing electrical testing and fire safety remedial works, which were not completed until June 2017. A gas safety inspection was overdue but was arranged immediately following that inspection. It was not known whether all hot water outlets were protected by thermostatic safety valves. The service had arranged for immediate examination and testing of these safety devices.

At this inspection in June 2018 we found steps had been taken to address the above concerns and remedial works had been completed. A series of ongoing monitoring checks had also been established to maintain

safety, which were being carried out. A new health and safety policy had been drafted in June 2017, but had not been approved by the trustees until January 2018, which had led to some delays in getting works carried out. Since then regular monthly health and safety inspections have taken place in accordance with the improvement plan devised. Additional safety items had been obtained, including five specialist mats to enable the evacuation of people with mobility issues in the event of fire.

Potential risks to people were identified during a Legionella risk assessment of the premises, carried out by a specialist contractor in May 2018. This identified numerous issues requiring work, with various levels of urgency, some of which were deemed 'high priority'. The report was received by the service on June 21 2018. The trustees had authorised work to commence on the high priority works promptly and all required works would then need to be completed within acceptable timescales.

Other health and safety servicing and monitoring check had been carried out as required to ensure risks to people were minimised. These included in-house fire safety checks, electrical appliance and other testing. General infection control standards were monitored and action had been taken where issues had been identified.

People all told us they felt safe in the service and said staff treated them well. One person told us, "They [staff], are very protective, I feel safe here, absolutely." Other comments included, "I feel safe here," "I'm happy here, I feel safe,"

Staff were aware of their responsibilities to safeguard people from abuse and knew how to report any concerns. Staff had attended training on safeguarding. They were confident the registered manager would act on any concerns brought to her attention. Where safeguarding concerns had arisen, they had been reported and appropriate action taken to address them.

Most people were protected by appropriate risk assessments. These had been carried out and action taken to mitigate identified risks, except in the case of the most recent admission, two weeks prior to inspection. In this case baseline risk assessments such as for falls, nutrition/hydration and skin integrity had yet to be completed. Although some of the necessary information was contained in the pre-admission assessment, this meant key information was not yet part of the care plan used by staff. The registered manager ensured these documents were completed following the inspection. However, the absence of this information from the care plan could have put the person at risk of harm in the period until it was addressed.

The service had a suitable recruitment system in place to carry out checks on potential staff to ensure their suitability to provide care to people. However, there were some shortfalls in the documentary evidence required to demonstrate the service had followed its own procedures. One person's personnel file contained no copies of documents confirming their identity and another contained no evidence of a check on the person's health. These shortfalls were addressed following the inspection and evidence was provided to confirm this.

The staff information sheets provided by one of the external agencies which supplied the service with temporary staff did not contain sufficient information to confirm their core training was up to date. This was raised with the agency during the inspection, who agreed to provide additional information. The service provided updated information following the inspection to address this.

Appropriate action had been taken to address shortfalls in staff performance where these had arisen. These had included re-training where appropriate and not confirming people's permanent employment at the end of their probationary period.

Although the number of people receiving support was beneath capacity, (occupancy was 19 out of a potential 35), both people and staff expressed concern that staffing levels were not always sufficient to meet the increased level of people's support needs. People gave the example of having to wait too often for assistance with personal care such as support with toileting. One person said, "Staff are too few in the morning." Others commented, "Often not enough [staff] available due to greater demands. People are less independent, more assistance needed, sometimes have to wait." It was also noted that the call bell system did not distinguish between routine and urgent calls, which also presented difficulties for staff in terms of knowing how to prioritise responses.

Comments from staff included, "Staffing levels can be an issue," "Staffing levels are an issue," "Staffing can be low, some regular agency are good," and "It is very busy as there is no duty staff now. It's too much some days."

Staff felt one senior and three care staff on duty was not always sufficient, given increasing dependency and the fact many spent significant periods of time in their flats rather than in communal areas. This meant staff were often faced with conflicting demands, which could lead to people having to wait for a response to their call bell.

Rotas showed that the stated staffing of senior plus three care staff was often met with the use of agency staff, on which there was considerable reliance, (28 shifts in the three weeks rotas examined). This had a potential impact on consistency and continuity of care, although this was mitigated by the use of familiar agency staff who had worked in the service before. The registered manager told us recruitment had been difficult. The registered manager said staffing levels were increased further, using external agency, staff where people's dependency increased or additional people were supported on respite. The staffing levels were set based on completion of a dependency profiling tool. However, it may be that sufficient additional allowance was not made for the impact of the layout of the building on the staffing needs. Further exploration of the reasons for people and staff's perceptions of insufficient staffing would be beneficial.

Is the service effective?

Our findings

At the previous inspection in January 2017 we rated the service 'Requires Improvement' in the 'Effective' domain. We found staff had not received sufficient ongoing support such as through supervision support or development appraisals. This meant many staff had not had regular opportunities to discuss and reflect on their practice and any training or development needs. Progress on introducing a robust induction process had been slow and comprehensive competency monitoring was not yet in place. This was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014. The service provided an action plan detailing the steps planned to address these concerns.

At this inspection we found staff were now receiving regular one to one supervision support. Good progress had been made with annual appraisals with fourteen staff having had an appraisal and seven others scheduled. The registered manager remained responsible for all care staff appraisals. Senior care staff and others carried out supervision of a group of staff, in addition to the registered manager. A supervision record had been devised per staff member to help ensure regular supervisions took place. Staff told us they received regular supervision and found it useful and supportive.

Progress had been made with the introduction of a nationally recognised induction training system for staff. One newer staff member had completed their 'Care Certificate' and a further four staff were in the process of this. The associated competency observations had not yet been completed, so signing-off of 'Care Certificate' completion had taken significant time. Of the other care staff, ten had attained at least NVQ level 2 or equivalent. The registered manager planned to use the 'Care Certificate' competency checklist to assess the remaining staff to establish all had an appropriate level of skills and knowledge for their role. A programme of regular training updates was provided to ensure staff received regular updates.

People felt the service provided them with effective care and support for the most part, aside from the delays experienced with responding to the call bells. One person said of staff they were, "Wonderful, carers are lovely. I'm very happy to be here." Another told us, "We are cared for well, very well." Other comments included, "It's a good place to be," "They do their very best," "The staff here are lovely, absolutely great," and "Staff are very good here." A relative told us, "Nothing fazes the carers," and added, "You can't be dehydrated here," noting that staff were good at promoting regular fluids. People also commented positively about the environment, especially the gardens. One said, "The grounds are lovely."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. The staff sought people's consent regarding day-to-day choices. None of the people receiving support had been assessed as lacking capacity at the time of this inspection and no best interest decisions were in place. One person had given lasting power of attorney to a family member. However, no copy of this was on file to confirm who should be consulted in the event the person was to lose capacity. Evidence of this was provided following the inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No DoLS had been applied for at the time of inspection. Two people with capacity had consented to the use of raised bed-sides at night to prevent them falling out of bed.

One person told us, "The food is very good. We are involved in the menus. We make choices weekly but can change our mind." Another said, "The food is good, very good. They respect choice and anything you can't eat. They are good at remembering what you like." Other comments included, "The food is better now, they cook it as I like it. The chef is very kind and likes us to enjoy the food." One person said that the current arrangement of everyone eating together due to reduced numbers, could be rather noisy.

People were provided with breakfast ingredients to their flat based on their individual wishes. On Fridays, the chef provided 'Breakfast club' where people could eat a cooked breakfast of their choice together in the dining room. This was popular with many people who enjoyed the cooked breakfast as well as the social element. One person said, "It's lovely."

Where people had been assessed as at risk of malnutrition or dehydration, appropriate records and monitoring of intake had been put in place. Previously identified issues with inconsistent completion of these had been addressed. Adapted diets such as pureed meals, finger foods, fortified meals and treats were offered where needed to encourage a good intake. The speech and language therapy team and dietitians had been consulted where appropriate. Specialist diets, such as gluten free were also available.

People said the service met their healthcare needs well and worked well with external health professionals. One person described the health support as, "Very good healthcare, as required, ever so good." A second person said a member of staff had come in on their day off to accompany them to a hospital appointment. Another person told us how the staff encouraged them to walk and exercise regularly to maintain their mobility.

The registered manager explained when a person was being supported in bed due to illness or increased frailty, they assigned one staff member per shift to provide their care. This helped to ensure continuity and consistency of care and helped reassure people. Records showed people had timely access to appointments with healthcare professionals, including early interventions to reduce unnecessary hospital admissions. This was becoming more challenging with regard to doctor's appointments (for people who couldn't attend the surgery), as GPs were increasingly reluctant to carry out home visits.

The premises were originally designed for people with low levels of support needs who were largely independent. Accommodation was provided in individual flats or bed-sits, each with lounge, kitchenette, bedroom and shower/toilets. Two additional bathrooms were provided where people required assistance with bathing. A range of mobility, standing and hoisting aids were available for staff to support people's increased mobility needs. The garden had level access from communal rooms and from ground floor flats/bedsits. Level patios and paths were provided together with various seating areas. Aspects of a sensory garden had been introduced. One of the people supported was involved in watering and some weeding and took pride in this role.

Is the service caring?

Our findings

At the previous inspection in January 2017 we rated the service 'Good' in the 'Caring' domain. At this inspection in June 2018 we found the staff and service remained caring.

People told us the staff were kind and caring. One person said, "Staff are kind and considerate." Another told us, "They [staff] go out of their way to be kind and friendly, they treat me with respect. They go the extra mile, all the staff."

We observed staff treating people with respect, kindness and patience. Staff greeted people by name and engaged them in conversation. Support was offered but people were enabled to do as much as they wanted for themselves. At lunch people were encouraged to make choices around their meal regarding what they wished to eat and drink. People chose whether they wanted table cloths and tables were attractively presented to make the dining experience positive. Assistance was offered to those who needed it, to get to the dining room, so everyone had the option of eating there if they wished. Kitchen staff spoke with people to get their feedback about the meal. People had been consulted about their needs and wishes and involved in decisions about their care.

People's spiritual needs were met either by visiting clergy, or in some cases people went out to places of worship. People's rights had been upheld. Their individual wishes had been respected, even where these had not been felt to be in their best interest, because they had the capacity to make the decision. Staff also respected and promoted people's independence. For example, by providing food in a form which enabled them to continue to eat independently or providing adapted cutlery or crockery. The design of the premises promoted people's independence as each person had their own flat and was responsible for as much of their daily routine as they could be and wished to carry out. Staff were attentive to people's increasing dependency and offered support when they saw it was needed.

People said their dignity and privacy were respected and their independence was encouraged. One person said, "Dignity is well supported," adding, "You can do as much as you want. I like to be independent." Another person told us, "They look after dignity, they are very good on dignity and privacy."

Staff had been provided with dignity training from a nationally recognised training provider since the previous inspection. Issues around some staff's manner of approach, seen at the last inspection, had been addressed individually with them.

All but one of the people's files we saw noted whether they had a preference about the gender of staff providing personal care support.

Is the service responsive?

Our findings

At the previous inspection in January 2017 we rated the service 'Good' in the 'Responsive' domain. At this inspection in June 2018 we found this continued to be the case.

People felt the service was responsive to their needs in general, aside from them sometimes having to wait too long for staff to respond to the call bell. One person said, "Staff always do respond". Other comments included, "The staff are marvellous, they respond quickly, mostly," and "I sometimes have to wait." One person explained the way staff responded to their individuality saying, "[The staff] know all my little foibles. They ask me about my care plan. My keyworker keeps it up to date and I sign it." Another person told us, "They [staff] discuss my care needs with me. I go through the care plan with the keyworker." Records indicated that people's care was reviewed regularly.

One person told us they had asked for specific equipment to enable them to pursue their interest in gardening and this had been provided. This enabled them to continue their hobby, which they clearly greatly enjoyed.

Each person had a pre-admission assessment carried out by the registered manager together with another member of staff. These identified the person's needs so they could be addressed responsively. People (aside from one recent admission), had individual care files which contained their care plan supported by any necessary risk assessments. The service responded to identified risks to minimise these without limiting people's rights and freedom.

The service responded to people's wishes and preferences and worked to accommodate these wherever possible. Where necessary and appropriate, discussions had taken place with people's representatives to ensure those who should be involved in decision-making were consulted.

People were provided with a programme of planned activities and one-off events such as visiting entertainers or outings from time to time. The level of involvement in activities and events was variable, even when the idea had come from the people themselves. Regular discussions took place with people in monthly residents' meetings, where they could express their views about any aspect of the service. A recent outing to a riding stable cafe to observe the animals had been successful with eight people attending. A relative regularly visited to lead a scrabble game, which we saw during inspection. The service did not have its own vehicle for outings and instead used a local subsidised service which provided a wheelchair-accessible vehicle.

The service used a variety of mobility aids to support people's needs and hoist equipment where necessary. A loop system was fitted in the ground floor lounge to assist people during residents' meetings. The use of other technology had so far, been limited. Some people had their own computer equipment. One person in the past had used a tablet PC to help them make choices.

People's views had been sought on an irregular but frequent basis through individual survey forms

completed by visiting trustees during their monitoring visits. The feedback was largely positive and people felt able to raise any issues they might have. Menu changes had been made in response to issues raised in the past. An annual 'residents' survey' had also been carried out in September 2017. The resulting report showed a high level of satisfaction with the service. Ninety-seven percent of people agreed or strongly agreed they were satisfied with the service. All of the people supported at the time, responded to the survey.

People were confident the service responded positively to concerns and complaints. Comments included, "I haven't had to complain much, they do listen," "I've not had to complain but they would sort it." The service had a complaints procedure which was posted on notice boards.

At the time of this inspection the menus and activities programme were made available in large print format to draw attention to them and for ease of reading. No other formats were necessary at the time. The service therefore complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. The possibility of preparing audio, video and other versions of key documents was discussed with the registered manager to ensure the service remained compliant with the 'Accessible Information Standard' in the future should people's needs change.

People's end of life wishes had been discussed with them where they were prepared to do so. This meant their wishes could be respected when the time came so pre-planned funeral arrangements could be followed appropriately. We heard examples where this has been done. One person had recorded an 'advance decision' stating their wish not to be resuscitated in the event this became necessary. Other people had 'Do not resuscitate' forms on file which included reference to discussion having taken place with them or their representatives about this.

Is the service well-led?

Our findings

At the previous inspection in January 2017 we rated the service 'Requires Improvement' in the 'Well-Led' domain. We found the service was not always well led. Further improvement was necessary in some aspects of management overview and proactive action, by both the registered manager and the registered provider, (the trustees). The trustees carried out monthly monitoring visits to the service. However, these had not always identified key issues requiring action in a timely way. People and staff's views about the service were sought on a sampling basis. It was unclear how their feedback was used to support future development of the service. This was a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2014. The service provided an action plan detailing the steps planned to address these concerns.

At this inspection, we found improvements had been made in these areas. For example, in addition to the previous monthly trustee visits to the service they now met with the registered manager on a six-weekly basis to discuss operational and management issues and priorities. In so doing trustees were exercising more effective governance over the service and were more readily made aware of issues when they arose. An external consultant had been brought in to review the service and provide supervision and consultation for the registered manager. Their report highlighted areas for improvement in the service, from which an action plan had been devised and was being progressed.

Most recording within the service was of a satisfactory standard to enable staff to meet people's needs. However, the management team needed to ensure appropriate baseline assessments and risk assessments were carried out in a timely way following admission. One notifiable incident had not been reported to the CQC as required, although it had been investigated at the time. A retrospective notification was submitted following the inspection to remedy this. One item within the team meeting minutes had been recorded rather ambiguously, which could have led to errors of medicines administration or recording. The registered manager agreed to amend the minutes and clarify the expectations.

It was noted that the provider's monitoring systems had failed to identify the above issues to ensure they were addressed in a timely way.

People's views had been sought via an annual survey as well as through conversations and questionnaires during trustee visits. The survey had identified items for action which had been followed through. However, although the views of a sample of staff had been sought face to face during trustee visits, a staff survey had yet to be carried out to obtain an overview. Given that staff and people had consistently raised the issue of staffing levels during the inspection, this was a missed opportunity to obtain an overview of their concerns. Monthly residents' meetings provided people with the opportunity to raise any concerns and the minutes showed some had done this. The minutes also recorded any action taken to address issues raised.

The service had a registered manager in place. 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 registered manager had commenced a course on effective service leadership to update her skills.

People felt the service was well managed and were positive about the role of the trustees. One person confirmed, "Trustees come round once a month to speak to us, they know me well, they are very good." Another told us, "You get to see the manager and can see the trustees."

The service had a statement of purpose and a clear original ethos. Further work would be beneficial to clarify the future remit of the service, given the changing needs of service users, to ensure its ongoing sustainability. The registered manager had addressed previously identified issues regarding staff approach and inter-staff conflicts, and had emphasised the standards of conduct and recording expected. Appropriate action had been taken where individual performance had fallen short of these. Staff feedback suggested teamwork had improved to some degree since the last inspection although some issues remained. One staff member commented, "The manager is quite good at mediating. She is a good manager." Another member of staff told us, "Team spirit is variable, it depends who you work with." They went on to speak positively about the positive sharing of ideas in the team meetings and how the communication book helped to ensure key information was passed on. Other staff comments included, "It's a good team," and "The RM [registered manager] is very good, is supportive and listens."

Staff meetings and seniors' meetings took place and were minuted. The minutes showed a range of discussions regarding recording, care practice, staff approach and other relevant content. A workshop had also taken place for all staff to improve recording practice. Daily senior's meetings helped maintain effective communication of important information and provided additional opportunities to discuss issues as they arose.

The registered manager carried out regular walk-arounds to observe practice and provide a visible presence for people who may wish to raise anything with her. The majority of senior management responsibilities, including appraisals, management oversight and out of hours support, fell to the registered manager and the trustees had limited day-to-day involvement. This presented issues around prioritisation of conflicting demands at times. For example, it was a contributing factor to the slower than intended progress on annual staff appraisals, although progress was ongoing. Despite this the registered manager had made good progress on addressing items identified within the service improvement action plan.

The registered manager had a range of separate systems to enable her to monitor various aspects of the operation of the service. These might benefit from collation into a single format to maximise the ability to maintain an overview and to inform meetings with the trustees.

The service consulted effectively with external healthcare professionals where necessary and actioned any advice or guidance obtained. For example, they had consulted with dietitians and the speech and language team around dietary needs. Where people's actions potentially put them at risk, the service worked with other agencies to ensure appropriate decision making, support and notification took place.

The inspection rating from the previous inspection was displayed prominently in the entrance hallway as required.