

Roseville Orchard Court Limited

Orchard Court

Inspection report

Bacchus Lane
South Cave
Brough
North Humberside
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Tel: 01430421549

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13 July 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 12 and 13 July 2017 and was unannounced.

Orchard Court is a care home which provides accommodation for up to 43 people. The service supports older people, some of whom may be living with dementia.

The service is located in South Cave, a village in the East Riding of Yorkshire. Accommodation is provided across two floors. The service also has two lounges, a dining room and bathrooms on each floor. There is a safe garden and car parking available for visitors. At the time of our inspection there were 43 people living at Orchard Court.

There was a manager in post who had registered with the Care Quality Commission in April 2017. 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 will be referred to as 'manager' throughout the report. The manager was on holiday during this inspection. A manager from another of the provider's services supported us on the first day of this inspection. On the second day we were supported by the deputy manager and a regional manager for the provider.

At the last inspection in November 2016 the provider was rated as required improvement. This was because they were in breach of three Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in Regulation 12 Safe care and treatment, Regulation 13 Safeguarding service users from abuse and improper treatment and Regulation 17 Good governance. We asked the provider to submit an action plan regarding the breaches identified and during this inspection we saw these actions were met. The service was no longer in breach of these regulations.

Systems and processes were in place that helped keep people safe from harm and abuse. Staff had completed safeguarding training and knew the signs of abuse to look out for and how to raise any concerns.

People told us they felt safe. The provider followed safe recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. Medicine management practices were managed appropriately to ensure medicines were given safely and as prescribed by people's GPs.

The provider had systems and processes to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence.

People and their representatives told us they were involved in their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's dignity and privacy was protected. Staff understood people's individual needs in relation to their care. Care plans were in the process of being improved and the new plans were centred on the person and reflected individual's preferences.

People who were able told us they were happy with the variety and choice of meals available to them.

People told us they were happy with the activities organised at Orchard Court. Activities were arranged for individuals and for groups.

A complaints procedure was available and people we spoke with said they knew how to complain. People and staff spoken with felt the manager was approachable.

The provider had implemented a range of audits which were completed regularly to maintain people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's medicines were managed safely.

There were sufficient numbers of staff on duty to meet people's needs and staff were recruited through a safe process.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were processes for recording accidents and incidents and these records were analysed and assessed by the manager.

Is the service effective?

Good ●

The service was effective.

Staff adhered to the principles of the Mental Capacity Act 2005.

People were supported by staff who were trained and staff told us they felt supported.

People enjoyed a variety of foods and the mealtime experience observed was positive.

People received appropriate healthcare support from specialists and health care professionals where needed.

Is the service caring?

Good ●

The service was caring.

People who used the service had a good relationship with the staff.

We saw that people's privacy and dignity was respected by the staff.

People who used the service were included in making decisions about their care whenever this was possible and we saw that

they were consulted about their day-to-day needs.

Is the service responsive?

Good ●

The service was responsive.

People received care that was person centred and responsive to their assessed needs, likes and dislikes.

People were encouraged to raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

People were able to make choices and decisions about aspects of their lives. Staff encouraged people to join in with social activities, but respected their wishes if they declined.

Is the service well-led?

Good ●

The service was well led.

The provider's quality assurance processes were more robust and had identified several areas for action. The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people, their relatives and staff.

People, relatives and staff felt the manager was approachable.

Orchard Court

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 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 inspection was carried out on 12 and 13 July 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

On the first day of our inspection, the team consisted of two inspectors and one 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. During the second day of our inspection, the inspection team consisted of two inspectors.

Before our inspection, we reviewed the information we held about the service, such as safeguarding information and notifications we had received from the provider. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur. As part of the inspection planning process we contacted the local council commissioners and safeguarding team for their feedback.

We did not ask the provider to complete a provider information return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with six people who used the service and three relatives who were visiting people. We spoke with the deputy manager, regional manager and nine members of staff including senior carers, care assistants, laundry assistant, the activities coordinator and a chef. We received feedback from two healthcare professionals following the site visits.

We were shown around the building and looked at communal areas and, with people's permission, their private bedrooms.

We observed interactions between staff and people who used the service throughout both days of the inspection. We observed support provided in communal areas and during meal times, we also observed some medication administration at the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate directly with us. We reviewed care records for six people who used the service and four people's financial records. We also looked at medication administration records, recruitment and training records for four staff and other records relating to the management of the service.

Is the service safe?

Our findings

During our previous inspection in June and July 2016 we found a copy of the periodic electrical safety certificate was not available. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection the actions were met.

During this inspection we looked around the service to check that the premises were being maintained in a safe condition. We noted that on the landing upstairs a window frame was rotting, this had been taped over leaving part of the glass exposed. We discussed this with the manager supporting us on the first day of this inspection. This was addressed immediately and a repair booked in. There were current maintenance certificates in place for the fire alarm system, portable electrical appliances, gas safety, the electrical installation and hoists and the passenger lift. Checks had been completed to prevent Legionella. Legionella is water borne virus that can cause lung diseases similar to pneumonia. The manager had implemented a service maintenance schedule, which we saw included the date services had been completed and the next due date.

During our previous inspection in June and July 2016 we found that people who used the service were not protected from financial irregularities. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection the actions were met.

People's personal money was managed safely. One person told us, "I keep my own money safe" and another said, "I don't have any problems [financial]." We checked the personal finances held at the service for four people and found monies were stored safely in a lockable drawer in the main office. Transactions were clearly recorded and money was checked regularly to ensure balances were correct.

People told us they felt safe. Comments included, "Yes I am safe", "Yes I feel safe, but sometimes some staff can be curt and in a hurry, and rush when moving me" and, "Yes I feel safe and I have my own room." A relative told us, "[Name of relative] is safe. Staff are around and she has a call bell in her room."

We saw the provider had checks in place to ensure people's safety. For example, there was a fire risk assessment in place. We were unable to see the most recent fire alarm, fire drills, window locks and water temperature checks during this inspection. These were sent to us immediately after the site visit and we saw these were completed regularly and up to date. The home had a contingency plan in place in the event of an emergency situation. This meant people receiving care and support would continue to do so in the event of an emergency situation for example, an unforeseen event such as flooding or a fire.

There were policies and procedures in place for safeguarding adults which were available and accessible to all members of staff. Staff were able to demonstrate an understanding of safeguarding procedures and knew who to report to if they had any concerns. One member of staff told us, "I observe people for signs of abuse such as bruises or marks on them." Information held within staff training records and on the training

matrix showed that staff had completed safeguarding training and this was refreshed on an annual basis.

During our previous inspection in June and July 2016 we made a recommendation for the provider to review their staffing provision so that people were responded to promptly.

We looked at staffing levels within the home and received mixed responses when we asked people about them. People using the service told us, "You can be waiting quite a while if you want the loo", "Generally they're okay but across mealtimes you can have a wait" and, "Always have to wait for the toilet." Relatives told us, "The service has improved no end. Call bells do get answered more quickly and the new manager is always reminding staff how important quick responses are", "I feel care staff could be seen more often. They seem to disappear", "Majority of the time all is okay. Just one or two occasions when attendance is an issue such as call bells not attended to straight away. 95% of the time it's absolutely perfect and the majority of the staff are on the ball" and, "Could always do with an extra pair of hands but generally okay. I feel it's safe."

We looked at the most recent resident meeting minutes from 12 June 2017 and saw that people's concerns with call bells were discussed. These concerns were also discussed in the staff meeting minutes we reviewed and we saw the manager had discussed the importance of aiming to answer call bells as promptly as possible. We received mixed responses from staff who told us, "Staff levels are pretty good, we struggle sometimes due to sickness but we pull together as a team", "No I don't think staff levels are that good at times due to holidays and people taking time off. We have 43 residents and they are not all low dependency."

Since the last inspection we saw the provider had introduced the use of a dependency ratings tool which identified the individual dependency level of people using the service. This was completed regularly to enable them to be satisfied they had the right number of staff with the appropriate skills on each shift. The deputy manager told us there were 6 staff on shift in the morning and an additional staff member from 7am until 11.30am to support people with breakfast, five staff in the afternoon and three staff members on nights. In addition to this the service employed ancillary staff including domestic, laundry, pot washer, cook and a handyperson. Since the last inspection an activity worker had also been employed. We looked at staff rotas. We saw throughout June 2017 and up until this inspection staff numbers were maintained.

Our observations during the inspection were that people were settled and relaxed in the service. Any calls for attention throughout the day were dealt with in a timely manner and people received a good standard of care. The lunch time experience was organised and people were given assistance with their meals as needed.

We looked at the recruitment files of four members of staff and saw that recruitment processes were safe. They included completion of an application form, work history check, references and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with a contract of employment. This ensured they were aware of what was expected of them.

We saw the service had systems in place to ensure that risks were minimised. We looked at the care records for six people and saw these contained risk assessments that were individual to each person's specific needs. This included moving and handling, falls and pressure areas. We noted risk assessments were not always reviewed regularly. For example, we saw one person's risk assessment for bed rails had been crossed

out, so we were unsure if the person required bed rails. We checked and the bed rails were in situ and identified that the risk assessment had been reinstated in August 2016; this was not reflected in the review summary sheet and none of the persons other risk assessments had been reviewed since March 2017. The persons moving and handling care plan had not been reviewed since December 2016.

After this inspection we reviewed the bed rails risk assessments for 18 people and saw these had been reviewed by the manager on a monthly basis to ensure they remained relevant and up to date. A monthly audit of these checks had been introduced and completed by the regional manager.

The regional manager had recently carried out an audit which included care plans and identified there were areas of improvement required within the care records. It was planned that these improvements would be addressed by the changeover to a new care plan format that was taking place at the time of this inspection. Permanent members of staff were knowledgeable about people's needs and were able to describe the steps they took to ensure people's safety. For example, one member of staff told us, "We make sure people have their walking frames and seat pad sensor so if the alarm sounds we can check on them" and another said, "Making sure people's equipment is safe and observing the environment and the person when they are mobilising." We received evidence after this inspection that nine peoples care plans had been updated to the new format.

We saw the manager monitored and analysed all accidents and incidents for trends. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

We found the service was clean and tidy. Staff had completed training in the prevention and control of infection. We observed there was PPE available and used when required such as gloves, aprons and hand sanitiser. Communal sinks had paper towels and liquid soap. We noted one downstairs shower room contained a number of people's personal toiletries. These were removed immediately during the inspection.

During our previous inspection in June and July 2016 we made a recommendation for the provider to ensure a complete and robust audit trail for medicines was used in the service.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs. Staff responsible for administering medicines to people had undergone training on the safe handling of medication and knew how to administer medicines safely to people who used the service. We saw evidence that audits of the medication systems were being carried out regularly to ensure medication errors were minimised and potential problems quickly addressed. We made a random check of the medication systems and saw that accurate records were kept for medicines given to people and that these corresponded with the stocks of medicines that were maintained in the service. We noted the room temperature was recorded daily before the start of the shift and we saw five recorded entries that were above the recommended limits. The service had taken action to reduce the temperature by placing two large fans in the medicine room.

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training for their role. People told us that they felt staff cared for them well. Comments included, "I am happy with the care" and, "All is good and I choose when I want to go to bed." Relatives told us, "Some staff are very good and understand care, sometimes their manner is abrupt and they [some staff] don't communicate well which could be particularly bad for those people with dementia" and, "I have no issues with the staff they know [Name of relative] well. There is one staff member who has a good medical knowledge and this makes me feel confident that [Name] is in a safe pair of hands."

We asked people if there was a good level of communication between themselves and staff. Comments included, "There is a new fellow and he is fine, they don't always have time to chat to me but they have a chat when I get up" and, "They are busy but there is one carer who is very nice and nothing is too much trouble."

One person told us they had raised a concern with a manager about how a member of staff had spoken to them. They told us they hadn't raised it again as they felt there was "No point." We discussed this with the deputy manager who told us they were aware of the concern and this had been addressed but not recorded. This was discussed during the inspection with the person using the service and we were provided with an outcome to this concern after the inspection. We saw from the service training records that since the last inspection staff had completed training in bullying and harassment and communication. We also saw communication and tone of voice was discussed regularly during staff supervisions.

There was an induction and training programme in place for all staff. Staff told us they completed mandatory training such as safeguarding adults, fire safety, moving and handling and first aid. Records showed staff participated in additional service specific training including topics such as Deprivation of Liberty Safeguards, Mental Capacity Act 2005, equality and diversity, dementia and bullying and harassment. Staff told us that they received enough training. One staff member said, "When I first started I looked at all the policies and procedures. I then did all the mandatory training. I couldn't fault them [the service]" and another said, "Recently I have done on line training for equality and diversity and abuse. I also completed moving and handling which was practical around the home."

The manager had put a supervision schedule in place to make sure each member of staff had opportunities to meet with a supervisor. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. We saw that care staff supervisions were taking place approximately every two months and the staff told us they felt supported by the manager. Comments included, "Yes I'm happy, I have supervisions every two to three months and I get support in-between if I need it", "We have regular supervisions" and, "I can't remember when my last one was but I am supported."

Information in the care files indicated people who used the service received input from health care professionals such as their GP, dietician and community nurse. People told us, "That man that comes in he looks after my leg", "I haven't seen a doctor for a while but if I want one they [staff] would get one" and, "I

have seen my doctor a few times and a district nurse." A relative told us, "I can't always be here for medical appointments or when the GP visits so a senior attends and they communicate what the GP is saying to [Name of relative] so he understands."

We saw people's nutritional needs were met. People's weight was monitored on a monthly basis and entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing/food intake. The staff completed food and fluid charts daily when people were deemed to be at risk of poor nutrition or dehydration. These were kept in one file and completed each day by an allocated member of staff. We reviewed five of these records over the 10 and 11 July 2017 and saw these had been completed appropriately.

People who were able to express their views told us they made their own choices over their daily lifestyle. One person told us, "I choose where I have my meals, and when I get up and go to bed." Most of the people we spoke to were happy about the quality of food they received and said there was always a choice for their meals. Comments included, "It is very good, I get a choice of three meals and drinks" , "The food is alright, they [staff] ask me what I want to eat" and, "It's not bad, there were two choices today but I didn't like either and I asked for a jacket potato with cheese."

Observation of the lunch time meal during the first day of the inspection showed that people were given a choice of where to sit in the dining room; some people chose to eat in their bedrooms. Portion sizes were adequate and people were given their choice of food, which was served to them by the staff. Care staff offered people support and help with cutting up food and eating and drinking. The meals looked and smelt appetising.

People were supported to make their own decisions and where they were unable, a capacity assessment was completed. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and found that they were. We heard staff ask people for permission before supporting them, for example with personal care or assisting them to mobilise. In discussions, staff were clear about how they gained consent from people prior to carrying out tasks and what they would do if people lacked capacity to consent. Comments included, "I always listen and observe peoples facial expressions. I try different methods of communication and always have patience" and, "Some people may be more vulnerable and lack capacity. Therefore we would have to take care of their needs. If a person has a DoLS in place this would be recorded in their care plan and be authorised by the council [Local authority]."

Is the service caring?

Our findings

People told us that staff were kind. One person told us, "Staff are caring, friendly and approachable" and another said, "They [staff] are efficient, kind and treat me well." A relative told us, "Some are caring" and another told us, "Some are better than others."

People who used the service told us staff maintained their privacy and treated them with respect. Comments included, "I tell staff not to rush me and they listen", "They do treat me with respect", "They [staff] bring me tea and biscuits at 10pm" and, "Yes they do, I am comfortable with them [staff] bathing me." Relatives we spoke with told us they had observed staff respecting their loved ones privacy and dignity.

We observed that interactions and relationships between people and staff were positive. We found staff to be attentive and knew people well. For example, we heard one staff member quickly observe a person who became upset and said they didn't feel safe. The staff member immediately supported the person by sitting with them, holding their hand and offering reassurance that they were safe. The staff member did this several times after the person asked and we saw the person relax and say thank you to the staff member. A relative told us, "There is one carer that is especially good with [Name] and understands his sense of humour. He [staff] is always jovial and lifts [Name's] spirits and this rubs off on everyone else."

The interactions we observed between the staff and people who used the service during the two days of this inspection were friendly and respectful. For example, we observed staff referring to people by their names, chatting to people in a friendly manner and tone and having conversations with people about their day and any visitors that were expected. One person using the service told us, "Its friendly here. If I ask staff for anything staff put it straight on the table for me." A member of staff told us, "I think we all care. We [staff] are a nice bunch, we get on well and try and help everyone."

The SOFI observations we carried out showed that staff interacted with people appropriately and continually checked that they were happy and their needs were being met.

The bedrooms we entered with people's permission were personalised, clean and had call bells. Care staff were seen to be happy, friendly and approachable. We noted that people who used the service looked clean and were appropriately dressed with shoes or slippers on.

We saw that visitors came to the service throughout the day and were made welcome by staff. It was apparent that these were regular visitors. All of the relatives we spoke with told us they were made welcome by the service and able to visit at any time. One person who used the service told us, "I've got visitors today" and another said, "I don't get a lot of visitors but my daughter comes." Another person told us they were going to make a telephone call to their relative.

People were supported to maintain their independence. A member of staff we spoke with said, "I will guide residents only when needed. I always listen to them and respect their choices and wishes. Peoples care plans will tell us their abilities" and another told us, "Some people need a little encouragement at mealtimes

but they can eat themselves. For example, I put the food to the hand of one person, tell them what it is and they respond by eating it independently."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff and checks of training records indicated they had received training on this subject and understood how it related to their working role. We saw that equality and diversity information such as gender, religion and nationality was recorded in the care files. One person told us, "I attend Mass here. I am a Catholic."

People's wishes and choices around end of life care were documented in their care files. Care plans clearly recorded when people had a 'Do Not Attempt Cardiopulmonary Resuscitation' order (DNACPR) in place.

Is the service responsive?

Our findings

The people we spoke with felt they had control over their daily routines and lifestyle. Comments included, "I make my own decisions", "I have got everything I want" and, "I get looked after." In discussions, staff that were employed at Orchard Court had a good knowledge of people and were familiar with their needs, health and preferences. Relatives felt informed about any changes to their family member's well-being. For example, comments included, "[Name of managers] phone me and keep in regular contact. I feel they keep me updated" and, "They [staff] phone me with updates."

People and their relatives told us they were involved in planning their care. People told us, "I have a care plan and I sign it, they [staff] review it. It says in it that I choose when I want to go to bed" and, "My care plan was done when I moved in." One relative told us, "I would think I signed a care plan some years ago, I don't think this has been reviewed but I have had discussions with the manager" and, "I have seen [Names] care plan, I always talk to the deputy or manager and they ring me." We saw that care plans included some personalised information such as life history which gave staff guidance about the person's life, family and preferences such as their favourite food as well as anything they disliked. One staff member said, "We can read peoples care plans at any time and get used to what people like and dislike."

We found care files contained risk assessments that were not always reviewed and some monitoring records were not completed appropriately. We saw no evidence that people were not receiving the care they required, but noted this information was not always well recorded. For example, two peoples monitoring records for personal care/getting up/going to bed had gaps in the recording. Feedback on this was given to the deputy and regional manager at the end of our inspection.

Peoples care records were being changed to a new format that included personalised information about each person. In the new care files we viewed there was detailed guidance for staff about the support people needed throughout their daily routine. We were provided with a planned timetable for the remainder of the care files to be completed after this inspection.

The new records included individual plans of care which included information about people's communication, physical health, nutrition and fluid, mobility and social activity. We noted plans included a reference to any corresponding risk assessments. Each plan recorded the aim and area of care intervention, how the person was involved and how staff should support the person. For example, one person's plan stated, "[Name] has a mobile phone and will sometimes require assistance with the phone" and, "Staff are to help [Name] and reassure her that the phone is working correctly." Care plans provided staff with detail about people's preferred name, their GP details and past and present medical history. This showed the provider had gathered personalised information to guide staff to deliver support that was responsive to their needs.

An activity coordinator had been recruited since the last inspection. People enjoyed some activities. One person said, "I enjoy the bingo and we have had a fun day" and another told us, "I would like more activities, we had a barbecue and a fun day recently." Relatives told us, [Name] doesn't like to join in, but she did see

the saxophonist last week" and, "[Name] is one of the younger residents here and likes to sit with the men. Staff do encourage him to socialise. I also get invited to any social events." We saw one person sitting and watching the birds out of the doors and another person told us, "I walk into the village and sometimes sit outside."

We spoke with the activity organiser who was very enthusiastic about the upcoming activities. They told us, "Today we are baking. I am aware of people's preferences so I ask them if they would like to join in and if they don't I respect that. I do lots of one to one with people. If we have any new residents who have dementia I make a point of speaking with their families to check what things they like to do." They went on to tell us that people were asked what they would like to do every two weeks. We review the records of these discussions from January and April 2017 and saw topics such as summer fairs, school links and life history work was discussed. This helped to ensure that activities and events on offer continued to appeal to people who lived at the service.

Since the last inspection links had been made within the community and local groups came into the home on a regular basis. People had been invited to a second tea party hosted by students at a local school. The service was currently liaising with a local school with a view to residents visiting the school and listening to the children read. The service had links with the local church and a minister visited every two weeks for communion. Some people visited the local church regularly for coffee afternoons.

The manager told us a taster session had been booked with motivational specialists to focus on activities for people using the service who are living with dementia. If successful it is intended that ideas from this session will be included in the monthly activities calendar.

During our previous inspection in June and July 2016 we made a recommendation for the provider to seek advice and guidance from a reputable source in regards to managing complaints and work with staff to develop processes that ensure raising issues and concerns is a widely recognised option for people using the service.

In discussions the people we spoke with said they knew how to raise any issues. Comments included, "I have no complaints", "I would go to the boss" and, "I would go to [Name], one of the managers." One person told us they had raised concerns about a lack of incontinence aids and this had been addressed by the service, and improved. They went on to tell us that they were concerned as they were running low again. We raised this with the deputy manager who spoke to the person about their worries.

Relatives told us, "I would see the managers, I have complained but felt fobbed off. The new manager does try harder" and, "I would go to the manager or deputy but I have no issues." A third relative told us, "I am confident [Name of manager] would deal with anything head on."

Staff told us, "I think people's concerns are listened to. Residents meetings are held and if people say the call bells have been going on for a while the managers will address it with staff" and, "I would like to think people are listened to. There are posters up around the home advising people to speak to the manager."

There was information in the home about how to make a complaint. We saw complaints and compliments were audited by the manager and the complaints records we looked at showed complaints received had been fully investigated. This showed the provider had a procedure to manage complaints. They listened to people's concerns and were responsive.

We saw a number of comment cards, which were from family members thanking staff for the care and

support they had shown to their relative. These included, "Thanks for all your help and kindness" and, "Thank you for looking after [Name] for the last three weeks. It has given us a well needed break as we face the future again. Everyone was so caring and all with smiling faces."

Is the service well-led?

Our findings

The registered provider was required to have a registered manager in post and on the day of the inspection there was a manager in post, who had been registered for three months.

During our previous inspection in June and July 2016 we found that people who used the service were not protected against the risks associated with ineffective operation of monitoring, assessing and mitigating risks relating to the health, safety and welfare of people and of service provision and feedback from people had not been sought. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had implemented an action plan and we found during this inspection the actions were met.

During this inspection we found the quality assurance systems had improved. A regional manager had been appointed to support quality assurance processes and during this inspection they told us they were currently visiting the service twice each week to support with the progress. The regional manager completed audits each month on areas of the service. We reviewed the audit completed in June 2017 and saw these included checks on occupancy levels, accidents/incidents, skin integrity, weight loss, complaints and safeguarding. The findings were then collated into safe, effective, caring, responsive and well led sections. The action plan was updated by the regional manager as corrective action was taken and would be reviewed each month to check continuous progress. For example, we saw the audit had highlighted that some paperwork had not been reviewed and the action was for this to be completed monthly with meaningful evaluations. This work was on-going at the time of this inspection, with the transfer of care files to a new standardised system.

The regional manager had also put in place a schedule of audits for the manager to check the quality and safety of the service. We saw these included monthly audits of bed rails, pressure care, accidents, staff and personnel records and monthly weights and BMI for people using the service. It was clear from discussing the service with the deputy and regional managers that they had a clear oversight of the service and of the actions they were taking to make improvements.

We discussed the improvements since our last inspection with the deputy manager who told us the new care plan system included more detailed information and the service was now having more meetings with residents and staff. We reviewed minutes from these meetings. People using the service told us, "I love them [residents meetings], people are grand and I can't say anything is wrong" and, "I have been to one or two but you don't get outcomes from them. There is also a survey but I haven't filled one in."

Since the last inspection we saw satisfaction surveys had been sent to people, staff, families and stakeholders in October 2016 and June 2017. We reviewed the analysis of the 36 returned relative's surveys and saw comments had included poor communication around people's healthcare. An action from this was that a local GP was to begin holding surgeries at the home on a monthly basis from July 2017. One relative told us, "A survey has recently been done and the last one was in November 2016 but I feel it won't make a difference." We discussed these comments with the regional manager during the inspection and we were

assured that people's views were to be collated from any meetings and surveys and a 'You said - We did' system was to be introduced at the service. Staff told us, "We do have some meetings although I'm not sure how regular they are" and, "They should be once a month. I'm hoping we will have one soon."

People and relatives we spoke with talked positively about the support provided and the management in the home. One person said, "The manager is [Name], she seems okay and she listens" and, "I couldn't make anything better. I'm absolutely happy with everything." Relatives told us, "I have never met the owner but I like the manager" and, "[Name of manager] came in a week after [Name of relative] moved in and I can speak to them about anything and they will sort it straight away."

The staff we spoke with also spoke positively about working in the service and with each other. One staff member said, "[Name of manager] is very good, but if we get different staff it can be difficult sometimes. The culture here is very good as we have all different nationalities" and, "Everyone is friendly."

We asked for a variety of records and documents during our inspection. We found these were stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.