

Otterburn Health Care Limited

Otterburn

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 this unannounced inspection on the 23 and 24 November 2017..

Otterburn is a care home with nursing. 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. Otterburn provides care and support for up to 30 people with complex health care needs including rare forms of dementia, physical disabilities, mental health needs, brain injury and neurological disorders. The home is divided into three ten bed units called Otter, Fox and Squirrel. 27 people were living at the home at the time of our inspection visit.

We undertook a comprehensive inspection of this home in November 2016 when we identified that improvements were needed throughout the service. We judged the home to require improvements in all five of our key question and identified three breaches of regulation. We issued a warning notice in regard to the legal breach about Governance. We undertook a focussed inspection in April 2017 to look specifically at the key questions of 'safe' and 'well-led' to check legal requirements had been met. This identified that the warning notice had been met.

This inspection identified that significant effort and improvements had been made in many areas of the home's operation, however these had not been fully effective in ensuring people received a consistently good service.

The home had not had a registered manager since February 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. Failure to ensure a registered manager was in place is a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report. The registered provider has recruited a new manager who has commenced the process of applying for registration.

Improvements were needed so that people could be confident they would receive their medicines safely and we found a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

People told us, using words and gestures, that they felt safe living at the home. Staff demonstrated a good awareness of their role and responsibilities regarding protecting people and were confident a member of the management team would deal with any concerns reported. People had risks relating to their care and treatment assessed and staff had guidance to refer to about how these should be managed.

Sufficient staff were on duty to meet people's needs and recruitment was on-going to reduce the use of agency staff. Staff were employed through safe recruitment practices.

Staff told us they had received induction, sufficient training and on-going support. Some refresher training and training in specialist areas was needed for some staff. This had been identified by the provider and was in progress.

We saw staff seek consent from people before providing personal care and respected their wishes. People were supported in line with the Mental Capacity Act 2005. Staff demonstrated a knowledge of legislation which promoted people's right to make decisions about how they lived their lives. Relevant applications had been made and kept under review for people whose liberty was deprived.

Improvements had been made to the choice and quality of food served and people had been appropriately supported with their specific dietary needs. People were supported to access a range of healthcare services.

Relatives were happy with the care provided by individual staff and told us that staff were kind and caring. Staff enjoyed working at the home and many knew the people they supported well. Staff treated people with dignity and respect.

Care was taken to meet people's cultural and religious needs and we saw people had access to an improved schedule of activities they enjoyed. Staff demonstrated they were knowledgeable about people's individual needs and preferences. People's care records were written in a person-centred way and had been developed with the person or their relatives. Complaints received by the provider were acknowledged, investigated and responded to in line with their own policy.

This is the third consecutive time the service has been rated 'Requires Improvement'. Since our last inspection the provider had implemented additional support and monitoring to identify and act on issues at the home. The newly appointed manager had made a positive start in addressing some of the current issues and staff indicated morale had improved. Staff received supervision and were able to seek informal support when needed. People and staff were actively encouraged to share their thoughts and opinions about the service.

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.

Areas of medicines management required further improvement.

People were protected from the risk of harm and staff understood their responsibility for safeguarding people.

There were enough staff to provide care and support to people when they needed

There were systems in place to manage the prevention and control of infection.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were provided with induction and on-going support. Some refresher training and training in specialist areas was needed for some staff.

People could be confident restrictions on their liberty would be identified and the appropriate DoLS applications made.

People were offered the food and drink they required to maintain good health. Staff monitored and responded to people's health conditions.

The premises were suitable to meet the needs of the people who used the service.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and staff spoke fondly about the people who used the service.

People were supported to express their views about the care they received.

People were supported to be independent by staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's individual preferences, were reflected in the personalised care and support they received.

People were supported to follow their interests and hobbies.

People said the manager and staff were approachable and would take action to address their concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

There had been no registered manager in place since February 2017.

Systems were in place to monitor quality and these informed the registered provider's improvement plan. These had resulted in many improvements throughout the service, however they needed some further improvement to ensure people consistently received good, safe care.

Otterburn

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 unannounced inspection took place on the 23 and 24 November 2017. On the 23 November the inspection team consisted of two inspectors, an expert by experience and a specialist advisor who had clinical knowledge of the needs of the people who lived at the home. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 24 November the inspection visit was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications and the information we had received in the action plans to help us determine the areas we wanted to focus our inspection on. We also received feedback from the local clinical commissioning group who monitor the quality of the service. The registered provider produced an action plan after our last comprehensive inspection. All this information was used to plan what areas we were going to focus on during the inspection.

Due to technical problems, the provider was not able to submit a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We viewed the completed PIR during our inspection visit. We took this into account when we inspected the service and when we made the judgements in this report.

We visited the home and spoke with nine people and two relatives. Some people living at the home were unable to physically speak with us due to their health conditions. We spent time in communal areas observing how care was delivered and 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 talk with us.

We spoke with the manager, clinical nurse manager, operations manager, engagement lead, two nurses, two agency nurses, a cook, an activities worker and six care staff. We had feedback from three health and social care professionals. We looked at some of the care records for eight people and at medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in April 2017 we rated this key question as 'Requires Improvement'. This was because improvement was needed to the guidelines in place for the administration of some types of medicines and the provider response to some reported safeguarding issues had not always ensured actions had been taken promptly. At this inspection we found the registered provider had taken action to address our previous concerns but medicine practice needed to be improved further to ensure people received their prescribed medicines.

People who used the service required support to receive their medicines. Prior to our inspection visit the provider had informed us of a number of medication errors and of the action taken to address these with the individual staff members concerned.

We looked at how medicines were managed by checking the medicine administration record (MAR) charts for eight people, speaking to staff and observing how medicines were administered to people. For six people we found that the number of tablets they had left did not always tally with the recorded balance. This meant there may have been some limited occasions where people had received an incorrect dose of medicine. For one person we saw there had been one instance where their medicine had not been available to them for a three day period. For another person there were three gaps where staff should have recorded if they had received their medicine or not. There was however, no evidence that there had been any harm to people through these potential errors. The manager told us that due to other recent medicine errors that they were aware of, they had been considering changing from boxed medicines to medicines dispensed in blister packs. They said that following our findings they would be contacting the pharmacist to discuss implementing this as a priority.

We saw that the medicine administration records (MARS) supplied by the pharmacist had medication times recorded that may not give sufficient gaps between doses of the same medicines. For example paracetamol was recorded to be given to one person at 09:00am and then again at 12:00pm when there should have been a four hour gap. The manager told us that medicines were usually given after lunch and so would not be as early as 12:00pm but accepted there was a potential risk of this occurring. The manager contacted the pharmacist during our visit to request new MARS to ensure this risk was reduced.

We found where people had to have their medicines administered by disguising them in either food or drink the provider had ensured this process was carried out with their best interests in mind. However we found that there was no written information in relation to one person's 'as required' medicine to inform the nursing staff of how to carry out this process safely and consistently.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicine practice had not ensured people consistently received safe care and treatment that met their needs.

We looked at how controlled drugs were managed. Controlled Drugs are medicines that require extra checks

and special storage arrangements because of their potential for misuse. We found the Controlled Drugs were stored correctly and their administration was recorded accurately showing that these medicines were also being administered as prescribed.

Only the nursing staff could administer medicines. Training had been provided to ensure nurses were aware of how to administer specific medicines. Nurses who were new to the home underwent competence assessments to ensure they were safe to administer medicines.

People we spoke with told us they felt staffing was adequate but were negative in relation to their experience of the abilities and effectiveness of agency staff. One person told us, "I prefer the permanent staff as they know me and my routine." A second told us, "Staff can be rushed sometimes but I do get the support I need." Relatives we spoke with told us there were sufficient numbers of staff to meet people's needs. One relative told us, "There's always lots of staff about." Another relative told us, "The use of agency workers is unsettling."

During our inspection visit we observed adequate numbers of staff to support people promptly when they requested help. Some people were assessed as requiring constant one to one support from staff and we saw this was provided during our inspection visit. Staff told us there were sufficient numbers of staff on duty. One member of staff told us, "We can properly meet peoples' needs."

Healthcare professionals confirmed there were sufficient staff but some raised concerns about the regular use of agency staff. Discussions with staff and observation of the staff rota showed that there was frequent use of agency staff to cover current staffing vacancies. Discussions with staff and the manager showed that the provider, where possible, used agency staff who were familiar with the home to reduce the impact on people. Agency staff who were new completed a brief induction to familiarise them with the home. The manager told us that additional staff had been recruited and recruitment of staff was on-going to help reduce the use of agency staff. This indicated that the provider was working hard to reduce the amount of agency staff and were aware of the concerns some people had about their use.

We looked at how the service managed known risks to people. We saw that people had risks relating to their care and treatment assessed and records reviewed identified how these should be managed by staff. These included risks related to their mobility needs and the potential risk of falls and these had been regularly reviewed. Some people had risk assessments in place regarding their behaviour and how this should be managed by staff. We identified that the guidance in place would be further improved by including details on how staff should support other people who are present when such incidents occurred to help keep them safe and reduce any distress.

Some people were at risk of choking and required their food and drinks to be specially prepared to minimise this risk. We saw when drinks and food were provided to people by staff they were aware of who was at risk of choking.

Where people had been assessed as requiring equipment to keep them safe this was found to be in place and available. During our inspection we observed staff supported people to move safely, using the hoist when necessary. One person told us, "I feel safe when I am being hoisted."

People told us, or indicated using gestures, that they felt safe living at the home. Comments we received from people included, "I feel perfectly safe living here." Staff had received safeguarding training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. Those staff spoken with were knowledgeable about the potential types of abuse and harm people may be at

risk of and were clear about the appropriate reporting procedures. One member of staff told us, "Institutionalised abuse is where people's lives are regimented, doing what is best for staff not service users. That does not happen here."

We found that when incidents had occurred at the home, including medicine errors or omissions, learning had been taken from these events and they had been reported to the appropriate external agencies, including us at the Care Quality Commission. The manager was aware of their responsibilities to report any safeguarding concerns that may arise. This knowledge and confidence within the staff team ensured potential abuse would be identified and reported.

There were processes in place to ensure the premises and equipment were regularly checked so they remained safe and the risk of injury to people was reduced. We saw regular checks were undertaken by qualified individuals of fire detection systems and equipment, gas appliances, lifts and mobility equipment. The provider ensured regular health and safety audits were completed to make sure the home was a safe environment for people to live in.

The provider had a robust recruitment process in place and had checked the suitability of staff to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. Staff we spoke with confirmed these checks had taken place. Routine checks had been carried out on the registration of nurses working at the service to ensure that their registration was current.

People were protected from harm by the prevention and control of infection. Staff received infection control and prevention training when they first joined the service and refresher training for some members of staff was taking place during our inspection visit. We observed staff regularly using gloves and aprons when supporting people with personal care or when serving food. Toilets and bathrooms contained suitable hand washing facilities and guidance on how to prevent the spread of infection. The service had been awarded the highest rating by the local environmental health agency which meant that the service operated good food hygiene standards. We saw that the environment was clean, bright and odour free. One relative told us, "I can't fault the laundry and housekeeping." The provider conducted regular audits to ensure these standards were maintained and some improvements were underway to respond to recommendations from a recent audit by the local clinical commissioning group. Several bathrooms had recently been refurbished and the property was well maintained. This prevented surfaces from becoming impervious and harbouring harmful bacteria.

Is the service effective?

Our findings

At our last comprehensive inspection in November 2016 we identified a breach in Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who had specialist dietary requirements did not always have their needs met well. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements. At this inspection we found that improvements had been made and this breach of regulation was met.

Staff told us they had received sufficient training to carry out their role effectively. Staff starting work at Otterburn received a seven day induction that covered safe working practices and some of the specific needs and conditions of the people they would support. One member of staff told us, "There is a probation book to be completed. You will shadow a buddy (care worker) for three months. They will sign you off when you have, for example, used a hoist safely on four occasions." Staff that are new to care, are required to undertake a nationally recognised induction called the Care Certificate and we were informed that the provider's induction was aligned to meeting this. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Registered nurses are required to undertake continuous professional development to meet the requirements of the Nursing and Midwifery Council (NMC) and to ensure that they maintain current, best practice knowledge. Nurses we spoke with confirmed training that would help them meet this requirement as well as support with their revalidation was provided.

Some healthcare professionals commented that some staff needed additional training in specific areas such as Huntington's disease. One healthcare professional told us staff needed to have more confidence when supporting with people's behaviour needs. The manager and provider were already aware that some additional training was needed. Audits had identified training deficits and the need for refresher training. We saw that in recent weeks a number of updates and additional training sessions had been provided. Further training was planned that included some specialist training in relation to people's specific needs and this included Huntington's disease.

People told us they enjoyed the meals provided. One person told us, "The meals are lovely, they are always very nice." Another person told us, "The food... it's getting better, you can choose what you want and if you don't like the choice you can change it."

Discussions with staff, and records we reviewed, showed that people's weight was monitored and referrals to specialist dieticians were made when there had been concerns, such as in relation to weight loss and/or choking risks. Staff described how one person had recently been referred to other healthcare professionals when they had lost weight and their dietary needs had changed. Staff interventions had resulted in the person regaining some weight. The cook confirmed they had details of people's preferred foods and how to prepare healthy meals in line with people's dietary requirements. On the days of our inspection we noticed

snacks were offered from the kitchen and a 'snack trolley' was made available to people at various times where they could choose from a wide selection of foods. People were supported to eat and drink enough to maintain a balanced diet of their choice.

People's medical conditions often meant they found swallowing difficult and some people required the texture of their food altering so they could eat safely. Attractive serving dishes were available that improved the presentation of soft and pureed meals. Some people were fully reliant on their food administered directly into their stomach. We looked at the management of these foods and found staff were following professional guidelines to ensure people had adequate amounts of fluid and nutrition. A healthcare professional told us they found staff to be knowledgeable about supporting people with this area of need. This ensured people reliant on a PEG feed were nourished and hydrated.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and be as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff had received training on the MCA and had some knowledge of how it applied to people living at the home. Staff explained that they involved people in daily decisions about their care and had knowledge of best interest decisions.

People can only be deprived of their liberty to 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. Where people had identified restrictions on their care the manager had applied for DoLS appropriately, many of which had been approved. Staff were aware of who had a DoLS approved and how this impacted on the person's care. There were systems in place to review, and if necessary re-apply for, DoLS before they expired to ensure the person continued to receive the support they required.

Most people were unable to tell us about the health care they experienced. One person told us, "I went to the dentist two weeks ago and I'm going to see the optician next year." We asked a relative if their family member had regular health checks. They told us, "Yes, they're brilliant on that." Staff told us effective systems were in place, such as communication books and handovers where information about any changes in people's condition were provided to alert them and keep them updated. Records we reviewed evidenced that the home was responsive to fluctuations in people's health needs and healthcare professional referrals were sought in a timely manner as required. We looked at the care given to one person who had become unwell and needed to be admitted to hospital. Staff had followed the care plan and protocols in place for the person to ensure they received the care they needed. People could be confident their healthcare needs would be met.

The premises were suitable to meet the needs of the people who used the service. We saw there was a regular maintenance programme to ensure the property remained safe and comfortable. The premises had undergone some recent refurbishment to include new décor and furnishings. People told us they had been involved in choosing colours for the décor of the home. One relative told us, "I've noticed big changes over the last few months, the whole place has been refurbished." Several people at the home needed the use of mobility equipment. Corridors and doorways were sufficiently wide to meet the needs of people who used a wheelchair and bedrooms we viewed were sufficient in size for staff to manoeuvre a hoist.

There were suitable storage facilities to protect people from the risks of hazardous or dangerous materials and items which could cause or spread infection. Signage and information boards reflected the needs of the people who used the service so they could orientate themselves and identify their own bedrooms, if this was needed. There were quiet rooms and a garden if people wanted to meet with visitors or have time alone.

Is the service caring?

Our findings

At our last comprehensive inspection in November 2016 we rated this key question as 'Requires Improvement.' This was because we observed occasions where staff were not consistently caring and people's dignity was not always promoted. We found the registered provider had taken action to address our concerns.

People, and the relatives we spoke with, told us that staff were caring. One person told us, "I like all the staff." Another person told us, "Staff are gentle and kind." A relative told us, "Some staff are very good and they go beyond what is expected." Healthcare professionals confirmed that staff were kind and caring.

Staff spoke fondly about the people who used the service. It was clear that staff enjoyed their jobs and the atmosphere of the home was friendly. We observed numerous kind, caring interactions between people and staff and saw staff take the time to sit and talk with people about topics that interested them. Staff had a relaxed and friendly manner, and we saw people could easily approach these staff and enjoy their company and communication where possible.

People were supported by staff who respected their privacy and dignity. One person told us, "They knock the door first, everyone knows that." One person's relative told us, "Staff are very good and treat people with dignity. I hear them say I'm going to brush your teeth now is that ok?" We saw that staff respected people by knocking on doors before entering their rooms and seeking permission before moving people in their wheelchairs. Where people needed staff support to eat or drink this was done with patience. Where people were assisted to move with the support of a hoist we saw that staff protected their dignity with the use of small blankets. We observed staff were discreet when discussing people's personal care needs with them. The provider had also introduced 'Dignity champions' into the home. These are staff that promote people's right to dignity and look for opportunities to challenge practices that might compromise this.

Staff could explain the specific communication needs of the people they supported and we saw staff engage in meaningful conversations with people. We saw efforts had been taken to meet people's communication needs, for example some information such as the activity schedule, was available in an easy read format. We saw that a greater emphasis on the use of technology formed part of the provider's service user engagement strategy for 2018. The manager was aware of good practice guidance in relation to accessible communication standards and told us that they had started to refer people to Speech and Language Therapists to see if any improvements were needed to the ways in which staff communicated with people.

People told us that there were no restrictions on visiting times. One person told us, "Visitors can come anytime." When people had no families or friends people had the opportunity to access advocacy services and there were details available in the home should anyone request this service. This demonstrated that people had the opportunity to seek support from services that were separate from the home.

Is the service responsive?

Our findings

At our last comprehensive inspection in November 2016 we rated this key question as 'Requires Improvement.' This was because opportunities for activities were not consistent and complaint procedures needed to be improved. At this inspection we found the provider had taken action to improve.

We saw that the home had dedicated activities workers, who supported people to take part in a variety of activities such as crafts, music and singing. We saw that they supported people both in groups and individualised activities. The opportunities for people to take part in activities had increased since our last inspection. One person told us, "There are activities, 100% yes there are things to do." The person then went on to tell us they had really enjoyed having a pony come to visit people recently. Another person commented, "I go to the activities here when I want to, I like the crafts and music." One relative told us, "They've introduced more activities."

Relatives were included in some of the events organised at the home. One relative told us, "Families are included, I've come to barbecues, a Christmas Bazaar..They are going to take my relative to see the lights at the Botanical Gardens." One person requested to go out during our inspection visit and this was facilitated by staff within twenty minutes of the request being made. An information board displayed a weekly activity board with pictorial information about what was happening each day for people to refer to.

Care was taken to help meet people's cultural and religious needs. For example the cook was able to describe how they would ensure people's nutritional needs would be met in relation to any religious dietary requirements. Staff also supported people to attend their chosen place of worship. We saw that account was also taken of people's cultural needs in relation to the activity schedule and events celebrating different cultures were organised.

We looked at the systems for raising concerns or complaints. One person living at Otterburn told us, "I know who to complaint to but I have not had to make any." A relative told us, "I've made complaints before and they will try and sort things out, they take on board what you say." One relative gave an example of how there had previously been issues with the home's telephone system and that action had been taken to improve this. We reviewed the complaints received by the provider and found they acknowledged, investigated and responded to complaints in line with their own policy.

We saw that people and their relatives were given opportunity to feedback or raise complaints within meetings that took place with all the people living at the home. We saw that there was a feedback box in the entrance to the home where people, their relatives, visiting professionals or staff could leave anonymous complaints or compliments if they wished and there was literature available around the home explaining the procedure for raising complaints. A "You said-We did" board was on display. This was a way of showing what ideas or concerns had been brought to the manager's attention and the action they had taken in response to the comments. Current displayed feedback on the board was positive in relation to the 'breakfast club' activity that had recently been re-introduced following requests from people.

People using the service and their relatives confirmed to us that they were involved in the assessment of their needs and planning of care and support. We observed that people's care was delivered according to their individual needs and wishes and in line with their care plans. One relative told us, "I'm involved in the care plan, we have had three monthly reviews." Many of the people we met had conditions that changed over time, and we found that the written plans and care that was offered had sometimes been adjusted to meet people's changing needs. A member of staff told us, "Once you get to know people you pick up little bits along the way. We will tell the nurse about what we have noticed and they will arrange to monitor the person to see if there is a definite change, or get an assessment to see if care plan needs to be changed."

There were processes in place to ensure people would receive appropriate care at the end of their lives. Staff described the care they had given to people who had passed away at the home. One member of staff told us, "I made sure they were comfortable and pain free and did not die alone." Care plans reflected people's care preferences and if they wanted to be resuscitated. There were details of people's chosen funeral arrangements and loved ones they wanted involved. The manager told us they were going to be arranging training for staff in relation to end of life care and people's religious and cultural needs to ensure all staff had a good understanding of this. When necessary people had been supported by family members and GPs to express their final wishes and the service had established links with a local hospice who had provided some training to nursing staff in relation to the administration of specific pain relieving medicines.

Is the service well-led?

Our findings

At our last inspection in April 2017 we rated this key question as 'Requires Improvement' because improvement was needed to ensure quality monitoring checks were effective. During this inspection we found that progress had been made to improve the system for assessing and monitoring the service and the provider was no longer in breach of the regulation. However these processes had yet to be fully effective in all areas.

The home had not had a registered manager since February 2017. Failure to ensure a registered manager was in place is a breach of regulation. The registered provider has now recruited a new manager who has commenced the process of applying for registration.

We found that regular checks and audits to monitor the safety and effectiveness of the service were undertaken both by staff, the manager and the provider. On the whole the effectiveness of the audits was evident, but we found some instances where they could have been more effective. For example, the system for checking pressure care mattresses needed to be improved because they had not identified that some mattresses were not at the correct setting. Whilst medication audits were completed monthly and were usually successful in identifying issues they had not identified the current issues with the medicine records and would benefit from being conducted more frequently due to on-going medicine management issues. However, our discussions with the manager showed that there were already plans in place to review the medicine administration system that was currently in place to help reduce the number of errors occurring.

A wide range of systems to monitor the quality and safety of the service had been utilised on a regular basis, in conjunction with 'spot checks' to follow up on specific issues or areas of concern. In some instances these had been used to provide assurance that the service was operating well. While the processes in place had helped to drive forward and improve the service our inspection identified further work was required to ensure that everyone experienced a consistently safe, good quality service.

The directors of the service had been visiting the home on a regular basis to undertake spot checks and undertake drop-in sessions to seek staff views. One member of staff told us, "Management is more approachable, staffing is sorted, it is a lot better, a better vibe amongst staff and people, everybody seems happier. The directors speak to staff and we get the feeling if we suggest something they will do it." Staff spoken with were aware of the provider's whistle blowing policy and how to access this. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. One member of staff told us, "I feel very able to raise a concern, very confident but it was not like that when I first started."

From our findings and speaking with staff and the manager it was clear the new manager had made significant strides in a very short time to make improvements and demonstrated that they were a positive appointment. The new manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service. The new manager showed a keenness to promote an environment where staff can speak openly and

honestly. Staff told us they felt well supported to perform in their role. Staff gave various examples of the improvements made at the home. One member of staff told us, "I am involved in care plan updates and will sit with the nurse when they are done. There used to be a big divide between nurses and care workers but this has now improved. Management held staff meetings where it was stated clearly that we all work as one team and this approach brought about changes in attitudes."

We saw that the frequency of formal staff one to one support had increased and staff told us they could seek informal support when needed. Initiatives and improvements seen since our last inspection for recognising and valuing staff were positive. For example, introducing an 'employee of the month' scheme which sought to identify exceptional staff and value their contribution. A member of staff told us, "Employee of the month is very positive. There is also an Exemplar award ceremony. The event allows staff to hear what is going on in the company. Awards are nominated by service users and their relatives. It makes me proud to work for Exemplar."

We looked at how the provider gathered people's views and experiences and acted on their feedback to shape and improve the service and culture. People told us that meetings took place to seek their views. One person told us, "If I can't go to the residents meeting I get the minutes to read." Specific meetings also took place to seek people's views in relation to meals at the home.

The provider employed a service user engagement officer who was introducing some new initiatives to seek people's views and help them contribute towards the running of the service. A national 'Service user council' was being introduced from November 2017 with each home being able to nominate a representative to attend. A buddy system was also being introduced where new people moving into the home would be allocated a person already living there to be their 'buddy' and help them settle into the home. The registered provider carried out annual surveys with people to measure their satisfaction with the service. A new survey had not been completed since our last inspection. The manager told us that these were in the process of being sent out by the provider.

Registered providers are legally required to display the rating awarded by the Care Quality Commission. The most recent rating was on display within the home and on the provider's website. This demonstrated transparency, as well as an understanding of the legal requirements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Section 33 HSCA Failure to comply with a condition
Treatment of disease, disorder or injury	The service did not have a registered manager.

The enforcement action we took:

We issued the provider with a fixed penalty notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
	Systems in place did not ensure people received their medicines as prescribed.

The enforcement action we took:

We issued a warning notice.to the provider.