

Doncaster Property Investment Fund Limited China Cottage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 and 13 October 2014. At which breaches of legal requirements were found. This was because care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. Also the provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. Also people were not

protected against the risks associated with the management of medicines. People did not receive care or treatment in accordance with their wishes. People were not always asked for their consent before treatment was given. Comments and complaints people made were not responded to appropriately.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements

Summary of findings

in relation to the breaches. We undertook a comprehensive inspection on the 14 and 22 April 2015 to check that they had followed their plan and to confirm that they now met all of the legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'China Cottage Nursing Home' on our website at www.cqc.org.uk

China Cottage Nursing Home is a care home situated in Carcroft, Doncaster which is registered to care for 33 people. The service is provided by Doncaster Property Investment Fund Limited. At the time of the inspection the home was providing nursing and residential care for 27 people.

The service did not have a registered manager in post. However the Commission had received an application to register the manager who has been in post since January 2015. 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.

At our inspection on the 14 and 22 April 2015, we found that the provider had followed their plan which they had told us would be completed by the 31 March 2015 and legal requirements had been met.

People were kept safe at the home. However we found that some staff did not have a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make a specific decision.

People's physical health was monitored as required. This included the monitoring of people's health conditions

and symptoms, so appropriate referrals to health professionals could be made. The home involved dietician and tissue viability nurses to support people's health and wellbeing.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were encouraged to make decisions about their care and how staff were to support them to meet their needs.

Medication systems had improved so that the administration of medicine was safer. However, the incorrect stock count for some medicines meant we could not confirm that people are getting their medication as prescribed. There was still a lack of PRN protocols. We found the systems still needed to be embedded into practice.

There were robust recruitment procedures in place; most staff had received formal supervision since the new manager had been in post. Qualified nursing staff had also received a monthly clinical supervision. Annual appraisals had been scheduled. These ensured development and training to support staff to fulfil their roles and responsibilities was identified.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it

The provider had introduced new systems to monitor the quality of the service provided. We saw these were more effective. Although improvements were now taking place the provider needs time to ensure the systems are embedded and sustainable.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service required improvements to make it safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard adults from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

We found medication systems had been improved but these still needed to be embedded into practice.

Requires improvement



Is the service effective?

The service still needed some improvements to make them more effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Some staff we spoke with during our inspection did not have a good understanding the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We found the service had started to meet the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Good



Is the service responsive?

The service was not always responsive.

Requires improvement



Summary of findings

New care plans had been introduced; however they were not always clear to follow and were not person centred. The manager had identified and had commenced addressing this but continued improvements are required to be implemented to ensure a consistent approach was embedded into practice.

Is the service well-led?

The service required improvements to ensure it was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The provider had introduced new systems to monitor the quality of the service provided. We saw these were more effective. Although improvements were now taking place the provider needs time to ensure the systems are embedded and sustainable.

The service worked well to ensure people received prompt involvement with health professionals and there was a sense of belonging to the community.

Accidents and incidents were monitored monthly by the manager to ensure any triggers or trends were identified.

Requires improvement



China Cottage Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 14 and 22 April 2015 and was unannounced on the first day. The inspection team consisted of two adult social care inspectors and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information received about the service from notifications sent to the Care Quality Commission by

the manager. This included regular updates from the provider which told us how they were progressing with their action plan. We also contacted the local authority commissioner who also monitors the service provided.

We spoke with the manager, the deputy manager who was a registered nurse, a nurse, seven care staff, and the activity coordinator. We also spoke with seven people who used the service and four visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating to people who used the service, staff and the management of the service including five recruitment and training files for staff. We looked at five people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they had improved to ensure that they identified areas for improvement.

Is the service safe?

Our findings

At our previous inspection we found the management of medicines was not safe. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by 19 December 2014.

At this comprehensive inspection We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for five people.

We found predominately people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

The medicines were administered by qualified nursing staff, who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely.

Following our inspection in October 2014 new systems had been introduced. We saw all medication was accurately recorded when received on the MAR. Medicines were signed for when given and any hand written entries on the MAR's were accurately recorded and checked by two staff. We found disposal of medicines followed procedures and controlled drugs; these are medicines which are controlled under the Misuse of Drugs legislation, were also given following robust procedures to ensure safety.

However when we checked people's medication we found some minor errors. We found that the carried over medicines from the previous month were recorded but when we checked four of these the number carried over minus the amount given did not tally with the amount left in stock. For example one person was prescribed warfarin 3mgs. It was recorded that 196 were carried over at the

start of the cycle and four had been given that meant 192 should be in stock, however there were 217 left in stock. It was therefore not possible to determine if the person had received their medication as prescribed.

We also found insufficient detail for medicines prescribed for 'as and when required'. For example one person who lacked capacity to be able to verbally tell staff when they were in pain, the protocol did not explain how the person presented when they were in pain to be able to give pain relief when required. Staff we spoke with were able to give examples of how they recognised when a person was in pain. For example body language and facial expressions.

We discussed this with the manager who told us she had identified these issues. They showed us the audit dated 19 March 2015 this identified issues with carried over medicines and storage. Following this audit the manager organised a staff meeting for staff who administered medicines this was held on 31 March 2015. We saw minutes of this meeting, which clearly evidenced staff were told what was required and what action would be taken if this was not followed. This showed the manager had identified the errors and was ensuring the new systems were followed and embedded into practice to ensure medicines were given as prescribed.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People we spoke with told us they felt safe. One person said, "It's my home, I feel safe and staff look after us all." Another person said, "There is always someone you can ask for help, I feel safe when staff move me because they know what they are doing."

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found there were no on-going safeguarding investigations. The manager told us that she was aware of when and what was required to be reported to the Care Quality Commission.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt

Is the service safe?

should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the nurse or the manager.

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

The manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration. The manager had improved the monitoring of information in relation to accidents and incidents which had helped to reduce the number of falls occurring.

We looked at five staff recruitment files including one nurse, care staff, kitchen and domestic staff. We found that the recruitment of staff was robust and thorough. The files we saw were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role.

The deputy manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The manager told us they had a flexible approach to ensure sufficient staff were on duty to meet people's needs. They told us they would listen to staff if they raised any concerns about not being able to meet people's needs. Since our last inspection the manager had introduced a dependency tool which was used to calculate the amount of staff required to meet people's needs. The manager told us this was reviewed each week with the regional manager. People who used the service and their relatives raised no concerns about staffing levels. One person we spoke with said, "I think there are enough staff, quite a lot of staff" and "If I press call button usually they come straightaway" and "Once had a 15 minute wait, but that is not very often" and "Night staff okay too." Relatives we spoke with said staff were always available if needed.

Is the service effective?

Our findings

At our inspection on 6 and 13 October 2014, We found people did not receive care or treatment in accordance with their wishes. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 and Regulation 9(5)(6) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some staff that we spoke with had varying understanding of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Some staff we spoke with were knowledgeable about this aspect of caring for people and others were not clear. The manager confirmed to us that some staff still were required to undertake the local councils training in this subject. The manager told us staff had been asked to bring in certificates to confirm they had completed the training. Any staff failing to do this would be automatically booked onto the next available course.

We found best interest discussions were in care files, however these were generic and not person centred. They did not clearly show what decision was to be made, why it was required, the people involved or the outcome decided. The best interests in some people's files were also not required as they had capacity to understand and were compliant in their care and treatment. However we found one person was being restricted in the amount of cigarettes they could have, yet no best interest decision was completed for this. This meant decisions had not been clearly documented to ensure best interest decisions were assessed following the legislation. We discussed this with the manager who assured us this would be rectified and any future decisions required would have clear documented evidence of how the decision was made and why.

On the second day of this inspection the manager was able to confirm to us that she was awaiting confirmation of an urgent DoLS application for one person and a review of a

standard authorisation for another person. The manager had also identified a further two people who may require a DoLS application being submitted to the local authority supervisory body.

Although some improvements had been implemented in the care plans and the manager was able to show us how people's capacity would be identified in the care records in the future. We were unable to fully assess how the improvements would impact on the needs of people who used the service in relation to this legislation until the improvements have been fully implemented. The manager told us that she intends to hold training sessions with designated staff to complete this task. The manager showed us a record that would be inserted in the front of the handover file which gave a brief summary of each person's care needs. This would provide useful information for any new staff or agency staff working at the home.

We have asked the manager to tell us each month how many care plans have been updated to a satisfactory standard. This information is required until all care plans have been reviewed. Although staff did not have a full understanding of the details within the existing care plans it was clear from our observations and speaking to staff that they knew the needs of people very well. Therefore we felt this did not impact on the care people received.

We looked at staff records used to record supervisions. We saw most staff had received formal supervision since the new manager had been in post. The manager told us they were looking to complete supervisions every two months and these were all booked in over the year. This would ensure staff were adequately supported to be able to fulfil their roles and responsibilities. Staff we spoke with told us they felt supported and listened to since the new manager had started.

The new manager had commenced annual appraisals, and showed us a schedule that told us when appraisals would be completed. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice. One member of staff we spoke with said, "I feel much more supported with the new manager and regional manager, things are much

Is the service effective?

better.” Another member of staff said, “Before we did not have confidence to discuss our concerns but that is so different now. I now feel that things will be sorted and I enjoy coming to work.”

The manager told us that the nursing staff attended specific training which ensured they could demonstrate how they were meeting the requirements of their nursing qualifications. They also received monthly clinical supervision to ensure their competency.

We were shown the training records, which showed staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. Staff had attended regular training in areas of moving and handling. Infection control, safeguarding of vulnerable adults and fire safety. The training was predominantly e-learning; however the provider had acknowledged that this was not always effective. The manager told us they had arranged a number of classroom based training sessions. These were planned to commence in May 2015.

At our inspection on 6 and 13 October 2014, We found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9(3)(a)-(e)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements in the care delivered. Staff interacted positively with people who used the service and they were attentive and caring when undertaking personal care. There were suitable arrangements in place that ensured people received good

nutrition and hydration. We looked at five people's care plans in detail and a further two care plans looking at medication and nutritional needs. We found they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We used SOFI to observe four people who were being supported to eat at breakfast time. It was clear from the chatter and laughter that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. People described the food as, “Very good, a variety and plenty of it. We get two choices. One person said, “I have Weetabix and honey for breakfast, sometimes they ask me what I want for lunch - food tastes nice-gammon and braising steak are beautiful” and “Sandwiches for tea.” Another person said, “Quite nice, good choice, I get brown bread and marmalade for breakfast” and “Dinners are always good.”

We found the service worked well with other health care agencies to ensure they followed best practice guidance. The manager gave us an example of working closely with the GP practice to regularly review people's medication and healthcare needs. The manager also told us that designated staff also attended forums in end of life care and dementia care. This helped to raise the standards of care provided to people who used the service.

Is the service caring?

Our findings

At our inspection on 6 and 13 October 2014, We found people did not receive care or treatment in accordance with their wishes. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 and Regulation 9(5)(6) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we have looked at the evidence for this breach of regulation under the effective domain.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care. People were treated with respect and their dignity was maintained throughout.

People who used the service and visitors were positive when describing interactions with the staff. One person said, "The girls are caring and take their time." Another person said, "I get a wash down every day, and some days two carers will give me a bath - they are very good with me. I never feel uncomfortable when they help me." One relative said, "I have been coming here for eight years, I always see the same staff which is very good. They make me feel welcome. I am thrilled with the care provided. I would recommend it to other people looking to place their nearest and dearest."

We looked at seven individual's care files to see if they gave some background information about the person. We saw a 'This is your life' document which had sections about how the person liked their care delivered. It also identified people that were important to them, their life history and likes and dislikes. We spoke with staff about how they delivered care to the people that they were keyworker to. It was clear that staff knew the people very well. They also knew relatives that visited very well and we saw that staff

spoke to people using their preferred names. One relative said, "I feel the home has a lovely atmosphere and staff have a smile on their faces which must be good for the people that live here."

We observed staff using mobility equipment such as a hoist in the lounge areas. The staff spoke to the person during the process and managed to assist the person in a very discrete manner, despite the dimensions and layout of the room not being naturally conducive to this. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

The service had a strong commitment to supporting people and their relatives, before and after bereavement. People had end of life care plans in place, we saw that relatives and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions were included and they were reviewed appropriately by the persons GP.

The manager showed us a letter sent to the home from a relative following the death of their father. It gave great praise to the staff stating, "He loved his time at China Cottage, and I for one will always be grateful for all the staff and for all their dedication and hard work."

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

The manager told us they would assist people to visit the local churches if they wished. This ensured the spiritual and religious needs of those who considered them of importance were met on a regular basis. We were told that the local church visited periodically and those people who wished to attend were given the information of where and when the service would take place.

Is the service responsive?

Our findings

At the previous inspection we found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9(3)(b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we looked at five care and support plans in detail and two people's care plans focusing on medication and food/fluid. We found most of these were disorganised and difficult to find information to determine people's needs. On the second day of the inspection the manager had re-written one of the care plans to show us how she intends to organise and review all care plans. This care plan was well organised and easy to follow. The manager had also obtained new Mental Capacity Assessment documentation which was used by the local council supervisory body. We have asked the manager to send us monthly updates which confirms how many care plans had been reviewed and updated where required. The manager is also training designated members of staff who will be responsible for this task.

From the care plans that we looked at on the first day of this inspection we found that one person's care plan had been devised on their admission for respite on 9 April 2015. However, this had not always been followed. For example the person had been identified as at risk of weight loss. The care plan stated that food and fluid charts were to be completed, and to review the food and fluid intake 48 hours after admission. We checked the food charts these were not completed properly there were gaps when nothing was recorded and some recordings did not show how much had been eaten to be able to determine if they had received adequate nutrition. These stopped on 13 April 2015 with no explanation in the care plan, no reviews had been documented to explain why they had stopped. This meant the person may be at risk of not receiving adequate nutrition to meet their needs.

Another person's care file we checked had identified they were at risk of falls as they were prone to lean forward in the chair. They had a care plan in place for safety, which identified this need. However, this had been reviewed on 7 April 2015 and the review stated safety was maintained. Yet

records we saw showed this person had a fall on 6 April 2015, therefore safety had not been maintained. The review had not identified this so had not identified measures to increase safety so put the person at risk of harm.

Another need identified in a person's care plan was managing their behaviour that at times may challenge. The care plan documented how and when they presented with this type of behaviour and action to take. However, during our observations they were calm and compliant. We discussed this with the nurse on duty who told us that the person no longer presented with behaviours that may challenge. The care plan review completed in April 2015 stated the care plan remains the same, this was not the case. Therefore the review had not identified the person's present needs.

Although the records did not clearly demonstrate how people's needs were met we felt staff knew people very well and people received the care they required and the lack of accurate records did not negatively impact on them for these specific issues. For example, we spoke to one member of staff who clearly demonstrated how they would meet one person's needs. We also observed staff assisting to move a person using the hoist. They gave clear guidance and support throughout the manoeuvre ensuring the person was safe. We saw that staff responded quickly to give assistance to people who were anxious about their surroundings. Staff offered support to people to ensure they had sufficient to eat to meet their nutritional needs.

We spoke with three relatives who confirmed they had been involved in reviews at the home. One relative said, "My relative's care changed, they became more dependent and the staff asked me to attend a review. I was pleased that I was asked to be involved. I am very happy with the care."

We observed staff throughout the two days of this inspection and it was clear that people's views were sought before any assistance was given. Staff told us that if they thought a person's needs had changed they would discuss the changes with the nurse on duty. We looked at handover sheets which were used to communicate any information about people's health and wellbeing. This information was given by the most senior person at the start of each shift. They were sufficiently detailed to ensure staff were aware

Is the service responsive?

of any health issues needing attention during their shift. For example, where people required to see a GP, district nurse or obtaining urine samples. It also told staff if people required observations following falls or restless sleep.

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. We spoke with the activity co-ordinator about how people could access the community. She told us that occasionally people could go on outings including visits to the pub which was within walking distance of the home. She told us that people could access a varied programme of activities which included crafts, games and movement classes. The co-ordinator told us that trips out were also planned for when the weather improves. Outside entertainers were booked periodically throughout the year.

At our inspection on 6 and 13 October 2014, We found comments and complaints people made were not responded to appropriately. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us that she operated an open door policy which encouraged visitors and relatives to raise any concerns they may have. Relatives we spoke with complimented the manager's style of leadership and they said they had confidence in her ability to manage any concerns appropriately.

At this inspection we found the complaints file was much more organised and contained details of all the complaints received and how they had investigated the complaints. The manager told us they had investigated three formal complaints since our last inspection. We saw records which confirmed they had reached a satisfactory conclusion.

We saw that copies of the complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. One person said, "I've no complaints, never. If I did I could ask anyone, any of the staff." A relative said, "I have no problems with the home or staff or anything. I'm quite happy; they are all very nice, friendly. If I had any concerns I wouldn't hesitate to raise it." Another relative said, "I have no concerns at all, the staff are very approachable if I have a problem they sort it straight away. The new manager is very nice."

Is the service well-led?

Our findings

At our inspection on 6 and 13 October 2014, We found the provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. A manager had been appointed and she had submitted an application to be registered. A new area manager was appointed to oversee the home and to review the action plan sent to us.

The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The manager and the regional manager told us the ethos was to provide the very best care, support and environment to people to help them to live their lives to the full. The regional manager told us that they had started to look more closely at the environment which included making areas more dementia friendly. This included looking at signage and the colours they intended to use for bedroom doors and corridors. The regional manager told us that work on the design would commence later in April and May of this year.

It was clear from the feedback from staff, relatives and the people who used the service that everyone felt standards of service had greatly improved, and they were confident that the improvements were sustainable. Staff we spoke with said, "Things have improved so much, we have the direction and leadership that was needed." Other comments from staff included, "I now enjoy coming to work, things are so much better," and "We know the standards that are expected of us and we are all pulling together to make it a better place for people to spend the rest of their lives."

The manager told us that they were working hard to communicate their values and beliefs with relatives and people who used the service. Relatives/residents meeting were scheduled and had taken place to ensure people

knew who was managing the home and to give them an opportunity to voice their opinions and raise any concerns. One relative we spoke with said, "I have not attended the relatives meeting because I would rather speak to the manager on an individual basis and that works better for me."

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

We found improvements had been made to ensure effective systems were implemented to regularly assess and monitor the quality of service that people received. These included administration of medicines, health and safety, infection control, and the environmental standards of the building. These audits and checks highlighted improvements that needed to be made to raise the standard of care provided throughout the home. We looked at the audits undertaken by the regional manager and they identified remedial action that the manager was expected to address. We saw evidence to show quality systems have improved but continued improvements are required to ensure systems of monitoring are embedded into practice.

We found care plans required further improvements to ensure they were effective. The regional manager told us that the provider had used a consultancy agency to manage the home until they could recruit a suitable manager for the service. Part of their remit was to implement new care records. These were found to not meet the standards that the provider expected. The manager now in post had recognised this and had commenced to implement more effective systems to record people's needs.

The service had good working relationships with other organisations and health agencies. The local council who also monitors the service delivered told us that they had seen significant improvements in the home. The manager told us that she was working with the GP who visits regularly to improve communications and reviews of medication for people who used the service. The manager also attends forums with the GP to improve the quality of end of life care for people in the home.