

Sudera Care Associates Limited

Ridgeway Nursing Home

Inspection report

Crich Lane
Ridgeway
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Tel: 01773853500

Date of inspection visit:
16 February 2016

Date of publication:
10 May 2016

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

This inspection took place on 16 February 2016 and was unannounced.

Ridgeway nursing home provides care for up to 37 people. On the day of our inspection there were 29 people using the service.

A registered manager was not in post, as the previous registered manager had left the service the day before the inspection. However an acting manager had recently been appointed and was present throughout the day. 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 the last inspection on 6 and 13 October 2015, we found that improvements we had required the provider to make, following our previous inspection in December 2014, had not been made. Consequently there were breaches in the regulations for person-centred care, safe care and treatment, good governance, premises and equipment, dignity and respect, the need for consent and staffing.

In all we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for this service was 'Inadequate' and the service was therefore placed in 'Special measures'. At this inspection we found significant improvements had been made, particularly regarding risk management. However there were still areas, including person-centred care, premises and equipment and good governance, that we considered required further improvement. This inspection found there was enough improvements to take the provider out of special measures.

Staff followed the provider's policies and procedures to help ensure people's safety. Staff told us they had completed training in safe working practices and we saw they put this training into practice. We saw staff supported people with patience, consideration and kindness and their privacy and dignity was respected.

People were involved in making decisions about their care. They were asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

People were protected by thorough recruitment procedures and appropriate pre-employment checks had been made to help protect people and ensure the suitability of staff who were employed.

Medicines were stored and administered safely by staff who had received appropriate training.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals.

Staff received Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) training to make sure they knew how to protect people's rights. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates.

Systems to monitor the quality of the service Identified issues for improvement and these were resolved in a timely manner. There was a formal complaints process. The provider recognised that not all people could raise formal complaints and their feedback was sought through regular involvement with their keyworker. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

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 was not always safe.

There were not always sufficient staff, with the appropriate skills and knowledge to meet people's identified care and support needs.

People were protected by thorough recruitment practices, which helped ensure their safety. Staff could identify signs of abuse and were aware of appropriate safeguarding procedures to follow.

Medicines were stored and administered safely and accurate records were maintained.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Due to inconsistent staff training, people received support from staff who did not always have the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

The service had close links to a number of visiting professionals and people were able to access external health care services. People were supported to have sufficient to eat and drink.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

Staff treated people with kindness, dignity and respect.

People were involved in making decisions about their care. They were asked about their choices and individual preferences and

Good ●

these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care plans were personalised and detailed how people wished to be supported and their care reflected their current needs, preferences and choices.

People and, where appropriate, their relatives were involved in the planning and reviewing of their personalised care.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns. They were also confident they would be listened to and any issues raised would be taken seriously and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in place.

Despite some recent improvements, there were still inconsistencies regarding the quality monitoring systems.

Staff were aware of their responsibilities. They felt confident in their individual roles and demonstrated values that included compassion and respect.

Ridgeway 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.

The inspection took place on 16 February 2016 and was unannounced. The inspection team consisted of three inspectors.

We looked information we held about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We also spoke with a manager from the local authority contracts department, responsible for commissioning services at Ridgeway Nursing Home.

We spoke with nine people who used the service, two relatives, six care workers, the activities coordinator and the chef. We also spoke with two consultants (commissioned by the provider) and the newly appointed acting manager. Throughout the day, we observed care practice, including the lunchtime routine, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including five people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

At our last inspection in October 2015 we found that staff were not always available at the times people needed them. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 – Staffing.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that although some improvements had been made, further improvements were needed to ensure that sufficient numbers of staff were available.

There was not always sufficient staff with the necessary knowledge and skills to keep people safe. One person told us, "The staff always seem to be in a hurry and, if you want anything, you just have to wait."

Staff told us there was a qualified nurse on duty throughout the 24 hour period. There were six care staff working the morning shift and five working in the afternoon and evening. There were two care staff and a trained nurse on duty during the night. Staff we spoke with said they were able to meet people's needs although they were "stretched" at peak times. One staff member felt the overall dependency level of people had increased over recent months, although this had not been reflected in increased staffing levels. They told us, "Over 50% of people now need two staff to support them with their personal care. And obviously when we have to spend longer with one resident, it means others have to wait." This was supported by another member of staff who told us, "The number of people who need help and support with eating has gone up; eight people now need assistance to eat and two more need some support and prompting. When we discussed this concern with the acting manager, they assured us they were currently reviewing the dependency tool used to determine staffing levels.

We found people were at potential risk as they often had to wait for help and support. This demonstrated that staffing levels were inconsistent and there were not always enough staff available to meet people's needs and ensure their safety.

Staff told us the provider (or acting manager) had recently introduced a directive so that a member of staff must always be in the lounge area to observe people to ensure they were safe. We saw that this was the case throughout the day of our inspection. This helped ensure people in the lounge area were safe from avoidable risks, such as falling. A staff member said that all people in their bedrooms were now checked hourly throughout the daytime. A record we saw in one person's bedroom, 'Close observation record' confirmed this had taken place. The person was also able to use the call system to call for staff assistance.

At our last inspection in October 2015 we found that risks associated with people's health, care and support were not managed. This was a breach of Regulation 12 (2) (a) (b) (e) HSCA 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that improvements had been made.

At this inspection a consultant (commissioned by the provider) told us they, as a priority had undertaken risk assessments of the risks associated with people's health, care and support. They told us they had identified risks associated with the care of nine people and out of these; three people were identified as 'high risk'. Consequently all nine care plans had been reviewed and rewritten to include individual risks associated with eating and drinking. The revised plans also now included details of the appropriate support required and clear guidance for staff to follow in the event of someone choking. We saw the identified care plans had been reviewed and contained updated risk assessments, personalised support guidance and, where appropriate, fluid intake charts, which had been routinely filled in. The format and structure of these plans had also been revised, they were now more concise and the information readily accessible. Staff we spoke with were aware of individual risks and had a good understanding of how to manage them consistently. We saw that, where appropriate, food was cut into smaller pieces or pureed and people were assisted with eating, as required.

A person we spoke with who was moved by hoist said that they felt safe at the home and told us, "Staff are slow and sensitive when using the hoist. They are calm and confident." Another person who chose to spend their time in their bedroom told us they were a "Choking risk." They were able to eat unassisted but due to the choking risk they confirmed a member of staff always remained with them when eating. We found that not all staff had received specific training regarding such risks. We discussed this inconsistency with the acting manager, who said they intended to ensure all relevant training including first aid was completed as a matter of priority. This helped ensure people were protected from risks associated with eating and drinking.

At our last inspection in October 2015 we found concerns in relation to the proper and safe management of people's medicines. This was a breach of Regulation 12 (2) (g) HSCA 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that improvements had been made.

We looked at the management of medicines, including the provider's policies and procedures for the storage, administration and disposal of medicines and relevant staff training records. We also observed medicines being administered. We saw the medication administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show when people had received 'when required' medicines. Two people we spoke with said they received their medicine on time. Following concerns during the previous inspection regarding the use of covert (in disguise) medicines, the provider had told us, whenever necessary, they now routinely obtained specific written guidance from a pharmacist. In two individual care plans we saw specific guidance for staff, written and signed by a pharmacist. This meant the provider had taken appropriate action to ensure people received their medicines safely.

At our last inspection in October 2015 we found concerns in relation to a lack of hot water at the home. We were also concerned that the premises and equipment were not properly maintained. This was a breach of

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that improvements had been made.

The problems regarding the lack of sufficient hot water, identified in our previous inspection, had been resolved. We saw that temperature regulators had been replaced in the bathrooms and hot water was readily available throughout the home. The acting manager told us there were plans in place to refurbish one of the bathroom/shower rooms, which was not currently being used.

Since our last inspection the provider had appointed a full time maintenance person. They told us a meeting had been held with all care staff and nurses to discuss any issues or concerns. Maintenance of wheelchairs was now undertaken regularly and confirmed they were all in good working order. This meant people were protected from the risk of unsafe equipment.

Another area of concern at the last inspection was faulty automatic door releases. These are designed to safely hold open a fire door and automatically release the fire door should the fire alarm be activated. During that inspection, the releases on two doors did not work and some fire doors were propped open with pieces of furniture. This was unsafe practice as the fire doors would not automatically close in the event of a fire. This placed people who lived at the home at risk in the event of a fire. During this inspection, we saw the door releases were working effectively. The maintenance person told us they were now routinely checked every month, although they added that batteries would be replaced immediately should any door releases start 'beeping'. They also confirmed the weekly fire alarm check would identify defective door release mechanisms and every door was checked each month to ensure correct and secure closing.

We were told during the previous inspection that the keypad to the front door had not been working for more than six months. This was repaired following that inspection and we saw that it was now working effectively. Any maintenance requirements were recorded in a book, for the attention of the maintenance person and were signed off by the manager on completion. We saw that two faulty profiling beds had recently been reported by night staff, they had subsequently been repaired and the entries duly signed off. The maintenance person explained that "Preventive maintenance" was now in place, with regular checks of equipment and improved reporting by staff. They also said that external maintenance contractors would be called if any equipment needed specialist attention. This demonstrated the provider's commitment to improving the safety of equipment and the environment.

Staff members told us they had undertaken safeguarding training and outlined the processes for reporting safeguarding concerns. This was confirmed in training records we were shown. The members of staff were able to explain to us what they would do if they witnessed or suspected abuse and all were confident they would be listened to and their concerns dealt with appropriately. This meant people were protected as the staff had the knowledge and awareness to act appropriately if a person was at risk of avoidable harm.

We looked at three staff files, including recruitment records. We saw people were cared for by suitably qualified and experienced staff because the provider had undertaken all necessary checks before the individual had started work. Each staff file contained two satisfactory references and evidence that Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers ensure that people they select are suitable to work with people who use care and support services. This helped ensure the safety of people because the provider operated a safe and thorough recruitment process.

Is the service effective?

Our findings

At the time of our last inspection, in October 2015, we found that staff did not always have the necessary skills and knowledge to support people and meet their needs. There were shortfalls in providing effective support, supervision and training for staff. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 – Staffing.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that improvements had been made.

A comprehensive plan had been developed and implemented to improve the quality of training and the support available to staff. Two external consultants had been brought in, by the provider, to work alongside the registered manager at the time to address identified shortfalls, establish a comprehensive training programme for all staff and to improve the safety and overall quality of care provided. However they told us this had proved "Very challenging" for a number of reasons. Although we found many improvements had been made, it was acknowledged by the acting manager and consultants that this was still very much "Work in progress." We therefore consider this to be an area that requires improvement.

We were given a copy of the provider's Training Policy & Strategy document that included a comprehensive programme of training for all staff to attend in the next six weeks. The training programme included: Understanding Dementia and the role of staff; Duty of care including safeguarding adults; Understanding Capacity and the MCA, including DoLS; Nutrition & Hydration and good practice in record keeping and Good Communication Skills and the principles of person centred care. The training was being undertaken on-site by one of the consultants, with considerable training experience. They told us the objective was to involve staff in the training and discussions, to ensure it was relevant to the work they were doing. The consultant advised us the new Care Certificate programme would be available to all new staff and to existing staff, where appropriate. They added that training would follow the Skills for Care process leading to NVQ training. This demonstrated the provider's commitment to ensuring staff had the necessary skills and knowledge to effectively meet people's needs.

A senior member of staff had attended the first training session the previous day and said, "I have had previous dementia care training but this training was very informative and helpful." We saw that arrangements had recently been made for a dietician to provide specific training for staff relating to nutrition and a pharmacist for relevant training related to medicines.

We had found staff supervision was at best 'inconsistent' at the time of the last inspection, although staff told us some improvements had been made with the number of supervisions arranged. We looked at staff records for two members of staff and found the quality and recording processes were poor. For instance we saw one staff member had had supervision on 17/09/2015 and 18/01/2016. One person's record showed only "Need more training which was cancelled," another record showed "Need to do SOVA training". In both

cases there was no evidence that any identified training had been arranged. We asked one staff member if they had received formal supervision since our last inspection. They said, "Do you mean when we're told off? I only had supervision when I was told off."

It was clear that staff had not been effectively supported, through supervision to review and discuss their individual progress and training needs. The acting manager informed us a programme of clinical supervision was being introduced for all nursing staff. However this was still an area that we considered required improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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).

During the previous inspection in October 2015 we found the registered manager had not applied the principles of the Mental Capacity Act 2005 to how people consented to their care and treatment. This was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 – Need for consent.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that improvements had been made.

Where people lacked capacity to make certain decisions, assessments had been completed and best interest meetings held with external professionals to ensure that decisions were made that protected people's rights whilst keeping them safe. During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. We also heard and observed staff seek consent to interventions where people required support with personal care. Staff also asked people for consent before assisting them to move, to eat, and before giving them medicines.

Staff we spoke with had either completed or were aware of MCA/DoLS training. A new staff member who had worked in the home for four months had not had DoLS training but was able to give examples of people who may or may not have capacity. All staff we spoke with understood the concepts of capacity and the relevant requirements of the Mental Capacity Act 2005. A visitor we spoke with said their relative did not have capacity. When asked how decisions were made on their behalf, they told us, "Decisions are always made with the family. We are always kept informed and involved in her care."

In care plans we looked at we saw several 'Do Not Attempt Resuscitation' (DNARs) had been authorised by the GP. A person we spoke with, together with their relative, told us they had a DNAR in place and had made the decision with the GP that it be put into place. The person said that is what they wanted and fully understood the implications.

People in the lounge areas had drinks available to them. Staff assisted people who needed help in having drinks and snacks. There were bowls of fresh fruit available to people in the lounge areas. A person in their bedroom had a choice of two drinks within reach and said that at night a table was placed by them so they could access drinks throughout the night.

We observed lunch time in the lounge, which was a relaxed occasion. Two people had their chairs and small tables in the lounge reversed to catch the February sun shining through the floor to ceiling windows. They said they were enjoying the meal and the sunshine!

We were aware that people had been referred to external health care professionals when needed. The acting manager told us they were aware that, in the past, advice from professionals had not always been included in care plans or followed by staff. They assured us this was an area being addressed, with additional training and advice.

People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. People we spoke with were satisfied with the care provided. One person told us, "No complaints, it's OK here." Another person said, "Of course, I would prefer to be at home but the staff are okay, they look after me, so it's alright."

We were aware, through notifications received since the last inspection, that shortfalls in personal care had been addressed. During this inspection, we saw necessary improvements had been made. We spoke with a person in their bedroom, who had suffered partial paralysis, following a stroke. They confirmed their constricted hand was washed daily and cream applied when necessary. They also said their dentures were removed at night time by staff and immersed overnight as necessary. They told us these things were always included in their daily routines by staff "Without exception."

We spoke with a visiting occupational therapist (OT) who said they were there to assess "Two seating referrals" received from the home. This related to an oversize wheelchair and suitable seating for the other person. They were looking at care records in the lounge saying staff were helpful and provided all necessary information and records to make her assessment. They said the OT service received regular relevant referrals from the service and confirmed there was a good working relationship with the home. This demonstrated the service had effective working relationships with other health care professionals.

Is the service caring?

Our findings

During the previous inspection in October 2015 we found that people were not always treated with dignity and respect and their independence was not consistently supported. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014 – Dignity and respect.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found that improvements had been made.

People and their relatives spoke positively about the "Caring environment" and the helpful and friendly attitude of the staff. One person told us, "I am very settled here and I don't let anything bother me. The staff are very kind and caring. They support me well and are like friends to me." A relative we spoke with told us, "The staff are always very polite and helpful, we have no complaints. [Family member] is not able to respond to many people due to their condition, but there are three staff here who can always make her smile - and they always get a response."

A relative who had been visiting regularly for over two years commented on the last CQC report, which they had read, and the recent improvements they had noticed. They told us, "[Family member] is happy here, always clean and well-dressed." They added, "Things have definitely improved and I have said so. I have always felt that [family member] was well cared for here." They told us they had the opportunity to be involved in individual care planning and staff treated them with compassion, kindness, dignity and respect. One person told us "The staff working here are excellent, so kind and caring."

Four members of staff we spoke with described the recent changes to the management and running of the home. They all spoke positively about the new training taking place and felt it was important to improve their skills in caring and supporting people. All staff spoke with respect and affection when asked to describe the support they provided to individual people.

We observed positive and respectful interactions between people and members of staff, and saw people were happy and relaxed with staff and comfortable in their surroundings. Throughout the inspection we saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We saw and heard staff dealing sensitively and discreetly when people needed assistance. They reassured people who were anxious and distressed and responded promptly, calmly and sensitively.

Staff treated people with kindness and compassion. We observed they talked to people, not only when providing personal care or completing tasks, but also when they passed through the lounge or met people in corridors. Staff understood people's emotional needs and readily engaged with individuals who had limited verbal communication, regularly including them in any discussions. We observed staff, as necessary, used different ways of enhancing such variable or limited communication. For example staff used touch, ensured they were at eye level with those individuals who were seated and altered the tone of their voice

appropriately. Sometimes people reached out to staff, who always responded taking their hand and talking to them, reassuring or explaining what may concern them. We saw that people were clearly comfortable with and responded positively to staff and enjoyed appropriate and good natured banter. This demonstrated the caring and compassionate nature of the staff.

People told us that staff were kind and respected their privacy and dignity. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. During the inspection, we observed staff speaking respectfully with people calling them by their preferred names. They also checked that the person had heard and understood what they were saying. We saw staff knocking on people's doors and waiting before entering. In other examples of the consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity. We observed personal hygiene needs were supported. For example, people's fingernails were trimmed and clean, men (who chose to be) were clean shaven and people's hair was clean and groomed.

The acting manager told us people were treated as individuals and supported and enabled to be "as independent as they want to be." A member of staff told us that people were encouraged and supported to make decisions and choices about all aspects of daily living and these choices were respected. We observed that staff involved people, as far as possible, in making decisions about their care, treatment and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

Is the service responsive?

Our findings

At the last inspection, in October 2015, we found that people were at risk of not having their needs met in a responsive or personalised way. This was because individual care plans were either not in place, did not accurately reflect people's needs, or staff did not follow them consistently.

This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

During this inspection we saw that improvements had been made, regarding managing identified risk. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences regarding how they liked to be supported. Staff worked closely with individuals to help ensure that their care and treatment was personalised and reflected their assessed needs and identified preferences.

The acting manager told us that since starting work at Ridgeway Nursing Home, they had prioritised the existing systems for recording and managing risk. They showed us an example of an incident where someone had fallen. There was a brief entry in the notes but very little detail of the outcome or what action was taken. The acting manager said this was typical of plans they had reviewed. They told us, "Previously there seems to have been a gap in the system of reporting, with no analysis and consequently, no lessons learned." We saw recently amended plans containing more detailed recording and comprehensive guidance for staff, relating to various risks, including falls. This helped ensure staff were able to respond more effectively to people's needs.

We saw people's care plans were personalised to reflect their identified wishes, preferences, goals and what was important to them. They contained details of people's personal history, interests and information for staff regarding how they wanted their personal care and support provided. Staff we spoke with said people were at "The centre of everything we do." They emphasised the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and meet those needs.

We saw that people's individual progress notes were completed by care staff for each duty shift. Recording charts, including for food and fluid intake and repositioning people were in place and appropriately maintained, as required. Individual plans, including personal and environmental risk assessments were reviewed and people's weights were monitored monthly. The records also contained details of the input and involvement of other health care professionals. This information was used to plan and support people's daily routines and included their individual likes, dislikes and preferences.

The acting manager confirmed there had been no new admissions to the service since the previous inspection. They told us that some care plans had been re-written following a recent review of serious risks. They also said that they and the consultants were fully aware of the need to review all care plans and were

committed to ensuring all care records were amended in accordance with the improved format. We were shown examples of the updated format which was concise and structured, making information more readily accessible. Staff we spoke with told us they much preferred "The new style care plans" which they described as "More user friendly." The acting manager told us this work was ongoing and described the updating of plans as, "Work in progress."

People and their relatives told us they were satisfied with the service. They were aware of the provider's complaints procedure and knew how to make a complaint if necessary. They also felt confident that any issues or concerns would be listened to, acted upon and dealt with appropriately. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The acting manager told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Is the service well-led?

Our findings

During our last inspection, in October 2015, we identified significant and ongoing shortfalls in the service provided. We found improvements had not been made despite a previous inspection drawing some of the issues to the attention of the then registered manager and provider. These included poor quality monitoring audits, actions to improve the hot water supply and to identify and mitigate risks associated with eating and drinking and from fire. This demonstrated the registered manager and provider had not taken sufficient action to reduce risks to people nor used systems effectively to identify and mitigate risks. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 – Good governance.

Following our October inspection, the provider sent us an action plan outlining the improvements they would make.

At this inspection we found improvements had been made and some significant changes had taken place, including the departure of the previous registered manager and the recent appointment of a new acting manager. We found the acting manager had clearly made a very positive impact on a "fairly demoralised and despondent staff team."

The acting manager told us, that prior to starting work at the service, they had ongoing and important discussions with the provider and were fully aware of the issues and concerns identified in the last inspection report. They acknowledged and have agreed with the provider that "considerable work" is needed to be carried out to address shortfalls and drive the necessary improvements. They said the provider had recognised the urgent need for significant improvement. They assured us that they, with the full support and backing of the provider, were fully committed to bringing about the necessary improvements and that work was now "Fully underway." However they were also realistic about the challenges they faced and told us, "I know we have a mountain to climb – but it's not insurmountable."

Being fully aware of the need for the changes required to improve the service, the acting manager had agreed a comprehensive plan, with the provider, to systematically address the identified shortfalls. We saw they had developed ongoing, "ambitious but realistic" plans to cover the next three, six and nine months, "To improve the service and comply with regulations." The acting manager had included in the initial three month plan the continued employment of the two consultants, to provide ongoing support, assist with staff training and review the quality across the service. They acknowledged the value and dedication of the staff and spoke of the importance of their contribution and vital cooperation and direct involvement with any proposed changes. They showed us regular staff meetings were scheduled, "To inform all staff of the proposed plans and discuss ongoing progress and ensure their greater involvement in all necessary changes."

People and their relatives spoke positively about the acting manager and deputy manager and how the service was run. They confirmed they were asked for their views about the service and said they felt "Well informed." We observed the acting manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with them.

Staff we spoke with had seen or were aware of the previous inspection, the subsequent inadequate rating and the identified shortfalls that needed to be addressed. However, despite their initial despondency, following the last report, they said they welcomed the recent changes. Many were previously concerned and disheartened about the poor management of the service. They spoke positively about the need and wish for change and their key role in the improvements to be made. They welcome more training, support and supervision.

There has been no departure of staff since the last report, all were aware of the challenges and key changes that were needed. Many of the staff were established and long-serving. They expressed their loyalty and demonstrated a strong commitment to people using the service and enthusiasm to drive forward any necessary improvements.

Staff spoke positively about the two consultants who have been working temporarily in the home over the past 6 weeks and the work they have done. They welcomed the appointment of the new acting manager. A staff member said, "This is what we need to move on and make the progress we have all wanted." Another staff member said "We hope we will now get the support from someone who will manage the home as it should be managed."

The acting manager understood the need to notify the Care Quality Commission of any significant events, as they are legally required to do. They promoted a good relationship with stakeholders. They told us they hoped to develop and maintain good working relations with the local authority, including the commissioning, contracts and safeguarding teams. For example, the acting manager and provider had already met with commissioners the local authority and health care professionals to discuss concerns and agree "The way forward." They told us, "DCC [Derbyshire City Council] and the CCG [Clinical Commissioning Group] have been very supportive and we have really benefitted from working closely with them." A contracts manager we spoke with, from the local authority, confirmed the positive attitude of the acting manager.