

A Walsh

The Warren Residential Lodge

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 

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on 30 June and 1 July 2015 and found the provider was not meeting the legal requirements in relation to standards of care and welfare for people who use the service. Care and treatment was not designed to meet people's needs or preferences. There was a failure to ensure systems and processes were in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people, or to improve the quality and safety of services provided. After this comprehensive inspection the service was placed into special measures.

We undertook this unannounced comprehensive inspection on the 14 December 2015 to check the service had made improvements and met legal requirements. The service had taken sufficient steps to be taken out of special measures.

The home provides accommodation and nursing care for up to 31 older people. At the time of our inspection 23 people lived at the home.

The registered provider of this service was an individual provider and therefore was not required to appoint a manager. They had appointed a nominated individual to manage this service on their behalf. This person was not registered for the service and as such did not have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The legal responsibility for this service was with the registered provider. Following our inspection in June 2015, the registered provider informed us of their plans to change the registration of the service to a Limited Company and appoint a Registered Manager for the service.

At this inspection we found the registered provider had met all of the requirements of the Regulations to meet the fundamental standards, although further work was required to embed practices in the home.

Risk assessments in place informed plans of care for people to ensure their safety and welfare, and staff had a good awareness of these. Health and social care professionals were involved in the care of people, especially those with enhanced needs; care plans reflected this. Medicines were stored and administered safely.

There were sufficient staff to meet the needs of people who lived at the home and the provider had implemented a system of review to ensure adequate staffing levels would be available if people's needs changed. Staff had a good understanding of how to keep people safe, identify signs of abuse and report these appropriately. Processes to recruit staff were in place which ensured people were cared for by staff who had the appropriate checks and skills to meet their needs.

People consented to their care and had opportunities to be involved in planning and reviewing their care however further work was required to embed this practice in the home.

People received food and drink in line with their needs; the provider had discussed people's dietary likes and preferences recently and was planning to introduce a new range of food choices for people. People who required specific dietary requirements for a health need were supported to manage these.

Care plans in place for people reflected their identified needs and the associated risks; a system of review for care plans had been implemented but was in its infancy. Key workers had been identified to support people in ensuring these care plans remained up to date and in line with their needs. Staff were aware of people's needs and understood their role in supporting these. Staff were caring and compassionate and knew people in the home well.

There was a wide variety of activities available for people, however some people were not aware of these. People were able to move independently around the home and access communal areas where groups of people enjoyed social interactions and activities together.

Complaints had been responded to in line with the registered provider's policy and this work needed to be sustained. Incidents and accidents had been reported and investigated; there was a robust system in place to monitor and review the incidents of falls in the home and ensure staff learned from these incidents.

A new management structure in the home had greatly improved the support available for staff and staff spoke openly of working together to improve the lives of people who lived at the home. The management team had introduced robust quality assurance systems in the home. Whilst in their infancy, these audits were monitored by the management team to ensure the safety and welfare of people at the home. People, their relatives and staff felt positive in the recent changes in the service; however these needed to be sustained.

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 safe but required further work to embed safe practices in the home.

People were protected from abuse by staff who understood how to keep them safe. Further work was required to embed the practice of reporting concerns in the home.

Risk assessments were in place and informed plans of care for people. Medicines were managed safely.

There were sufficient staff available to safely meet the needs of people and staff had been assessed on recruitment as to their suitability to work with people.

Requires Improvement ●

Is the service effective?

The service was effective but required further work to embed these practices in the home.

Staff knew people well and could demonstrate how to meet people's individual needs. Staff had received, or were in the process of receiving, training in line with the mandatory requirements of the provider.

People consented to their care and treatment. They received food and drink in line with their needs and preferences and had access to health and social care professionals as needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff knew people very well and were caring and very friendly with people; they interacted with people in a kind and compassionate way, providing encouragement and reassurance for people whilst respecting their dignity.

People and their relatives were involved in the planning of their care.

Good ●

Is the service responsive?

Requires Improvement ●

The service was responsive but required further work to embed new practices in the home.

Care plans reflected the identified needs of people and the risks associated with these needs. Further work was required to embed a system of review of care plans in the service.

Activities were available for people though some people were not always aware of these.

People felt able to express any concerns and complaints. These were responded to promptly.

Is the service well-led?

The service was well led but required further work to embed these practices in the home.

The management structure in the home had been reviewed and changes to the management team had been made. A clear structure of management and responsibility in the home provided the basis for more planned changes in the service.

A system of audits was being implemented. Incidents and accidents were recorded, monitored and reviewed to ensure the safety and welfare of people. This work required time to become embedded in the practices at the home.

People, their relatives and staff were positive the service was improving to meet people's needs.

Requires Improvement ●

The Warren Residential Lodge

Detailed findings

Background to this inspection

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

We undertook this unannounced comprehensive inspection of The Warren Residential Lodge on 14 December 2015. At the last comprehensive inspection in June 2015 this provider was placed into special measures by CQC.

The inspection team consisted of an inspector and an expert by experience in the care of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home, including previous inspection reports and notifications of incidents the manager had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law.

During our inspection we spoke with a newly appointed manager who was not registered with the Commission, a deputy manager and seven members of staff including: two head of care staff, care staff, senior care staff and a newly appointed director for the service. We spoke with 12 people who lived at the home and seven relatives and visitors. Following our inspection we received feedback from two health and social care professionals.

We looked at the care plans and associated records for five people and the medicines administration records for 23 people. We looked at records relating to the management of the service including four staff recruitment records, quality assurance documents, policies and procedures, the staff handbook, incident

and accident logs, staff training information and information regarding complaints and safeguarding concerns.

Is the service safe?

Our findings

People felt safe in the home as staff knew them well and understood how to keep them safe. One person said, "I have never worried about not being safe, they [staff] know me really well and are always there for me." Another said, "Of course I'm safe, it's a great place to live." Relatives told us they felt their loved ones were safe in the home.

At our inspection in June 2015 we found people were not protected by staff who had a good understanding of how to raise and investigate safeguarding concerns. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation; however further work was required to embed this working practice in the home.

Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm. All staff had received, or were in the process of completing training in the safeguarding of people. Staff we spoke with had a good understanding of these policies, types of abuse they may witness and how to report this both in the service and externally to the local authority and CQC. The manager held information on any concerns raised, how these had been addressed and learning identified from these. During our inspection we were made aware of some safeguarding concerns which a member of staff had raised over the weekend prior to our visit. Whilst staff knew what to do about these concerns they acknowledged the processes involved with reporting and investigating these concerns needed embedding in the service. A director of the service had significant experience in this field and was available to give guidance and support to staff on the reporting and reviewing of this information. Staff were aware of the provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or other manager in the service.

At our inspection in June 2015 we found the provider had not taken sufficient steps to ensure all risks associated with people's care and welfare had been assessed and appropriate steps taken to mitigate these risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation.

Risk assessments in place provided clear information on identified risks for people and how these could be minimised. For people who lived with specific health conditions, health management plans in place identified the health conditions people lived with and gave clear information on the risks associated with the condition. Guidance was available for staff on how to reduce and monitor these risks. For example, for people who lived with diabetes or heart conditions, risks associated with these conditions had been identified and informed people's care plans.

For people who were at risk of a breakdown in their skin integrity, risk assessments and care plans in place identified the use of appropriate equipment in place, such as pressure relieving mattresses and cushions and suitable equipment to support people to move whilst in bed. Care plans reflected the need for people to

be supported to change their position regularly and ensure their hygiene needs were met. Staff told us how they supported people to change position regularly and people were seen to be supported to change position regularly.

For people who were at risk of falls, a robust system of falls risk assessment and care planning was in place. The provider had embraced the advice and support of local health and social care professionals to ensure a robust system of falls monitoring, prevention and recording was in place. Staff who had received enhanced training in the management of people who fall had been appointed as "Falls Champions" and had a good understanding of the risks associated with people's mobility and falls. All staff were aware of the need for clear recording of falls and associated incidents which may increase the risk of people falling; such as infection or reduced mobility and pain. A log of people's falls and any actions taken to learn from these incidents was kept and a visual display in the staff office showed staff the number of falls in the home over a monthly period.

Risk assessments relating to the use of equipment to maintain people's safety and welfare were in place. For example, the use of walking frames, bed rails or a hoist had been risk assessed and clear information was available on the use of this equipment. However for three people a risk assessment was not in place for the use of a bed lever; this is a piece of equipment to provide stability for a person when getting out of bed and has a risk of entrapment associated with it. We spoke with the deputy manager who told us this risk assessment would be completed and added to records.

People had a personal emergency evacuation plan in place (PEEP) which was kept in their care records for use by staff and emergency services. An Emergency Fire Plan Pack was situated at the entrance to the home clearly identifying the actions to be taken in the event of an emergency.

At our inspection in June 2015 we found there was a lack of monitoring and reviewing of staff numbers and skills to ensure there were sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had met the requirements of this regulation.

People and their relatives told us there were usually enough staff around to meet their needs. Staff told us new working shifts had improved the numbers and skill mix of staff available on each shift. We saw call bells were answered promptly and people told us they did not wait very long for a response when they called staff. However one relative told us they often had to wait sometime before the door was answered when they visited, and sometimes staff were very busy and seemed a little rushed.

There were sufficient staff available to meet the needs of people on the day of our inspection. A director of the service showed us a recognised dependency tool which was being used in the home to identify the needs of people and the number and mix of staff required to meet these needs. The use of this tool was in its infancy and required embedding in the service. Staff rotas showed a consistent number and appropriate skill mix of staff was available to meet the current needs of people. Staff spoke highly of the changes which had been made to the management structure of the home. They were keen to identify that the introduction of a senior member of staff to each shift and a new change in working shift patterns had greatly enhanced the numbers and skill mix of staff available in the home. A member of the management team was always available for support. Health and social care professionals said sufficient numbers of staff were available to support the number of people who currently lived at the home.

The manager told us a new human resources (HR) organisation were in the process of taking over all HR

related issues to provide clear guidance and consistency. The registered provider had safe and efficient methods of recruiting staff. Recruitment records included proof of identity, two references and an application form. Criminal Record Bureau (CRB) checks and Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. Staff did not start work until all recruitment checks had been completed.

At our inspection in June 2015 we found the provider had not protected people from the risks associated with the unsafe administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that this legal requirement had been met.

Medicines were stored securely and the temperature records for the medicines room and refrigerator provided assurance that these medicines were kept within their recommended temperature ranges. The administration of medicines was clearly recorded on medicine administration records (MAR) and these contained information regarding allergies, date of birth and photographs of people to aid the safe administration of medicines. Medicines had been reviewed by a GP and medicines which were no longer required were removed from storage and the people's MAR updated accordingly. Homely remedies were available for use. These are medicines which can be bought over the counter and can be administered by care staff under the guidance of a GP.

We observed a member of staff administering medicines in a calm and efficient way. Two relatives told us staff were always very helpful when they gave their loved ones their medicines. They said they took time to ensure the person understood what medicines they were taking and that they had taken them all before they moved to the next person. One person told us, "They are so patient with me, I know I take time to take these [medicines] but they are very patient." Another said, "They always check to see if I need to take something for pain, they are so kind."

Protocols for medicines which had been prescribed "as required" (PRN) were in place and staff used these to monitor and record the administration of these medicines. However the information relating to the effectiveness of these medicines was not always clearly documented in the MAR; although this information was available in care records. The deputy manager told us they would ensure staff added this information to the MAR for clarity.

Is the service effective?

Our findings

Staff knew people well and could demonstrate how to meet people's individual needs. One person told us, "They know me very well, and when I get muddled they don't hurry me. I can make my own decisions." One relative told us, "My [relative] sometimes gets forgetful or mixed up, but staff always let him take his time and involve us as they need to." People were offered choice and felt able to make decisions about their care.

At our inspection in June 2015 we found people were not always supported by staff who had the necessary skills and knowledge to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation.

There was a program of supervision sessions, induction, training, and meetings in place for staff. These programmes were monitored by the manager to ensure all staff completed and attended training, updates and supervision in accordance with the registered provider's policy. One member of staff said, "There's been a lot of training since the last inspection, for example, DoLS (Deprivation of Liberty Safeguards), Health and Safety, Infection Control." Another told us, "The managers have put on lots of training recently for us, the last inspection showed us we had not done all we needed to do." Staff had regular supervision and a program of supervision had been designed to ensure staff were aware of the themes of these supervision sessions. For example, in December 2015 communication had been identified as a theme for all supervisions. Staff told us these sessions with senior staff were helpful and also gave them the opportunity to raise any concerns they or their manager may have.

Staff training records showed mandatory training and qualifications had been completed or was in the process of being completed by staff at the time of our inspection. The manager told us a new training provider had been introduced to the home and training sessions for staff were being audited for effectiveness and staff understanding of the training they had received. For example, staff had fed back about training relating to the Mental Capacity Act 2005 (MCA) and the manager had discussed this with staff to ensure they received training in line with their needs.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). There were no DoLS in place at the home although the manager had an understanding of when a DoLS may be required.

Records showed people who lived at the home had the capacity to consent to their care and treatment. Consent forms in their records showed people consented to their care and gave information about how their ability to make a decision may be affected by any health condition such as dementia or infection. Staff sought their consent before care and treatment was offered and encouraged people to remain independent. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS) and were able to tell us how people were supported to make decisions

Information regarding significant others who may need to support a person should they become confused or unable to make a decision was recorded; for example, for four people who had capacity to consent to their care, they had appointed an enduring power of attorney should they become unable to make a decision regarding their health and welfare. Whilst this information was available for staff it was not always clearly marked in their care records. The deputy manager told us this information would be added to people's care plans to ensure clear information was available.

People told us the food they received was good; one person told us, "I would like to see more fresh vegetables on the menu as we usually get frozen vegetables." Another person told us, "The food is good, not too fussy- just how I like it." One relative told us "They really need to get some more fresh vegetables on the menu as they are all frozen. I know they are looking at new menus now." For people who required a special diet such as for diabetes, kitchen staff were aware of these requirements. Staff were aware of people's preferences, for example, strawberry blancmange was served for dessert on the day of our visit and the cook was aware some people did not like cream and had prepared desserts without cream for these people.

People received a variety of meals and a four week rolling menu plan was in place. Staff told us if people did not wish to have what was on the menu then kitchen staff would prepare them something different. Fresh fruit and drinks were available for people at all times and food was presented well. Minutes of meetings showed the manager had engaged with people and their relatives to review the available meals and consider new menus which encompassed people's preferences and offered more choice. This was work in progress and staff told us menus were being planned.

People who chose to have their meals in their own rooms were supported to do so. There was a warm and friendly atmosphere in the dining area at mealtimes. Staff interacted with people and supported them as this was required, whilst maintaining people's independence. People enjoyed their meal and the social interaction at this time. One person told us, "I enjoy meeting up with everyone at lunchtime, and the food is always good."

Records showed people had regular access to external health and social care professionals as they were required. This included GPs, chiropodist, community nurses and therapists. We saw the community nursing team had been very involved in supporting the home since our last inspection to improve care records and staff understanding of health conditions. A social care professional told us staff had welcomed the support of health and social care professionals in the home to improve their learning in the home and ensure people received care in line with their needs. Staff clearly identified the need to work with and involve health and social care professionals in the care of people to ensure they received good care.

Is the service caring?

Our findings

People told us they were very happy at the home. One said, "I think it's lovely. They're very nice." Another said, "If I can't be in my own home then this is where I am going to be, it is lovely. The staff are all such lovely people and are really caring." A relative said, "She [relative] is very happy here, the staff are really kind to her and I know she is happy." Another relative said, "Throughout the past year I have never doubted the kindness and caring approach of staff to my [relative]. It has always been fabulous."

Staff were caring and very friendly with people; they interacted with people in a kind and compassionate way, providing encouragement and reassurance for people and respecting their dignity. During our inspection, staff had to deal with an emergency relating to one person. They responded to this in a calm, professional and dignified way without causing any distress or anxiety to other people in the home.

Staff knew people well and recognised when people required support to maintain their independence and promote their wellbeing. During a meal time, staff recognised the need to help people manage their food, whilst maintaining their independence and dignity. One person was supported to eat their meal whilst staff encouraged them to do as much as they could themselves. For another person who required support to move around the home, staff escorted them as they walked whilst monitoring the environment for their safety. When the person stopped to talk to someone, staff patiently waited whilst they chatted and then continued to support the person to the communal area when they were ready. They were unhurried and calm in all their interactions with this person, who thanked them for this when they were seated.

Staff had a good understanding of the need to ensure people's privacy and dignity at all times. For example, staff ensured doors were closed when providing people with support with their personal care and did not discuss people's care in front of others. Staff knew people well and addressed people by their preferred name. They had a good knowledge of people's previous life history and preferences.

Care records showed staff had involved people and their representatives in the planning of their care to ensure their care reflected their preferences, choices and needs. Relatives told us they had been involved in discussions about the planning of care for their loved one, however most told us their loved ones wanted to make decisions about their care themselves and they were just informed of the care which had been agreed. Relatives told us they had regular information and feedback from the home about any changes in the service.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and were always available to help them. One person told us, "It's lovely. It's the best home there is. The people are lovely- they give you anything you want. When you ring in the night, they come at once, without any grumbles or anything." Another told us, "They are always there if I need them, they are all lovely." Relatives said staff were very helpful and caring, and made the time to support their loved ones. People and their relatives were able to raise any concerns they may have with staff or a manager. Health and social care professionals we spoke with felt confident improvements in the service meant people's needs were being met at the home.

At our inspection in June 2015 we found the lack of consistency and effective care plans in place to meet the individual needs of people was a breach of Regulation 9 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation. Care plans reflected people's individual needs and wishes although further work was required to embed this practice in the home.

A new system of care planning had been introduced which provided a clear structure and focus for the care plans of all people. Preadmission assessments, previous care records and information from people, their families and representatives had been used to inform care plans.

People had discussed their care with staff and agreed with this. A keyworker system had been introduced to appoint specific staff to be responsible for people's care plans. These records were available and accessed by all staff who had a clear understanding of the need for care plans to be up to date and provide accurate information on the care and support people needed. One member of staff told us, "After our last inspection we have got care plans in place which are very specific to the person. They are much better, we have done a lot of work about recording what we do for people and making sure we keep our care plans up to date." Another said, "The care plans are where we will find all the information we need to help us look after people."

Care plans were individualised and held information on people's likes and dislikes, what support they required and how staff should provide this. They held clear information on what people could do for themselves and how staff should promote their independence. Information relating to health conditions and how they may affect a person was available for staff. One member of staff told us, "The care plans give us much more information about any medical problems a person may have and what this means to them." They went on to explain how one person with a heart condition could get out of breath but that the care records gave staff clear information on what to do if they were concerned about this. For another person who lived with diabetes a member of staff told us they did not routinely monitor this person's blood sugars but were aware of what to do should they be concerned about the person. This information was clearly documented in the person's care plans.

The new system of care planning had only recently been introduced and this was work which required further embedding in the service. The key worker system which had been introduced gave a clear structure

for review of care plans and records. Staff were aware of their responsibilities in the ongoing review and management of care plans and records.

At our inspection in June 2015 we found the lack of systems in place to monitor and effectively manage complaints was a breach of Regulation 16 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements in this area and met the requirements of this regulation.

The provider had a complaints policy available for view in the home. The manager had systems in place to log, investigate and respond to complaints in accordance with the provider's policy. People and their relatives told us they would be happy to approach the manager or any member of staff to raise any concerns they may have and were confident these would be addressed.

A range of activities was available at the home including music and exercise classes, quizzes and external entertainers such as singers. During our inspection people enjoyed their regular Monday exercise session and they told us how much they enjoyed this session. One person said, "I love Mondays. There are exercises for us to do and then I go out in the afternoon to a group with other people." Another told us, "I can't do all the exercises but I try to keep up and she [leader of group] is lovely."

A list of activities which were available for people was printed and displayed on the noticeboard at the front entrance to the home. Whilst this was available to view, this was not distributed to people who may not access this part of the home. One person who enjoyed quizzes was not aware that these occurred regularly in the home and their relatives said they had not been aware of them so had not asked to attend. Another person told us they would like to go out shopping but they were not sure if they were able to do this. Whilst a range of activities was available for people, it was not always clear whether people were aware of these or if the activities were always in line with people's preferences.

Most people were able to move around the home with minimal or no supervision. They accessed communal areas of the home and we observed groups of people enjoyed the social interaction this afforded them. For people who chose to remain in their room watching television, reading and doing puzzles, staff interacted with them as they moved around the home. Staff encouraged people and their relatives to join social gatherings through the year. During the week of our inspection a Christmas party was planned. People told us these events were always well attended and everyone enjoyed getting together in the home. Relatives told us they were always warmly welcomed to social events at the home.

Is the service well-led?

Our findings

At our inspection in June 2015 we found systems and processes were not in place to monitor and effectively manage the service and ensure the safety and welfare of people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found whilst the provider had made improvements in this area, further work was required to embed these improvements in the service.

At our inspection in June 2015 we found there was a lack of understanding of the leadership roles within the service. Since that inspection, the registered provider had made significant changes to the management structure of the home to ensure managers and staff were fully aware of their roles and responsibilities. We had identified at the last inspection, potential conflicts of interest between the managers and staff of the service had not been assessed, and appropriate strategies had not been put in place to protect staff and people at the home from these conflicts. At this inspection, the provider had taken all steps to identify and mitigate these risks and this was evident in the new staffing and management structures which had been implemented. Policies had been implemented and acknowledged by staff to support these changes.

The registered provider had appointed a Director to the home to oversee changes in the way services were delivered for people. The service had appointed a manager who was planning to register with the Commission and a deputy manager was also in post. The service was going through a period of transition following the previous inspection report for the home; the management team had implemented many changes to the way the home was managed in response to this report and acknowledged there was further work to do to embed working practices and their management roles in the home. Whilst changes had been made to the management structure people who lived at the home and their relatives did not always have a clear understanding of who the manager for the service was. However, people and their relatives told us they understood changes had been made to the management of the home and this work was continuing. They told us they felt confident to speak with staff and the head of care or the manager about any concerns they may have and that these would be dealt with promptly. One relative told us, "There has been a big shake up with the staffing and the management, but staff are really keen to tell us how they are all working as a team to get it right for the people at the home. This is what is important for us as family." Another relative told us, "Yes there have been changes [in the management], when I used to go in the door was closed to the office and I never really saw a manager. Now I can go to the office and there is someone I can talk to."

A change to the timings of staff shifts and a clear staffing structure, including two heads of care, senior carers and care staff, had been implemented to the daily rotas. This ensured a senior member of staff was always available to lead a working shift and the management team were able to focus on the management of the service but were also available for urgent matters through the day if they were required. A rota for management staff availability out of office hours was also available, providing constant availability of management staff for the home. Staff told us this had improved the communication and leadership in the home as they had a better understanding of each other's role and the importance it had in the running of the home. One member of staff said, "We all realise the part we have to do to keep the home running now. "

Another said, "We are all one big team and these past few months have just shown what we really can do."

At our inspection in June 2015 we found managers in the service did not understand their responsibilities in reporting, investigating and recording of incidents and accidents, complaints or concerns which occurred in the service. At this inspection systems had been introduced to support the management of these matters although the management team acknowledged this work would require further embedding in the service.

Incidents and accidents had been reported and recorded to ensure the safety and welfare of people. The manager and deputy manager demonstrated a good awareness of the need to report, investigate, record and identify learning from any incidents which occurred in the home. Information relating to falls which had occurred in the home was documented and monitored for trends. Accident and incident forms were reviewed by the manager or deputy manager and the process of investigating and reviewing these was being developed by the management team.

At our inspection in June 2015 we found the provider had not reported serious incidents to the Commission and this was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider had met this requirement. Notifications had been sent to the Commission in a timely way and the information provided regarding these incidents had clearly demonstrated an understanding of the need to report, investigate and learn from these incidents.

At our inspection in June 2015 we found there was a lack of accurate, complete and clearly organised records and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had met this requirement.

Care records were held centrally providing access to up to date, clear and concise information for all staff in relation to the care people needed. Whilst the door to this room was not locked, it remained closed at all times. Records were clear and concise and documentation which was not required had been archived. Confidential information regarding people, staff information files and other documents of a more sensitive nature was held securely in the main office of the home in locked filing cabinets.

At our inspection in June 2015 we found there was a lack of effective governance and quality assurance systems in the service and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had met this requirement, although further work was required to embed this practice in the service.

A "Quality Assurance Policy" had been updated and implemented in the home. The director for the service was working with the manager to ensure robust audits were completed in line with this policy. Whilst these audits had been implemented, further time was required to embed the regular audits in the service. For example, audits of care plans were planned and some had been completed, however this work was in its infancy. An audit schedule in place showed regular audits were in place for medicines management, monitoring of falls in the service, fire safety and equipment safety. The director for the service told us further audits were planned and would be completed and monitored by the manager and their management team as their role further developed.

Quality surveys had been completed by people and their relatives. A meeting had been held for people who lived at the home to discuss the current meal provision. Information from these reviews had been collated and informed further actions for the management team. For example, people who lived at the home had requested changes to the menus provided and this was being addressed.

Relatives and people told us they were involved in the development of the service if they wanted to be. One person said, "I am sure if I asked they would let me have whatever I wanted, but I am quite content." A relative told us they were happy the management team would involve them in anything about their relative if they were needed. They said they were actively encouraged to join in activities which happened regularly at the home and relatives knew changes to the home and the management team were in the process of being completed.