Care Quality Commission

Esteem Care Ltd

Brandon House 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

This inspection took place on 4 August 2015 and was unannounced. This is the third inspection Care Quality Commission (CQC) has carried out since July 2014. In July 2014 the provider was found not to be appropriately respecting and involving people who used the service, ensuring people consented to their care, managing medicines, supporting workers, assessing, planning and delivering safe care, and assessing and monitoring the quality of service provision. We told them they needed to take action to make sure they were not breaching regulations.

In November 2014 we inspected the service again and found they had not made all the required improvements so we took enforcement action. They had improved systems to make sure they met people's nutritional

Summary of findings

needs, safeguarded people from abuse and respected and involved people in their care. But they were still not assessing, planning and delivering safe care, supporting staff, ensuring people consented to care, and assessing and monitoring the quality of service provision We served four warning notices. We also set three compliance actions because we found some areas of the home were not clean, there was not enough staff and they were not carrying out robust checks when they recruited workers. In February 2015, we met with the provider and discussed our concerns. They told us they were keen to improve their service and would make the required changes. They sent us a plan of action and told us how they were going to do this. At the inspection in August 2015 we found the provider had taken the necessary action, completed their plan and all legal requirements were met.

Brandon House provides nursing care for up to 42 older people, some of whom maybe living with dementia. At the time of the inspection, the home did not have a registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The home's manager had submitted an application to CQC to be registered and this was being processed.

We found people were happy living at the home and felt well cared for. People enjoyed a range of social activities and had good experiences at mealtimes. They were supported to make decisions and received consistent, person centred care and support. People received good support that ensured their health care needs were met.

People told us they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. People lived in a safe, clean and homely environment. Medicines were managed consistently and safely.

There were enough staff to keep people safe. Robust recruitment and selection procedures were in place to make sure suitable staff worked with people who used the service. Staff were skilled and experienced to meet people's needs because they received appropriate training, supervision and appraisal.

The service had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. The manager and staff operated effective systems that ensured people received safe quality care; however, the provider was not carrying out their own checks to make sure the improved standards were being maintained. People told us they would feel comfortable raising concerns or complaints.

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 was safe.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People we spoke with told us they felt safe. Systems were in place to identify, manage and monitor risk. People lived in a clean and safe environment.

There were enough staff to keep people safe. The recruitment process was robust this helped make sure staff were safe to work with vulnerable people.

Staff managed medicines consistently and safely.

Requires improvement

Is the service effective?
The service was not consistently effective.

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People enjoyed the meals and were supported to have enough to eat and drink.

People received appropriate support with their healthcare.

Requires improvement

Is the service caring?
The service was caring.

People told us they well cared for. They said staff were kind, caring and compassionate.

People enjoyed the company of staff. Staff knew people well and had a good understanding of their individual needs and preferences.

People looked well cared for and were comfortable in their home.

Good

Is the service responsive?
The service was responsive.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People's care and support needs were assessed and plans identified how care should be delivered.

There was opportunity for people to be involved in a range of activities.

Requires improvement

Summary of findings

People felt they could raise concerns and were given information on how to make a complaint.

Is the service well-led?

Requires improvement

The service was not consistently well led.

The manager had submitted a registered manager's application to CQC; this was being processed at the time of the inspection.

People told us the service was well managed. Staff had clear roles and responsibilities and knew what was expected of them.

The home was being monitored effectively by the manager and staff but this was not being scrutinised by the provider.

Brandon House 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 4 August 2015 and was unannounced. There were 26 people staying at the home when we visited. Three adult social care inspectors, a specialist advisor in nursing and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in older people services. A representative from the Department of Health also observed the inspection process.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We also contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When we visited the service, we spoke with nine people living at the home, five visiting relatives, nine staff and the manager. We looked around the home, and observed how care and support was provided to people. We looked at documents and records that related to people's care, and the management of the home such as staff recruitment and training records, policies and procedures, and quality audits. We looked at six people's care plan records.

Requires improvement

Is the service safe?

Our findings

At the last inspection we rated this domain as inadequate because there were insufficient staff. Recruitment practices did not protect people from staff who were unsuitable. Risk to people was not always appropriately managed and the home was not always clean. At this inspection we found the provider had taken appropriate action and was meeting regulations. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

At this inspection, people who used the service told us they felt safe. Comments included, "I feel safe here, the girls look after me especially at night.", "If I had a problem I would tell a care worker, I have no complaints.", "The staff give me a lot of confidence, they let me walk with my walker but they are close by just in case.", "I press the buzzer and they come quickly.", "I have a beautiful bedroom and I am very happy here. The staff are good to me." and "I have these alarms to press in case of an emergency and that makes me feel safe."

Visiting relatives told us people were safe. Comments included, "The staff keep my mum safe, I had some concerns but they were rectified.", "The staff manage [Name of person]'s behaviour very well." and "The staff support mum to walk and keep her safe, they inform me all the time and keep me updated if there is anything that has changed." A health professional told us, "Patients and relatives have told me that they/their family members feel safe in the environment."

People were protected from bullying, harassment, avoidable harm and potential abuse. The provider had a safeguarding policy and procedure in place and we saw that the service was appropriately reporting safeguarding incidents to the local authority. Staff we spoke with said they had received safeguarding training and knew how to report any concerns about abuse. They were confident the manager would treat any concerns seriously. They were aware the provider had a whistleblowing policy. A whistleblower is a person who raises a concern about a wrong doing in their workplace.

The service had systems in place to keep people safe through appropriate risk assessment and management. People who used the service had a variety of risk assessments which informed their care plans, for example falls and nutrition. The assessments were updated monthly or if someone's condition changed. Staff reported any concerns, such as unexplained bruising or skin marks and these were followed up by the manager. We noted some bed rail risk assessments did not include the clinical decision which should be recorded to ensure the use of bedrails is appropriate and safe. The manager agreed to follow this up.

Each person living at the home had a personal evacuation plan that detailed the assistance they required in the event of an emergency. The plans were kept in the care plans and the nursing office, and most staff knew how to access these.

We looked at maintenance records and found that weekly and monthly checks were in place ensuring the safety of items such as wheelchairs, window restrictors and nurse call bells. We looked at records for the utility services and larger checks done by outside contractors. The manager told us additional training was being arranged for a member of staff to undertake portable appliance testing which was due in June 2015. Monthly unannounced night checks were carried out to make sure everything was safe at night. Fire safety records showed regular alarm tests had been completed. There was no evidence of fire drills, even though the home's fire risk assessment stated these should be carried out on a six monthly basis. The manager agreed to make sure a drill was done promptly and continued in line with their guidance.

We looked around the home as part of our inspection, which included some bedrooms, bath and shower rooms, and communal living spaces. Fire-fighting equipment was available and fire escapes were kept clear of obstructions. Floor coverings were appropriate to the environment, of good quality and properly fitted. Freestanding wardrobes in people's bedrooms were fixed to the wall so preventing them from being pulled over. Hot water taps were controlled by thermostatic valves so people were protected from the risk of scalds. All cleaning materials and disinfectants were kept safe.

Although the premises were overall safe, we found a small number of areas that needed addressing to mitigate risk. Windows had window restrictors in place but they were not tamper-proof. The conservatory radiator did not have a safety cover. On the upper floor the boiler room door carried a sign which stated it must always be locked but we

Is the service safe?

found there was free access. A change in flooring level between the conservatory and the lounge/dining area posed a trip hazard. We discussed the areas of concern with the manager who agreed to review these and take appropriate action.

Through our observations and discussions we found there were enough staff with the right skills and experience to keep people safe. There were plenty of staff to support people throughout the day. We observed staff had time to sit and chat with people, and those that chose to stay in their room were visited by staff. We noted call bells were answered promptly. No concerns were raised about staffing levels.

All the staff we spoke with said there were enough staff to meet people's needs. Some said they were worried that as the number of people using the service increased the staffing levels would not be increased accordingly. We discussed staffing with the manager who said they closely monitored staffing arrangements and would continue to adapt these to meet people's changing needs and circumstances. The manager said the week after the inspection an additional nurse would be working during the day and an additional care worker during the night. This was in preparation for more people moving into the service.

The home followed safe recruitment practices. We looked at the recruitment records for three members of staff. We saw they had completed an application form and staff had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. In each of the files we checked we found that the staff member's identity had been established and a medical questionnaire completed. We also found that appropriate references had been requested and received.

Medicines were managed consistently and safely. One person told us, "I take my medication regularly the staff tell me what it is for, they are very respectful." The nurse administering medicines wore a red tabard to indicate they should not be disturbed whilst undertaking this task. Our observations showed this was effective. We looked at people's medicine administration records (MAR) and reviewed records for the receipt, administration and disposal of medicines, and found records were complete. We looked at a sample of medicine stock and found on all occasions the medicines could be accounted for. However, it was sometimes difficult to determine this because stock amounts had not been totalled when additional deliveries of medicines were received. The manager assured us they would ensure this was completed in future.

Some medicines had been prescribed on an 'as necessary' basis (PRN). PRN protocols existed to help nursing staff consistently decide when and under what conditions the medicine should be administered. The provider had protocols for the administration of certain medicines which required specific rules to be observed. For example, we saw protocols were available for the administration of warfarin where the dose is determined by periodic blood tests. We saw evidence that people were referred to their doctor when issues in relation to their medication arose.

We found people's medicines were available at the home to administer when they needed them and medicines to be administered before or after food were given as prescribed. Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We looked at the contents of the controlled medicine cabinet and controlled medicines register and found all drugs accurately recorded and accounted for. The date of opening was recorded on liquids, creams and eye drops and these were within the permitted timescales.

We saw appropriate storage for the amount and type of items in use. All medicines and trolleys were kept in a locked room. The medicine trolleys were secured to the wall when not in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures.

One person was receiving their medicines covertly (hidden in food) without their knowledge. Best practice guidance states that covert administration only takes place in the context of legal and best practice frameworks to protect both the person who is receiving the medicines and the care home staff involved in administering the medicines. Whilst the person's care plans contained evidence that some of the good practice guidance was followed not all areas were covered, for example, the decision had not been recently reviewed. The manager agreed to carry out a thorough review with others to make sure all requirements were being met.

Requires improvement

Is the service safe?

People told us the home was clean and our tour of the home confirmed this. A visiting relative said, “I think the home is clean, it has improved dramatically.” Another relative said, “The food and the cleanliness have improved a lot.” A person who used the service said, “The home is clean, they are always coming in and tidying up.” A health professional told us, “The home is clean and there is good access to hand washing facilities/hand gel. I have witnessed consistent following of hand hygiene procedure by staff.”

A number of practical steps were in place to address the potential risks of cross infection. For example, anti-bacterial gel dispensers were located throughout the home. We observed all staff washed their hands appropriately between tasks and had disposable gloves and aprons to support people with their personal care tasks. Staff carried a personal anti-bacterial gel dispenser. Staff had undertaken training in infection prevention and control. This meant the staff had the knowledge and information they needed to minimise the risk of the spread of infection.

We were told there were adequate supplies of cleaning products and protective clothing at all times. The laundry had separate entrances and exits for clean and dirty linen. We saw used linen and clothing was kept in laundry bags or baskets and not loose on the floor.

The cleaning schedules were not always completed on a weekend because ancillary staff were sometimes asked to cover care duties when they were short. We discussed this with the manager who assured us adequate staff were available to ensure the home was cleaned at all times.

Requires improvement

Is the service effective?

Our findings

At the last inspection we rated this domain as inadequate. The service was not meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff did not receive appropriate training, supervision and appraisal. At this inspection we found the provider had taken appropriate action and was meeting regulations.

At this inspection we found the provider had introduced effective systems to make sure staff received appropriate support. Training was delivered by a mix of DVD training with staff undertaking a written exercise at the end of each session and externally sourced courses.

We looked at training records which showed staff had completed a range of training courses including fire safety, safeguarding, manual handling, infection control, equality and diversity, COSHH (Control of Substances Hazardous to Health), dementia awareness, food safety, end of life care and assistive feeding. The manager had also introduced a new workbook which was going to be completed by all staff; this covered a range of topics such as dementia, fire safety awareness, abuse, ageing skin awareness and common problems, Mental Capacity Act 2005 (MCA). Learning checks were included in the workbooks which tests staff knowledge and helps ensure staff understand the training they are completing.

Staff we spoke with told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "The training has given me confidence." Another member of staff said, "We are encouraged to do lots of training." Staff told us they received regular supervision and an annual appraisal, and we looked at records that confirmed this. Supervision is where staff attend structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services. Staff also told us they had opportunities to discuss important issues at team meetings.

People we spoke with were positive about the staff and said they knew what they were doing. One person said, "I feel that they are trained well. The staff get me things when I need them." One person suggested some staff would benefit from additional training. They said, "The staff are very respectful to me. I feel some of the staff could do with a bit more training they can be a bit rough with me sometimes but they mean well, we have a laugh." People told us they were asked to consent to their care and treatment. One person said, "Staff ask me for my consent before they do anything." A health professional told us, "There is evidence of good access to training in a number of key areas for staff."

CQC monitors the operation of the MCA and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of people by ensuring that if restrictions are in place they are appropriate and the least restrictive. We spoke with the manager about the MCA and DoLS and found they understood the key requirements and had the knowledge to safely and legally deliver care. Staff gave good examples of how they supported people to make decisions about their care and support but some were unclear about MCA and DoLS. The manager said this would be covered in the new workbooks.

The manager had discussed decision making processes with families and relevant health care professionals where appropriate. We looked at care records and found assessments had been completed to determine if people lacked capacity to make decisions for themselves. DoLS applications had been submitted to the supervisory body for authorisation. One DoLS authorisation was in place and they were waiting for the outcome of 16 others. A condition was attached to the authorised DoLS which stated staff should facilitate regular escorted walks out into the community. Care records and a discussion with the manager demonstrated this was not being adhered to. The manager assured us this would be remedied immediately.

We saw from care records many people had appointed attorneys by way of a lasting power of attorney (LPA) or where people lacked mental capacity, had deputies appointed by the Court of Protection. Care plans recorded where attorneys and deputies had been involved in decision making.

We received mainly positive feedback about the meals and during the day observed that people had a pleasant experience at mealtimes. Comments included, "The food is excellent.", "My dad needs support with his meals he cannot speak but the staff help him.", "The food is hot and nutritious.", "It can be a bit hiss and miss." and "I can have plenty of drinks."

Requires improvement

Is the service effective?

At lunchtime staff assisted people to eat and drink and gave their undivided care and attention. Staff were patient, caring, warm and responsive to the needs of the person they were supporting. Throughout the day people were offered choices of hot and cold drinks, biscuits and fresh fruit. Staff showed people the fruit platters and supported them to make choices. We saw that drinks were located around the home in communal areas for people to access.

We looked at diet and fluid records for people who had lost weight. We found that these were recorded well and showed that food had been fortified and full fat milk based drinks had been increased. Staff told us that when people were not eating or drinking well they made sure they kept offering food throughout the day.

We found that people who were identified as being at risk of weight loss were weighed more frequently. We saw that GP and dietician involvement was sought when a weight loss was identified. People who were at risk of choking had detailed care plans around this need and information and advice given by the speech and language therapy team had been included within their care plans. We saw that some of this information could have been more specific. One care plan we looked at stated 'avoid high risk foods' but did not detail what these were. Two care plans that recorded 'have a normal soft diet' but it was not clear what was meant by this phrase. The manager agreed to make sure guidance relating to dietary requirements in care plans was clearer.

People who used the service had access to a range of health professionals. We saw that opticians, dentists, mental health nurses, dieticians and speech and language therapists had all been involved in care at the service. We found that General Practitioners visited on a regular basis. A person who used the service said, "The staff will get me a doctor if I need one."

One member of staff told us, "We have a good relationship with our doctors, if we need them they come out straight away." We saw that people were supported to attend hospital outpatient appointments in the community. A health professional told us, "The nursing staff refer to the GP surgery appropriately to access primary healthcare for the residents. There is increased input from primary care as part of the care home scheme."

Good

Is the service caring?

Our findings

At the last inspection we rated this domain as requires improvement because we received a mixed response when we asked people who used the service and visiting relatives about the care. Some told us it was good whereas others thought it should improve.

At this inspection we received positive feedback and people told us the staff were kind, caring and compassionate. People's comments included, "The staff are kind and respectful and they listen to me and understand me, they sit me in my chair from my wheelchair.", "If I want to be private I can go to my room, I am independent.", "The manager comes to see me to see if there is anything more she can do for me.", "When I am having a shower they treat me with dignity, they lock the door and make sure my dressing gown is there and the water is not too hot." and "The atmosphere is happy and relaxed." A health professional said, "I have had conversations with relatives of patients receiving palliative care, without care home staff present, who have stated that staff have a caring and compassionate attitude to their relatives." One person who used the service told us they sometimes felt ignored.

People told us they made their own choices as to what time they go to bed, what food they ate and where they spent their time. We saw good examples of people being offered choice on the day of the inspection. One person told us they made choices about their care but had not discussed their care and support with staff.

During the inspection we saw staff were caring when they provided assistance and demonstrated a kind and caring approach. We observed friendly chatter and people who used the service clearly enjoyed the company of staff. Staff spent time with people. For example, one member of staff sat chatting and talking to three people who used the service about lots of things. Another member of staff walked with one person and was chatting and encouraging them to walk. They were asked where they would like to sit and what they wanted to eat. This was personal time which they thoroughly enjoyed. We observed two care workers transferring someone from a chair in the lounge to a wheelchair, using a hoist. The care workers communicated what they planned to do at each stage, although at times they had started part of the manoeuvre at the same time as asking the person they were moving for consent.

We observed one of the communal areas for an hour before lunch. Staff supported people in a kind and unhurried way. They had access to DVD's, books, magazines and tactile objects. People enjoyed the music being played and sang along to 'Show me the way to Amarillo'.

We saw that the service promoted good end of life care. People were supported to make advanced care plans and record their wishes in the event of their death. We saw that each person had a detailed life history and biography. Staff told us this helped them get to know people. Likes and dislikes were clearly recorded in care plans. When we asked staff about people's history and current care needs they were able to provide us with a good level of detail.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Some people spent much of their time in their room whereas others chose to spend time in communal areas. People looked comfortable in their environment.

Staff told us people were well cared for and understood how to provide good standards of care which included respecting people's privacy and dignity. One member of staff said, "The home is really good. We always find out what people prefer." Another member of staff said, "People are really comfortable here."

Requires improvement

Is the service responsive?

Our findings

At the last inspection we rated this domain as inadequate. People's care was not planned and delivered in such a way to meet their individual needs. At this inspection we found the provider had taken appropriate action and was providing a responsive service. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

At this inspection people who used the service told us their care needs were being met. Visiting relatives we spoke with said their relative's needs were being met. We looked at care plans and found they were comprehensive and updated monthly. Temporary care plans were put in place for people who had short term care needs such as infections. Care plans contained good person centred information, for example, one person liked to sleep in her rollers and another person liked to watch specific television shows. We found a small number of care plans that had not been signed by the nurse who wrote them.

We looked at plans for people who were unwell and needed checking on a regular basis as they were being cared for in their own bedrooms. Risk assessments were in place and checks were being carried out and recorded as detailed in their care plan. Care plans contained detailed information about supporting people who have a diagnosis of dementia. We spoke to staff about the needs of people with dementia and found they had a good understanding of this condition. A health professional told us, "Care plans are comprehensive and there is evidence of them being evaluated and adjusted according to residents' needs. Particularly in the area of palliative care, nursing staff work with the GP surgery to ensure end of life plans are in place and communicated."

We looked at care plans for people who had behaviours that challenge. In the main, robust plans were in place to guide staff and support people effectively. We found 'behaviour charts' were being completed, however, generally they were not looking at triggers for behaviours and just recorded what happened during and after the event. We noted one person's care plan contained very basic information. Staff had recorded statements relating to the person's behaviour and actions were recorded which showed the person was protected. The manager said they would update the care plan to ensure all staff fully understood the person's needs and how to support them.

We observed that only a small number of people were accessing communal areas on the day of the inspection. We spoke to staff who told us this was usual. One member of staff said, "This is a normal day, we have a lot of poorly people and people who just prefer their own company." We looked at care plans and found that people's preferences to stay in the rooms were clearly recorded. We saw the service had tried to encourage people to become more social but supported people to be cared for in an area of their choosing.

We saw people were encouraged to engage in different groups and individual activity sessions. The home employed an activity worker five days a week who organised most of the activities. On the day of the inspection we observed some people were planting seeds in plant pots, which they enjoyed.

We looked at an activities file which showed that each person living in the home had their own record which described their likes and dislikes, previous interests, communication needs, and mobility needs including whether they were nursed in bed. We also found daily records which showed when people had engaged with activities and whether the session had worked well.

The manager told us that the activities planner on display in the home would be updated as it was not clear that the activities were provided on a three week cycle. The activities planner detailed events such as listening to music, film afternoon, visit to library, one to one time, baking bread and reminiscing. We asked a member of staff if the home provided activities based on what was advertised on the planner and were told, "Not always, but mostly". We looked at a new project that was being developed outdoors, and when complete would consist of a traditional pub, post office bus stop and grocer shop. The provider had released money to fund the new initiative.

We saw people were comfortable talking to staff and people we spoke with told us they would raise any concerns with staff or management. One person said, "If I have something to say about anything I talk to [name of

Requires improvement

Is the service responsive?

manager] and she puts it right for me." A visiting relative said, "I have raised minor concerns and they have been rectified." Staff we spoke with knew how to respond to complaints and understood the complaint's procedure.

We checked the complaints policy which was on display in every person's room in the home. The policy stated that when a complaint was made the home would provide an acknowledgement either verbally or in writing within 48 hours from the date received. A full response to the complaint would then be provided within 28 days. We checked the complaint's file which showed that only one complaint had been received since the beginning of the year. There was no record that the person received an acknowledgement although the manager said this was done verbally. The full response was sent within the timescales and evidenced that the complaint was investigated, however, we did not see how practice had changed to prevent a similar event reoccurring.

We noted the home had received three thank you cards and letters of appreciation which praised staff for the levels of care they provided. Positive feedback from visiting professionals also acknowledged the quality of care provided.

Requires improvement

Is the service well-led?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not have effective systems in place to monitor and assess quality and safety of the service. At this inspection we found they had taken appropriate action and were no longer breaching regulations.

At this inspection there was no registered manager in post but the manager had sent a registered manger's application and this was being processed by CQC. Every person who used the service and visiting relative we spoke with provided positive feedback about the manager. People told us the home had improved. People described the manager as, "Very good", "Hard working", "Understanding", One person said, "The manager is very good she listens to you." A visiting relative told us the manager "knew all her residents well and if a care worker was not doing her job just right, she would tell them in a nice way". A health professional said, "The manager is available and communicates with nursing in charge regularly." Another health professional told us, "There has been a change in clinical and management leadership and that does seem to have improved quality of care."

The manager dealt with day to day issues within the home and oversaw the overall management of the service. They worked alongside staff overseeing the care given and providing support and guidance where needed. They engaged with people living at the home and were clearly known to them.

Staff spoke positively about the manager and said they were happy working at the home. Staff had clear roles and responsibilities and knew what was expected of them. One member of staff said,

"The manager's always checking what has been happening and makes sure everything is being done." Another member of staff said, "It's a great place to work."

We found that the manager had introduced a number of effective audit checks that helped ensure people received a quality service. We saw checks for medicine management, cleaning of equipment, optical and dental visits, toiletries, hoist slings, mattresses and nail care. We saw one audit that involved members of staff reviewing their colleagues practice and was called 'observation of care residents receive in their own bedrooms'. Staff completed this audit and fed back to the manager on their findings. We saw that an action plan was then drawn up to address identified issues. Staff supervision, appraisals and training was monitored.

We looked at the accident and incident records for the past six months. We found that records were comprehensive and recorded an analysis of each event. We saw that the manager reviewed these records monthly and completed an overview to look at lessons learned.

Although we found the manager had worked very hard and successfully improved the standard of care at the home, we found there were gaps in the way the provider monitored the overall service. They were not checking whether the systems and processes were effective and happening at all times. Scrutiny was not carried out at provider level. The manager said the registered provider had visited the service but these visits were not recorded. Staff we spoke with said they did not get opportunities to speak with the provider during these visits because they mainly spent time with the manager. The manager said the provider looked through files whilst they were on site but these checks were not documented.

Staff were asked to comment on the service and contribute to the running of the home. Staff said they attended daily handovers and received memos which were a good form of communication. Regular staff meetings were held where they discussed quality and safety. They had recently covered keyworkers, roles and responsibilities, health and safety, record keeping, mental capacity and training. Staff were asked to provide feedback following a recent staff meeting and the results showed staff had reported the meeting was beneficial and a good learning event. We looked at the supervision process and found this enabled staff to comment on how the service could be improved.

Relatives we spoke with told us they had filled in questionnaires and had attended meetings. Most people who used the service told us they had chosen not to attend the meetings. We looked at resident and relative minutes which showed a range of topics were discussed which included activities, staffing, cleanliness and support at meal times. The manager had discussed how they were improving the service and working with the CQC to ensure standards improved.