Four Seasons Health Care (England) Limited

Orchard Court Care 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?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was unannounced and took place on 4 October 2016.

Orchard Court is registered to provide accommodation with nursing and personal care for up to 44 people. The home was purpose built and the accommodation was arranged over one level. The home is situated in a quiet residential area and has ample parking space.

At the time of the inspection there were 20 people living at the home although not all were able to engage in conversations with us due to their dementia or mental health problems. People had a range of complex nursing care and support needs.

The service did not have a registered manager, however there was a deputy manager. 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.

On the day of the inspection the home was being managed by a regional manager who was supported by a managing director. The managing director informed us there would be a regional manager supporting the deputy manager and staff at all times in the absence of a registered manager. Plans were in place to establish a new registered manager.

At the last inspection on 12 March 2015, we found there were breaches of legal requirements and the service was rated Requires Improvement. This was because some procedures and processes were not in place to make sure people were protected. For example, local safeguarding policies and procedures were not always being followed. Systems to assess, monitor and improve the quality and safety of the service were not effective enough. Systems and checks were not in place to monitor the cleanliness of the environment. The provider had submitted an action plan telling us how they intended to improve.

At this inspection we found, although the provider had followed their action plan and made improvements, some risks still remained. People and their relatives said they felt safe however we found areas that require improvements. For example people who required support with eating and drinking, to keep them safe, had been assessed by the speech and language team (SALT). However, the guidelines within the care plans were not always being followed. We also found whilst there were a number of audits and checks being carried out they had not been effective at identifying the issues found at this inspection.
The provider had however made improvements regarding infection control and there were effective systems and checks to monitor the cleanliness of the home. Cleaning schedules were being followed and checks were completed.

The provider had also made improvements to ensure people had access to call for assistance when required. People had call bells and on the day of inspection, the bells were answered promptly. However some people felt they still had to wait a while to be supported with personal care requirements.

People's needs were assessed prior to moving to the home to ensure the service could provide the necessary care and support. Each person had a comprehensive care plan based on their assessed needs. Care plans provided the necessary information for staff to enable them to respond to people's individual needs. People and their relatives told us they had been involved in the assessment and review of care following admission to the home. People's risks were assessed and recorded and had a review date set, this ensured that assessments were current and accurately reflected the needs of the person.

People were supported by sufficient numbers of staff. The managing director told us they adjusted the staffing levels to meet the needs of people living at Orchard Court, for example a dependency check was completed at the home on a daily basis. They said "Staff sign in to the home through a key system, this will alert me if there are insufficient staff to support. I will authorise agency if I feel the skill mix of staff is wrong or if staff would be unable to support people safely." People felt they were supported by staff who they knew and who knew them.

Recruitment procedures were in place and staff underwent pre-employment checks before starting work with the service. New members of staff received an induction which included shadowing experienced staff before working independently. One member of staff said, "My induction was good I felt very supported by all my colleagues", "I have done e learning and mandatory training, I understand about safeguarding I would know what to do if I needed to".

Staff received training to ensure they had the knowledge and skills to provide effective care in line with current best practices. This included mandatory training, such as: safeguarding, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, first aid, infection control, fire safety, moving and handling, and understanding dementia. Person specific training was also provided to meet people's individual needs, including dementia, person centred care, and communication.
Throughout our inspection staff showed kindness and consideration to people. When staff went into any room where people were they acknowledged people. Staff had a good rapport with people and were seen to be friendly.

Medicines were administered safely by staff who had received medication training. Safe procedures were followed when recording medicines and medicines administration records (MAR) were accurate and held dated photos of the person. Medication audits were completed and appropriate actions taken to monitor safe administration and storage.

People were able to take part in activities with minimum risks to themselves and others. The coordinator told us that they had plans for the service development including the recruitment of volunteers, further community involvement and the possibility of obtaining a mini bus for day trips.

Systems were in place for responding to people's concerns and complaints. People and relatives told us they knew how to complain and felt assured that staff would respond and take action to support them.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's needs were not always met safely in line with their risk assessments and guidelines for support.

People were supported by sufficient numbers of staff to safely meet their needs.

People received their medicines safely when they needed them.

People were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People had their nutritional needs assessed but they did not always receive the support they needed at mealtimes.

People's legal rights were protected as the provider was working in line with current legislation designed to protect people's rights.

People were supported by staff who had the skills and knowledge to support people.

People's health needs were monitored and met as they had access to appropriate healthcare professionals.

Is the service caring?

Requires Improvement

The service was not always caring.

People were supported by kind and caring staff however staff were task focused.

People were involved in their care planning and making decisions.

People were encouraged and supported to maintain family

relationships.

Is the service responsive?

Good

The service was responsive

People's care plans described the support they needed to manage their day today health needs.

People were supported to make decisions about their daily lives and activities they wished to participate in.

People, relatives and staff were able to express their views and the service responded appropriately to feedback or complaints.

Is the service well-led?

Requires Improvement

The service was not well-led.

The leadership and arrangements for staff did not always ensure staff were fully supported.

The provider did not have effective quality assurance systems in place that ensured people received a safe service that responded fully to their individual needs.

Orchard Court Care 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 4 October 2016 and was unannounced. It was carried out by two inspectors and a specialist advisor (a registered nurse).

Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues providers are legally required to notify us about) and other enquiries from and about the provider.

Some of the people living at the home were unable to fully express themselves; we therefore spent time observing care practices. To help us gain more information about people's experiences we used a Short Observation Framework for inspection (SOFI). A SOFI is an observational tool used to help us collect evidence about the experience of people who use services, especially where people may not be able to fully describe these experiences themselves because of cognitive or other problems. We looked at the care records of the people we had observed through the SOFI.

During the inspection we spoke with six people who lived there, four relatives, the managing director, three regional managers and six members of staff. We looked at records relating to the care and services provided. These included recruitment records, staff training records, daily handover records, staff rotas, menus, care plans, and records relating to quality monitoring and improvement.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in 12 March 2015 we found breaches in Regulations 15 and 13 because systems and checks were not in place to monitor the cleanliness of the environment and people did not always have access to call bells to summons support when they required it. The provider submitted an action plan detailing the improvements they intended to make.

At this inspection we found although the provider had followed their action plan, and people and their relatives said they felt safe, some safeguarding risks still remained. We found the home had failed to take suitable action to protect people from the risk of choking. For example one person was left alone with their meal and drink. The care plan clearly stated the person was at high risk when eating or drinking and needed "Total support". Being left alone to eat and drink put the person at risk of choking. We discussed our concerns with a regional manager who immediately arranged for staff to be made aware of the person's guidance. Staff confirmed they had not known the full support the person required.

At this inspection we also found people who required support with eating and drinking to keep them safe had been assessed by the speech and language team (SALT). Care plans held risk assessments relating to the assessments with clear and highlighted information on people's individual support requirements. However these guidelines were not always being followed which put people at risk. For example, on arrival in the home we observed one person was being nursed in bed. According to their fluid chart they had not received a drink for 13 hours and 20 minutes. We were unsure if this was a case of records not being completed or if the person had not received any fluids. We checked this person's care file and as a result of the skin integrity assessment, they were considered to be at risk of developing pressure sores so fluids should be encouraged. This person had a risk of skin tears, so the encouragement of fluids was a part of their care plan. We immediately alerted a regional manager who arranged for the person to be given a drink and the drink recorded on the fluid balance chart. Throughout the day we regularly checked other people's food and fluid charts and found them completed appropriately.

This is a breach of regulation 12 Health and social Care Act 2008 (Regulated Activities) Regulation 2014. Safe Care and treatment.

At this inspection improvements had been made as people were able to summon support when required. People had access to call bells and on the day of inspection, the bells were answered promptly. However some people felt they still had to wait a while to be supported with personal care requirements. Throughout the inspection we saw staff supported people when they requested help. However support was seen to be task focused. For example people in their rooms or in lounges did not have contact with staff unless they called for support. One member of staff told us, "We do our best to answer the bells quickly but sometimes we need two staff to support, so have to wait until we are free". A member of staff told us, "We all try hard to support people and keep them safe, sometimes it is difficult if we don't have the correct staff on duty". Staff in general felt a "Good day" would be when five members of care staff were on duty.

On the day of the inspection people were being supported by an agency nurse, senior carer, and four care

staff. A regional manager told us currently the ratio was five care staff and one nurse on each shift during the day, one nurse and two care staff at night to care for 20 people. The managing director told us the rotas were based on people's dependency. They said, "We monitor staffing levels daily including the skills mix of the team". They told us staff have to sign in to the home through a computerised key system, which would send an alert to the managing director if there are insufficient staff on duty. They said, "I will authorise agency if I feel the skill mix of staff is wrong or if staff would be unable to support people safely." People felt they were supported by staff who they knew and who knew them. There were mixed comments about the staffing levels at the home. A relative told us, "staffing levels are up and down there was a new manager in post for a short time but they have left".
The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. Staff described their recruitment as good they said it included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks a person's criminal history and their suitability to work with vulnerable people. Staff told us they were not allowed to start work until the checks had been completed.

Staff received training in, and had a good knowledge of safeguarding people from abuse. They described how to recognise abuse and gave good examples of types of abuse. They described how and where to report any concerns and were confident this would be dealt with quickly. Newly appointed staff completed an induction programme where they worked alongside more experienced staff. During this time staff were provided with a range of training which included mandatory and service specific training, such as dementia and person centred care.

People's risks were assessed and recorded with review dates set, this ensured that assessments were current and accurately reflected the needs and risks of the person. Where people had been assessed as being at risk of developing pressure sores action had been taken to minimise the risks. Air mattress pressures were checked and recorded to ensure they were correct for the person's needs, and records were made when people were repositioned. Records showed the home had a low incidence of pressure sores. Risk assessments for skin integrity and fluid and hydration had been regularly completed and reviewed. Pressure areas and wound care was monitored when people received personal care. For example, One person's care file showed photographs had been taken of their sacral sore and dated. This ensured there was a visual record and accurate timeline of improvement or deterioration.

Care plans provided information about people's medicines, and in some cases why covert medicines were being used. We saw evidence in a person's care plan of a letter from a person's general practitioner (GP) explaining why it was important that the person be given certain medicines. Covertly, and the risks to their health if this did not happen in this way.

There were policies and procedures to make sure all medicines were correctly and safely administered to people by staff trained to do so. All medicines entering the home were checked and signed in. Medicine storage, room and fridge temperatures had been recorded and were up to date to make sure medicines were stored at the correct temperatures During the inspection we observed part of a medicine round and spoke with administering staff about the training they had received. Staff members dispensing medicines wore a red 'do not disturb medicine round' vest in an effort to ensure focus, concentration and lack of interruptions. People told us that they received their medicines on time.

Medication administration records (MAR charts) were up to date and dated photographs of the person. This is important due to the dramatic change in appearance that accompanies physical decline and ensures that agency staff who may be unfamiliar with the person are able to recognise that it is the correct person. MAR charts also had the details of any known allergies and the contact details of the residents GP.

At this inspection we found improvement had been made regarding the cleanliness of the environment. People were living in a visibly clean environment that was free from odours, cleaning schedules were being followed by the domestic staff. Senior managers completed daily walks around the home which monitored the cleaning schedules and infection control audits.

In the event of an emergency requiring evacuation there was a reciprocal arrangement with one of the sister homes. We observed detailed plans of the building for emergency service use. A 'grab' bag for use in an emergency was kept in the homes foyer by the main entrance. The bag contained essentials such as high visibility vests, mobile phone, armbands, emergency blankets, walkie talkies, a torch with spare batteries and a resident list with next of kin contact details. To be used in the event of an evacuation or emergency.

Good

Is the service effective?

Our findings

At our last inspection in 12 March 2015 we found improvements were required. For example there were no records of staff supervisions or professional development.

We found staff were now being supported to receive supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. One member of staff said, "I have supervisions every two to three months. I am supported to discuss my training courses, so my supervisor can monitor my development".

Hot and cold drinks were available for people throughout the day. We observed people having their lunch. Tables were laid with table cloths and people were offered a range of drinks with their meals. Where there were different meal options to choose from, staff brought both meals out for people to visually decide what they wanted. This was useful for those with dementia who may have had difficulty in making decisions. People were encouraged and guided to eat their meals whilst hot. Comments about the food included, "Food is OK", and "Food not too bad you get a Varity" "Food is good my favourite is fish and chips." The chef told us all the carers were very good and did not hurry people with their meals. We observed lists of people with special diets and people who presented a risk of choking. Staff and care plans identified who was at risk of choking.

A number of people were unable to go to the dining room due to either choice or health needs, so therefore had lunch in their bedrooms. A total of 12 people needed assistance with their food. There was a long delay in supporting some of the people. We checked the food delivered was hot despite being late in arrival. People's dignity was preserved by the use of large aprons to protect clothing from any spillages. People were asked in the first instance if they wished to wear protective clothing. We observed staff explaining what was for lunch, arranging a comfortable position for the person prior to assisting.

New staff underwent a thorough induction process which gave them the basic skills to care for people, this included completion of the care certificate. The care certificate is a set of standards that social care and health workers follow in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff comments included, "My induction was good I felt very supported by all my colleagues", "I have done e learning and mandatory training, I understand about safeguarding I would know what to do if I needed to".

We were given a copy of the providers training matrix, this showed that staff had completed a variety of training including Mental Capacity Act (MCA) Safeguarding and Deprivation of Liberty (DoLs).Staff told us once they had completed their induction and care certificate they were encouraged to develop their skills further by completing nationally recognised vocational qualifications. Staff told us there were lots of opportunities for training and development. One member of staff told us, "We get refresher training, it is always good when you think your practice is good, but nice to be reminded and to check we are getting it

right". Another member of staff said, "We get lots of training and can do e learning to support our development".

Staff were able to tell us how they supported people to make decisions for themselves on a day to day basis. Staff told us they always explained to people what they were doing and why. One member of staff said, "If someone did not want my support I would ask if someone else could help or if they would like choose another member of staff". Where people were unable to make a decision staff consulted with relevant professionals and family members, following best interest processes. Throughout the inspection we saw staff explain to people, in a patient and clear manner, what they were doing and asking people if it was ok to deliver the care or support. Care plans held the relevant information including best interest meetings in regards people capacity to make a specific decision for example. One person had a specific healthcare condition that required staff to respond to them in a particular way. The person had been assessed as not having the capacity to make a decision about the care needed in this area. In order to ensure decisions were made in the person's best interests a meeting was held with staff from the home, the SALT team, GP and their family representative. From the meeting a plan of care was developed which was considered to be in the person's best interests. This showed staff were working in accordance with the law to make sure people's rights were protected.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People's consent was obtained by staff prior to them undertaking a task, for example, staff asked before they provided any support, and if they moved a person, they explained where they were going and why. We heard a staff member ask; "Would you like to come with me and have some lunch, we can then bring you back to the lounge if you wish". Would it be ok if I moved your chair a little" and another asking; "Would it be alright to put this clothes protector on? We don't want your lovely jumper to get dirty". People's files also indicated where people had consented to elements of the care plan, or where a best interest decision had been made for those who lacked capacity to give their consent.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found staff knew how to support people to make decisions and knew about the procedures to follow where a person lacked the capacity to consent. This ensured people's rights were protected. Care plans recorded discussions with people's relatives and any decisions made in their best interest. This included do not attempt resuscitation (DNAR) decisions.

People had access to healthcare as required. All external professional visits and consultant communication/instruction had been logged. Records demonstrated the service worked effectively with other health and social care services to help ensure people's care needs were met. For example we noted that in accordance with the protocol if a person had lost weight for an unexplained reason the GP would be contacted and a visit requested. People and their relatives confirmed they were able to see external health professionals when they wished.

Requires Improvement

Is the service caring?

Our findings

At our last inspection in 12 March 2015 we found improvements were required. For example people were not confident they would receive support quickly if they required it which meant people were not always treated with dignity and respect.

At this inspection we found improvement were still required. We observed caring interactions and staff clearly knew people well. However we did observed one person with very wet hair in the interim dining area eating breakfast and trying to flick the wet hair away from their face. We immediately informed the manager who rectified the situation.

The home used a document called 'My Journal'. Visitors were encouraged to add any comments that they thought would help to enrich the life of a person so the contribution of ideas, thoughts and reflections were valued and actively sought. However the suggestions were not always followed. For example, one person's wish not to have their windows open had not been respected, a note clearly explained why the person did not like their window open. We observed the window to be open for most of the day. Another note informed carers a person could not reach a jug of water where it was being left. Relatives told us they had asked for the jug of water to be moved near the person on numerous occasions, but it was always in the same place when they visited. We noted the person's would not be able to access their drink without support. We discussed these concerns with staff who could not give a reason why the jug was placed out of reach for the person.

During the inspection we noticed people were treated kindly and staff showed patience and understanding. Staff reassured people using gentle touch and some people put their arms around staff to show their appreciation. One relative said, "They [staff] know [person's name] really well, when they come in they always speak in a kind gentle way, it's lovely". When we asked people if they were treated with kindness and respect all people we asked told us they were.

People and their relatives told us staff were kind and caring and treated them with respect. Although staff were busy and found it difficult to spend time with people being sociable, they displayed a friendly, kind and caring approach towards everyone. Staff clearly knew the people well, individual likes, dislikes and personal preferred routines were identified in people's care plans. However on the day of the inspection people were quiet and had little stimulation through the day. One visitor told us, "We visit often and [person's name] always looks clean and tidy, but they are normally sleepy when we come. I think it is just how they are at the moment". Another person told us, "The carers are nice". And "Staff are OK we can have banter with them".

Staff supported people in a patient and reassuring manner when they assisted people who needed help with mobility. We observed staff ensuring people were comfortable and in the correct position at the end of any transfer.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. We observed brief personal histories of people were recorded in each room giving

information on their likes and dislikes, interests and favoured routines, this enabled us to open conversations with people. Rooms were personalised with effects and pictures/photos. " Staff were respectful of people's private rooms and their possessions.

People were encouraged and supported to maintain family relationships. Relatives told us they were always made welcome at the home and could visit and stay as long as they liked. One person told us "My family and visitors can come and see me when they like, and can stay as long as they like.

Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way

Good

Is the service responsive?

Our findings

At our last inspection in 12 March 2015 we found improvements were needed to ensure people's hydration needs were responded and recorded.

At this inspection we found improvement had been made. Fluid amounts were entered on individual care plans so running totals were available which would allow the appropriate treatment to be identified and communicated. We observed one senior carer administering liquid medicines to a person at risk of choking. We looked at this person's care plan and SALT assessment and noted that the carer was following instructions from the SALT team regarding what to do and how to ensure the person had swallowed fluids by verbal encouragement, positioning, looking and listening.

Care plans were detailed and gave information about people's lifestyles and likes and dislikes. This helped to give staff information about how people wanted to be supported and what was important to them. Audits had recently taken place on the care plans and actions had been taken where it was identified changes were required.

People and their relatives told us they were involved in decision about their care. One relative told us, "The staff have been very responsive to helping [person's name] solve a particular health issue. They really worked with us and the GP to solve the problem. They set up all sorts of charts so we could see what they were doing". One member of staff informed us "We use the care plans in people's rooms daily and record what people have been doing". However care staff told us they did not often look at the comprehensive larger care plans. Care plans included, life histories medical information and assessments, body maps, risk assessment and guides to what makes the person feel safe and secure

The activity coordinator talked of the home's activities. Weekly activity schedules were pinned on a wall near a lounge, giving details of the daily activities. A photographic collage in the hallway showed images of people taking part in a variety of activities. On the morning of the inspection people had the opportunity to 'pat a pet'. People were seen to enjoy taking part in engaging with the dog and its owner. During the afternoon plans were in place to take some people to the local stables. Risk assessments had been completed for people who were participating in the activity. The coordinator told us that they had plans for the service development including the recruitment of volunteers, further community involvement and the possibility of obtaining a mini bus for day trips. The activity programme ran from Monday through to Thursday, and also the occasional Friday. At weekends a volunteer came to the home to sit with people to talk or offer hand massage, hairdressing and manicures.

The home welcomed feedback from visitors and professionals and in the last month had received the following comments, by way of an IPad positioned in the main entrance foyer; "My client was more settled and happy than I expected them to be" "They said they were happy with the home including the food and the staff" "I was advised that my client's family were being asked about my client's past interests and that there is an activities coordinator" "My friend is always clean and dressed" "Very varied activities from animals to exercise" "[person's name] said she had a lovely time at the park" "Appears a very well-run home,

welcoming, informative and passionate manager and team. Spotlessly clean and fresh smelling" "Loved the food and Treacle the dog" "The building is safe and the staff are very safety conscious" and "I was greeted by a friendly smile and offered a drink. All staff that pass me said hello and smiled. I felt very at ease waiting" A nomination and suggestion box was located in the entrance to the home.

Each person received a copy of the complaints policy when they moved into the home. One person said "I would complain if I was not happy to the staff or my family". Visitors we spoke with were confident any complaints made would be investigated by the managers.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the service was in breach of Regulation 17. The provider submitted an action plan detailing the changes they intended to make. For example, at the last inspection the audits and systems for checking the quality of the home had not been effective in identifying all area of improvement.

At this inspection we found the provider had improved their systems for checking the quality of the services. However, some further improvements were still needed to ensure all issues were easily identified and acted on. For example, audits and checks completed by the provider had not identified the shortfalls we found. The managing director told us where shortfalls in the service had been identified, these would be rectified with immediate effect.

Weekly audits which were in line with the provider's policy and procedures were taking place. Audits included medicines, nutrition and hydration, wound management, and the environment. The managing director discussed an expectation of the provider that all managers completed daily walk and observation rounds in the home. They informed us, if managers do not evidence on their audit system the walk around is complete an alert was sent to them. They informed us the audit were aimed to 'find and fix' philosophy and ensured all areas of the home were covered.

The leadership of the home remained unclear with the absence of a registered manager, the current position meant the home was going to be supported by a number of regional managers. The managing director informed us the current manager had recently resigned before becoming registered with the Care Quality Commission. The managing director informed us interviews had already taken place to find a suitable registered manager. They told us, "Our priority is to look at the environment and to address the issue of a registered manager".

Staff remained unsure about the future of the service and were concerned about the lack of leadership in the home. One member of staff told us "The manager that just left was very good, She cared about the staff. I hope we will all be looked after by the new manager". Other member of staff also said they were unhappy the previous manager had left. Comments included, "I am confused over the recent changes of managers again, we try hard but it is difficult without good leadership." And "We are not consulted when change happens about what will happen next". The impact for people living at the home where there were not consistent leadership meant they were supported by staff whose morale seemed low, which had the potential to make it an unhappy environment for people to live in.

The regional managers were supported by the managing director. There were clear lines of staff responsibilities and everyone spoken with understood their responsibilities. Registered nurses and senior carers worked within teams where they held responsibilities for reviewing people's care as well as providing support and supervision to named staff.

Staff meetings were taking place. The minutes showed a wide range of topics had been covered in the meetings including training needs. The outcome of our last inspection had been shared with the staff and

the records showed the staff had discussed and agreed actions to address our findings. Staff were now receiving regular formal support and supervision.

The home had a kiosk in place in the entrance to the home which housed an iPad. Visitors or people living at the home were able to give feedback on the system. The feedback was then sent to the head office and regional manager of the home within a 24 hour period. The managing director told us the provider's policy was to investigate any concerns or complaints within a 28 day period. They said "If we get it wrong we apologise and learn from our mistakes".
The provider's website discussed community involvement, and the deputy manager confirmed following the inspection, there was involvement within the local community with outside entertainers and weekly visits by a local priest to meet residents' spiritual needs.

People's views on the service had been sought by way of satisfaction surveys and resident meetings. All accidents and incidents which occurred in the home were recorded and analysed.

The provider understood their legal duty to notify CQC about significant events. As far as we are aware they have notified us appropriately of all serious incidents and events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not provided as staff did not follow plans and pathways 12 (2)(b)