Anchor Carehomes Limited

Bloomfield Court

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 17 and 20 August 2018 and was unannounced. We last inspected the service on 26 September 2017 when we carried out a focussed inspection to follow up on concerns in relation to medicines management which had resulted in a warning notice being issued to the provider. At that inspection we found improvements had been made, and the provider had followed their plan and met the legal requirements in that area.

Bloomfield Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bloomfield Court accommodates 47 people in one adapted building, across three floors.

There was a registered manager but they were not present during the inspection. 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.

Systems were in place to ensure concerns of a safeguarding nature were reported, recorded and acted upon. Staff were aware of the risks to people and how to manage those risks. Management were responding to concerns raised regarding staffing levels, the deployment of staff across and this had not been resolved at this time. Systems were in placed to ensure people were supported by staff who had been safely recruited.

Improvements had been made in respect of medicines management and staff had received training and their competencies checked in this area. People were protected from the spread of infection and where incidents and accidents took place, lessons were learnt and action was taken.

People were involved in the pre-assessment of their care which provided staff with the information they needed to meet people's needs. Staff felt well trained but concerns had been identified by management in respect of staff induction and action was being taken to rectify this.

People were supported to receive a balanced diet and access healthcare services in order to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were described as caring and compassionate and people had warm, positive relationships with many of the staff who supported them. People's choices about how they spent their day were routinely respected and people were encouraged where possible, to retain a level of independence. People were treated with

dignity and respect.

Care records reflected people's personal preferences and they were supported by staff who were aware of what was important to them. Management acknowledged that activities available required development and plans were being made to improve this part of the service.

People were confident that if they raised complaints they would be acted on and listened to. Where complaints had been received they had been investigated and acted upon.

A lack of oversight of the service had resulted in a number of concerns being raised. The management team had responded to the concerns and a number of measures were in place to improve care delivery. Staff were on board with the vision for the service and work was underway to drive improvement.

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.

Concerns regarding staffing levels and the deployment of staff were acknowledged by the provider and solutions sought but had not been resolved People were supported by staff who were aware of the risks to them. Procedures were in place to ensure safeguarding concerns were reported and acted on. People were supported to receive their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Management recognised that not all staff had received an induction to a standard they would expect and had arranged for all staff to complete their induction again. People were supported to maintain good health and have access to a healthy diet. Staff routinely obtained people's consent prior to offering support.

Is the service caring?

Good

The service was caring.

People described staff as caring and compassionate. People were involved in the planning of their care, encouraged to retain their independence where possible and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The provider acknowledged there was a lack of activities for people to enjoy and were working towards developing this area. People were involved in the planning and review of their care. Staff knew people well and what was important to them. There was a system in place to deal with complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Monitoring and overview of the quality of the service had failed to identify a number of concerns. A management team were in place to address the concerns raised and drive improvement across the home. Staff who were aware of the vision for the service, were on board with this and felt supported by members of the management group.

Bloomfield Court

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 was prompted in part by concerns raised by the provider themselves. The nature of these concerns were varied and included; safeguarding matters not being raised and bought to the attention of the local authority, actions not sustained following complaints received, staff appraisals not taking place and a failure to submit to CQC notifications with respect to the granting of authorisations to deprive people of their liberty. The inspection looked at these concerns and found that the provider had taken action to address the issues raised.

This inspection took place on 17 and 20 August 2018 and was unannounced. The inspection was conducted by one inspector, a pharmacy inspector and two experts by experience. An expert by experience is a person who has person experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the Regional Support Manager, District Manager, Head of Care, ten members of care staff, 13 people living at the home, nine relatives and a visiting healthcare professional. We reviewed a range of documents and records including the care records of five people using the service, six medication administration records, two staff files, training records, accidents and incidents, complaints systems, safeguarding records, minutes of meetings, activity records, communication records, surveys and audits.

Requires Improvement

Is the service safe?

Our findings

At our last fully comprehensive inspection in November 2016, the provider was rated 'Requires Improvement' in the question 'is the service Safe?' Following this inspection, the rating has remained the same.

Prior to the inspection, it was bought to our attention that a number of safeguarding concerns had not been reported to the Local Authority and acted upon. In response to this, the provider had acted to ensure concerns were investigated and reported on retrospectively. Systems were in place to ensure that where concerns of a safeguarding nature arose, staff were aware of their responsibilities to act and report on these matters. We noted where a recent safeguarding concern arose, it was reported and acted on appropriately. A relative of the person involved in the concern told us they had been kept fully informed of the circumstances of the concerns and were happy how the matter had been dealt with. They added, "We have been reassured [action had been taken] and we've been kept up to date".

We also saw that following their investigations, the provider had identified a number of areas for action and were working towards making improvements to address these. For example, concerns had been raised regarding staffing levels in the home and staff explained the needs of some people living in the home had increased, resulting in staff being taken away from supporting others. The management team were aware of the negative impact this had had on staffing levels in the home and at the time of the inspection were working towards addressing each of these concerns, however, these issues had not been fully resolved.

We received a mixed response to our question regarding staffing levels. A visiting healthcare professional told us, "I think it's okay [staffing levels], there's always enough staff when I'm here" and people told us they had no concerns regarding how quickly staff responded to call bells. However, people and staff remained concerned regarding staffing levels and the deployment of staff across the home. We received the following comments; "They [staff] work very hard here. When there aren't enough of them it's not their fault", "I feel for the carers, they're busy. There aren't enough of them" and "We have been short staffed and the girls [staff] are rushed off their feet. There isn't enough staff it makes them leave. They are really, really good". A relative told us, "They could do with one extra on this floor; if one person needs care they will ring and get someone from another floor but they have to wait". A member of staff told us, "The only problem is staffing levels, they [management] have said we have enough but we do struggle. I wanted to take a lady to the toilet and we had to sit and wait [until another member of staff came along]. I feel I can't give them the care they deserve". A relative spoken with confirmed this had happened and their loved one had to wait to be supported to the bathroom.

We discussed staffing levels with the Regional Support and District Managers. There was a dependency tool in place that was used to calculate the number of staff required on shift, however, it was noted that staff deployment across the home did have an impact on care. For example, the provider employed two Team Leaders to work across three floors. Team Leaders held responsibility to administer medicines and this meant their time was spread across the three floors. Management told us there was a 'floating' member of staff whose role was to provide additional cover between floors, particularly at busy times and when

medicines were being administered. It meant that staff had to ring for an additional member of staff to join the floor which could mean people having to wait for support and we observed this. The Regional Support Manager and District Manager told us they were looking at ways to alleviate this problem and hoped the recent appointment of a second deputy manager, who would be able to administer medicines, would mean that these issues could be resolved.

We asked people whether they felt safe, what made them feel safe and whether they were worried about anything. One person told us, "Oh yes, I feel safe", another said, "Yes the staff are good and if we have any issues I can always talk to the staff. I feel as if I'm in a safe environment". One relative told us, "Is [person] safe? Definitely" and another said, "It's safer than being at home on their own. We are not anxious about [person] Now we can have our own peace of mind". However, another relative told us, "No I don't feel [person] is safe". They told us they had concerns regarding their loved one being put at risk by other people living at the service. They also raised concerns regarding items of clothing going missing, but had not raised this directly with the home's management. We fed this back to the Regional Support Manager for them to speak to the family direct.

People were supported by staff who were aware of the risks to them. One person explained how they felt safe when they were being supported to move, as staff were aware of how to support them appropriately. However, several people and relatives, raised concerns regarding the number of incidents that took place between people living at the service. One person told us they preferred to spend time in their room because, "People argue with one another. It's a shame for them. They lose their tempers". Another person told us they were worried about people trying to enter their room at night even though the door was locked. One person told us, "Staff don't always come. It usually happens at night", and another said "At night there's some people who will just walk in [to their room], but I have a key now". Other people spoken with told us staff responded to their calls at night. Members of the management team were aware of these concerns and we saw a number of actions were being taken to address these concerns including providing additional staff to support people safely. During the inspection, we observed people interacting with one another and appeared comfortable with the company they were sharing.

Prior to this inspection, we were informed of a number of concerns relating to medicines errors. The provider told us in their Provider Information Return [PIR] that additional monitoring had been implemented to ensure medicines management was robust and we saw evidence of this. We saw that action had been taken in response to these concerns and additional staff training, checks of staff competencies and regular audits were in place to ensure people received their medicines as prescribed.

People told us they received their medicines as prescribed by their doctor. One person told us, "The girls [staff] who give the medication seem to be well trained. I've always found them all right" and another said, "Yes, the staff bring it [medicines] to me, if I'm in my room they bring it there or if I'm in the lounge they will bring it here". A relative told us they had no concerns regarding their loved one's medication.

Each person had their own medicine care plan which contained the appropriate details regarding the medicines administered, such as reason for the medicine, potential side effects or interactions with other medicines. Staff were knowledgeable regarding people's healthcare needs and the reasons for taking their medicines. For example, we spoke with two staff who did not have responsibility for administering medicines but were aware of the risks to people regarding their medicines and what signs to look out for which may indicate they were unwell, for example, a person on blood pressure tablets in that they would look out for dizziness.

We looked at a total of 17 items which were all found to be in date and the amount in stock tallied with what

had been signed for on the Medication Administration Record [MAR]. We saw appropriate assessments and associated paperwork was in place where people received their medicines covertly. We noted there were excessive supplies of creams and food thickeners in one of the clinical rooms. We also noted excessive supplies of eye drops for one person. We raised the issues with the provider for them to look into the arrangements in place for ordering of these items. We saw medicines were stored safely and securely in a temperature controlled room.

Controlled drugs were held in a suitable locked cabinet within a secured area and the stock levels were correct on the date of inspection. For those people who were prescribed medicines to be prescribed, 'as and when required' these medicines were administered and documented appropriately. Staff confirmed they had received training in how to administer medicines.

One person told us, "Yes, my room is clean. Once a week they vacuum and change the bed. I can ask if I think it needs changing" and another said, "Yes, it's cleaned every morning". We observed the home to be clean and odour free and saw that systems were in place to ensure people were protected by the prevention and control of infection.

Systems were in place to ensure lessons were learnt and improvements made where things went wrong. Accidents, incidents, safeguarding concerns were analysed on a monthly basis to identify any trends. For example where people suffered falls, each fall was analysed individually to identify any actions to take and collectively for any trends. We saw that this analysis had identified that the 'post fall checklist' was not always fully completed and there had been an occasion when a next of kin had not been contacted to alert them of an accident. In response to this, the issue was raised at a staff meeting and the checklist amended to include this action.

Good

Is the service effective?

Our findings

At our last fully comprehensive inspection in November 2016, the provider was rated 'Requires Improvement' in the question 'is the service Effective?' Following this inspection we have changed the rating to 'Good' based on our inspection findings.

Prior to moving into the home, people's needs had been assessed. These assessments gathered information regarding people's personal care needs, their medical history and their social needs. People had been asked about their dietary preferences, their family, whether they needed any particular equipment to support them and also their needs in relation to any protected characteristics under the Equality Act, such as sexuality and religious needs. People told us they felt well supported by staff and were happy with the care they received. One person told us, "You can't ask for staff better than what we have got" and another said, "It's absolutely lovely. The people – you couldn't pick better. The staff are wonderful. It's homely and comfy."

A member of staff told us they had received an induction that prepared them for their role, they said, "I did shadowing and they showed me how to do things their way. It went on for three weeks and I did all the medicines training and they observed me as well". However, another member of staff told us, "I want to re-do my induction, I didn't feel I was fully supported [previously]". They told us this concern had been recognised by the current management team and plans were in place for them to complete their induction again alongside another member of staff who had the same role. Members of the management team confirmed this and told us they planned to ensure all staff went through an induction again, to ensure consistency across the home. Not all staff had received regular supervision with the registered manager or an annual appraisal. The new management team had recognised this and had commenced appraisal meetings for all staff. Those staff who had been invited to these meetings spoke positively and described them as "fantastic". They told us the meetings had provided them with the opportunity to discuss concerns and clarify roles and responsibilities.

People told us they considered the staff who supported them to be well trained. Staff told us they felt well trained and we saw there was a system in place to monitor staffs training. A member of staff described recent training and guidance they had received in respect of safeguarding concerns. They told us, "I've really learnt a lot". Another member of staff said, "I would like to learn more about dementia awareness; training comes down from head office and they tell you what sessions are running".

People were supported to eat and drink enough to maintain a balanced diet. People chose where they wanted to eat their meals. Staff asked people which meal they preferred but also showed them what was available, to assist people in making choices. We received the following comments regarding the food available; "Oh good and a choice. If I didn't like the food they would change it", "The food is very good and we have a choice" and "Sometimes it's good [the food] and sometimes it's not so good". We observed people's meals were presented well, looked appetising and were hot when they arrived at the table. We saw people enjoying their meals and staff checking with them to ensure they were happy with their food. We noted two people declined their lunch, but staff continued to check with both at regular intervals and

provide encouragement. Both people did eat some of their lunch and pudding following this.

A visiting healthcare professional told us there had previously been some issues with communication between themselves and the home and provided an example of a colleague not being made aware that a person had a hospital appointment the following day and when they arrived at the home they were rushed into administering medication. This had resulted in proper checks not being made when the medication was administered and the person was given the wrong medication. A safeguarding was raised and we saw lessons were learnt from this and actions put in place to prevent a re-occurrence. The healthcare professional confirmed that these actions were now being taken.

People were supported by staff who were aware of their healthcare needs and supported to access a variety of healthcare services to help them maintain good health. One person told us, "I saw the Chiropodist about three or four weeks ago for my toes" other people told us arrangements had been made for them to see their GP, the dentist and the optician. A relative told us that if their loved one was unwell, they were contacted 'straight away'. A visiting healthcare professional said, "They [staff] will call us in quickly and any instructions we issue [for example to support pressure care], they will follow". They added, "Once you raise something they respond to it".

We saw that people on each floor had access to a lounge and dining area. We were told that people were supported to access the garden area. People's rooms were personalised and people described the environment as 'homely'. The provider told us in their Provider Information Return [PIR], and we saw, that the service was undergoing environmental changes to improve the surroundings, for example themed quiet lounges and a coffee shop. We saw this was a work in progress and the management team were currently reviewing these changes.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that staff routinely obtained their consent prior to offering support and we observed this. One person told us, "They [staff] do tend to ask you, yes, 'will it be alright if I do so and so'" and relative told us, "If [person] doesn't want to get up it's their decision and staff respect that". Staff had received training in the subject and displayed a knowledge and understanding of the MCA and what it meant for the people living at the home. Staff where aware of who had a DOLs in place and how it impacted on them. For example, we observed one person say they wanted to leave the building. We observed staff listen to the person, but all responded consistently to this request, offering the person reassurance and providing a distraction to divert their attention from the desire to leave. We saw the consistent, caring response from a number of staff to this person's request, meant that they remained calm and were not distressed by not being able to leave the building at that time.

Good

Is the service caring?

Our findings

At our last fully comprehensive inspection in November 2016, the provider was rated 'Good' in the question 'is the service Caring?' Following this inspection, the rating has remained the same.

We received a number of positive comments regarding the caring nature of many of the staff who supported people at the home. People told us they had good relationships with the staff who supported them and we observed this. They told us, "They [staff] are kind. If you need help they are there for you", "Yes they are kind. I didn't come down to the lounge for few days, I stayed in my room and when I did a few of them [staff] hugged me and that was nice. They make you feel at home". Relatives told us, "The carers who have taken time to get to know [person] and give them a cuddle, it gives me comfort. This is still [person's] home" and "The staff are brilliant. I know them and get on with them. They let me know that [person] is ok".

Relatives spoken with confirmed that they could visit their relative without restriction except for 'protected mealtimes'.

People were supported by staff who treated them with dignity and respect and relatives spoken with agreed with this. People told us, "Yes you cannot ask them [staff] to treat you better", "They [staff] will always try and help you. It doesn't matter what you want they will always try" and "Although I have to have someone help me when I have a shower it's all done very dignified. I never feel uncomfortable". Staff were able to explain how they maintained people's dignity when providing person care, for example by ensuring doors and curtains were closed or covering people with a towel. Staff spoken with were mindful of respecting people's privacy but one person we spoke with [who lived at the home] was aware of the personal history of another person living at the home, including their health condition and diagnosis. We raised this with members of the management team as it was clear that the information the person was in receipt of, was confidential. The management team agreed to look into this and to speak to staff regarding the importance of ensuring people's personal information remained confidential.

People provided us with a number of examples how staff helped them maintain their independence and encouraged them to do things for themselves. We saw one person had their own phone line in their bedroom so that they could make and receive their own phone calls. Another person said, "The only thing I did ask for was a key for my room. I've got my own key now and I feel a bit more independent". A relative told us, "[Person] keeps their independence. They can get up whenever they want. They can please themselves. They are settled and have their privacy. A relative commented, "[Person] keeps their independence. They can get up whenever they want. They can please themselves".

People told us they were involved in making decisions about their care and support. One person told us, "Yes I am involved" and another said, "Staff do everything for me, but I do choose what I want to wear". Another person explained how through regular hospital appointments for their hearing, they were able to communicate effectively with staff to ensure they were involved in their care. They told us that staff were aware of their condition and adapted their communication to make sure they could be heard.

For those people who required the support of an advocate, this was arranged. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Good

Is the service responsive?

Our findings

At our last fully comprehensive inspection in November 2016, the provider was rated 'Requires Improvement' in the question 'is the service Responsive?' Following this inspection the rating has remained the same.

The provider had acknowledged that an area of concern was the lack of activities available in the home and staff spoken with also voiced similar concerns. A weekly activity log had been introduced in response to the concerns raised and to provide a picture of what was currently happening in the home.

There was no activity co-ordinator as there was an expectation that all staff would be involved in ensuring people joined in activities that were of interest to them. We saw a number of posters throughout the home bringing people's attention to the planned activities available on different days of the week. However, there appeared to be some discrepancies between the posters detailing the weekly schedule of events and those advertising the daily schedules. On the day of the inspection the afternoon activity advertised was 'Fizzy Friday'. A member of staff told us the intention was to have cocktails and cakes, but we did not see any evidence of this 'activity' taking place. We asked people what they enjoyed doing. One person said, "I can watch them play darts. I used to play darts but too old now. I don't do anything now but I listen to music" and another said, "They are just starting [activities]. They put quizzes on and exercising to music and singing. Then a man comes and sings. He has a lovely voice. We play bingo and we have gone out for a meal a couple of times so we didn't have to pay for that. There's good points and bad points".

Relatives provided a mixed response with regard to activities. We saw a relative had taken the time to write to the Regional Support Manager to acknowledge the improvements being made with regard to activities. They wrote, "I wanted to share some lovely moments with you all regarding activities". They went on to describe an activity their loved one enjoyed, adding, "You have made one very confused, lonely lady a very happy lady". However, another relative commented, "I come most days and [person's] just got a book in front of them, closed. There's nobody actually sitting with [person] to help. There's never a fat lot going on".

We observed some activities taking place during the inspection, with two particular members of staff actively engaging with people. For example, we observed a small group of people enjoying a ball game, saw two people were provided with books to look through and another person was provided with the opportunity to do some colouring in. One activity which was very successful, involved people singing along to music. We observed the member of staff sing with people, maintain eye contact and actively involve as many people as possible in the activity, as they walked around the room. We saw many people enjoyed this and the room came to life. At one point, a person was supported into the room by another member of staff and sat in a chair whilst the staff member got them a drink. The carer noticed the person singing and went over to them, held their hands and sang the rest of the song with them. At the end of this the person lent toward the member of staff to give them a kiss, the member of staff accepted this and said to the person, "You've been hiding your talent under a bush there [person] we'll have to get you to sing more often" and the person beamed at this.

People told us and we saw where possible, they were involved in the pre-assessment and planning of their care. The pre-assessment process included obtaining information from people regarding their personal preferences, what was important to them and what staff needed to be aware of in order to support them the way they wished. The pre-assessment included asking people if they had any particular strong beliefs [moral, cultural or ethical] that would impact on their wellbeing, it asked people about their relationships including who was important to them and also if people identified with being as part of the LGBT community. Questions were asked regarding any particular support people may need in terms of equipment or their particular communication needs. We saw as this information was collected it was put into the person's plan of care which was then regularly reviewed. A relative told us, "We needed to place [person] quickly, I met with [district manager] and we did the care plan; [person] has settled in 'lovely' and we're so pleased with it [the care]. It's unbelievable".

Staff spoken with demonstrated a good account of people. Not only were staff aware of people's needs and preferences, they knew their family members and what was important to them. For example, we saw a member of staff engage in conversation with a person regarding a recent visit by a relative and their pet dog. They took an interest in what the person had to say and the person clearly enjoyed talking about the visit. We observed staff were responsive to people's needs. We saw that one person appeared to be feeling anxious. A member of staff noted this and went to sit with them and started to sing songs. The person joined in and appeared calmer. At lunchtime, we noted one person appeared to start to feel unwell. Two members of staff noticed this quickly and immediately attended to the person, offered them a more comfortable chair and continued to check on their wellbeing.

There was a system in place to record, investigate and respond to complaints. We saw where complaints had been received, they were logged and investigated. People told us they were confident that if they did raise a complaint, they would be listened to and it would be responded to appropriately. We saw the Regional Support Manager had made efforts to respond to people's concerns in a number of formats and reassure them that action was being taken. A relative told us, "There is no need to raise a complaint, or tell the manager; any concerns I'd speak to the staff" they added they were confident that any concerns they raised would be resolved.

Systems were in place to record people's preferences and choices with regard to their End of Life care and this information was regularly reviewed.

Requires Improvement

Is the service well-led?

Our findings

At our last fully comprehensive inspection in November 2016, the provider was rated 'Requires Improvement' in the question 'is the service Well-led?' Following this inspection, the rating has remained the same.

At the time of the inspection, the provider had put in place a management team to support the running of the home in the absence of the registered manager. One person had commented to us, "When it's managed properly it's good, but otherwise not". We met with the Regional Support Manager who was responsible for the daily running of the home and the District Manager. We also met with the Head of Care. They told us that concerns had come to light regarding the running of the home and in response to this, a number of actions had been put in place and we saw evidence of this in the form of an action plan. They confirmed that after initial input into the service, improvements had been made and management had taken a step back. However, it came to light that improvements had not been sustained and this had resulted in a decision being made that members of the management team should have a more visible presence in the home and to be more involved in the day to day running of the service. The District Manager told us, "I feel we are responding to things as appropriately as we need. We do what we need to do to get the home straight". They went onto add that lessons had been learnt and since the level of management input had increased, improvements had been made and action was being taken to ensure these changes were bedded into the daily running of the home and were sustainable. They added, "Things are better as we [management] are here all the time now and not stepping back". We saw improvements were being implemented, however concerns regarding the deployment of staff across the home remained.

We saw a number of audits were in place to obtain an overview of the quality of the service provided. However, they had failed to identify some areas for improvement that had been highlighted on inspection, for example, excess storage of creams, dates not routinely being recorded on eye drops to indicate the date of first use, not all staff had received first aid training, the deployment of staff across the home having an impact on service delivery and daily charts not always completed in a timely manner. Further, the provider had told us in their Provider Information Return [PIR] that there would be more regular staff one to one meetings to support staff to develop their care practice, but audits had failed to identify that these had not taken place. These concerns were raised with members of the management team during the inspection and actions were taken to ensure action was taken and future audits covered these points.

The majority of people and relatives we spoke with were happy with the care received. However, we received a number of comments regarding staff and how it depended on who was on shift as to the quality of care received. Members of the management team acknowledged this as an issue. They told us staff had not been receiving regular supervision meetings and had not received an annual appraisal. In response to this, they arranged for staff to attend an appraisal meeting with a member of the management team, in order to discuss staff performance, standards of care delivery and any training issues or concerns staff may have.

Staff who had attended these meetings spoke positively about them, about the future of the service, were

committed to their job and aware of their roles and responsibilities. However, at the time of the inspection, more than half of the staff group had not attended one of these meetings. This meant an opportunity was missed to get management's message across regarding their expectations of staff, their roles and responsibilities and also the support staff could expect and receive. There was no doubt that staff we spoke with who had not benefitted at this point from these meetings were committed to their role. However, they lacked the guidance and knowledge other staff had received regarding the vision for the service. We spoke with the management team regarding this and they advised they would make it a priority to ensure the remainder of the meetings took place.

All staff spoken with raised communication as an issue in the home [particularly the lack of information held on handover documents]. It was identified that the current handover system in place did not provide staff with the opportunity to record information regarding each individual person living at the home. A member of staff explained the problems this caused when returning on shift following leave. They told us, "We work across different floors. So, you could be off a couple of days and return to a different floor. It's embarrassing when people ask you how someone is and you don't know". We discussed this with the management team who advised they would look at the different ways handover information could be recorded to provide staff with the information they required when they arrived on shift. The District Manager told us, "We are putting systems and processes in place and raising it with staff as we go along" they added that changes had been implemented as improvements had been noted, but there had not been a formal meeting to make staff aware of these improvements or the reasons for them. This meant opportunities were lost to inform staff of the changes that were being introduced and to get all staff on board at the same time, with their vision for the service.

A member of staff told us in the absence of the registered manager, things had slipped but that new management that had come in were providing staff with the support they needed. They added, "I'm getting the support now, I've got a good relationship [with management team] and the training system is good". Other comments received from staff were; "To be fair, [management team names] have been absolutely brilliant, I can't fault them at all", "I have confidence in [Regional Support Manager] and I'm happy to approach them", "When [registered manager's name] wasn't here it dipped but [District manager] came in and it improved. Morale has dipped a bit, it's all about activities, but you need encouragement and positivity. I always say 'thanks for your help'. [Regional Support manager] does say thank you. I can see it getting better". Staff told us they were aware of the home's whistle-blowing policy and were confident if they did raise concerns, they would be listened to.

We saw plans were in place to ensure people were more involved in the running of the service and a relatives meeting was planned for the following week. Surveys had also recently been sent out to family members to provide them with the opportunity to give feedback on the care provided. A relative told us "I've no problems approaching staff" and people and their relatives told us there was an 'open door policy' and they were able to speak to members of the management team should they have any concerns.

The provider had recently notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.