Tamaris Healthcare (England) Limited

Hallcroft Care Home

Inspection report

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Date of inspection visit: 9 & 10 August 2015
Date of publication: 24/09/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out an unannounced inspection of the service on 9 and 10 August 2015.

Hallcroft Care Home provides accommodation for people who require nursing or personal care. On the day of our inspection 21 people were using the service. There was a manager in place, but, at the time of the inspection they had not applied to become registered with the Care Quality Commission. At the time of publishing this report an application for the manager to become registered had been received.

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.

During our previous inspection on 18, 19 and 20 February 2015 we identified five breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010. These were in relation to people's care

Summary of findings

and welfare, assessing and monitoring of the quality of service provision, consent to care and treatment, supporting workers and maintaining people's records. During this inspection we found improvements had been made but further improvements were still needed.

People told us they felt safe at the home and people were supported by staff who understood how to identify and report allegations of abuse. Improvements had been made in the assessment of the risks to people's safety, and accidents and incidents were appropriately investigated. Procedures were in place to evacuate people safely in an emergency. People told us there had been improvements in the time it took staff to respond when they pressed their nursing call bells, but further improvement was needed. Improvements had been made to the staffing team. There had been a significant decrease in the number of agency staff used at the home. Medicines were managed, administered and stored safely. However some gaps were identified on people's medicine administration records regarding the application of creams.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The manager had applied the principles of the MCA and DoLS appropriately although further applications for DoLS were required.

The majority of people told us the ability of staff to provide care that met their needs had improved. Induction procedures had been implemented for agency staff; however these had not always been appropriately completed. The majority of staff had received supervision of their work, although some staff had not. People told us they felt able to make their own choices and we observed staff respect people's wishes. Some people spoke positively about the food provided whereas others felt improvement was needed. The lunchtime experience for people did not meet their needs; condiments and menus were missing and parts of the dining room floor were dirty. People had access to external healthcare professionals, although communication between staff and people regarding these appointments required improving.

People told us staff treated with them kindness and respect. Staff spoke respectfully with people and showed a genuine interest in what they had to say. The staff understood people's personal histories and used that information when interacting with them. People were provided with information on how they could access independent advice about decisions regarding their care. People's dignity was promoted and maintained. People's friends and relative were able to visit them when they wanted to.

Improvements had been made to people's care planning documentation. People had better access to activities and there was now an activities coordinator in place to assist people to do the things they want to do. People were supported to form meaningful relationships with others and to avoid social isolation. Staff had a good understanding of people's preferences and used that information when interacting with them. People were provided with a complaints procedure, however this was not in an accessible place or provided in a format that could be easily understood.

There was a new management team in place; however the home manager was not registered with the CQC at the time of the inspection. Staff understood the aims and values of the service and people felt able to discuss concerns they had with the manager. Processes were in place to manage the risks faced by people and the service as a whole. Staff morale had improved since the last inspection and they felt the management team listened to them and valued their opinion. Robust auditing processes were in now in place although these had not been in place long enough for us to judge whether they could sustain the improvements made at the home.

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?

Good

The service was safe.

People felt there had been improvements in the time it took staff to respond when they pressed their nursing call bells, but further improvement was needed.

Medicines were managed, administered and stored safely. However some gaps were identified on people's medicine administration records.

People felt safe at the home and were supported by staff who understood how to identify and report allegations of abuse.

Improvements had been made on the assessment of the risks to people's safety, and accidents and incidents were appropriately investigated.

Procedures were in place to evacuate people safely in an emergency.

There had been a significant decrease in the number of agency staff used at the home.

Is the service effective?

Requires improvement

The service was not consistently effective.

Induction procedures for agency staff had improved but there were gaps in some staff's paperwork. The majority of staff had received supervision of their work, although some staff had not.

Some people spoke positively about the food provided, although not all had a positive meal time experience.

People had access to external healthcare professionals, although communication regarding these appointments required improving.

The majority of people told us the ability of staff to provide care that met their needs had improved.

People told us they felt able to make their own choices and we observed staff respect people's wishes.

Is the service caring?

Good

The service was caring.

People were treated with them kindness and respect. Staff spoke respectfully with people and showed a genuine interest in what they had to say.

Staff understood people's personal histories and used that information when interacting with them.

Summary of findings

People were provided with information on how they could access independent advice about decisions regarding their care.

People's dignity was promoted and maintained. People's friends and relatives were able to visit them when they wanted to.

Is the service responsive?

Good

The service was responsive.

Improvements had been made to people's care planning documentation.

People had better access to activities and an activities coordinator was in place to assist people to do the things they want to do.

People were supported to form meaningful relationships with others and to avoid social isolation. Staff had a good understanding or people's preferences and used that information when interacting with them.

People would not always be able to see or read the complaints procedure.

Is the service well-led?

Good

The service was well-led.

There was a new management team in place; however the home manager was not registered with the CQC.

Staff understood the aims and values of the service and people felt able to discuss concerns they had with the manager.

Processes were in place to manage the risks faced by people and the service as a whole.

Staff morale had improved since the last inspection and they felt the management team listened to them and valued their opinion.

Robust auditing processes were in now in place.

Hallcroft 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.

This inspection took place on 9 and 10 August 2015 and was unannounced.

The inspection team consisted of a head of inspection, two inspectors, a specialist advisor with a background in nursing and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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. To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and other healthcare professionals and asked them for their views.

We spoke with nine people who used the service, four relatives, four members of the care staff, the cook, two nurses, deputy manager, regional manager, regional support manager and a managing director.

We looked at all or parts of the care records of eleven people along with other records relevant to the running of the service.

Some of the people who used the service had difficulty communicating with us as they were living with dementia or other mental health conditions. 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 with us.

Good

Is the service safe?

Our findings

During our previous inspection on the 18, 19 and 20 February 2015 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We concluded that people's needs were not always appropriately assessed and recorded within their care records and the information that was recorded did not always reflect people's current level of need. People's safety was placed at risk because personal emergency evacuation plans were not in place. People were not supported by an appropriate number of staff in order to keep them safe. People had to wait for long periods of time for staff to respond when they pressed their nursing call bell for help and agency staff were not appropriately recruited. Additionally, people's records relating to their medicines were not always appropriately completed.

During this inspection we found improvements had been made.

We received mixed feedback when we asked people if improvements had been made to how quickly staff responded to requests for assistance or when bedroom nursing call bells were pressed. One person said, "I ring my bell most days and they come quite quickly." However another person said, "They can be quick but sometimes I have to wait too long. It's not as good as when I first came." Others expressed concern that staff did not respond to them quickly enough at night. One person said, "Sometimes they come quick. However I've rung at night and had to wait 15 minutes."

During our inspection we observed staff respond to nursing call bells and requests for help in a timely manner. There were enough staff to ensure that when people were in the communal areas of the home and needed support this was provided promptly. We asked staff whether they thought there were sufficient staff available in order for them to carry out their role and to keep people safe. We received mixed feedback. One member of staff told us that when they had a full staff team they were able to provide the care and support that all of the people needed. However there were occasions when staff had phoned in sick and this placed extra pressure on the staff's ability to carry out their role. Another member of staff told us that the manager had worked hard to provide a stable staffing team.

We saw some improvements had been made to the way agency staff were recruited. The regional manager told us the staffing levels were regularly monitored and the numbers of agency staff used at the service had significantly reduced. The records we looked at reflected this. The regional manager also told us that when agency staff were used they ensured they requested the same staff to ensure that they were familiar with the service to enable them to provide a consistent level of care for people and to keep people safe.

People and their relatives told us they felt they or their family member were safer at the home since our last inspection. One person said, "Yes, I am safe. I'm used to it here now." A relative said, "[Name] is definitely safer here now that the front door is locked and fire exits are alarmed." The staff we spoke with told us they thought people were safe at the home.

People told us they felt able to report any concerns they had about their or others safety to a member of the staff. One person told us if they thought someone had been the victim of abuse they would, "Talk to the nice carer in the lounge."

The risk to people's safety was reduced because staff could identify the signs of abuse and knew who to report concerns to, both internally and to external agencies. The staff we spoke with told us they had attended safeguarding adults training and the records we looked at supported this. Recommendations from safeguarding investigations were acted upon by the staff. A safeguarding adults' policy was in place. Information was available for people to enable them to report concerns if they felt they, or others, had been the victim of abuse.

Since the last inspection there were improvements in the way that risks to people's safety were assessed and recorded within their care records. Risk assessments were in place, reviewed regularly and clear guidance was available to enable staff to manage risks. We observed staff supporting people in a way that corresponded with the guidance recorded within their care records.

In each of the care records that we looked at risk assessments had been completed to ensure there were no

Good

Is the service safe?

unnecessary restrictions on people's freedom and ability to do what they wanted when they wished. However when we spoke with people about this we received mixed feedback. One person said, "I can do what I want." Another said, "They're [staff] very friendly and understand what you need to do." However another person said, "I have to wait until they're [staff] ready." Another said, "I can't walk so am stuck in here [bedroom] with care workers walking by."

The risks to people's safety were reduced because the manager conducted thorough investigations when accidents or incidents had occurred. The manager made recommendations for staff to follow and they checked to see they had been completed. The regional support manager told us they monitored the accident and incident logs via a computer system which enabled them to see what actions the manager had taken. This also enabled any delays in action taken to be addressed quickly, further reducing the risk to people's safety.

Since the last inspection records showed that people now had personal emergency evacuation plans (PEEP) in place which enabled staff to assist people with evacuating the premises in an emergency in a way that reduced the risk to their safety. There were procedures in place to monitor the safety of the environment and the equipment used with the home. The staff we spoke with told us the premises were safe and any maintenance issues were responded to quickly.

We saw improvements had been made to the way that people's medicines were managed and recorded although some further improvements were needed. We asked people whether they received their medicines when they needed them. One person said, "My medicines come on a regular basis, same every day. My body gets used to it." Another person said, "Yes, it comes in middle of the morning and bedtime, like regular."

People's medicines were stored and handled safely. We observed staff administer medicines in a safe way. Staff had their ability to administer medicines safely, regularly assessed. We saw records of daily temperature checks of the room and refrigerator in which the medicines were stored to ensure they were kept at a safe temperature. We looked at the Medicines Administration Records (MAR) for twelve people. These records were used to record when people had taken or refused their medication. People's records were completed appropriately although there were a small number of examples where people had creams administered and this had not been recorded on their records.

There were processes in place to protect people when 'as needed' medicines were administered. 'As needed' medicines are not administered as part of a regular daily dose or at specific times. We saw the reasons these medicines were administered was recorded on people's records with guidance for staff to follow before they administered them.

Requires improvement

Is the service effective?

Our findings

During our previous inspection on 18, 19 and 20 February 2015 we identified breaches of Regulations18 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where people lacked the mental capacity to consent to care and treatment, staff had not always followed the principles of the Mental Capacity Act 2005 (MCA). We identified a number of people whose liberty was unlawfully restricted. People raised concerns with us regarding the effectiveness of the agency staff who worked at the home and staff told us they did not feel supported by the management team. Staff performance and ability to carry out their role was not regularly assessed and nurses had limited knowledge of people's needs.

Referrals to external professionals did not always occur in a timely manner.

The majority of the people and their relatives told us that the staff's knowledge of their or their family members needs had improved since the last inspection; although some people still had concerns. One person said, "They [staff] talk to you." A relative said, "It's much better care now." However one person said, "The quality isn't there with all the staff."

During the inspection there were no agency staff working at the home. We looked at the induction folders for eight agency staff who had worked at the home recently and saw they were now provided with an induction before commencing their role. However in each of these files we saw there were gaps where the member of staff and/or the manager or other appropriate person had not signed to confirm that they had completed certain aspects of the induction. This meant we could not be certain that the agency staff had completed all elements of their induction before commencing their role, which could place people's safety at risk or prevent them from having their needs appropriately met. The regional manager assured us that all staff working at the home understood their roles, but would ensure that each person's paperwork was completed appropriately.

Some improvements had been made with the process of carrying out regular supervision of staff member's work to ensure they provided people with effective care that met their needs. Records showed thirty five of the forty four staff employed by the service had received at least one supervision since May 2015. However this meant nine members had not. The regional manager told us they had prioritised those nine people to receive a supervision soon. We were told that plans were also in place to carry out an annual appraisal of each staff member's performance but this had not yet taken place. Each member of staff we spoke with told us they felt supported by the manager. We saw improvements had been made in monitoring the training that staff had undertaken and records showed that where refresher training for specific courses was needed these had been booked.

Improvements had been made since our last inspection in the way staff applied the principles of the Mental Capacity Act 2005 (MCA). The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. In each of the care records that we looked at we saw mental capacity assessments had been completed for decisions where people were unable to give consent. This was supported by best interest documentation which explained what decision had been made. However we did find some examples where it had not been recorded who had been involved in the discussions. This meant we were unable to judge whether each decision was made with the consultation and consent of appropriate family members and/or external health care professionals where appropriate.

The majority of people we spoke with told us they were able to do what they wanted to and the staff supported them in making their own decisions. One person said, "I can do what I want just when I feel like it." Another person said, "I take myself to bed and get up when I want. I come for breakfast [when I want to]." We observed staff gain people's consent throughout the inspection. Staff explained what they were going to do before they did something and checked that people were happy before doing it.

In each of the care records that we looked at we saw there had been attempts to gain people's written consent to decisions taken about their care but examples of this were limited. The regional manager told us that they had

Requires improvement

Is the service effective?

recently contacted relatives to invite them to a review of their family member's care records but acknowledged more needed to be done to show that consent had been requested and recorded from people who used the service.

Improvements had been made to the process when applications for authorisation for Deprivation of Liberty Safeguards (DoLS) were made to protect people within the home. The regional manager told us they had prioritised the people who were most at risk and made the relevant applications. They told us other people within the home were being assessed to establish whether a DoLS application would be appropriate for them. This would ensure that people's liberty was not being unlawfully restricted.

We received mixed feedback from people when we asked them about the quality of the food provided for them. One person said, "It's very good, basically what you'd get at home. They [staff] cut it up for me and help if I need it. It's a reasonable choice." Another person said, "I have enough and I get a choice. My favourite time is lunchtime when we're all together." However another person said, "It's supposed to be we get a choice but nine times out of ten, we're just given it. Saturday and Sunday are the worst; corned beef, a yoghurt and cup of tea yet again. The same menu. And another person said, "It could be better. There's no choice. They [staff] just bring it."

We observed the lunchtime meal being served and found improvements were needed to the service people received. Parts of the dining room floor were not clean and menus were not on tables. The menu on the wall did not correspond to the food that was being served. Placemats on tables required cleaning and there were no condiments available so that people could add them to their food as required. We did not see people being offered choices for their meal although we were told by staff that people made their choices in the morning. Staff did not explain what the food was when giving it to people.

We saw guidance to minimise the risk of a person choking was not always followed. One person stored food in their mouth when eating which put them at risk of choking. Their care plan stated that staff should remind the person to swallow regularly. Staff did not do this during the lunchtime we observed.

Staff knew which people were at nutritional risk and nutrition risks were assessed with care plans put in place. However, a staff member told us that they felt that the quality of meals needed improvement and more choices should be offered to people. They felt that people should also be offered smaller portions if they wanted them at mealtimes.

People who used the service told us they were able to see external healthcare professionals when they needed to. One person said, "I'm diabetic so they [chiropodist] come and do my feet quite often." A relative said, "The doctor comes very quickly usually. If I notice something though, I let the office know." However another person who used the service told us that they had not been kept informed of a request they had made to see an eye specialist. We raised this with the regional support manager who told us they would investigate this immediately and would discuss this with the person concerned.

Care records showed that other health and social care professionals were involved in people's care as appropriate. We heard a staff member providing a person with the date and time of their next appointment when they were asked when the person would next be seeing the dentist.

Good

Is the service caring?

Our findings

During our previous inspection on 18, 19, 20 February 2015, we identified concerns that staff did not respond quickly enough when people had become distressed or were in discomfort. There was little social interaction with people, the staff were 'task-led' and some staff did not talk with people in way that was respectful. People told us they did not feel involved with decisions about their care, their dignity was not always maintained and people did not receive baths and showers when they wanted them. People's records were not always treated confidentially.

During this inspection we found improvements had been in all of these areas.

People told us staff treated them with kindness, respect and dignity. One person said, "They're [staff] very caring, I get on with them all." Another said, "If there's anything I don't like, I can tell them. Some of them are very good." A relative said, "They're polite and I get on well with them. I used to have to lose my temper sometimes but they're much better now. The new manager is very hands on."

There were improvements in the way that staff spoke with the people they cared for. Staff spoke respectfully at all times and talked to people in a way that made them feel like they mattered. We saw staff provide people with support and reassurance when they became upset or showed signs of discomfort. People's care plan records contained information about their personal preferences and life histories. The staff we spoke with told us they read people's care records to enable them to gain an understanding of the people they cared for. The staff clearly knew the people well and we saw some positive, friendly interactions. A member of staff was always available in the main communal areas and interacted with people by singing songs or engaging in light hearted conversation.

People were supported by staff who knew how to communicate with them in a way that made them feel like they mattered, asking their opinions and giving them time to make choices where needed. Clear guidance was in place in each person's care records for staff to communicate with each person. In one person's records it stated they had difficulties in verbally communicating and there was guidance in place to support staff with this. We observed staff communicate with this person in line with this guidance.

The staff we spoke with could explain how they supported people to be independent and make choices. Care records showed that relatives were involved in the care planning for their family member where appropriate; however we received mixed feedback when we raised this with some of the relatives we spoke with during the inspection. One said, "I've never seen an up-to-date care plan from day one." Although another relative said, "I go and check on their care plan when I need to."

People were provided with information on how to contact an independent advocate to support them in making major decisions. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

There were improvements in the way people's dignity was promoted and respected. Records showed that since our last inspection people received a bath and shower more often and in line with their wishes within their care plan. A person who used the service said, "Yes, they're good. They look after my personal hygiene much better now." A relative we spoke with said, "It's better than it was. They're washing [name] every day now and they give [name] a shave."

The regional manager told us they and the manager had met with the staff to ensure they understood the importance of treating people with dignity and respect. They told us this was one of the highest priorities at the home and was continually monitored. The staff we spoke with were able to explain how they maintained people's privacy and dignity at all times and took particular care when providing personal care. One member of staff said, "I always ensure people are treated with dignity and respect and would always speak with people how I would expect to be spoken to."

The way people's records were handled to ensure their personal information remained private and confidential had improved since our last inspection. When records were not being used by staff they were locked away to prevent unauthorised people accessing confidential and sensitive information. When staff discussed people's personal care they did so discreetly ensuring people's dignity was maintained at all times.

People's friends and relatives were able to visit them without any unnecessary restrictions. We saw people spending time with people that were close to them

Good

Is the service caring?

throughout the inspection. The home had plenty of space for people to sit quietly alone or to have private conversations with others if they wished to. We observed staff respect people's privacy during the inspection.

However, when staff knocked on people's bedroom doors, they did not always wait for a response before entering. This could have an impact on people's right to privacy and dignity.

Good

Is the service responsive?

Our findings

During our previous inspection on 18, 19 and 20 February 2015, we identified a breach of Regulation 20 and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to people's care plan records not containing sufficient information for staff to respond to people's needs. We also identified concerns that people were not supported to pursue the interests that were important to them. People did not always receive care and support that had been agreed with them at the time their care plan was formed. People were not protected from the risks of social isolation and many people spent long periods of the day alone in their bedroom. People did not feel that complaints they made were responded to appropriately.

During this inspection we found improvements had been made in these areas.

There had been improvements to the quality of people's care planning documentation. Some of the care records had been transferred to the provider's new format making the care plans more streamlined, containing only up to date relevant information. When we reviewed these records we found it was easier to understand people's current care and support needs. Improvements had been made to the care records that had not yet been transferred to the new format. A one page reference sheet had been placed at the front of each care plan which gave a short, but relevant overview of people's immediate assessed care and support needs. We saw some evidence of people being involved with the planning of their care, but the regional manager told us this would improve over time when the care plan reviews with people and their relatives were conducted.

The majority of people told us there had been an improvement in the activities that were available to them since our last inspection. People spoke highly of the newly appointed activities coordinator. One person said, "I do things one day a week, it's exercising to music, I like that." A relative said, "It's a big improvement. [Name] went on a trip to the garden centre and they like any singing and music." Another relative said, "We loved the garden centre trip. [The activities coordinator] is really good."

The activities coordinator told us they made a concerted effort to provide activities for people who were in their bedrooms and unable to join the rest of the home for activities in the communal areas. We observed them talking with people in their rooms and playing games. One person said, "[Activities coordinator] comes upstairs, I don't go down. She plays games with me up here. I'd like to do it more often though." A relative said, "They'll [staff] come in and try and take [name] out to the music, but often [name] won't go."

The activities coordinator told us they wanted to give all of the people the opportunity to take part in group activities but also the things that interested them. They told us they had been supported by the manager and given the resources they needed to make the improvements required to give people more access to the things that were important to them.

Improvements had been made to the recording of activities that people had taken part in. When people had taken part in an activity this was recorded to enable the activities coordinator and the manager to monitor whether people were taking part in activities and to prevent them from coming socially isolated.

We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. People's care records were detailed and included their personal history and individual preferences and interests. The deputy manager told us three people had expressed a wish to watch some movies. A 'film club' was established and they met regularly with each other to watch films of their choice. The day before the inspection people had attended the home's summer fayre, where friends and family could attend to socialise with them and with others.

We received a mixed response when we asked staff whether they were able to provide people with the care and support they wanted as recorded within their care plan. Staff explained how they supported people to follow their preferred hobbies and interests; however, some staff felt they did not always have time to support people effectively in this area due to the having to complete other aspects of their role.

Since our last inspection we saw a decrease in the amount of people that remained in their bedroom, reducing the risk

Good

Is the service responsive?

of people becoming socially isolated. The deputy manager told us people spent time in their bedrooms only if they chose to, or if they had a medical condition that required them to be cared for in bed.

A complaints procedure was available but not easily accessible for all. It was written in a very small font which made it difficult to read and it was displayed in the reception area of the home, which was not easy for everyone to get to. The regional manager told us they would address this and ensure the procedure was placed in a more prominent position and provided in a format that could be more easily understood. The regional manager showed us a new computerised process where people, relatives and other visitors could enter details of a complaint on a terminal in the reception area. The complaint would then go directly to the manager and the regional support manager and a response would then be provided to the complainant within a certain timeframe. The regional manager told us this enabled them to be aware if a complaint was made and ensured people received a timely response.

Some of the people we spoke with told us they weren't aware of who they should make a complaint to. The regional manager told us this process was new to the home and they planned to explain to people in the next residents' meetings how they could use it if they wished to.

Good

Is the service well-led?

Our findings

During our previous inspection on 18, 19 and 20 February 2015 we identified a breach of Regulation 10 and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported by a staff team that was well led by their manager. Some staff felt they were blamed by the managers for the failures at the home. There was no structured process in place which identified risks to the service and how to improve the service that people received. The staff group did not display a set of values, goals and aims that were explained to staff and people who used the service. Feedback received from people and their relatives had not been used to improve the home.

During this inspection we saw that improvements had been made since our last inspection.

At the time of the inspection a registered manager was not in place at the home and no application had been made to the CQC for the manager to become registered. However since the inspection we have received this application and it is currently being processed. All other elements of the provider's registration with the CQC were in place.

People told us they were more aware of who the manager was at the home now there was a stable management team in place. All of the people we spoke with told us they thought the manager would listen to their concerns if they raised them and would act on them. One person said, "I'd talk to the manager. We're listened to now." Another person told us they felt comfortable talking with the manager.

The regional manager told us they and the manager had put processes in place to improve the way the management communicated with people and their relatives. Resident and relative meetings had been set up since our last inspection to enable people to discuss their concerns, ideas and suggestions. It also enabled the management team to inform people about what was happening at the home.

The regional support showed us a new process that had recently been implemented for people to be able to give feedback or to raise a complaint or concern. People were able to input their comments onto an electronic system that would then go straight to the manager and senior management team. The manager would then review the comments and respond to them in a timely manner. The manager's responses were then reviewed by the regional support manager to ensure they had been completed.

People were supported by a staffing team whose morale had improved since the last inspection. Comments from the staffing team included; "There has been a lot of positive changes since the new manager came." And, "The home went through a difficult period but we have been working really hard to make sure the home provides a good quality of care. It has been hard work but we are starting to feel proud of the work we have done."

Staff were aware of the aims, goals and values of the service and how they could contribute to ensuring that people received a high quality service in line with these values. A member of staff said, "We care for each individual and make sure they are comfortable and well supported." The staff we spoke with were aware of the whistleblowing process and could explain what they would do if they needed to inform external organisations such as the CQC of poor practice.

There was a strong and visible management presence at the home. The regional manager and regional support manager have supported the new home manager in improving the quality of the service that people received at the home. A relative described the home as, "Much better now." A member of staff described the management team as "good leaders."

The regional manager told us that since the last inspection processes were put in place to improve the way they communicated the risks and concerns faced by the service to staff. They told us they wanted them to understand what these risks were and how they could contribute to reducing the risk to people and to the service as a whole. A process called the 'huddle' was introduced. This was a daily meeting where representatives from the care staff and management met to discuss the areas of concern or risk for the day and what they needed to do to address this. All people were able to contribute and to have their views opinions valued and listened to.

People and staff were supported by a management team that had made significant improvements to the way risk was assessed and monitored and reduced at the service. Risks identified at service level were inputted onto a computerised system that enabled a member of the senior

Good

Is the service well-led?

management team to monitor them. Action plans were then formed and timescales put in place for the required improvements to be made. The regional support manager told us that the manager was required to provide regular updates and how they were implementing their action plan. Audits were conducted in areas such as the environment, staff response times when nursing call bells were pressed medication, the quality of food and staff performance.