Barchester Healthcare Homes Limited

Marple Dale Hall - The New Windsor

Inspection report

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Ratings

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

Overall summary

This was an unannounced inspection to this location. This inspection took place on 8 and 9 September 2015 and the first day was unannounced.

The service was previously inspected on 8 and 9 February 2014, when no breaches of legal requirements were found.

Marple Dale Hall - The New Windsor is registered to provide 24 hour nursing care for older people with a wide variety of conditions. The home also provides specialist care for younger people who are physically disabled and those with acquired brain injury or learning difficulties. The home is set in well- kept grounds situated in 34 acres of countryside. The home is located close to local amenities in the village of Marple, Stockport. There is

Summary of findings

ample space for car parking provided in the grounds of the location. The New Windsor is purpose built and there are 62 beds located over two floors, which can be accessed via staircase or passenger lift. Two of the bedrooms are shared and all rooms have an en suite toilet. A small three bed detached single storey property called Clarence House is located in the grounds of the New Windsor and provides care and accommodation to three people with acquired brain injury (ABI).

At the time of our inspection 61 people were living at the New Windsor and three people were living at Clarence House.

A registered manager was in place. 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.

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 the report.

We found gaps on some medication administration records (MAR) sheets that had not been signed to show that medicines had been given or refused. This meant that people were not fully protected against the risk associated with the lack of evidence to support that people were receiving their medicines at the prescribed times.

Not all nurses had undertaken medicines refresher training. The lack of up to date medicines training for nurses might place people at risk of medicine errors occurring.

Individual staff supervision and staff meetings were infrequent and future supervision dates had not been planned to make sure staff were regularly supported in their work.

Not all risks to people were minimised because the systems in place for monitoring staff refresher training, were not used effectively.

We recommend that consideration is given to implementing an end of life format that conforms to recent National Institute for Health and Clinical Excellence (NICE) Guidelines 2015.

People who used the service and their relatives were complimentary and positive about the attitude and support of the staff and the care they received.

A system of maintaining appropriate standards of cleanliness and hygiene was being followed regularly. The home was clean and there were no offensive odours.

The registered manager monitored staffing levels using an effective in house system.

The provider encouraged feedback from people using the service and their families. Feedback was given in the form of complaints, comments, compliments, face to face meetings with the manager, care plan reviews and an annual service user satisfaction survey.

A relative spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they required. Feedback received was used to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Gaps on some medication administration record (MAR) sheets meant that people were not fully protected against the risk associated with the lack of evidence to support that people were receiving their medicines at the prescribed times.

There was an effective recruitment and selection procedure in place. Appropriate pre-employment checks helped to protect people from the risks associated with employing unsuitable staff.

Individual risks to people's safety were assessed, managed and reviewed. Effective procedures helped to make sure any concerns about a person's safety were appropriately reported.

Requires improvement

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

People were at risk of medicine errors because not all nurses had undertaken medicine awareness refresher training which would help to make sure that people receive their medicines safely.

There was no structured staff meeting or individual staff supervision taking place and future supervision dates had not been planned to make sure staff were regularly supported in their work.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and they were aware of their duties when these restrictions were in place.

Requires improvement

Is the service caring?
The service was caring.

Staff showed warmth and friendship to people using the service and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

People being cared for in bed were routinely checked on and spoken with by staff as part of the person's daily care monitoring.

There were areas in the home for people and their families to use if they wanted privacy away from other people. There was a choice of activities for people to be involved in if they wished.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Care plans were clearly written, uncomplicated and centred on the person as an individual.

Sections of each care plan had been fully completed to help make sure the person's lifestyle, values, behaviours, routines and beliefs would be followed by staff during their stay at the home.

Daily records and notes made by staff helped to make sure that specific care instructions were being followed and responded to in a timely way.

Is the service well-led?

Requires improvement 

The service was not always well led.

The provider had not protected people against potential risks associated with the systems in place for monitoring staff refresher training.

The provider encouraged feedback about the quality of the service through an established system, face to face meetings with the manager, service user care plan reviews and an annual service user satisfaction survey.

Marple Dale Hall - The New Windsor

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 service met all of the regulations we inspected against at our last inspection on 8 and 9 February 2014.

This inspection took place on 8 September 2015 and was unannounced. The inspection was carried out over two days by three inspectors and an expert by experience. Before we visited the home we checked information that we held about the service and the service provider and about the care provided in the home. No concerns had been raised by other authorities since we completed our last inspection.

We did not ask the provider to complete 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.

Experts by experience provide specialist advice and input into the Care Quality Commission's (CQC) inspection process in line with the specialism of the service being inspected.

We spoke with 10 people who used the service, four relatives, two administrators (AA) two registered nurses (RGN), two health care assistants (HCA), two support workers (SW) the maintenance manager (MM) the registered manager (RM) a national operations manager (NOM) the new home manager (HM) and a regional director (RD)

During the inspection we observed how the staff interacted with people using the service. We observed care and support in communal areas, we looked in the kitchen and in a sample of bedrooms. We reviewed a range of records about people's care and how the home was managed which included the care plans and medicine administration record (MAR) sheets for five people who lived in the New Windsor and a person who lived in Clarence House.

We examined the training and supervision records for five staff employed at the home and a sample of auditing records and quality monitoring records relating to how the home was managed.

Requires improvement

Is the service safe?

Our findings

When we asked people if they felt safe living at Marple Dale Hall we received the following comments; "I suppose I feel safe enough here", "oh aye, I feel safe here - I'm well looked after", "when they [family] bring me cigarettes I've got a locker where I can keep them locked up", "safe? Oh yes, they look after me very well", "Safe? It's alright, I need a hoist to get out of bed, some are competent [with the hoist]", "I get my medication on time, there's no problem there it's very good", "I feel very safe here and very well looked after. I get my medicines all on time, in the morning, lunchtime and in the evening". A relative spoken with said, "I've no concerns regarding his medication".

A relative spoken with said, "they use a sling and hoist to get him [relative] in and out of his chair, he feels comfortable whilst they're doing this, they do it competently. I've no concerns regarding his medication." A relative spoken with told us they were involved in their relative's risk assessment process and felt confident the system in place helped to make sure people were safe.

Medicines were stored safely and records were kept for medicines received and disposed of this included controlled drugs (CD's). We looked at the medicine administration record (MAR) sheets for five people and found there were signature gaps on the MAR sheets which indicated that medicines had not been given and had been missed. The manager and duty nurse told us that there was a system in place to record and report any medicine errors including gaps on the MARs. The manager told us that any medicines errors and unsigned MAR sheets would be investigated immediately as part of the weekly medicines auditing system or sooner whenever risks were identified. However these gaps had not been noted or addressed by the manager who was unable to show us any records to confirm the missed signatures had been addressed following the home's medications policy and procedure. This meant that people were not fully protected against the risk associated with the lack of evidence to support that people were receiving their medicines at the prescribed times.

There was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The proper and safe management of medicines.

There was an effective recruitment and selection procedure in place for paid staff and volunteers. We looked at four staff recruitment files and found that all of the staff had been recruited in line with the regulations including appropriate pre-employment checks such as a Disclosure and Barring Service (DBS) check and up to two references from previous employers. Such checks help the registered manager and provider to make informed decisions about a person's suitability to be employed in any role working with vulnerable people. Staff spoken with told us that they had an employment induction and shadowed a senior member of staff before they were able to work at the home unsupervised with people. When we checked a sample of staff records we saw that new staff had undertaken an employment induction which included shadowing a senior colleague as described to us.

Three staff spoken with told us that staffing levels had recently improved and there were now enough staff on duty to meet people's needs. Comments received included, "There are enough staff on day and night duty now" and "It's much better now that they [management] have recruited new staff because we were very short staffed for a while" and "I'm ok to spend some time with you [inspector] to talk through the care plans; we've enough staff and I don't have to rush off anywhere". We looked at the staff rota and spoke with the RM and both confirmed the staffing deployment described by the staff team which met the needs of people using the service. Two relatives spoken with said, "they were short staffed before but things seem to have improved recently" and "they're [staff] very helpful and approachable, it's perfect".

We looked at records that showed the provider had effective procedures that helped to make sure any concerns about a person's safety were appropriately reported. There was a safeguarding procedure in place which was in line with the local authority 'safeguarding adults at risk multi agency policy'. All of the staff spoken with were able to explain how they would recognise and report abuse. Three staff demonstrated an accurate understanding of the need to be vigilant about the possibility of poor practice by their colleagues and confirmed their understanding about sharing any concerns about the care provided to people who use the service. They told us they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns about the home and if they witnessed poor practice. Staff told us they contacted other

Requires improvement

Is the service safe?

professionals, such as GPs, at the point of people moving into the home, to share any concerns about risks and safety to people. We looked at records to demonstrate staff had followed the correct procedure and reported concerns to the manager who then reported these concerns to the appropriate professionals.

We looked at a sample of generic risk assessments in place for areas such as using equipment hoists and wheelchairs safely in the home. These were robust and clearly written for people to follow. Individual risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for five people and each record contained clearly written, up-to-date risk assessments which reflected how their identified risks would be managed and reviewed. Discussions with staff showed they understood and were knowledgeable about the details in people's care plans and how to keep people safe.

Records of accidents and incidents held in the office were clear and up to date. Appropriate authorities, including the Care Quality Commission (CQC) had been notified of events when necessary.

During a tour of the home we looked at people's armchairs, wheelchairs, walking frames, bedside protectors and pressure relieving equipment and saw that these were clean, well maintained and safe. We found that all areas including communal / shared areas such as bathrooms had been cleaned and were seen to be very clean throughout the day. Anti-bacterial soap and gel were readily available around the home. We saw staff wearing aprons and gloves to prevent the risk of cross infection whilst carrying out their care duties.

Corridors were clear and clean and there was a continuity plan in place to address any identified maintenance issues such as decorating and repairs to the building. A continuity plan is part of the locations response planning and sets out how the service expects to return to business as usual in the quickest possible time following an incident.

We looked at records and certificates for equipment checks held in the maintenance file for areas such as the passenger lift, gas and boiler check certificate, electrical installation report, nurse call system and fire safety log including a weekly test record. We saw that these checks and tests had been carried out routinely by the maintenance team. The maintenance team were clear about their responsibilities to make sure that all maintenance issues were addressed promptly so that incidents did not occur.

Where an outside contractor had been commissioned to check the patient slings in April 2015, the manager was waiting to receive the report and advised us they would chase this up immediately. Following the inspection we received up to date evidence, in the form of a patient sling report, from the provider to confirm the safety of such equipment.

Staff kept entrances and exits to the home clear and secure to so that they could monitor who came in and left the building. This did not restrict people's movements and records showed people could leave the home with appropriate supervision and safeguards in place if they wanted to.

Requires improvement

Is the service effective?

Our findings

People spoken with told us they felt the staff were skilled and knew what to do to meet people's needs. Four people spoken with told us, "I need help [hoist from chair to bed] to get to bed and get up. I decide when I want to go to bed, I usually have a nap about 13:30, I give them a buzz and I don't have to wait too long. I decide what I want to wear." "The food's alright, but I don't usually have what's on the menu. I'll have pizza or popcorn chicken. I just ask them and it's all cooked fresh", "my room is very nice. There's a big sitting area. I've brought in my own things, furniture, photos and nick- knacks. I've got it how I like it now", "the food is very good, there's always a choice. I'm not so keen on curry, but some people like it. When it's on, the other choice is good".

Other comments made were, "I think they treat me very well, I've got no complaints I get on with everybody. They'll take me in for a shower whenever I want one. They'll keep me and my daughter informed of how I'm getting on." "the food is very good, but I can't use a knife and fork properly and prefer to eat in my room, I'm a sloppy eater and I'll get embarrassed in the dining room", "if I had an appointment at the hospital, they'd sort out an ambulance for me and arrange for a carer to accompany me" and "when I first came here, I couldn't walk. They help me get on my feet and now I can walk with a zimmer frame. They practised with me every day to help me build my strength up and then made sure that I sat down for a rest afterwards. Now I can get in and out of bed myself and get myself dressed. I just need help with a shower. It's taken seven months and it was all part of the plan. The food is not like I'd cook at home, but it's eatable and there's enough of it". Two relatives spoken with said, Her [relative] dinners are nice and she looks lovely and clean" and "he likes the food, there's a good choice".

We spoke with a nurse who had not completed her medicine awareness refresher training which would help to make sure that people receive their medicines safely. The organisation had a policy that should a member of staff continually not attend the training they were required to complete that disciplinary procedures would be taken. Following a discussion with the manager and the nurse they told us this training would be followed up immediately to make sure all nurses were suitably trained and competent to administer medicines and that this would be kept under close review.

There was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The proper and safe management of medicines.

Whilst we saw there was a group supervision plan for staff and regular group supervision sessions had taken place, we noted that all staff had not received regular individual supervision and appraisal from their manager. Three staff spoken with told us that they found the group supervisions beneficial and helped in guiding them to carrying out their duties, but these meetings were infrequent. A registered nurse told us that her last individual supervision session was held over six months ago. She said, "we had a head of unit on the Windsor first floor, she was like our nurse clinical lead but since she left around February there has been nobody to take her place". When we spoke to the registered manager about the lack of a nurse clinical lead, he told us that recent organisational changes had identified the need for new unit managers and clinical leads to be in place. The manager said, "this new management structure is being implemented to support staff through regular professional development, supervision and appraisal so that staff can carry out their duties more effectively.

There was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing

From our observations and the records we looked at it was apparent that people were being provided with enough fluids during the day to keep them hydrated. We saw that where people needed to have their fluid intake and output monitored, this was being recorded. Where a dietician had made recommendations for staff to follow we saw dietary records had been completed. Staff told us they knew to contact the GP and/or dietetic service if there were further issues or concerns.

Three staff spoken with and records held in their files confirmed they had received a staff induction at the start of their employment at the New Windsor. Staff spoken with said, "we had to shadow a senior health care assistant (SHCA) before we can work unsupervised", "our probationary period lasts for three months but longer if we

Requires improvement

Is the service effective?

need it" and "our probationary is done in-house [on the premises following a corporate induction plan]. That's when we do our mandatory training as well. There is a lot of paperwork. It's really hard and it's thorough". The staff spoken with told us that they had received core and refresher training in subjects such as fire safety, moving and handling, infection control and safeguarding. This was confirmed through information on the staff training and development plan which we saw helped to make sure staff knowledge, skills and understanding was up to date to meet people's needs effectively. Staff told us that training was always available for them to develop their skills and knowledge in particular areas such as dementia care.

From the staff training and development plan we looked at we saw that Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training had been undertaken by 85% of the staff team. MCA and DoLS safeguards protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way. Those who had not completed the training were listed to do so at the next planned training sessions in October and November. From the five staff spoken with, all of them were aware of the MCA and knew which people were being protected by a DoLS and were clear of their duties when these restrictions were in place. At the time of our inspection 51 people were being protected by DoLS. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find.

Care had been taken to make sure the environment was comfortable, homely and spacious. Wide corridors with handrails helped to make sure people were supported to promote their independence around the home. The premises had been well maintained and were accessible for people using a wheelchair or mobility aids. The premises were clean, warm and well lit which helped to make sure people's wellbeing was promoted.

Shared bathroom and toilets were spacious enough to manoeuvre wheelchairs and hoists. Raised toilet seats, handrails and non-slip flooring were in place to support people to maintain their independence. Bedrooms were located on both floors and were accessible via a passenger lift or staircase.

The home is set within its own grounds with views overlooking 34 acres of countryside. The grounds were well maintained and appropriate measures were in place to make sure the premises were secure.

Good

Is the service caring?

Our findings

People and their families spoken with told us they were happy with the care and support they received at the home and made positive comments such as "I get on well with all the staff. Sometimes I snap and lose my temper with them [because of my brain injury]. They don't retaliate." Whilst speaking with him in his room a carer came in and asked him if he wanted anything else, as he hadn't finished his porridge. A conversation followed and we saw that it was conducted in a gentle, respectful manner and demonstrated there was some knowledge of him and his family. Another person said, "The staff are all friendly. They're all approachable, they're smashing. There are no grumpy ones. They all listen to me and pay attention to what I say", and "staff are kind and caring - yeah."

We saw information in the form of leaflets and posters about topics that were relevant to people and their relatives, such as literature from the Department of Health, advocacy information. We saw copies of the homes service guide were displayed on shelving that was easily accessible and available to people placed prominently throughout the home should people require them.

Training records showed that staff knew how to respect people's privacy and dignity, and understood how to put this into practice. Throughout the inspection, we saw staff caringly respecting people's privacy and dignity when they were supporting people around the home. We saw staff involving people by asking them where they preferred to sit in the shared lounge and assisting them to their chosen seat. We saw staff showing warmth and friendship to people and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

People were assessed to determine appropriate advocacy representation when necessary to make decisions about their health and wellbeing. Advocacy services are designed to support people who are vulnerable or need help to make informed decisions and secure the rights and services to which they are entitled.

We saw evidence in the care plans we examined that showed the provider supported people to express their views and be actively involved in making decisions about their care, treatment and support through the care plan review process. This process was carried out on a monthly basis or as the persons health care and wellbeing needs changed. The review looked at whether the outcomes identified in the care plan were being met. It also reviewed the goals to make sure they were still appropriate and checked that any risk assessments were up to date.

The care plans we looked at set out people's preferences so that staff could support them to remain in the home and be comfortable at the end of their life. At the time of our inspection 22 people had an ACP and the manager discussed with us the processes and resources available to individuals who required specialist care. We saw that the families always had the opportunity to be close to their relative during this time and special arrangements would be put in place for families to stay close to their relative after they had died. There were regular assessment and reviews by nursing and medical staff to help make sure people could live and die in the place and the manner of their choosing.

The provider had introduced the Six Step programme in end of life care. This is a system for staff to provide a measured care pathway for people nearing the end of life. We saw that an advance care plan (ACP) for people was recognised as a key part of good care at the home. The main goal in delivering good end of life care is to be able to clarify peoples' wishes, needs and preferences and deliver care to meet these needs. A relative spoken with said, "I have had quite a lot of contact with the Barchester palliative care coordinator. We've written out a plan of care for my sister. The GP was excellent and we spent virtually all morning writing the plan out with the coordinator too". We discussed the use of the organisations document related to end of life care which was dated 2011 with the unit manager. We also noted that the current format in use did not conform to recent NICE Guidelines 2015.

We recommend that consideration is given to implementing an end of life format that conforms to these guidelines.

Good

Is the service responsive?

Our findings

People spoken with and their relatives made positive comments about the way in which the staff responded to their health and wellbeing needs. They said, "the social people [activities coordinator] work hard, there are trips out. I like to go around the grounds, they're lovely. You can wander around as you wish", "they do a lot of activities here. They bring the Donkeys/Horses/Owls in. Sometimes singers and a band, there's always something going on, you're never bored. Today it was the hairdresser.", "the gardeners and staff all do a good job, they'll stop what they're doing and have a conversation with you.", "they let us do the gardens as well. They let us have a patch outside our window, let us pick what we want, then they go to B&Q and buy it. They'll give us a trowel and we'll plant them, then the gardener checks that we've done it right", "I feel very welcome and encouraged to become part of the family". A relative said, "when we first came, I asked if we could put some pictures up, and they told me that his room was our space and we could do whatever we wanted with it, bring in furniture, photos, posters and so on".

We saw that people who used the service had maintained good links with the community and staff helped them to engage in local community life. A relative spoken with told us, "He's encouraged to do whatever he wants to, attend activities - there's enough going on, exercises, music, outside entertainers" and "I involved myself in his care, and this was welcomed. I've got a good working relationship with the nursing staff. For example, I thought his medication was affecting his moods and asked if it could be reviewed by the GP. I was taken notice of and this happened."

There was a complaints procedure in place which was available to people who used the service and their relatives. People spoken with knew their comments or complaints would be taken seriously and acted on by the manager. From the records we looked at any recent complaints that had been made about the service since our last inspection, were being addressed appropriately and within the organisations timescales for complaints. Staff spoken with told us they knew how to respond to complaints and understood the complaints procedure and would report any concerns on behalf of people using the service to the manager.

We looked at the care records that belonged to five people and saw that each care plan had been written to make sure that people received appropriate care, treatment and support that met their needs and protected their rights. Each care plan showed that the person had received an individual needs assessment before they moved into the home to help make sure that care would be delivered in response to their individual needs. The care plans that we looked at were clearly written, uncomplicated and centred on the person as an individual. Consent forms had been signed by the person or their relative (who had a lasting power of attorney LPA) to agree to the care being delivered where appropriate.

The purpose of a LPA is to meet the needs of those who can see a time ahead when they will not be able to (lack capacity) look after their own personal and financial affairs. The LPA allows them to make appropriate arrangements for family members or trusted friends to be authorised to make decisions on their behalf.

Comprehensive assessment and planning for people's daily living and to determine risks were assessed using a dependency indicator care equation (DICE) assessment tool. This covered areas such as communication, continence, mobility, skin integrity, nutrition, breathing, pain, psychological, cognition, behaviours, end of life, infection and DoLs.

The care plans included up to date information such as what name people preferred to be known by, and we saw that staff used these names when addressing people. Information on the care plans we looked at included details about the person's health, risks, personal history and personal preferences. They addressed areas such as communication, maintaining a safe environment, personal hygiene, sleep, elimination and mobilising. Risk information about people's nutrition, dehydration prevention, leaving the building. Favourite foods and special diets prompted the staff to check that these areas were addressed as priority to help make sure the care plan balanced safety and effectiveness and reflected people's needs and diversity. All sections of each care plan had been fully completed to help make sure the person's lifestyle, values, behaviours, routines and beliefs would be followed by staff during their stay at the home. We looked at care review meeting notes which showed that the provider was responsive to the feedback from people using the service and their families.

Good

Is the service responsive?

During the inspection we saw people who were able to move freely around the home using their mobility aids. We saw that people who were unable to mobilise independently received care and support which was delivered discreetly and sensitively by staff. During the inspection we saw staff asking people their preferences when meals, snacks and drinks were being served throughout the day. Staff were seen checking on particular people who could not verbally communicate. In these cases other communication methods were used such as hand gestures and direct eye contact. In each situation staff were responsive to people's individual characteristics to make sure their needs would be met based on best practice and professional guidance.

Requires improvement

Is the service well-led?

Our findings

A registered manager (RM) was in place. The manager was registered with the Care Quality Commission in July 2014. Prior to our inspection the registered manager had tendered his notice to Barchester Healthcare Limited and his final day of employment fell on the second day of the inspection. The RM had submitted an application to the Care Quality Commission to deregister.

The provider had put in place sufficient interim management support at the New Windsor to help make sure that in the absence of the existing manager, only fit and proper staff were employed to manage the home. During the inspection we spoke with and met the proposed new manager, a national operations manager and operations director. The existing RM, proposed RM and operational managers were in place to make sure that the management transition caused minimum or no disruption to the way that the home was being run.

The manager monitored the quality of the care provided by maintaining monthly audits such as accidents, safeguarding incidents and incidents that prevent the service from running normally. Whilst the audits were regularly evaluated to continually improve how care was delivered and to achieve transparency and overall improvement in people's healthcare and wellbeing, the manager had not followed up on medicines refresher training for a nurse. Therefore not all risks to people was minimised because the systems in place for monitoring staff refresher training, were not used effectively.

There was a breach of regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

There was a clear management structure operating at the home. Staff told us they were aware of the role of the management team. They told us that the managers were approachable and were always present in the home and even though they had noticed some management changes, this had not affected the way they worked.

From our observation, examining a sample of auditing and quality monitoring records relating to how the home was managed, speaking to staff and people using the service it was apparent that the providers systems and processes in place helped to make sure that risks to people using the service were as far as possible mitigated and the home maintained a business as usual approach during the management changes. A system for monitoring and auditing the service quality was in place which helped to check that people using the service were happy and satisfied with the service they received. Records showed that the manager recorded incidents that happened at the home and the provider notified us of any events as required.

Some of the values and philosophy of the organisation included the aim to put quality first, offering choice to the residents, providing quality through staff experience, development and behaviour and respecting service users rights in the provision of care. We saw there was a positive culture amongst the staff at the home and three staff said that they felt "happy overall" in their work and felt that "Barchester were a good company to work for on the whole".

The provider and manager sought feedback from the staff through staff meetings (group supervisions) although the staff spoken with told us this could be improved on by making sure they were all allocated time to receive individual supervision and appraisal. They told us that staff handovers were held at every shift when a new team came on duty. This helped to make sure that risks to people using the service were identified, escalated and monitored where necessary. However, some of the staff spoken with felt that communication between the management and staff teams could be improved through increasing the frequency of staff meetings and creating more opportunities to share information. The manager told us that plans to reintroduce whole team meetings were in progress once the new management team was fully in place.

It was apparent that the management team was aware of the importance to maintain regular contact with people using the service and their families. And we saw notices in the home advertising a residents and relatives meeting on two separate dates in September. This was an opportunity for people to feedback, and share their views and suggestions about the way the service was being run. We saw that the manager was actively involved in meeting relatives and a complainant face to face during the inspection.

It was clear that the provider understood the need to make sure appropriate contingency plans were put in place in the absence of a registered manager. We saw that

Requires improvement

Is the service well-led?

comprehensive action plans for improvement were completed when potential risks had been identified. Staff were always informed through shift handovers about any changes that had been implemented in response to risks.

A service user satisfaction survey was being undertaken for 2015 and the results of the survey would be shared with the CQC later on in the year. Areas for improvement identified would form part of the ongoing monitoring of the service and would be included in the services action plan.

People spoken with and their relatives were complimentary about the way in which the home was run. They said "I've never had to complain, it's OK here", I'm quite happy here, I've not had to complain about anything. it's certainly the best Care Home I've been in", "My daughter looked at 10 -12 homes before I came here. And then she told me that she wanted me to come here - she told me 'it's nice'. And it is", "It's very satisfactory, this establishment", "I'd say the home was perfectly adequate", "The place is well run, the managers are really approachable. In many ways, were very lucky to be here", "I'd say this is one of the best homes you could wish to be in. The managers have always got time for you. You can go in and have a chat with them and a couple of days later it's all sorted." "I've never had to complain, but the managers are all so approachable that it wouldn't bother me." "I'm very happy here". A relative said, "generally, I've no concerns. I'm happy that he's here. When friends and family visit, they all say it's nice here. He knows that it's the best place for him at the moment. He's content".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment This was in breach of regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The proper and safe management of medicines How the regulation was not being met: We found that the provider had not fully protected people against the risk associated with the lack of evidence to support that people were receiving their medicines at the prescribed times because we found that some MAR's had not been signed to show that medicines had been given.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was a breach of regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 The proper and safe management of medicines. How the regulation was not being met: We found that the provider had not protected people against the risks associated with not having suitably trained and competent staff responsible for the management of and administration of medication.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

There was a breach of regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

How the regulation was not being met:

We found that the provider had not protected people against potential risks because not all risks to people were minimised as the systems in place for monitoring staff refresher training, were not used effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a breach of regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing How the regulation was not being met: We found that the provider had not protected people against the risks of staff not having received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.