

Oakhurst Court Limited

Oakhurst Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Oakhurst Court Nursing Home 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. Oakhurst Court Nursing Home is registered to provide nursing and personal care for up to 42 people. There were 24 people living at the service at the time of our inspection.

This inspection site visit took place on 9 February 2018 and was unannounced.

There was no registered manager in post on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Instead we were supported by the senior nurse for part of the day and the interim deputy for the remainder of the inspection.

At the last inspections on 4 July 2017 and 22 September 2017, we asked the provider to take action to make improvements in relation to the safety of people, how people were being safeguarded against the risk of abuse, staff training, the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), the involvement of people in their care, how people were respected, activities for people, the leadership at the service, the quality assurance and how complaints were being responded to. We found at this inspection that these actions had addressed and improvements had been made.

There were appropriate levels of care staff to support people when they needed it. The management of medicines was safe by staff that had the appropriate training.

The environment was not always set up to meet the needs of people living at the service for those people living with dementia. We have made a recommendation around this.

People and relatives felt that staff were competent in their role. Staff received training and supervision and staff felt supported. However we have recommended that all staff are provided with dementia training given that this is what the service specialises in.

There were appropriate plans in place to ensure that risks to people were managed. Staff understood what to do to minimise risks in relation to people. Emergency evacuation plans were in place and staff understood what to do if an emergency occurred at the service. Where people had accidents and incidents actions were taken to reduce this risk of them reoccurring.

People told us that they felt safe with staff. Staff had received training in safeguarding people from abuse and they had a good knowledge of what they needed to do if they suspected abuse. Staff at the service had

robust recruitment undertaken before they started work.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been completed where people's capacity was in doubt and applications to the Local Authority were submitted if people were being restricted in their best interest.

People enjoyed the meals at the service and said they had sufficient choices. People's health care needs were monitored included weight loss and any changes in their health. People had access to appropriate health care professionals where needed.

People and their relatives told us that staff were kind and caring and treated people in respectful and dignified way. This was confirmed through our observations. People had choices around their care and felt involved in their care planning. Relatives and friends were welcomed at the service to visit people. People and their relatives were given support when making decisions about their preferences for end of life care.

People had a range of activities that they could be involved in including those that were cared for in their rooms. People that were socially isolated in their rooms had one to one activities arranged for them. Care plans were detailed and included specific guidance for staff to ensure that people's needs were met. Staff communicated changes to each other about any changes in people's care.

Complaints were investigated, recorded and responded to appropriately. People and staff felt the management of the service had improved significantly. Staff said they felt more empowered and valued. We could see that they staff team worked well together and that staff enjoyed working there.

There were effective systems in place to assess the quality of care and to make improvements. This included audits, meetings and surveys where feedback was sought. Improvements were made as a result of this. The manager had informed the CQC of significant events including incidents and accidents and safeguarding notifications.

We could not improve the rating for well-led and safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient care staff to meet the needs of people.

Appropriate plans were in place to assess and manage risks to people. In an emergency staff understood what they needed to do.

People were protected against the risk of abuse and neglect. Staff understood they needed to do to protect people.

Medicines were stored, administered and disposed of safely.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Accidents and incidents were acted upon and measures were in place to reduce the risks.

We could not improve the rating for safe from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received training and supervision however we have asked the Provider to ensure that all staff receive training around dementia.

The environment required improvements in relation to those people that were living with dementia.

People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their health.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

Requires Improvement ●

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good ●

The service was caring.

Staff treated people with compassion, kindness, dignity and respect.

People's privacy were respected and promoted. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes.

People's relatives and friends were able to visit when they wished.

Is the service responsive?

Good ●

The service was responsive.

Information regarding people's treatment, care and support was reviewed regularly and shared with staff. There was sufficient guidance for staff in relation to people's care.

People were at the end of the life received appropriate care.

People had access to activities and people were protected from social isolation. There were a range of activities available within the service.

People were encouraged to voice their concerns or complaints. Complaints were investigated and responded to.

Is the service well-led?

Requires Improvement ●

The service was well- led.

There were systems in place to regularly assess and monitor the quality of the service the service provided. The provider had met the breaches in regulation from the previous inspection.

The provider actively sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and staff felt valued.

The management and leadership of the service were described as good and very supportive.

Appropriate notifications were sent to the CQC.

We could not improve the rating for well-led from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Oakhurst Court Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection site visit took place on 9 February 2018 and was unannounced. The inspection team consisted of two inspectors, a medicines inspector and one specialist dementia nurse.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is because we were following up on breaches from the previous inspection. The PIR 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.

During the visit we spoke with the deputy manager, three people, three relatives and eight members of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of six care records of people who used the service, medicine administration records and training, supervision and three recruitment records for staff. After the inspection we were provided with records that related to the management of the service. This included minutes of staff meetings and audits of the service.

Is the service safe?

Our findings

People who were able to, told us that they felt safe with staff. Relatives we spoke with told us that they felt their family members were safe at the service. One relative told us, "Staff are very good with Mother."

At the previous inspection in July 2017 and September 2017 we found that care and treatment was not being provided in a safe way, medicines were not being managed safely and people were put at risk because appropriate infection control was not being followed by staff. At this inspection we found that this had improved.

We could not improve the rating for Safe from inadequate to good because to do so requires consistent good practice over time.

There were safe medication administration systems in place and people received their medicines when required. The service had an up to date medicines policy that staff had signed to say they had read and understood. Staff checked and recorded the quantities of medicines received into the service that ensured medicines were available when people needed them. Medicines were stored securely in a clean, organised room. All medicines were within their expiry dates and 'dates of opening' were recorded on liquid medicines and creams. Unwanted medicines were recorded and disposed of appropriately. Staff monitored temperatures in the medicines room and medicines fridge daily; we found that these were safe. The service had a checklist to ensure equipment was checked and cleaned regularly, for example blood glucose monitors and suction machines.

Medicines were administered by registered nurses who were assessed to ensure they were competent and safe to do so. Each person had a section in the medicine administration record (MAR) folder that included a photograph of the person that enabled staff to correctly identify people. Allergies were recorded on MARs and there was information about how people liked to take their medicines. Some people were given their medicines covertly (disguised in food or drink). Staff had sought pharmacist advice to ensure people could have their medicines safely altered for covert administration. PRN protocols were in place that provided guidance for staff to follow for medicines that could be given on a 'when required' basis. The service had introduced a process for staff to double check that all MARs had been signed after medicines were given. There were no gaps in MAR records.

People were protected against the risk of infection as appropriate measures were in place. Bedrooms, bathrooms and communal areas were clean and hygienic. All bathrooms had linoleum flooring, which was in good condition with no cracks. Soap and paper towels were available in all bathrooms. Bathrooms had appropriate facilities for separating soiled linen and contained personal protective equipment (PPE) for staff, including gloves and aprons. The sluice room on the first floor was locked which prevented people from accessing it. The sluice room was clean and hygienic, soap and paper towels were available and there were appropriate facilities for clinical waste disposal. The laundry room had been updated and we saw staff were ensuring that soiled and non-soiled laundry were separated and washed appropriately.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. There were up to date and relevant risk assessments in place, particularly around contributing factors such as nutrition, skin integrity and mobility. For example one person was at risk of falls. The staff were now monitoring that people had their walking aids with them at all times. One relative told us that their family member had suffered numerous falls at their previous care home but had not had any falls since moving to Oakhurst Court due to the management plans in place. There was a process for staff to follow to report and learn from errors to prevent reoccurrence. We saw that accident and incidents were recorded and actions had been taken to reduce the risks. Where people had falls they had been referred to an appropriate health care professional to review their mobility.

Environmental risks to people's care were managed safely. Bedrooms and communal areas had smoke detectors and fire doors fitted. Communal areas had smoke detectors and emergency lighting fitted and fire extinguishers at intervals along the corridors. The fire extinguishers had been serviced within the last 12 months. Signage was in place in communal areas to direct people to emergency exits. Emergency procedures were displayed at intervals along the corridors. In the event of an emergency such as a fire each person had a personal evacuation plan and staff understood how to evacuate people in an emergency.

At the previous inspection in July 2017 we found that people were not always protected from avoidable harm. At this inspection we found that this had improved. The Provider had ensured that the Local Authority had been notified of any safeguarding concerns. We found that detailed investigations took place by the service and measures had been put in place to protect people. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One member of staff told us, "If for example I notice some bruising, I'm going to report it to my nurse and if she does nothing I'm going to tell the manager and if she does nothing I'm going to phone you [CQC]." There was a safeguarding policy in place and all staff had received appropriate training to help them keep people safe.

At the previous inspections in September 2017 we found that there was not sufficient staff at the service to meet the needs of people. At this inspection we found that there were sufficient care staff, however improvements were required in relation to numbers of nurses on duty.

There were sufficient care staff to meet the needs of people. We found that staff attended to people's needs without them having to wait. One person told us they knew they could use their call bell to alert staff but rarely needed to use it as staff were always within earshot. They said, "They come up and see people so I don't often use the buzzer, I just shout out when I need them." We observed that staff were available to meet people's needs on each floor. They responded when people called for them and checked on people who were cared for in bed. One member of staff said there were always enough staff on duty to meet people's needs. They said, "We work as a team to give their care." Another told us, "We've got a lot more time to spend with them [people] now." We reviewed the staffing rotas and saw that staffing numbers were always met.

We found that the nurse was administering medicines to more than 30 people. This meant that the morning medicines round took over two hours and we could not be assured that people would receive their medicines on time or that the process would not take longer if staff were unfamiliar with people's needs; for example, new or agency staff. The nurse also had responsibility to coordinate the shift, meet people's clinical needs, supervise junior staff and make and ensure that appointments were followed up. Although the interim manager and interim deputy at the service were both nurses this was only a temporary measure and were not intending on always working at the services as they were recruiting for a new registered manager. The provider assured us that they will review the nursing levels based on the needs of people living at the service.

At the previous inspection in September 2017 we found that the premises and equipment was not maintained to safe standard. At this inspection this had improved as the Provider had ensured that all areas of the service had been updated. The paintwork was in good condition, including walls, ceilings, doors and skirting boards. Windows, curtains and carpets were clean and the curtains and carpets were all in good condition.

People were protected from being cared for by unsuitable staff because robust recruitment was in place. We saw that there was an up-to-date record of nurse's professional registration. All staff had undertaken enhanced criminal records checks before commencing work and references had been appropriately sought from previous employers. Application forms had been fully completed; with any gaps in employment explained. The provider had screened information about applicants' physical and mental health histories to ensure that they were fit for the positions applied for.

Is the service effective?

Our findings

At the previous inspections in July 2017 we identified that staff did not always have the skills and knowledge to provide effective care. We found that this had been partly addressed on this inspection and there were areas that still required improvement.

Staff were sufficiently qualified, skilled and experienced to meet people's personal care needs. People were supported by staff that had undergone an induction programme which gave them the skills to care for people effectively. All new staff attended induction training and shadowed an experienced member of staff to assist them to carry out their role. However one member of staff did tell us that they had not had time to read people's care plans before delivering care to people. We raised this with the deputy manager that they needed to review the time given to new staff to review people's care plans to ensure that they understood what care needed to be provided to people. They told us that this would be addressed. Staff had undertaken the majority of the mandatory training that included moving and handling, infection control and health and safety. However according to the training matrix there were seven members of staff that had not received training in dementia. Given that the majority of the people were living with dementia this was an important aspect of training. The provider assured us that this was being addressed and that some of these staff were new to the service.

Staff were complimentary about the training they received. One member of staff told us, "We have lots of training; moving and handling for example and fire safety." Another told us, "There's a lot [of training] going on. I'm doing a dignity course."

Staff had received appropriate support that promoted their professional development. Staff told us they had meetings with their line manager to discuss their work and performance and this was confirmed in the records maintained at the service. One member of staff told us, "About every six weeks [we have supervision], with [the manager] mainly." Another told us, "Every two or three months, with my manager." We asked if supervision was useful. They said, "Of course it's useful, I'm learning a lot." A third told us, "We have supervision with [manager's name]. If we need anything, we can ask for supervision."

We recommend that appropriate training is provided to staff that is specific to the needs of people living at the service.

The environment was not always set up to meet the needs of people living at the service. We could see that some work had been undertaken on the environment since the last inspection. Although the service was well decorated and homely, there was not sufficient evidence that consideration had been given to making the service more dementia-friendly. For example, bedrooms and communal areas had been painted in neutral colours which did not assist people living with dementia to orientate themselves. There was no dementia-friendly signage to indicate to people living with dementia which room was which. Some bedroom doors had photographs or objects to identify them to their occupants but other bedrooms had nothing to indicate whose bedrooms they were. Pictures for the bathroom were stencilled on the wall next to the bathroom. According to research pictures and labels should be on the bathroom door and placed at

eye level for people living with dementia. We were informed by the deputy manager that a member of staff specialising in dementia care is working on changes to the environment to meet the needs of people living with dementia. A member of staff told us that they had been allocated the role of dementia champion and told us that their role was, "Making sure the home is dementia-friendly, giving advice to staff who aren't as experienced in dementia." We saw that they had plans in place to make further improvements.

We recommend that the Provider ensures that the environment is set up to meet the needs of people living with dementia.

On the previous inspections in July 2017 we had identified a breach the requirements of the Mental Capacity Act (MCA) There were a lack of decision specific MCA assessments for people and consent for people was not always being sought. On this inspection this had improved.

MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. There were mental capacity assessments in place for people accompanied by evidence of best interest meetings. For example in relation to personal care and locked bedroom doors. Staff were knowledgeable about the MCA and the processes to follow if a person was deemed as lacking capacity, they were aware of best interest meetings and who should be involved in them.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We noted that DoLS had been completed and submitted DoLS applications in line with current legislation to the local authority for people living at the service for example in relation to covert medicine and the locked front door. We observed that people's consent was sought by staff before they provided care.

We asked people what they thought about the food provided at the service and whether they had choices of meals. One person said, "I have a cooked breakfast on Monday, Wednesday and Friday, the other days I have cornflakes, sometimes with a banana." Another person said, "As far as I'm concerned it's very good."

We observed lunch in the main dining rooms. The tables were tastefully laid with serviettes, cutlery and beverages. People were given the option of what drinks they wanted and staff sought their choice before they were served. Adapted cutlery and plates were provided to people that needed them. People were offered a choice of meals and where appropriate a visual choice was offered to people to help them decide. Where people had a soft or pureed meal this was displayed pleasantly on the plates that made it look more appetising. We did raise with the deputy manager that people on pureed or soft diets were not always given an option and they told us that they would address this. Where people required assistance to eat from staff this was provided. Staff went at people's own pace and chatted with them. Staff were attentive, going between tables asking people if they needed anything. Those people who ate in their rooms received their meals without delay. There were people at the service that had specific dietary needs in relation to their meals. The chef had taken care to ensure that the meals were cooked taking into consideration their needs.

There was evidence in care plans that a range of healthcare professionals were involved with people and these included the district nurse, GP, occupational therapist, physiotherapist, optician and dentist. Where

people had lost weight this was monitored carefully by staff and where necessary dieticians and speech and language therapists were involved in their care. One relative told us, "He [their family member] always looks really good, well looked after. He's put on weight since he's been here." One health care professional that visited the service fed back that they were impressed with the staff's management of wound care.

Prior to moving into the service people's needs were assessed to ensure that the service was appropriate for them. Care and support was planned and delivered in line with current evidence based guidance. For example from the National Institute for Health and Care Excellence, British Journal of Nursing, Royal College of Nursing and NHS England.

Is the service caring?

Our findings

At the previous inspections in July 2017 and September 2017 we found that people's cultural needs were not always considered and people's dignity was not always respected. We found that this had improved on this inspection.

People told us that they thought staff were kind and caring. One told us, "It's a nice home, the staff are lovely. I have a newspaper every day which they bring up for me." Another told us, "They [staff] are very nice." A relative told us, "Staff are great. I can see that mum feels comfortable as she will smile at the staff." Another told us, "The staff are lovely, they really are. There's a lot of people with dementia and they are ever so kind and patient with them."

We observed examples of kind and caring interactions between people and staff. During lunch one person started shouting at a member of staff who brought them their lunch. The member of staff remained calm and spoke to the person in a kind tone of voice, asking if they could bring them a different lunch if they did not like what the person had chosen. The person became settled as a result of this response. We saw staff respond quickly to comfort another person who became distressed. We saw another member of staff singing along with a person and making them laugh. There was music being played in one of the dining rooms during lunch and the music was sticking and repeating. A member of staff picked up on this straight away and changed the music.

Staff used endearments with people where it was appropriate to do so and people responded to this in a positive way. One member of staff said to a person, "Alright [person's name]. There's your dink sweetheart." The member of staff then gently stroked the person's face. On another occasion a member of staff said to a person, "Where's my dinner (in a joking way)." The person laughed at this. Staff talked to a person about the country the person used to live in and this prompted chatting and laughter from the person.

We looked at care plans in order to ascertain how staff involved people and their families with their care as much as possible. We found evidence that people and/or their representatives had regular and formal involvement in ongoing care planning. There was evidence that people and relatives were asked life histories and what mattered to them. There were times that people were encouraged to be independent. One person walked around the service and staff supported them to go where they wanted to. One member of staff was heard saying, "Come on then. Where shall we go now" and offered the person their arm to walk with them.

People were treated with dignity and respect. When staff provided personal care to people this was provided behind closed doors to protect people's dignity. We observed staff to knock on people's doors before they entered. When staff spoke with people they did this in a polite and respectful manner. We knocked on the door of one person who called out to us to enter. A member of staff stopped us before we entered the room as they were concerned that the person may not be dressed and they wanted to protect their dignity.

People were able to personalise their room with their own furniture and personal items so that the rooms

felt more homely. We saw that family and visitors were able to visit the service whenever they wanted. One person said, "My friends can come in whenever they want." Another told us, "People can visit anytime. A friend of mine comes every Sunday." One relative told us that they were always made welcome by staff when they visited. They said, "We know the staff." Another relative said, "I always feel at home when I come here, it's lovely. It's comfortable and friendly and the staff are really nice."

Is the service responsive?

Our findings

At the previous inspection in July 2017 we found that people did not receive person centred care. Care plans lacked guidance and there were not sufficient activities for people. We found that this had improved on this inspection.

There were detailed care records which outlined individual's care and support. For example, personal hygiene, oral hygiene, medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Staff responded appropriately to the recorded care needs. We saw from one care plan that a person had diabetes. There was detailed information in the care plan about this condition and what staff needed to do to ensure that they were being cared for appropriately. Another person, who was living with dementia, benefited from 'Doll therapy' and there was information in their care plan around how staff needed to support them with this. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative told us that they were always contacted, regardless of what time it was, where there was any concern with their family member. At the time of the inspection the manager was writing and updating the care plans. They advised us that they were in the process of providing the nurses training in how to update care plans appropriately.

Staff members were knowledgeable about people's care needs. One relative told us, "There is a great core of staff who know what they are doing. They have got knowledge of mum's problems." Another relative said, "The staff know the residents inside out, they know what their needs are."

Staff told us that they completed a handover session after each shift which outlined changes to people's needs. One member of staff said, "We have a handover from [staff name] every day. Everyone gets a mention. If there have been any issues with anyone and how they [people] have been."

Daily records were also completed to record each person's daily activities, personal care given, what went well and any action taken. The staff had up to date information relating to people's care needs.

The provider had systems in place to ensure people received appropriate end of life care. At the time of inspection, nobody was receiving end of life care. However, people had plans in place in which their wishes were recorded.

People had a range of activities they could be involved in. In the morning we observed that staff organised activities in the lounge and encouraged people to take part. Some people chose to participate and clearly enjoyed the activity. Other people were watching the activity and looked interested in what was going on. A member of staff was reading a magazine with a person and discussing the photographs and articles. In the afternoon there was an entertainer in the lounge and, where appropriate, staff encouraged people to get up and dance. People were clearly enjoying this activity. Those that chose not to dance were sat in their chairs tapping their feet enjoying listening to the music. There were people that were in their rooms that were happy not to be involved in activities. Two people in their rooms told us that they were happy just watching

their televisions and reading books and said that they had enough to entertain them. One said, "I mostly stay up here, I prefer it." For those people that were being care for in bed the activities coordinator spent one to one time with them.

At the previous inspection in July 2017 we found that the Provider had not followed the requirement that related to how complaints should be dealt with and responded to. We found that this had improved on this inspection.

We noted the complaints procedure was available for people and visitors in reception. It contained information about how and to whom people and representatives should make a formal complaint. There were also contact details for external agencies, such as the Local Government Ombudsman. There had been one complaint since the last inspection in September 2017. This was raised by a health care professional in relation to incorrect information being recorded about a person's weight. This was investigated and it was established that there had been an error with the equipment. This was addressed and the correct information was then entered onto the person's care plan.

Is the service well-led?

Our findings

At the previous inspection we identified that there was a lack of robust quality assurance processes in place and a lack of leadership. The Provider sent us an action plan to advise how these actions were being addressed. On this inspection we found that improvements had been made.

We could not improve the rating for well-led from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

People and relatives informed us that there had been improvements in the leadership of the service since the last inspection. Although the Provider was still recruiting to the registered managers role there had been consistent management support from an interim manager and interim deputy manager. One person told us that the service was, "Smashing." One relative told us, "They are managing the home a lot better. The managers are out on the shop floor a lot more."

We asked staff whether they had seen improvements in the management of the service since the last inspection. One member of staff said, "It has improved a lot compared to what it was. Things feel like they are on the up." Another told us, "She's [the interim manager] not going to be the permanent manager but she's good. She's fair, she's approachable. If you've got any issues her door is always open." Another told us, "To be honest it is much better now. Everything is improving. Better support, more training, the management, the environment." A third told us, "There has been massive improvements. It's a different home now from what it was six months ago. The cleanliness, the decoration, communication from the management, staff morale has improved massively." A fourth said, "There have been big improvements in the last four or five months. We've got more staff now and more structure."

Staff morale was good and they worked well together as a team. One member of staff told us, "We [staff] have all just got on and done it as a team." Another told us, "We are open and honest and they [managers] listen. The [managers] door is always open." Staff told us that meetings were more regular and staff were given opportunities to give their views on the service. One told us, "[The manager] talks about raising concerns if we have them, she's always banging on about it." Another told us, "Staff are always asked if there's anything they want to discuss. The staff meetings before were more of a telling off." A third said, "The service is better organised so we get things done." A fourth said, "There is always somebody here for us. The door is always open now." We saw that regular staff meetings also took place where staff were reminded of policies within the service, training and any other areas that staff wanted to discuss. In addition staff were asked to complete a survey to gain their views. We saw that the survey results were analysed and an action plan produced of areas that required improvements. Staff had raised that they wanted training in relation to behaviours that challenged. We saw that this had been arranged.

During the inspection we found that the management team responded well to any areas of improvement they needed to make. We raised with them the need for staff to complete more detailed records of when people, that were being cared for their rooms, had meaningful interactions with staff. The interim deputy manager confirmed that this would be implemented straight away.

People and their relatives had opportunities to feedback their views about the quality of the service they received. There were regular resident and relatives meetings where people were asked for their views on the service. We saw that people and the relatives fed back that they were satisfied with the quality of care. In additional resident and relative surveys were undertaken in November 2017 and a further one was planned for this year.

There was a system of audits that were being used to improve the quality of care. These included care plan audits, nutrition and dining experience, infection control and the environment. Each audit included an action of things that required improvement and time scales for these improvements. For example, one care plan required a wound care plan to be included and we saw that this was now in place. One person's room required a clean due to the odour and we saw that this had been done. The Provider had a tracker in place to review all audits around health and safety and the quality of care. We saw this was being regularly updated.

There was evidence that the provider was working with external organisations in relation to the care provision. For example the provider had regular contact with the GP, SaLT, dieticians and other community care teams.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. Staff had informed the CQC of significant events.