

Mrs C Day and Mr & Mrs S Jenkins

Riverside Court

Inspection report

Bridge Street
Boroughbridge
York
North Yorkshire
YO51 9LA

Tel: 01423322935

Website: www.riversidecourtresidentialcarehome.co.uk

Date of inspection visit:

26 April 2016

27 April 2016

Date of publication:

17 June 2016

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

At the last inspection on 2 November 2015, the service was in continued breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 11 Consent and Regulation 17 Good Governance. The service had continued to run without a registered manager. As a result the registered provider was carrying on the regulated activity in breach of the condition imposed upon their registration contrary to section 33 (b) of the Health and Social Care Act 2008. The service was rated inadequate and placed in special measures.

This inspection was unannounced and took place on 26 and 27 April 2016.

Riverside Court is registered to provide personal care and accommodation for up to 25 older people; some people are living with dementia. The home is located in the market town of Boroughbridge. The building which is over three floors is a former hotel, which overlooks the River Ure. The service has been undergoing renovation over the last few years, and is working towards all bedrooms being en suite. At the time of our inspection there were 19 people living there.

During this inspection we found the provider was no longer in breach of the previously identified regulations and had made improvement to the service and the care people received. However some areas continued to require further improvement and we identified new breaches of regulations in relation to safe care and treatment.

Since our last inspection the provider had appointed a manager who had registered with the CQC. 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.

The service was following the principles of the Mental Capacity Act (2005) and we observed staff seek consent on a routine basis. Training and support had been provided to staff. Staff now understood the legislation and how this applied to people who lived at the service.

Arrangements for quality assurance and leadership within the service had improved.

Despite these improvements we found the service was not providing safe care and treatment to people who lived there. One person who required constant supervision, due to their dementia, had managed to leave the service and was missing overnight. We also identified environmental risks within the service, which, while they were addressed by the registered manager when pointed out, had not been identified and acted upon by the services own auditing and checking. This left people at risk of harm.

Although there were sufficient staff on duty during the day, and evidence of staff being deployed more

effectively which had led to an increase in activity and stimulation for people we were concerned about whether the level of staffing available overnight was sufficient to ensure safe care and treatment people using the service.

People told us the food was good and we saw lunch was a pleasant and enjoyable experience for people who lived at the service.

Staff told us they felt well supported and had seen improvements within the service.

Access to support from health care professionals was sought in a timely manner and the registered manager had also arranged fortnightly 'doctor's surgeries' within the service so people could have a health care check and, where appropriate, relatives were encouraged to attend.

Staff knew people well and we saw care was kind, compassionate and dignified. People told us they felt well cared for. Care plans were person-centred and people and their relatives were involved in the development and review of their care.

Despite the challenges at the service over the last 12 months staff morale was good and the staff team, along with people and their relatives spoke positively about the registered manager and gave a sense of confidence in their ability to run a good service.

The provider had updated the policies and procedures within the service and staff were working their way through these. Alongside this the statement of purpose had been updated. People and their relatives were kept informed of the progress the service was making and the provider had ensured a transparent culture within the service.

The service had recently introduced an extensive range of audits to monitor and improve the service people received. In most cases these identified where improvements were needed or lessons learnt, and action was taken. However, the environmental audits had not identified the issues we found.

The service had also, in consultant with an external consultant, developed a robust action plan which identified the improvements which had already been made along with any outstanding actions. However these systems were at an early stage and not all were yet working effectively. Their ongoing impact on maintaining safety and quality needs to be monitored over time.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 consistently safe.

There had been an incident involving a person who used the service going missing overnight. The service did not have safe systems in place to prevent this happening.

We identified some environmental risks which the registered manager rectified whilst we were inspecting, however these had not been picked up by the services own auditing and monitoring systems.

Staff deployment had improved the experience and range of activity for people during the day. However, the service did not have sufficient staff to meet people's needs overnight.

Medicines were managed safely.

Requires Improvement ●

Is the service effective?

The service was yet to demonstrate that it was consistently effective over a period of time.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

The service adhered to the principles of the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Staff told us they felt well supported and we saw there was a range of training available to staff.

People told us the food was good. There were a range of options and lunch was a relaxed and enjoyable experience for people.

The service had strong links with local health care support.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they were well cared for and we saw staff knew people well and understood their likes and dislikes. There was a warm and caring atmosphere at the service.

Staff respected people's privacy and ensured care was delivered in a dignified and respectful manner.

Relatives told us they were free to visit anytime. All of the relatives we spoke with provided positive feedback about the care provided.

Good ●

Is the service responsive?

The service was responsive.

People were assessed before they moved into the service. Care plans were then developed with people and their relatives. Care plans included detailed information about people's life experiences and how they wanted their care to be provided.

As well as planned activities, which were displayed within the service, we saw staff had time to interact with people on a one to one basis. Relatives were complimentary about the activities on offer.

The service had a complaints policy which was accessible to people and their relatives. Concerns were now recorded and we could see evidence these had been resolved in a timely manner.

Good ●

Is the service well-led?

The service was yet to demonstrate that it was consistently well-led over time.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

The service had appointed a registered manager who demonstrated a commitment to making the improvements required within the service.

Quality assurance systems had improved. This enabled the

Requires Improvement ●

provider to monitor the quality of the service closely, and make required improvements. The management team within the service had been supported by an external consultant to develop a robust action plan which identified improvements made along with any ongoing developments needed. However some audits were not fully effective and all were at an early stage of development so their impact on maintaining and improving the quality of the service was not yet demonstrated.

Staff morale was good. Staff meetings were held on a regular basis and the views of the staff team were valued and used to develop the service. New policies and procedures were in place to support the staff team.

Riverside Court

Detailed findings

Background to this inspection

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

This first day of this inspection took place on 26 April 2016 and was unannounced. The registered manager was aware we would return to inspect for a second day on 27 April 2016.

The inspection team consisted of two inspectors and a specialist advisor who was a nurse and had experience in care of older people and quality assurance.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. A notification is information about important events which the service is required to send to the Commission by law.

During the inspection we spoke with five people who used the service, and because not everyone could tell us their views we spent time observing interaction between people and care staff. We spoke with five relatives who visited during the inspection. We spoke, on the telephone, with a relative following the inspection.

We reviewed six care plans and other records which related to people's care.

We spoke with six members of staff including the registered manager, care staff and ancillary staff. We looked at documents associated with the management of the home such as training records, audits, policies and procedures. We carried out a tour of the premises which included communal areas and people's bedrooms.

At the inspection we spoke with three health care professionals; a community nurse, doctor and chiropodist.

Is the service safe?

Our findings

People told us they felt safe and well cared for. One person said, "I feel safe. If I ever need any help the staff are here." Relatives confirmed this view, "I'm extremely happy with the home. It has a small, family feel and I have no qualms about leaving [relative] here" and "I'm very happy [relative] is here. The staff are wonderful, long standing, and the continuity of staff is very special."

Since our last inspection, on 2 November 2015, we were made aware of an incident which had resulted in a person being missing from the service overnight. The person had been unsupervised and had left the service through a kitchen door which had the key in the lock. This incident occurred at 10.30 pm and had resulted in a police search. The person was found the following morning and was taken to hospital for observations and tests and returned to the service later that day. This incident is being investigated by the CQC.

Although the provider had arranged for key pad locks to be fitted to external doors the door which led into the kitchen was not secure and meant people living with dementia could access the kitchen without staff supervision and injure themselves or pose a risk to others. We discussed this with the registered manager who immediately arranged for a key pad to be fitted to ensure people were safe.

At the last inspection on 2 November 2015 we noted concerns about the environment, one window did not have a suitable window restrictor in place and there were central heating pipes which were exposed. Both of these issues were rectified on the day of the inspection.

At this inspection we reviewed a number of windows on the first floor and found the window restrictors which were in place did not comply with health and safety executive guidance and meant people were at risk of climbing or falling out of them. In addition to this one large window which led out onto a flat roof was not safely secured. We raised these issues with the registered manager who rectified them whilst we were there. They also explained they had asked the provider to arrange an independent health and safety audit to assure themselves the premises were safe. However the fact that these issues had not been picked up, by the provider's environmental audit and addressed until pointed out at the inspection was of concern.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

The registered manager told us they thought they had sufficient staff to meet people's needs. They explained although they did not use a formal dependency tool to establish the number of staff required they observed staff and sought their feedback. One example of this was that staff had explained they did not have enough time to spend with people during the morning, because they were all going in and out of the kitchen and making drinks for people. As a result of this the registered manager had designated one, of the four members of care staff on duty in a morning, to complete this role which meant the rest of the team were free to support people with their care needs and spend time with people. A member of staff told us, "We've changed how we work as a team and that has meant we have more time to spend with people."

During our inspection we observed staff spending time talking with people as well as meeting their practical care needs and staff told us this had improved. Despite this we were concerned about staffing levels over night. From 10.30 pm until 7.30 am there were two members of staff at the service.

We saw in one person's daily records repeated references to an unsettled sleep pattern which was due to their mental health. They were often awake throughout the night. In the past month they had been unsettled and up throughout the night on ten occasions. In addition to this the registered manager told us there were three other people who needed assistance from two staff overnight as a result of their physical health needs and mental health. This meant the service did not always have sufficient staff to provide the supervision and support people required to keep them safe during the night as people could be left unsupervised and unsupported while staff provided care to people who required two staff members to be assisted safely.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments and plans were in place to reduce the risk of avoidable harm to people who used the service. For example people at risk of weight loss had detailed risk management plans in place which provided staff with guidance about how to manage this and the service had sought advice from relevant healthcare professionals. At the last inspection on 2 November 2015 we were told the assistant manager was in the process of updating the safeguarding policy. At this inspection we saw the service had an updated safeguarding policy which was in line with recent changes in legislation. The policy was displayed on the noticeboard which meant it was easily accessible to people, staff and visitors.

All of the staff we spoke with understood the types of abuse and knew what to do if they suspected abuse had occurred or was at risk of occurring. This meant staff were able to take the action required to protect people from avoidable harm.

We looked at accidents and incidents and could see the provider had updated their policy in January 2016. We saw the completed accident/incident report forms, together with the monthly accident and incident audit analysis from February 2016 until April 2016. These had been dealt with appropriately and in a timely manner. Themes had been identified for example urinary tract infections. This showed the service had a system in place to monitor incidents. The registered manager told us that accidents and incidents were shared with staff at staff meetings, supervisions and staff handovers, which meant the service learnt from incidents, to protect people from harm and the home demonstrated a commitment to continuously improve practice in the home. However these systems were at an early stage and their ongoing impact on maintaining safety and quality needs to be monitored over time.

At the last inspection on 2 November 2015 we noted that there was no risk assessment in place in relation to people being able to use call bells to summon assistance from staff. At this inspection we saw this issue had been rectified. Care plans contained risk assessments in relation to people's ability to summon assistance. Where it had been identified people could not use a call bell alternative strategies had been put in place to keep people safe. For example motion sensors and more frequent checks by staff.

Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. We reviewed a sample of medication administration records (MARs) and found these had been completed correctly.

Staff had received updated medicines training and the registered manager had completed competency

checks to ensure they were safe to administer people's medicines. In addition to this the service had an updated policy on the safe handling of medicines, to support staff and to ensure that medicines were managed in accordance with current regulations and guidance based on the recognised National Institute for Health and Clinical Excellence guidelines on managing medicines in care homes. This meant people could be assured staff had the knowledge and training they required to safely administer medicines.

The registered manager was responsible for completing monthly medicines audits, to check that medicines were being administered safely and appropriately. These audits covered the key areas of managing medicines and we saw the completed report and action plan which included information about any improvements. We could see these had been actioned. This meant the provider had a safe system in place to audit medicines which meant any errors could be identified and rectified in a timely manner.

The registered manager explained they were in the process of updating staff files to ensure information was easily accessible. They had recently started to re-apply for DBS checks for staff who had worked at the service for some time and had introduced this as a standard check every five years. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people who need 24 hour care.

We could see new staff had completed application forms along with records of their interview and two references. This meant staff were safely recruited and were suitable to work with people living at the service.

Is the service effective?

Our findings

One person said, "Staff do things the way I like it. They know how to look after me." One relative told us, "The staff are excellent, very caring and they know [relative] really well."

At the last inspection on 2 November 2015 we found the service was not following the principles of the Mental Capacity Act. This had been first raised at the previous inspection on 29 May 2015 and was a continued breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received training and did not understand the principles of the legislation. Assessments of people's ability to make decisions had not been completed when it was judged that they may lack the capacity to do so; there was no evidence of best interest decisions being made on people's behalf. A best interest decision is made on behalf of a person who lacks mental capacity with the involvement of, their family or representatives, and the relevant health and social care professionals who take account of what the person's wishes would have been.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we found the service had made significant improvements and was applying the principles of the MCA. The registered manager and the provider had completed MCA training. Ten out of 23 members of staff had completed face to face MCA training. The registered manager had spent time with the other members of staff, on a one to one basis, to support them to understand the principles of the legislation and how this applied to people who lived at the service. The provider had arranged for two days of face to face training at the service in May 2016. We were told all staff would attend this training. This demonstrated a commitment to supporting the team to understand the legislation and how to apply this in relation to the people they supported.

Throughout the inspection we saw staff routinely sought consent from people and offered choices. All of the staff we spoke with demonstrated an improved understanding of the legislation. They were able to tell us which people who used the service had a DoLS in place and why. This meant staff understood the legislation and how it applied to people who lived at the service.

We saw mental capacity assessments and records of best interest decisions in place which were detailed and demonstrated evidence people and their families had been involved in the decision making. One example included a best interest decision to give someone their medicines covertly. This meant the

medicines were hidden. We saw the community mental health team and other relevant health and social care professionals had been consulted and involved in the best interest decision making.

At the time of our inspection there were two authorised DoLS in place. The registered manager had submitted three applications to the local authority known as the supervisory body. We saw records these were being progressed. We concluded the service was now meeting this regulation.

Staff told us they felt well supported. One member of staff said, "[Registered manager] gives good feedback during supervision and we're working better together as a team." The registered manager had started to hold individual supervision sessions with staff members. Supervision is an opportunity for staff to discuss any training and development needs any concerns they have about the people they support, and for their manager to give feedback on their practice.

Although we did not see evidence that formal supervision had been happening on a regular basis we saw the registered manager used other methods to assess the competency of the staff team. They completed 'care worker spot checks.' We saw staff had been given feedback and this showed the registered manager assessed staff member's ability to deliver effective care. The registered manager told us that any actions would be discussed at individual appraisals and staff meetings. In addition to this the registered manager was working on a plan for supervision and appraisals for the year ahead and acknowledged their focus, since our last inspection, had been on making the required improvements related to people's care. However, the registered manager acknowledged more work was required to ensure the service had robust systems in place to support staff with formal supervision and ongoing development.

Staff training was in progress and the registered manager had devised a training matrix to help them keep track of the training needed. We saw evidence the provider, who had previously been in the role of manager, had undertaken a number of relevant training courses.

We looked at the staff file for a new member of staff and could see evidence of a structured induction which had lasted eight days. This had enabled them to complete essential training. The registered manager had completed a probationary review and provided clear feedback to the member of staff as well as identifying ongoing training and development. The member of staff said, "[Registered Manager] is supportive, you can go to them with any problems."

We observed staff consistently offer choices to people and seek their consent. There was a notice board in the dining room which contained information about the choices for the next meal, as well as information about the weather and the activities on offer that day. We observed one person reading out the lunch menu and discussing it with staff and other people who lived at the service. In addition to this people were asked what they wanted for lunch about thirty minutes before it was served. This meant the service ensured people were provided with information in a way which was meaningful to them.

The food looked appetising. There was a relaxed atmosphere over lunch with people discussing a book one person was reading and the plans for the afternoon. One person said, "Lunch was lovely, I thoroughly enjoyed it." Another person said, "There is always a good choice of food. Our table is lovely, we all get on well and have a good natter." People had access to regular drinks and snacks. We observed staff checking people's drinks were still hot enough to enjoy. Staff understood the importance of people having a good fluid intake for their physical and mental health.

People who used the service had access to a range of health care provision which included chiropody, community nurses, dieticians and speech and language therapy. The service had also worked with the local

community mental health team to ensure people who needed more specialist support received this. One person said, "The doctor visits regularly and staff would call them out for me if it was needed."

In addition to routine health care appointments the registered manager had arranged a 'Doctor's surgery' which was held at the service every two weeks. People and their relatives were invited to request a time with a doctor from the local surgery to review any health matters and also to discuss future plans. This showed a proactive approach to supporting people with their health needs and helped people plan their future care so that staff at the service and other healthcare professionals could support people's wishes.

We spoke with a doctor from the local practice who said, "The [registered manager] is excellent, very caring and calls for advice appropriately. They [care staff] know people really well and are excellent at working jointly with us."

While we are satisfied that previously identified breach in regulation is now met there are some areas where further improvement is needed. Also, in order for a domain to be rated as good we need to see consistent good practice over time therefore we will continue to monitor the service and return review these areas again at the next inspection.

Is the service caring?

Our findings

All of the feedback from people, relatives and other professionals about the service was positive. People told us they received a good standard of care. One person said, "The staff are very kind. They always ask me how I like things doing." Another person told us, "The staff are kind, they look after me well." One person, whose relative had recently moved into the service said, "I was really impressed by what I felt and saw when I visited the home. People are thriving and are extremely well cared for."

There was a calm atmosphere at the service with positive interaction between staff and people who lived there. Staff knew people well and understood their individual likes and dislikes. They were able to describe people's preferences and how they liked to be supported as well as telling us about people's life experiences.

We saw staff and the registered manager display warm and kind behaviour towards people who used the service. One person became distressed and the registered manager sat with them and reassured them, they said, "We're here to protect you and look after you. You don't need to feel frightened." They talked with the person about their family and helped them to understand why they were living at Riverside Court. Staff continued this approach throughout the day. This approach reflected the information we saw in the person's care plan. This meant staff had clear advice about how to respond to the person's distress and they used this to support the person.

Staff ensured people's confidentiality was respected. A visiting health care professional was asked into the office to discuss people's needs so that confidential information was not being discussed in communal areas. People were treated with dignity and respect. We saw staff notice one person needed help with their personal care. They approached the person with respect and guided them out of the communal area and back to their bedroom so their privacy and dignity was respected.

Relatives were free to visit the service anytime they wished. They described the service as being homely and that it had a 'family feel'. Comments included, "You can visit anytime and [relative] would be the first person to say if there was a problem," "[relative] always looks well cared for" and, "staff are very patient, kind and caring."

All of the staff we spoke with were enthusiastic about their roles and told us they would be happy for their relative to live at Riverside Court, should they need this kind of care and support. One member of staff said, "It's a calm, family run place and people are not just a number here."

We observed staff responded to people's needs and discussed alternatives as a staff team. For example we heard a member of staff discuss with the registered manager that they had noticed one person was not eating a lot of breakfast when they had it in their bedroom, they suggested staff encouraged the person to eat breakfast in the dining room. On the second day of the inspection the registered manager told us they had tried it that morning and the person had eaten more. This meant staff showed a caring and responsive approach to ensure people's needs were met.

A community nurse who visited the service said, "They [care staff] are really good and they know the residents really well." A doctor told us the service provided good palliative care. We saw the service had sought support from local Macmillan nurses to support people, their families and staff to ensure people received good end of life care and were supported in their preferred place.

Is the service responsive?

Our findings

People were assessed before they moved in to ensure they could be supported by the service. One relative described how well this had been carried out by the provider. They said, "The assessment was really person centred. The relationship building began from that first meeting. They [staff and management of the service] could not have done anymore to make [relative] welcome."

The registered manager explained since the last inspection, on 2 November 2015, they had worked hard to update care plans and to ensure people and their families were at the centre of these documents. Care plans we reviewed were detailed and they contained information about people's previous life experiences and their current choices about how they wanted to live. A member of staff told us, "The care plans are much better now and they help you understand people."

People and their relatives had been involved in the reviews of care and in ensuring the care plans reflected what was important to the person. One relative told us, "I have read through [relative's] care plan. I thought it was good and reflected what [relative] needs." Another said, "Communication is good, staff ring regularly to update me and let me know if there are any problems." Other relatives echoed this view.

Following the last inspection, on 2 November 2015 the provider and registered manager had met with people and their relatives. We saw they had discussed the outcome of the inspection report and explained the measures they intended to take to make the required improvements. 13 people who used the service and nine relatives attended. A copy of the minutes were available on the notice board which could be accessed by people who were unable to attend the meeting. This demonstrated a commitment to making the required improvements. One person said, "[Provider] is trying very hard to put things right." In addition to this the service held 'residents and relatives' meetings which took place every two months. One person said, "I attend because it is an opportunity to discuss things and to say what I want to happen."

At the last inspection on 2 November 2015 we received mixed feedback from people about the activities on offer at the service. Although activities took place there was a lack of structure to this or any evidence that activities were based around people's known interests and hobbies.

At this inspection we saw a significant improvement in activities and availability of staff to interact with people, as well as improvement of how the options were communicated to people. Activities were displayed on a notice board in the hallway and on the board in the dining room. We saw one person referred to what was written on the board throughout the day, this was in relation to activity and food options and it helped them to know the plans for the day. We also saw staff discuss with people how they would like to spend their time.

One person told us their relative had enjoyed a trip out in the minibus and they had been for an ice cream. They described the importance of this spontaneous activity because it mirrored how the person would have lived life in their own home. They also told us they had mentioned a hobby their relative enjoyed and since then staff had encouraged this. They said, "[Relative] and I have been supported to become members of the

Riverside family, anything I have suggested has been done immediately."

The service recorded compliments. We saw a compliment dated 8 April 2016 which read, "[Name] very happy about the standard of care provided by the care team at Riverside," the record showed they liked the friendly atmosphere of the home and commented that the staff team were very approachable.

At the last inspection on 2 November 2015 the complaints policy was not on display. This meant the provider was not taking steps to ensure an open and transparent culture because they did not demonstrate a commitment to providing people with the information they needed to share their concerns. At this inspection we saw that the service had an improved system in place for handling complaints and concerns. The complaints policy was displayed in the service and it was included in the information made available to each person when they came to live at the service. This meant people had written information available, to make them aware of their right to complain and they were supplied with information as to how any dispute would be addressed by the service.

The service had not received any formal complaints since our last inspection. The registered manager explained they had recently started to record concerns which were raised verbally and the action they had taken to resolve these. We reviewed the 'complaints log' from November 2015 to April 2016 and saw four verbal complaints recorded which were "pressure cushion too thick", "clothing wet following hairdresser visit", "no alcohol hand gel in second floor bathroom", "hot water not working in down stairs shower". We saw that the complaints had been resolved in a timely way. This meant that there was a system in place to gather and act upon people's complaints and respond in a way which resolved the concern, in addition to minimising the risk of the same issue arising in the future.

The registered manager told us that complaints were shared with people and staff within the scheduled meetings and in staff supervisions as appropriate. We saw compliments and complaints used as a learning tool to ensure improvements in the service and to provide additional information regarding the standard of the service.

Is the service well-led?

Our findings

At the last inspection on 2 November 2015 the service did not have a registered manager. We found leadership within the service was poor. Record keeping was poor and confidential records were not stored securely. There was a lack of quality monitoring which meant we could not be assured people received the care they needed. Policies and procedures were out of date, this meant staff did not have access to up to date good practice guidance. In addition to this the acting manager at that time had not completed any recent training; they lacked awareness of the relevant legislation and therefore were unable to effectively lead the staff team. We had raised these issues at the inspection on 29 May 2015 and this was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the service had a registered manager in post. They had worked for the service for a number of years. This meant they knew the people and staff team well and understood the needs of the service. During our inspection they were open in their feedback about the challenges the service had faced and gave a detailed account of the work they, the provider and the staff team, as a whole, had undertaken to make the required improvements.

The provider had employed an independent consultant to support the service to make the changes required. They had developed a detailed action plan which had been shared, prior to the inspection, with the CQC and the local authority commissioning and contracts officer. This showed a commitment to making the identified improvements and to ensuring people received a good standard of care. The action plan was robust and contained detailed information about the actions taken along with clear timescales and identifiable people responsible for making further improvements.

The registered manager and provider had held regular meetings with the staff team. We reviewed the meeting minutes and could see staff had been told about the required improvements as a result of our inspection on 2 November 2015 and had been supported to understand what was expected of them. In addition to this staff had been asked to make suggestions about how things could be improved. Several staff told us that the deployment of staff during the morning now meant they had more time to spend with people. The service was also looking at introducing 'champions' who would take the lead on key areas across the service such as dementia care. This demonstrated the service was being transparent and encouraged their staff team to take responsibility for improvements and to feel valued and involved in the development of the service.

Records were now stored securely in a treatment room. This meant people's privacy and confidentiality was respected. Overall record keeping had improved. We saw food and fluid charts were completed comprehensively which meant we could track the care people had received and could be confident people's needs were being met. However, daily records remained poor. Daily notes contain key information about people's wellbeing. We found they contained basic information which was often repetitive and task orientated. There was no reference within the daily notes to the person's emotional wellbeing. There was evidence information in daily notes was not passed on to the registered manager for action which meant people could be at risk of receiving unsafe care.

Updated policies and procedures had been provided for staff. These were based on up to date legislation and good practice guidance. The provider ensured staff had worked through the policies and we saw evidence staff had signed to say they had read and understood them. This meant the provider had ensured staff had access to up to date good practice guidance to support them to deliver good care.

The registered manager described the effort of the management team to improve the quality assurance systems in place within the service. We saw a 'yearly audit matrix' which indicated that audits had been conducted on a monthly basis from February to April 2016 and were planned for the year ahead. This demonstrated a commitment to ongoing quality assurance to ensure people received a good standard of care. Examples of audits which had been undertaken included, care plans, infection control, analysis of accidents/incidents, and weight loss. However, during our inspection we identified areas relating to the safety of the environment which had not been picked up by the audits and actioned. This demonstrated that strong systems had been developed to audit care which enabled the provider to monitor the quality of the service closely, and make required improvements. However these systems were at an early stage and not all were yet working effectively. Their ongoing impact on maintaining safety and quality needs to be monitored over time.

We saw that eight people were being monitored on the weight loss matrix. There was a weight loss action plan which showed people had a Waterlow risk factor which had been monitored, together with the involvement of the community dietician, district nurse and doctor as appropriate. We also saw confirmation that this had been documented in the person's care plan, family had been informed. The audit had been signed off by the registered manager and was reviewed each month.

The registered manager described the work they had undertaken with the consultant and said they had offered some 'coaching' which had helped them to address some issues within the staff team. In addition to this the consultant had spent time observing staff practice and had provided direct feedback to staff and the management team. The registered manager told us they found this supportive in developing their own management style.

Staff described to us a change in 'atmosphere' within the service and told us everyone was working more closely together. Despite the changes and challenges within the service over the last 12 months staff morale was high and people described a supportive culture. Staff told us the registered manager had been able to improve team dynamics and this meant staff felt supported to carry out their roles and responsibilities. A member of staff told us, "Things have changed so much, its different here now. [Registered manager] is fantastic, has helped us to do things differently. [Registered manager] tells you if you've done something wrong but praises you when you get it right."

The service had an up to date statement of purpose, this is a document which tells people and their relatives what they can expect from the service. It was displayed on the notice board which meant it was easily accessible for people and their visitors. It gave an overview of privacy, dignity, independence, choice, rights and fulfilment areas provided for people living at the service. In addition there was information about how this could be facilitated for example providing a range of leisure and recreational activities to suit the tastes and abilities of people; responding to the personal and spiritual values and practices of each person; helping people to maintain existing contacts and make new liaisons and listening and attending promptly to people's wishes. This meant we were clear as to the vision, mission and values of the home.

The registered manager was aware of their responsibilities and had made the required statutory

Notifications. A notification is information about important events which the service is required to send to the Commission by law. The registered manager told us they were committed to ensuring people received a good service and once the required improvements had been made they intended to develop a service improvement plan with the consultant to ensure ongoing improvement was sustained.

While we are satisfied that previously identified breach in regulation is now met there are some areas where further improvement is needed. Also, in order for a domain to be rated as good we need to see consistent good practice over time therefore we will continue to monitor the service and return review these areas again at the next inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment CQC were made aware of an incident whereby one person who used the service, who required constant supervision, was able to leave the home late at night and was missing overnight. A police search took place and the person was found the following day. CQC are investigating the matter.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service did not have sufficient staff overnight to provide people with the supervision and support they required to keep them safe.