Woolton Grange Limited

Woolton Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection of Woolton Grange Care Home took place on 31 October and 7, 14 November 2018; the first day of the inspection was unannounced.

Woolton Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is registered to provide nursing care and accommodation for up to 43 people; in a converted Victorian church building in a residential area of Liverpool. At the time of our inspection 38 people were living at the home.

The registered manager had not been working at the home since May 2018. The deputy manager was acting manager and had applied to become registered with the Care Quality Commission. 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.

At our inspection in July 2017 there were breaches of regulation 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not sufficient numbers of staff available to meet people's needs in a timely manner; and the systems in place to assess and monitor the safety and quality of the service had not always been effective.

At this inspection we saw that there had been improvements in these areas and the home was no longer in breach of these Regulations.

There were enough staff to meet people's needs in a timely manner. This reflected the feedback from people, their relatives and visiting health and social care professionals. The home now had a much calmer environment.

The systems used to assess and monitor the safety and quality of the service was now more robust. The provider's compliance team who support home managers had been increased in the previous twelve months from 2 to 6 people. They said this was done to help support the managers of their homes with monitoring and assessing the quality of the service provided. These checks and audits allowed the acting manager and provider to assess and monitor the safety and quality of the service being provided and when necessary make required improvements.

There was a quarterly meeting at the home were accidents, incidents, any safeguarding alerts and feedback from people living at the home, their family members and staff members was reviewed. Themes were

looked for and incidents looked into to ensure that appropriate action had taken place.

People told us that they thought the staff at the home were caring. One person said, "The staff are adorable." Another person described the staff as "very pleasant." People's relatives told us that the service provided was caring and they were made to feel very welcome when visiting the home.

People told us they felt safe living at the home. One person told us, "I feel safe. Safe and comfortable." Staff had received training in safeguarding vulnerable adults, knew of signs that may indicate a person was at risk of abuse and knew how to raise an alert. The home had appropriately managed safeguarding concerns. The building was safe, the home was clean and the administration of people's medication was safe.

People were asked questions and their opinion was sought before any care and support was provided. At lunchtime we saw that people were asked questions about their preferences and they were listened to and their requests were acted upon. People were treated with dignity and respect in all their interactions with staff.

The service was provided in line with the principles of the Mental Capacity Act. We saw that people's consent and permission was sought with their day to day support needs; when this wasn't possible with significant decisions appropriate procedures were followed to protect people's legal rights.

People had an assessment of their needs before coming to the home. We saw that these were thorough including details on people's health, life history and their likes and dislikes including seemingly small but important details. Appropriate care plans were in place using these details and any risks that had been identified.

The service was now responsive to people's health care needs. Improvements had been made in the response from the service to the risk of people developing pressure sores. Appropriate referrals to health and social care professional had been made and the home worked closely with these professionals.

People told us that they enjoyed the food provided at the home. The kitchen was clean and well stocked. It had been awarded five stars by the Food Standards Agency at their last inspection. We spoke with the chef who had records showing people's special dietary requirements and their likes, dislikes and preferences.

Feedback overall about activities and having things to do at the home was divided. Some people told us that there was lots to do at the home and others that there was very little to do. We saw a range of activities were provided for people, but these may not have always reflected people's preferences.

Appropriate checks and induction was in place to help ensure that new staff were safe to support vulnerable adults. There was effective training in place and staff told us they had received appropriate support.

People, staff members and visiting health and social care professionals were all positive about the acting manager of the home. One person told us, "They do extremely well. I don't think it can be improved." Another person told us, "The manager is lovely." We found the acting manager to be a good communicator and there was evidence that they had been effective in leading the service.

The home had appropriate policies in place, displayed the rating from the previous inspection and had sent through appropriate notifications to the CQC.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People and their relatives told us that they felt safe living at the home.

There was enough staff available to meet people's needs in a timely manner.

The building was safe and clean.

Staff were trained in safeguarding vulnerable adults. Accidents and incidents were learnt from to keep people safe.

Medication was administered safely.

Is the service effective?

Good

The service was effective.

Staff received training to be effective in their role.

People were supported with their health care needs. The home worked closely with health care professionals.

People's needs were assessed by a detailed and thorough assessment before coming to the home.

People told us they enjoyed the food provided.

Is the service caring?

Good

The service was caring.

People told us the staff were caring towards them.

People were listened to and were treated with dignity and respect.

People's private and confidential information was protected.

Is the service responsive?

Good

The service was responsive.

A variety of activities were available for people.

People had detailed, person centred care plans that ensured the care they received was responsive to their needs.

The home had a policy on how to respond to complaints.

Is the service well-led?

Good

The service was well led.

Effective systems were in place for the assessing and monitoring the safety and quality of the service being provided.

People, their relatives, staff members and visiting health and social care professionals were all positive about the acting manager. The acting manager had applied to be registered with the CQC.

The acting manager had a clear strategy for leading the home, involving people, staff members and outside agencies in determining how the service should be run.

Woolton Grange Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 31 October and 7,14 November 2018, the first day of the inspection was unannounced. The inspection was completed by an adult social care inspector.

Before our inspection we considered information we held about the service, such as the notification of events about accidents and incidents which the service is required to send to CQC. We had information from the police about the previous manager of the home who had been charged with theft whilst in previous employment at a different home. This manager was no longer working at the home. We also had information from the local authority about concerns over the management of pressure area care at the home. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with 16 people who lived at the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of some people who could not talk with us. We spoke with six people's relatives.

We spoke with the owner of the home and 10 members of staff, including members of the management and compliance teams, care staff, the catering team and housekeeping staff. We also spoke with five visiting health and social work professionals.

We looked at 5 care plans for people who used the service, four staff personnel files, staff training and development records as well as information about the management and auditing of the service. We observed staff interaction with people who lived at the home throughout our inspection.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. One person told us, "Oh yes! I feel safe." Another person said, "I feel safe. Safe and comfortable." A third person told us, "I feel very safe." One person's relative told us about their family member, "He feels safe, that's so reassuring."

At our previous inspection In July 2017 there was a breach Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Because there were not sufficient numbers of staff available at the home to meet people's needs in a timely manner.

During our previous inspection we found and people's relatives told us that staff were so busy it was difficult to get an answer at the door. People's relatives and visiting professionals told us they didn't think there was enough staff. People living at the home told us at times they had to wait for care. We saw people waiting for care and people's call bells frequently ringing out. At about 11am, breakfast was still being served; with lunch due in about an hour.

At this visit the home had a much calmer environment. The door was answered promptly, people had call bells to hand but these were not ringing continually and we didn't see people waiting for care from staff. At 10:30am most people had finished breakfast except for a few people who chose to get up later. This all contributed to a more pleasant environment.

Nearly all of the feedback from people at the home, their relatives and visiting health and social care professionals was that there was now enough staff on duty at the home. A few people commented that at times staff can be rushed and don't have a lot of time. We saw in the afternoon that staff were sitting down spending time with people.

One person told us that there is not enough staff on duty at night time. They said, "I go to bed early [when staff are available], otherwise it's too late. There is not enough staff at night time." We spoke with the acting manager about this and they agreed and told us that they had identified that the current level of three staff in late evening and overnight was not enough and was in the process of increasing this to four.

The acting manager told us that there is a recommended staffing level that is determined by the owner of the home using information from people's dependency assessments. The home was using more staff hours that the recommended staffing level from the provider. The acting manager told us that they had the authority to adapt the staffing level of the home dependent on people's needs. The provider told us that they were happy for the acting manager to do this as long as they had a reason for doing so and the recommended staffing level was a minimum level.

We observed a senior staff member administering people's medication. Medication was kept secure in a locked medication cabinet. Staff administering medication wore a tabard which indicated they were not to be disturbed. We saw that staff administering people's medication focused their attention on the task. Each person had a medication profile that contained an up to date photograph of them, details of any allergies

and information of any homely remedies that had been approved by medical professionals. Staff were attentive to people's needs when administering medication, they explained to people what the medication was, took their time and offered people a drink. Accurate records were kept of the medication administered to people, including 'as and when required' medication and topical creams. Regular stock checks took place to ensure the stocks tallied with the administration records. We also saw that prescribed thickeners to help some people drink safely were used appropriately.

There was a monthly medication audit of a sample of people's medication completed by a member of the providers compliance team and a senior member of staff from the home. Each quarter a more in-depth audit took place. Information about any discrepancies and the likely cause was given to the acting manager to investigate further or raise with staff members. If any discrepancies are found the sample of medication checked is increased to help ensure any mistakes have not been repeated.

Risks were managed safely at the home. We saw that people had appropriate risk assessments in place in their care files. Some of these were risk screens to see if a risk was present and others were more detailed about risks specific to that person. Each person had a plan in place of how they would be supported to stay safe in the event of an emergency evacuation. If any risk was identified as being high a specific care plan was put into place showing how that risk would be reduced thereby giving guidance to care staff. We saw that people's risk assessments were checked as part of an audit of care planning.

Any accidents or incidents that happened at the home were recorded and reviewed in line with any risk assessment that was in place. We saw in the records that learning was taking place from these incidents.

Staff had been recruited in a way that ensured they were safe to work with vulnerable adults. Application forms gave details of applicants work history, qualifications, experience and the details of referees. People's identification was checked and references had been taken and verified. Checks from the Disclosure and Barring Service (DBS) were in place. DBS checks are carried out to help ensure that staff are suitable to work with vulnerable adults in health and social care environments. Staff recruitment files were checked by the providers compliance team.

All staff that we spoke with were knowledgeable about safeguarding vulnerable adults. This included senior staff, care staff and domestic staff, who would all regularly come into contact with people as part of their roles. Staff were aware of clues that may indicate a person was at risk of abuse and who they could report this to both inside and outside of the home.

Since our last inspection the home had responded in a robust manner when a safeguarding allegation had been made regarding a staff member. Senior staff took immediate action to keep people safe, reported this allegation to the relevant authorities and all staff fully cooperated with the investigation that took place. This ensured that people were safe at the home and demonstrated a culture in which staff spoke up and did not allow any abuse of vulnerable adults.

Systems were in place at the home to protect people's monies. Both the homes manager and administrator had oversight of this system.

The home looked and smelt clean. Toilets and bathrooms were well equipped and there was appropriate equipment to support the staff with effective infection control. We spoke with a member of the housekeeping team who told us that one of the team has a later starting time so that cleaning goes on throughout the day. There was also an infection control audit that regularly took place at the home. One person's relative told us that they felt reassured by this and said, "I do like that the home is clean."

There had been ongoing refurbishments and upgrades to areas of the home. Carpets had been replaced with new sealed wood effect flooring which is easier to keep clean. The kitchen had a new sealed floor, wall coverings and new fridges. Also, a new wet room with an accessible bath had been fitted on the first floor, to make bathing for some people more accessible. There was ongoing cyclical painting of some areas of the home to freshen this up. We saw that the maintenance manager had taken advice from specialists when planning further upgrades to the home.

Checks were in place to ensure the building was safe. These included checks by competent persons of the gas and electric supplies to the home; along with checks on the lift, stair lift and other equipment used to help people move safely. There were checks on the call bell systems, the fire alarm, firefighting equipment, emergency lighting and the water supply systems.

A fire risk assessment was in place and a business continuity plan showing how the home would operate and ensure people were kept safe in an emergency. The maintenance manager also undertook regular checks on the safety of the environment and equipment used by people. This all helped to ensure people were safe living at the home.

Good

Is the service effective?

Our findings

People told us that they liked the staff who cared for them. One person told us, "The staff are very good, they're very nice." One person's relative told us, "The staff do work hard, they are very good." Another person's family member said, "It's a nice friendly home. All the staff are friendly and helpful." One visiting professional told us, "Staff always seem happy here."

Staff told us they are happy in their roles. One staff member told us, "I love this job." Another staff member said, "It's now a much happier place to come into work."

There was effective staff training in place. The provider had established a schedule of ten units of training that they viewed as mandatory to support staff in their role and this was refreshed each year. It was explained to us that this was to support staff to keep up to date with their practise and knowledge. Training was monitored in a spreadsheet that showed when refresher training was due and when staff had completed this. This ensured that staff had completed the training identified for them. Training quality was evaluated from staff feedback using evaluation forms. We saw that the providers lead on training was constantly evaluating the quality, usefulness and impact of the training being provided to staff. One staff member told us, "I like the training provided; I've really learnt things doing it."

Records showed that staff had regular supervision meetings with a senior member of staff. However, the records of these meetings were pre-prepared forms that were always the same. There was no recent evidence that feedback had been sought from staff members, or that their effectiveness or their personal development had been discussed.
We recommended that the acting manager looked at best practise guidance on how to use one to one supervision meetings to develop staff, provide opportunities for professional development and ensure they have the support to be effective in their role.

Annual appraisals were made up of two parts; one was completed by the supervisor and one by the person being supervised. These were more detailed and gave staff the opportunity to give feedback about their role. We saw examples of when feedback had been given by staff in their appraisal and that this had been acted upon. There were also staff meetings that provided staff with information and allowed them to raise any relevant issues.

Visiting health professionals told us that there had been a time when the home was not always responsive to people's health care needs; in particular supporting people at risk of pressure sores. This had led to some people developing pressure sores and some safeguarding referrals had been made by health professionals. They told us that improvements had been made in the response from the service to the risk of pressure sores. They also told us that staff were getting better at spotting the early signs of people being at risk; and the acting manager had been responsive. There was additional training in place to help staff be more responsive to this in future, and people were using appropriate pressure relieving equipment such as cushions and air flow mattresses. The health professionals said they were working closely in partnership with the home and the acting manager had put into place any requests or recommendations that they had

made.

The home held a multi-disciplinary team (MDT) meeting at least once a week. These meetings were attended by the acting home manager and outside professionals with a range of roles and specialities. This included a social worker assigned to the home, an occupational therapist, a pharmacist and a community matron.

The service was now responsive to people's health care needs. Each new person arriving at the home and any person with significant or changing healthcare needs was discussed in detail. The acting manager told us that the MDT meetings had been very beneficial. For example, they had resulted in some people's medication being reviewed and recommendations for the medication to be either changed or reduced. One health professional told us, "The service is quite good at sharing information."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The service was provided in line with the principles of the Mental Capacity Act. If necessary people had a capacity of their assessment completed and if required a DoLS had been applied for. We saw that people's consent and permission was sought with their day to day support needs. The acting manager, staff and healthcare professionals thoughtfully explored how to support a person who had the capacity to make the decision to refuse using equipment that would help them with a health concern. The acting manager and staff respected the person's decision but was looking at available alternatives that may help the person.

People had an assessment of their needs before coming to the home. We saw that these were thorough including details on people's health, life history and their likes and dislikes including small but important details. For example, on one person's it stated that they like to use two pillows. Use info from health care professionals – to put together risk assessments and offer guidance for staff.

People told us that they enjoyed the food provided at the home. One person told us, "I always look forward to tea." Another person said, "It's beautiful." One person's relative told us, "With the food they get well looked after." Another family member told us, "The food is good. [Name] has put weight on since they came to the home, they are fed so well."

Menu for the day was displayed in the lounge. We saw that there was a hot main meal and alternatives available for people. The chef had worked at the home for many years; they told us that they arrange the food so that as many changes and last-minute requests as possible can be responded to. The kitchen was clean and well stocked. It had been awarded five stars by the Food Standards Agency at their last inspection. We spoke with the chef who had records showing people's special dietary requirements and their likes, dislikes and preferences. We compared some of these to details in people's care files and saw they were consistent. People's dining experience at the home had been regularly checked by using a dining room audit tool.

Each person's bedroom had a 'front door' style door and the corridors were decorated with pictures of local scenes, transport and old movies. The home had appropriate signs to help people orientate themselves and there was a large notice telling people the day, date and month. People told us they like their rooms. One person said, "My room is big enough for me." Another person said, "My room is nice and bright." People had been supported to personalise their rooms.

The home had two lounges for people to use; a large lounge and conservatory downstairs and a quieter lounge on the first floor. We saw that half way through their working shift staff changed the floor they were working on. Staff told us that this helped them to stay fresh and provided a variety of staff for people in the upstairs lounge. We asked the acting manager to consider the layout of the downstairs lounge area as there was two televisions at either end of the lounge area; the televisions were not very large and for many people neither of these two televisions were accessible.

Good

Is the service caring?

Our findings

People told us that they thought the staff at the home were caring. One person said, "The staff are adorable." Another person described the staff as "very pleasant." People's relatives told us that the service provided was caring and they were made to feel very welcome when visiting the home.

There was a calm and friendly atmosphere and people looked comfortable at the home. One person told us, "I have made friends here. I get on well with people and all the staff are lovely and obliging. It's as nice as any other home." Another person said, "I can't fault the home." A third told us, "I like this home very much."

One person's family member told us, "The home couldn't be better, [name] loves it here, they are all lovely staff and we feel really welcome." Another person's relative said, "The staff have been good, they are caring." A third told us, "It's a friendly and down to earth home. They fuss over him; the girls do everything for him."

We saw times of joking and good humour between people and staff which showed that staff knew people well. It was clear that some people had developed warm, positive relationships with staff members. One person pointed at a staff member and told us, "He's excellent he is. All the staff are happy."

We saw that staff at times paused what they were doing and enquired about people's wellbeing. Asking them, "How are you today?" Or, "Do you need any help." We at times heard staff reassuring people and not dismissing their concerns. For example, one person was becoming anxious and staff kindly addressed their concerns; then asked questions about something else. The person seemed to benefit from this approach. Another person's relative told us that their family member was unsettled when they first came to the home, however with the support of staff they had settled in well.

People were asked questions and their opinion was sought before support was provided. At lunchtime we saw that people were asked questions about their preferences and they were listened to and their requests were acted upon. In interactions with staff people were treated with dignity and respect.

We saw that consideration had been given to keeping people's private confidential information safe and ensuring that it is only accessed by people when necessary and those who are authorised to do so. The acting manager told us how the exchange of information with health professionals had been changed to ensure people's details were kept secure.

The service had received a number of compliments and thank you cards from people's relatives. One person had written that they were touched by the lovely care and support they received from "kind and thoughtful" staff at the home. Another thank you card addressed to the "amazing and wonderful staff" stated, "With all of our hearts we want to say a heartfelt, truly sincere thank you for all your love, care, kindness, commitment, patience and goodness to [name]…Every one of you gave her the greatest care in the world."

Good

Is the service responsive?

Our findings

On the first day of our visit people at the home were celebrating Halloween. The home was decorated and there was Halloween themed table ornaments that people had helped to make and buffet food in the afternoon. One person's relative was pleased and told us, "They have pushed the boat out for Halloween." Another person's relative told us, "There is plenty to do. [Name] is always doing something with the activities person." On the second day of our inspection people visited with miniature ponies that some people chose to spend time with and seemed to enjoy it.

Feedback overall about activities and having things to do at the home was divided. Some people told us that there were lots to do at the home and others that there was very little to do. For example, one person told us that they thought the home was "quite good". They added, "There needs to be more available, other than being stuck in, looking at one another." Another person told us, "I'd like to get out a bit. I'd like to go to the park for a little walk." A third person told us they were bored. Another person told us that they used to enjoy watch football on the television, but this does not happen anymore. One person's relative told us there was, "Not a lot of activities happening for people."

The activities co-ordinator was very enthusiastic about their role, they told us that they arranged for a variety of people and organisations to visit people at the home. Each week a local religious minister offered people Holy Communion which a number of people regularly partook in. A hairdresser visited the home and people could have their hair styled in an equipped hairdressing room. Periodically entertainers such as singers, visited the home. Children from local schools came to provide a carol service at the home and a local football club youth team came and spoke to people about football in the summer. Also, a theatre group from a local university had performed scenes from a play earlier in the year. One visiting health professional told us that a singer had been in the home the previous week. They told us, "People seemed to really enjoy it. They were joining in, laughing their heads off."

The home also supported people to partake in art and crafts, dominos, card games, sessions of reminiscence, pampering from care staff, armchair exercises and watching films. People were provided with newspapers and magazines; including one person who we saw reading a magazine in their first language. Some people preferred one to one or small group activities. The activities co-ordinator told us that for one person they read the headlines from the paper each day; and for other people there was a quiz that they enjoyed.

People's birthdays were celebrated. Also, other national or religious events were celebrated; such as Easter, the Royal Wedding and Christmas.

We spoke with the activities co-ordinator about the range of activities provided and the mixed feedback from people living at the home. We asked how they ensured that the activities provided met people's preferences and if they knew which people had participated in activities and how they reviewed them. They told us that they used to look at these questions but had not done so for some time and would revisit this. They also told us that some people had been supported to go out for a walk and occasionally visit the local

shops.

Each person had a detailed and person-centred care plan. They contained many details about a person's life and what was important to them. For example, we saw plans that contained a brief life history of information people wanted to share, details on any faith they had, their likes and dislikes, their favourite food and the preferred way of being addressed.

There was also for each person an 'assessment of daily living', this identified what areas of their life people needed support with. For example, these included how people are supported to move safely, support with nutrition, personal care and skin care. If the assessment showed that people had a high level of need in an area an appropriate care plan was put into place and appropriate referrals made to health care professionals.

If a need was identified additional records were kept monitoring a person's care. For example, recording how much a person ate or drank or a turning chart showing how often a person was supported to reposition. We looked at four examples of turning charts. Three were fully completed and one had significant gaps where it had not been recorded when care was provided or offered. We spoke with the acting manager who told us that there was no routine reviewing of turning charts by the person's keyworker or a senior member of staff. We asked the acting manager to review how these charts were checked.

We saw that when people's care needs changed, there was evidence of their care plans being updated; as well as each care plan being reviewed monthly. We saw evidence that this reviewing process took into account trying to look at people's care from their viewpoint. As well as regular reviews of the care plan the compliance team audited four people's care files each month. They looked in depth at any particular support needs or exposure to risk that a person may have, ensured that appropriate referrals had been made and the support provided was being responsive to these needs. Care staff also told us that there were daily handover briefings, which ensured that they knew what was happening in people's lives and care. A visiting social worker praised the changes made to the care planning system in respect to easily identifying appropriate healthcare for a person.

The service had improved in its responsiveness to people's needs. We saw a letter from a person's friend who had responded well to the care planning and care delivery at the home. Before they came to the home this person was eating and drinking little, getting little exercise and was experiencing frequent infections. The letter stated in part, "The change in [name] in the six weeks she has been with you is amazing. She looks like a different person, so much more relaxed, healthier and more alert that she has been for many months." We saw a letter from a dietician in their care file which stated the person's dietary intake had improved and monitoring from staff that showed the person had got closer to a healthy weight.

The home had provided care and support during the end of people's lives. The service worked alongside health professionals in providing this care. At the time of our inspection nobody was receiving end of life care.

The home had a policy on how to respond to complaints made about the service provided. We saw that any complaints made had been responded to in line with this policy.

Good

Is the service well-led?

Our findings

At our previous inspection there was a breach Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the systems in place to assess and monitor the safety and quality of the service had not always been effective.

Since our previous inspection the registered manager was no longer working at the home. The deputy manager who had worked at the home for many years was now the acting manager of the home. Previously as the deputy manager they had built up positive relationships with staff members and been involved in aspects of the running of the home, including monitoring the staffing levels and completing the staff rota.

The provider told us that the organisations compliance team who support home managers had been increased in the previous twelve months from 2 to 6 people. They said this was done to help support the managers of their homes with monitoring and assessing the quality of the service provided. They do not take over this role, but work alongside the home mangers in ensuring that any areas of improvements highlighted are acted upon.

We spoke with members of the providers compliance team. The acting manager told us that the support they offered helped the home to be progressive, they questioned and tested the safety and effectiveness of the support being provided to people. We saw for example that this had resulted to changes to the way safeguarding training was provided for staff.

There was a quarterly meeting at the home were accidents, incidents, any safeguarding alerts and feedback from people living at the home, their family members and staff members was reviewed. Themes were looked for and incidents looked into to ensure that appropriate action had taken place.

The compliance team and acting manager completed checks and audits of the home and the support provided for people. We saw that these had been effective and some of them had led to action plans being completed. People's care files were checked by pathway tracking. This involved asking; are appropriate documents and risk assessments in place, are they being used and are they effective; by comparing these with the support people received. We also saw that medication audits had led to improvements in how people's medication was documented.

These checks and audits allowed the acting manager and provider to assess and monitor the safety and quality of the service being provided and when necessary make required improvements. The service was no longer in breach of this regulation.

People were positive about the acting manager of the home. One person told us, "They do extremely well. I don't think it can be improved." Another person told us, "The manager is lovely." Staff were positive about the acting manager of the home. One staff member told us, "The changes at the home have been good." Another staff member told us, "It's like a different place." A third told us, "The atmosphere is great. It hasn't always been like this, it's due to the change of manager."

A Visiting social worker told us the acting manager was, "Really on the ball. They are very hands on, they get stuck in and knows people really well." A visiting health professional told us that the acting manager had a very good relationship with staff at the home. They also told us that they, "Know people well. Has a good knowledge about people at the home and is very approachable." Another health professional told us that, "The new manager has really taken this job seriously and has been really keen to address issues that have come to light at the home."

We found the acting manager to be a good communicator and there was evidence that they had been effective in leading the service. A number of changes had been put into place and they had built up good relationships with outside professionals. They told us that when taking on the role they initially held a staff meeting about the priorities at the home and have been working on these.

The acting manager told us that one of these priorities had been looking at how staff were working within the home. At this inspection the home was a lot calmer and quieter. Previously the call buzzer was often echoing around the home; at this inspection we saw that it was infrequently used. The acting manager told us that they changed the way staff worked and staff now focused on one person at a time and were not running from task to task. They told us, "The noise of the constant buzzer must have been annoying for people. I don't expect people to have to put up with that type of noise." They added that it took about two months to establish a better way of working and for the home to feel calmer.

The acting manager told us that they had not had one to one supervision meetings with the provider. They considered the quarterly meetings with all home managers within the group as their supervision. The acting manager told us that these meetings had been very useful and told us they felt "very well supported" by the provider in their new role. The owner of the home told us that the acting manager had also been supported by the compliance team on their twice monthly visits and by himself on their monthly visits to the home.

The service is required by law to send the CQC statutory notifications about certain incidents and events that had occurred at the service. The acting manager had sent through appropriate notifications, but these had not always been in a timely manner. The acting manager told us this was because they were not aware of the types of events that were notifiable. The relief manager is now up to date with these requirements.

The home had appropriate policies in place. These offered guidance for the acting manager and staff on how to follow the homes procedures. We looked at the home's safeguarding and whistleblowing polices and saw that they contained relevant information to guide staff on how to keep people safe and how to raise an alert both inside and if necessary outside of the home.

The rating from the previous inspection was displayed at the entrance to the home and on the providers website.