Tamaris Healthcare (England) Limited

Harrogate Lodge Care 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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This was an unannounced inspection carried out on the 13 May 2015. At the last inspection in October 2014 we found the provider had breached nine regulations associated with the Health and Social Care Act 2008.

We found proper steps to ensure that each person was protected against the risks of receiving care or treatment that was inappropriate or unsafe had not been taken. Care records were not up to date and were complex and difficult to follow. There were not always effective systems in place to manage, monitor and improve the quality of the service provided. The management team had failed to protect people from inappropriate or unsafe care and treatment as effective analysis of accidents, incidents and audits had not been carried out. There were not suitable arrangements in place to ensure staff were appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.

We also found that people were not always protected against the risks associated with medicines and appropriate arrangements were not in place to manage medicines. We saw that suitable arrangements were not in place to ensure people were safeguarded from abuse and that there were not sufficient staff to make sure

Summary of findings

people's needs were properly met. We found that applications for the Deprivation of Liberty Safeguards (DoLS) had not been carried out and it was not clear if people were at risk of having their liberty deprived or their rights to make decisions respected. From the records we looked at we were not able to see if complaints had been responded to appropriately or any lessons learnt implemented and we found the registered person did not notify the Care Quality Commission without delay of incidents.

We told the provider they needed to take action and we received a report in January 2015 setting out the action they would take to meet the regulations. At this inspection we found improvements had been made with regard to these breaches. However, we found other areas where improvements were needed.

Harrogate Lodge Care Home is a care home with nursing and is registered to provide accommodation for up to 50 people. At the time of our inspection there were 22 people living at the home.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At this inspection we found overall that appropriate arrangements were in place to manage the medicines of people who used the service. However, we found the records relating to some people's medication administration and some 'as and when' required medications were not accurately completed. This could lead to people's needs being missed or overlooked. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People were cared for by sufficient numbers of suitably trained staff. We saw staff now received the training and support required to meet people's needs. People's needs were assessed and care and support was planned and delivered in line with their individual care needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity were aware that decisions had to be made in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities and enjoyed a balanced healthy diet. Mealtime experiences in the home were good and people received the support they needed.

Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were overall, effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Medication administration guidance records were not always accurate which could lead to inconsistencies in care delivery.

People we spoke with told us they felt safe. Systems were in place to identify, manage and monitor risk, and for dealing with emergencies. The home environment was safe.

There were enough staff to keep people safe. The recruitment process was effective and robust which helped to make sure staff were safe to work with vulnerable people.

Requires improvement

Is the service effective?
The service was effective.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Staff received training and support that gave them the knowledge and skills to provide good care to people.

People's nutritional needs were met. Records we looked at showed there was a varied and balanced diet offered. People had regular access to healthcare professionals, such as GPs and dieticians. Prompt referrals were made when any additional health needs were identified.

Requires improvement

Is the service caring?
The service was caring

Staff understood how to treat people with dignity and respect and were confident people received good quality care.

People were supported by staff who treated them with kindness

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?
The service was responsive

Requires improvement

Summary of findings

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

People's care and support needs were assessed and in the main, care plans identified how care should be delivered.

People had access to a wide range of activities.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Is the service well-led?
The service was well- led.

Requires improvement

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The management team were, approachable and provided guidance and support to the staff team.

Systems for monitoring quality were overall effective.

People who used the service and their relatives were asked to comment on the quality of the service to help drive improvements.

Care Quality Commission

Harrogate Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 13 May 2015 and was unannounced.

At the time of our inspection there were 22 people living at the service. During our visit we spoke with five people who used the service, two relatives, eight members of staff which included the manager and regional manager. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at nine people's care records.

The inspection was carried out by two adult social care inspectors, a specialist advisor in governance, a specialist advisor in nursing care, a pharmacist inspector and an expert-by-experience who had experience of older people's care services and dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and any statutory notifications that had been sent to us. We contacted the local authority and Healthwatch. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires improvement

Is the service safe?

Our findings

At the last inspection we rated this domain as inadequate. The provider did not have arrangements in place to ensure the safe management of medicines, suitable arrangements were not in place to ensure people were protected from the risk of abuse and there were not sufficient numbers of suitably qualified, skilled and experienced staff to meet people's health and welfare needs.

We found at this inspection that medicines were stored safely and appropriate records were kept for medicines received and disposed of. Medicine fridge temperatures were recorded and monitored appropriately.

We looked at the medicine records for 21 people and found the majority were accurate and up to date. However, we found omissions in four of them. For example, in several records there was no actual dose administered recorded when a medicine was prescribed with a variable dose. Staff however, could clearly describe how decisions to administer these medicines prescribed to be used 'when required' but the plans of care for these medicines lacked detail. We saw for one person that the care plan said the decision would be based on the person's 'body language'. The staff member we spoke to described the body language saying the person would 'grimace and wring their hands or rub the affected area' to indicate they were in pain and so needed the 'when required' medicine. This was not recorded in that level of detail in the person's care plan which means their needs could be missed or overlooked. We also saw there was a handwritten entry for paracetamol that was unclear and could have led to an overdose being administered. The entry had been signed by two staff. The manager made immediate arrangements of the day of the visit to rectify this.

Two people had covert medication administration plans in place. These had had appropriate multi-professional input and showed families and staff were involved in the decision to administer medication this way. However, one person had received support from the mental health team and was no longer having their medicines given covertly but this was not apparent from the record in the medication administration record (MAR) folder. Staff demonstrated they were aware of the person's needs.

We concluded that records relating to people's medication were not always accurate. This evidence showed a breach of Regulation 17 (2) (c) Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

Some syringes and needles were found which were date expired (others were available that were in date). Staff said they would always check expiry dates before using any products but agreed the out of date items needed to be disposed of. The registered manager made arrangements during our visit to do this.

People who used the service told us they felt safe or that they felt their relative was safe at the home. One person said, "I feel safe here. All the carers are lovely. They'll do anything for you." However, another person said they did not think there was always enough staff on duty, particularly at night and said they sometimes had to wait up to 15 minutes for their call bell to be answered. A relative also said, "We think things have improved recently, but there's often not enough staff on."

We saw staffing levels had been assessed using a dependency tool to ensure they were safe and there were sufficient staff to meet people's needs. The registered manager demonstrated the use of the electronic CHESS (Care Home Equation Safe Staffing) Dependency Tool to determine staffing levels were based on the overall needs of people who used the service. The assessment considered people's dependency alongside the environment, layout of the building and any specific needs people may have such as one to one support. The registered manager showed us recent records which indicated the home was currently staffed above requirements based on the calculations of the dependency tool.

The registered manager also explained how they had assessed staffing requirements at night in the home. The deputy manager had worked alongside the night staff on occasion to assess the needs of people who used the service and the work load. The registered manager said they were satisfied that the current night staffing arrangements were sufficient to meet people's needs.

Our observations showed that the communal areas of the home were always supervised by staff and people received

Requires improvement

Is the service safe?

timely responses to any requests for assistance. We saw call bells were answered promptly. We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff.

The staff we spoke with told us they felt sometimes there weren't enough staff on duty; this was mainly when staff called in sick at short notice. They felt the service attempted to address the gap by asking staff to do extra shifts. Staff did not think people's care needs were put at risk as they said they 'pulled together' as a team to make sure needs were met. They did however, say that when they were short staffed they felt there wasn't always time to sit down and talk to people.

We discussed staffing levels with the registered manager. They said that based on the current needs of people who used the service there was always one nurse and two care staff each night. Our review of the rota over the last month showed this staffing level had been maintained on all but one night shift where last minute sickness had occurred, leaving one nurse and one care staff. The registered manager said they introduced a 'sleep in' staff member that night to make sure they could be available if needed. Rotas showed that day staffing was provided as indicated (and above) the dependency tool assessment.

We looked around several areas of the home; this included communal areas, bathrooms and toilets and people's bedrooms. We saw the home was clean, tidy, well maintained and homely. There were no malodours. We looked at a random sample of window restrictors in the home. We found them to be in place where needed, locked and were told regular checks were carried out to ensure their safety. After the inspection, the registered manager sent us information to say the provider was aware of the latest guidance from the Health and Safety Executive regarding window restrictors and were checking what they had in place met this guidance. We noted the home's garden was very overgrown which could present a hazard to anyone using it. We saw documentary information to show contractors were due at the home the day after our visit to commence work on the garden. We looked at maintenance contracts and the servicing of equipment contracts and found that those we looked at such as slings, hoists and suction pumps were all up to date to ensure their safe use.

Risks to people who used the service were appropriately assessed, managed and reviewed. All the care records we looked at had case relevant risk assessments completed and were observed to be updated monthly by the named nurse. For example, where a person was at risk of choking; a full choking risk assessment had been completed, and due to a high risk outcome; an immediate referral to the Speech and Swallowing Team was completed with a planned monthly review. A person at high risk of pressure ulcers due to immobility was observed to be nursed on an air flow mattress with two hourly change of position. Documentation was completed and signed by care staff to show this and staff were clearly aware of the risks and the care this person required. We also saw that the home had a comprehensive risk management file which was reviewed and up to date to ensure there was a consistent approach to managing risks in the service.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We spoke with staff about their understanding of protecting vulnerable adults. Staff had an understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff were aware of the whistle blowing policy and although none of them had ever used it, they said they would if they felt it was necessary to protect people who used the service. Staff we spoke with told us they had received training in safeguarding vulnerable adults and had opportunity to discuss their training with the registered manager and colleagues. Records we looked at confirmed staff were up to date with this training and had received group and individual meetings to discuss their understanding of the training.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. We looked at the recruitment process for three members of staff and saw this was properly managed.

The registered manager demonstrated a good understanding of safeguarding issues and showed us the records of a recent safeguarding matter that had been

Requires improvement

Is the service safe?

referred to the local authority. The record demonstrated that appropriate action had been taken to ensure the safety of the person who used the service during this investigation.

There were effective procedures in place to make sure any concerns about the safety of people who used the service were appropriately reported. Staff spoke of their training in emergency aid. One staff member said, “I feel clinically able to attend to any emergency and we have a response policy at the home that I am fully aware of and we all know just what we need to do.” Another staff member spoke of their pressure relief training and showed good knowledge regarding the care of a person identified to be at high risk of pressure ulcers. They said, “I know the signs to watch out for when I apply the cream and if I see any redness, I fetch the Nurse to have a look” and “I know how important it is to stick to the regular turns.”

Requires improvement

Is the service effective?

Our findings

At the last inspection we rated this domain as inadequate. Staff were not always following the requirements of the Mental Capacity Act 2005 which meant people who lacked capacity were not supported to ensure they received appropriate care and applications for the Deprivation of Liberty Safeguards (DoLS) had not been considered for people whose liberty may be deprived. Staff were provided with a programme of e-learning training but their competency was not checked and staff were not properly supervised or supported in their roles. Following the last inspection the provider sent us a plan which identified how they were going to improve the service. At this inspection we saw they had followed their plan and appropriate systems were in place to make sure people's rights were protected and staff received appropriate support.

At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff we spoke with said they felt well supported and received the supervision they needed. All the staff we spoke with told us they had received supervision meetings. This had been both one to one and as a group supervision. They all felt the supervision sessions were useful. They told us they felt able to discuss their training and development needs during their supervision. They said the supervision sessions allowed them to get feedback on their performance and for them to give feedback to the service. We looked at the records of the supervision meetings and saw this to be the case. Recent discussions had taken place on the understanding of safeguarding procedures and the Mental Capacity Act (MCA) 2005. 'Flash' supervisions had also been introduced by the registered manager. These could take place at any time to address any performance concerns or for staff to bring up concerns or worries with the registered manager. One staff member said they found this a particular good way on getting feedback on handling stressful situations. Most staff we spoke with said they had received an annual appraisal of their performance.

People were cared for by staff who were supported to deliver care safely and to an appropriate standard. We looked at the training records and saw staff had received a range of training which included; safeguarding, moving and handling practical, infection control, MCA, basic life support and medicines. The training matrix showed staff training was up to date and appropriate for their grade and occupation. Staff said they were encouraged and supported by the management team to access further training and that they felt the E-Learning was very good.

The record did not show staff's training on dementia or tissue viability. However, a number of staff spoke to us about this training they had completed and how it had helped them in their role. Staff said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others. They said they felt they would benefit from further training in managing aggression from people who used the service. The regional manager said they had identified the need for this type of training and were currently sourcing Managing Actual and Potential Aggression (MAPA) training for the staff to ensure safe practice.

Staff also spoke to us about a recent training experience where they had experienced a day as a person who used the service, this was known as 'Resident for the day'. They told us they had been affected by this type of training and told us it had made them assess how they interact with people. As a result of this, they had made positive changes to the way they worked with people. We concluded that staff had the knowledge and skills to carry out their job effectively and their knowledge and skills were checked after completion of any training. People who used the service said they felt the staff were competent and effective.

Throughout our inspection we saw people who used the service were able to express their views and make decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. The staff we spoke with told us they would always seek the consent of people before they carried out any personal care interventions. Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Requires improvement

Is the service effective?

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. Documentation we looked at showed the appropriate authorisations were in place and staff had been trained on DoLS. Staff were aware of who had a DoLS in place and what that meant for the person's care and support delivery. We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff were aware of the five principles of the MCA and spoke about the need to always assume people have capacity or that decisions must be made in people's best interests. Staff were aware that capacity assessments must be specific to the decision being assessed and that people may have fluctuating capacity. This meant the rights of people who used the service were protected.

Mental Capacity Assessment records we looked at provided evidence that, where necessary, assessment had been undertaken of people's capacity to make particular decisions. We saw this assessment had been completed in accordance with the principles of the MCA and showed involvement of the relatives of people who used the service. This meant that the people's rights had been protected as unnecessary restrictions had not been placed on them and any decisions had been made in their best interests.

We looked at people's care records and these contained information about visits from healthcare professionals. There was evidence of timely referrals to external health professionals such as GPs, opticians and chiropodists. This showed that arrangements were in place that made sure people's health needs were met.

People were supported to have sufficient to eat and drink and maintain a balanced diet. We observed the lunch time meal on both floors in the home which was well organised and a pleasant experience for people. People had a choice of fish in creamy sauce (or breaded fish was also offered) or liver and onions with seasonal vegetable (peas and sprouts) and either mashed or steamed potatoes with a dessert of semolina or choc- ice. Bananas and strawberries and cream were also offered. The chef was present throughout the meal service and clearly had good relationships with the people who used the service and was aware of their likes and dislikes. The food looked attractive and portions were generous. There was also a Caribbean menu available which included jerk chicken/rice and peas; fried fish; curried goat, rice, curry sauce and fried plantain.

People appeared to be enjoying their meals and were given friendly support and encouragement to eat where needed. When people needed support and encouragement to eat their meal, staff sat down next to them and offered support. Staff were respectful and maintained people's dignity; always checking people's enjoyment of the meal and if they needed their napkin. We saw staff were patient with people and offered regular drinks with the meal to help people swallow the food. People who used the service were broadly positive about the food in the home. One person said, "The food is swings and roundabouts. On the whole it's not bad. There's always a couple of choices and they'll offer to bring something else too."

There was a menu folder on each table and this meant people had to open the folder and look for the menu of the day. This could be difficult for people with a memory problems who may not know what day it was or people who had visual difficulties. We did however; see that some people were assisted to make their meal choices by being shown the actual food choices. We also saw that food was served on blue or yellow plates. This made it easier for people with any visual difficulties to recognize the food on the plate. Some people required a special diet such as a soft diet to prevent the risk of choking. We saw food for a soft diet was presented in an appetizing way.

On offer throughout the day was a range of sandwiches, soup, fresh and dried fruit, biscuits and crackers, home baking, snacks and crisps and hot and cold drinks. Throughout our visit, we observed trolleys going around with hot drinks and snacks being offered and there were jugs of juice in bedrooms and drinks coolers in the communal areas. Records showed that where people were nutritionally at risk management plans had been put in place to monitor and respond to weight loss. This included referral for dietician support and to offer calorific/fortified snacks throughout the day. We saw that this approach had led to a gradual weight increase for a person nutritionally at risk.

Good

Is the service caring?

Our findings

At the last inspection we rated this domain as requires improvement. We found that people's end of life care plans did not give full details on their wishes and staff were not trained in end of life care. We also found people's individual needs were not always appropriately responded to by staff. At this inspection we found the provider had taken appropriate action and improvements had been made.

People who used the service and relatives we spoke with all told us that they felt that the staff were caring and supported them or their family member well. They said they liked the regular staff and felt comfortable with them, and would talk to them about any concerns they had. People's comments included; "I get on with all the girls and boys. You can have a bit of a joke with them", "I know them well and they know me. They help me have a shower whenever I want", and "We know the regular staff well and we can talk to them about any worries. Overall, we're happy with how she's looked after."

People who used the service and their relatives had been involved in developing and reviewing care plans. We saw people were consulted about their care. One person who used the service said, "There's a meeting on Friday to discuss my care plan. I'll be going to that, and so will my daughter." A relative told us they were kept informed on their family's welfare and any changes in needs.

Staff were encouraging and supportive in their communication with people. Throughout the visit, the interactions we observed between staff and people who used the service were friendly and respectful. We saw staff speaking kindly and in a warm manner to people who either had no speech or were very confused. Staff clearly and constantly demonstrated that they knew people well, their life histories and their likes and dislikes. This enabled them to reassure people and keep them relaxed. People who used the service enjoyed the relaxed, friendly communication from staff.

We saw a member of staff assisting a person who used the service to the bathroom, we noted that the staff member spoke in a quiet and caring tone, encouraging the person to walk with their stick and complimenting the person on the hat they were wearing. This led to the person smiling and happy to follow the staff member's instructions. We observed a situation where a person who used the service became anxious and distressed. Staff responded by speaking calmly with the person and asking if they wanted a nap or to listen to their favourite music in their room. They chose to listen to music with the staff member and became calm and relaxed. This indicated person centred care, tailored to meet individual needs.

People looked well presented in clean, well-cared for clothes with evidence that personal care had been attended to and individual needs respected. People were dressed with thought for their individual needs and had their hair nicely styled. We noted that one person who used the service was wearing ill-fitting slippers. We discussed this with staff who were already aware of this and told us what they had done to remedy the situation.

The staff we spoke with told us they developed good relationships with people and got to know them very well. One staff member told us, "People here can sometimes find it difficult to let you know what they want but I have known them for a long time and I can read their body language and know when they are not happy or they need support with something." All the staff we spoke with told us they really enjoyed working at the home. One staff member told us, "I love it here, I love working with and supporting the residents." Another told us, "Every day is different and I get a lot of enjoyment coming to work." Staff spoke with compassion when talking about their work and people who used the service. One staff member said, "They're like family, and when someone passes away it's tough. But we've got a good team and we support each other through the tough times."

Staff said people who used the service were treated with dignity and respect. They felt the needs of people had been clearly identified in their care plans and staff could easily identify from the care plans what people's support needs were. The staff we spoke with felt people would not look so happy if they were not being supported very well. One staff member said, "People wouldn't be smiling and would look unhappy." Staff had a good understanding of how important it was to treat people with dignity and respect. They said they would make sure care was delivered in private, encourage people to be as independent as possible and listen to their choices of what they wanted.

Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people. We saw staff knocked on

Good

Is the service caring?

people's bedroom doors and asked their permission to enter. We saw people were assisted discreetly to adjust their clothing to maintain their dignity when this was needed.

Some people who used the service had been identified as needing a Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) order in place. There was evidence that the correct forms had been completed with the involvement of people who used the service or their relative. We spoke with staff about end of life and palliative care. Staff and the registered manager told us that one of the nursing staff was highly trained in the '6 steps' end of life care pathway and was described as 'passionate' about this. On the day of our visit this staff member was on a training update focus group for end of life care. Other nursing staff had also been identified to complete end of life training. At the time of our visit, no-one who used the service was currently on the end of life care pathway. However, one care file we looked at did contain a completed end of life care plan, with evidence of discussions regarding the person's personal choices.

The registered manager was aware of how to assist people to obtain an advocate if needed. We also saw there was information on display in the home regarding local advocacy services that people could access.

Requires improvement

Is the service responsive?

Our findings

At the last inspection we rated this domain as inadequate. We found people's care plans were not up to date or reviewed and lacked involvement from people who used the service or their relatives. Where complaints had been made, records showed a lack of response to them and no evidence of lessons learned to prevent future re-occurrence.

At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Records showed that people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs/support, actions and responsibilities, to ensure personalised care was provided.

We looked at the care records for five people who used the service. The care plans were found overall, to be detailed and gave a good overview of people's needs and the support they required, which meant that people's needs were met. Care plans showed evidence of individualised person centred planning. For example, one care plan identified with clear, complete documentation where a person who used the service was consistently refusing to sleep in bed, preferring to sleep in a chair. Documentation showed the person was appropriately referred for assessment for a reclining support-chair to address this need. Another care plan identified that a person with poor nutritional intake, really enjoyed eating crisps and that staff should offer this snack when meals were refused. A comprehensive list of food likes and dislikes was also present. Staff said the care plans were easy to read and enabled staff to support people effectively. They said the new care plans accurately reflected the needs of people who used the service. People's care and support needs were assessed and plans identified how care should be delivered.

We saw recently completed 'My Choices/My Preferences' documents in three of the care files we reviewed. This gave information on people's histories and personal likes and dislikes were gathered with input from people's family and friends. This information was then used in the individual care plans to ensure care delivery was person centred. For example, in one person's care plan it stated that the person enjoyed talking about their past and that staff should engage in chatting to them about their life and memories. We discussed people's care needs and preferences with staff. It was clear they knew people's care and support needs well. One said, "This is a really good way of understanding all the things they prefer and ways to make sure they are happy." Other staff spoke of the importance of getting to know people's life histories to enable a better understanding of people's needs.

The registered manager told us that new care planning documentation had been introduced at the service since our last inspection. They explained that care plan training was currently being completed by all nursing and care staff. One of the nursing staff said the manager had helped them understand what needs to go into a 'good' care plan. The registered manager said they had improved the care plans but were still working towards continued further improvements.

The service has the use of two activity coordinator's. We saw people were offered a range of social activities which included memory lane, gentle exercise, arts and crafts, music/sing-alongs, pamper days, group games, bingo/cards/dominoes, live entertainment, shopping and fun days out. We spoke with one of the co-ordinators. They told us they used a questionnaire to establish activities people preferred and which would be the most stimulating and appropriate for people. They understood people's ability to take part in activities varied with their mood and their ability to join in. We saw the range of activities on offer included one to one activities and group activities. This meant people could choose which type of activity they wanted to join in on that particular day. Activities took place on the two floors and people from each floor were encouraged to join in.

On the day of our visit, there was a bingo session in the afternoon in the downstairs lounge. The five people who participated in this appeared to enjoy this, and there was quite a bit of banter and laughter. The home had a calm and relaxed feel to it. There was some pleasant music playing in the lounge and the television was only on for short periods of time and people appeared to be watching

Is the service responsive?

this. In the morning, we saw staff playing noughts and crosses and other games with people. The activity programme was displayed in the home and staff were actively engaging with what was going on and involving people. One person who used the service did not think there was enough to do.

People's religious needs were met through a weekly visit by the Catholic priest. It was not clear whether other denominations had been invited into the home. We saw a local black elders group had been invited in to talk to some of the people in the home who were from a black African or black Caribbean background. People who used the service and staff in the home reflected the very mixed cultural make up of the area where the home was positioned. We noted however, that pictures and memorabilia on display in the home did not reflect this cultural mix.

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process and a complaints policy. We saw the procedures on how to raise concerns or make complaints were displayed in a number of places around the home. We looked at records of complaints and concerns received recently. It was clear from the records that people had their comments listened to and acted upon. This included written responses to people's concerns.

The registered manager said any learning from complaints would be discussed with the staff team once any investigation had concluded. We saw this had been done in staff's individual or group supervision meetings in order to prevent future re-occurrence. The registered manager also showed us an agenda for a forthcoming meeting with people who used the service and their relatives. This showed there was an intention to give feedback on any concerns or issues recently raised. People who used the service said they would raise any concerns they had with the staff team or manager. One person said, "The staff are alright. They listen to me and try to sort things out. [Name of manager] is alright."

Requires improvement

Is the service well-led?

Our findings

At the last inspection we rated this domain as inadequate. We found there were not always effective systems in place to manage, monitor and improve the quality of the service provided. Audits were carried out but did not identify issues or show action was taken to make improvements to the service. And there were no effective incident and accident monitoring systems in place.

At this inspection we found the provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

There was a registered manager in post who was supported by a deputy manager and a team of nursing and care staff. The registered manager supervised the care given and provided support and guidance where needed. People who used the service and their relatives spoke positively about the management team and how the home was run. One person said, [Name of manager] is nice. I like her. If I was worried about something I would be happy to speak to [Name of manager]." People said they felt confident to raise any issues with the registered manager.

Staff spoke highly of the registered manager and said they found them approachable. Staff said they felt fully supported by the new registered manager and deputy manager. One staff member said, "It's a much better place to work now we have our new manager." Staff said they found the registered manager and deputy manager approachable. They also said they found the regular presence of the regional manager supportive. Staff told us the home was well led and had a positive culture. They described a home with a 'nice atmosphere' where staff worked together as a well supported team. They told us that the registered manager was 'in control' and knew what they were doing to manage the service.

Staff demonstrated a pride and commitment to their work in the service. Comments included; "I love working here" and "Great staff team, everyone helps out." Staff also said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. All the staff we spoke with told us they used supervision meetings and their appraisal to give feedback to the registered manager about how they felt the service was being delivered. Our observations showed that staff were working together as a team and were responding well to situations as they arose; anticipating problems and helping to avoid them, for example, when dealing with behaviours that had the potential to be challenging.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider had a new computerised touch screen system in place where people could leave feedback on the service. The screen was portable and could be taken to people to use in the privacy of their rooms if required. The registered manager said they would analyse any feedback and to try and ensure the service was continually improving and responding to what people wanted. This system of gaining feedback was very new; there were no results for us to review at the time of our visit. We did however, look at the minutes of recent 'residents/relatives' meetings. The overgrown garden had been brought up as a concern. Records we looked at showed this had been addressed in response to the concerns raised and a contractor had been appointed to improve the garden and provide an on-going service to ensure it was properly maintained in the future.

The registered manager told us they had a system of a continuous audit in place. We saw this was drawn up in a schedule to show the frequency of audits. This schedule had been adhered to and was therefore up to date. These audits included medication, care planning, dementia and infection control. We were also told that the provider's quality team visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits. We saw actions were identified during these visits such as the need to check fridge and freezer temperatures or carry out wheelchair checks. Action plans showed these matters were addressed and staff's practice had improved.

We looked at medication audits which showed weekly audits of MAR charts had taken place. However, from the records available it was not possible to check which MAR charts had been audited which meant the same ones could be checked each time and others would not be looked at. The registered manager and regional manager agreed this needed to be recorded in future.

Requires improvement

Is the service well-led?

The registered manager told us of a new system, recently introduced by the provider to monitor elements of care and practice in the home such as medication and person centred care. This was called the 'Quality of Life Project' and required a number of audits to be carried out daily, weekly or monthly. The electronic system was monitored centrally by the provider and communicated weekly to the senior leadership and operational teams so that any action that was needed to improve the service and care delivery could be addressed.

We looked at the records of safety checks carried out in the home. These included maintenance records, fire records and water safety check records. There was evidence these were carried out regularly and any actions identified were clearly documented to show they had been addressed to improve the service. There were systems in place to monitor accidents or incidents and we saw that the service learnt from incidents, to protect people from harm which indicated there was a commitment to continuously improving practice in the home.

The registered manager had informed CQC about a number of significant events that had occurred in the home since our last inspection. These included safeguarding matters and accidents. We saw a log was kept of these and the records were easily accessible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance People were not fully protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not always maintained.