Mr Kevin Hall

Acorns Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out this unannounced comprehensive inspection on 12 April 2017. This inspection was undertaken to ensure improvements that were needed to meet legal requirements had been implemented by the service following our last inspection on 10 October 2016. Acorns Care Centre is registered to provide accommodation and support for up to 39 older people.

The service provides residential and nursing care as well as care for people living with dementia. The home provides single occupancy rooms with en-suite facilities, across three floors. There are two communal lounge areas located on the middle and top floor. The home has a large dining area on the ground floor. The home is serviced by one lift. At the time of the inspection there were 34 people living at Acorns Care Centre.

At our first ratings inspection in February 2016, we had found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to; person-centred care, dignity and respect, consent, safe care and treatment, safeguarding service users from abuse and improper treatment, premises and equipment, receiving and acting on complaints, good governance and staffing. The home was rated as 'Inadequate' overall and in four of the five 'key questions' against which we inspected at that time. As a result of the findings, the home was placed in special measures and kept under review.

We returned to the Acorns Care Centre in October 2016. We found the service had progressed but breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 remained. This was in relation to safe care and treatment, complaints, good governance and staffing. The service was rated as requires improvement overall and in safe, effective, responsive and well-led.

During this inspection we identified continuing breaches of the regulations, which had been raised previously relating to staff training, supervision/appraisal and ensuring good governance. This meant we were unable to change the overall rating of the home. However, it is recognised that the home has made and sustained continued improvements and this has been recognised on each occasion we have returned to inspect Acorns Care Centre. Although the overall rating has not changed, the home is now rated as good in safe, caring and responsive. The home remains requires improvement overall and in the key questions effective and well led as a result of the outstanding breaches.

All the people we spoke with told us they felt safe living at the home. The home had suitable safeguarding procedures in place and staff were able to demonstrate that they knew how to safeguard people and follow the alert process. Appropriate employment checks had been conducted before new staff commenced employment in the home.

Processes were now in place for the appropriate and safe administration of medicines. Medicine records contained the required information. Since the last inspection, PRN protocols had been implemented and we observed their was sufficient medicine stocks within the home. Medicines were stored safely and in line with current guidance.

People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime. We observed breakfast and lunch whilst conducting the inspection. Tables were laid with table cloths and condiments. We saw the meal time experience was not rushed and people were appropriately supported.

Staff told us they felt supported but we found staff had not received supervision as frequently as identified in the homes policy. Staff had not received an annual appraisal and we found gaps in staff training records. This was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were appropriate records relating to the people who were currently subject to deprivation of liberty safeguards (DoLS). There was documentation of techniques used to ensure restrictions were as minimal as possible. There were appropriate MCA assessments in place, which were linked to screening tools and restrictive practice tools which outlined the issues and concerns.

We observed people living at the home were living with sensory impairment, memory issues or living with dementia. We saw improvements had been made to the environment, pictorial signs had been purchased, a sensory room was available and themed corridors had been decorated in line with people living at the homes preferences.

People living at the home and their relatives were complimentary about the care provided. Staff and people spoke with fondness of each other and people's preference and choices were upheld by staff that knew people likes and dislikes. People were treated with kindness and respect. Staff promoted people's independence and ensured their dignity was maintained.

Each person who lived at the home had their own care file. We found care plans contained more person centred information but engaging people in the review process required further strengthening.

People were encouraged to maintain their relationships with friends and family. There were no prescriptive visiting times and friends and family were invited to activities when entertainers where scheduled. People were provided individual and group activities.

The activities coordinator was passionate about providing personalised activities and meeting people's individual needs. There was a varied activities programme in place which was flexible and changed depending on people's motivation. People told us their choices were respected and encouraged and that they felt the care received was responsive to their needs.

Staff told us morale was good and we observed staff were motivated and worked well together. We received positive feedback from people regarding the management and they told us that there had been significant improvements to the care received since our first inspection.

The complaints procedure was visible in the entrance to the home, in the lift and displayed outside the manager's office. People and their relatives told us they knew how to make a complaint. They told us they were confident in the manager and we saw complaints had been resolved in the required timeframes.

We found some improvements had been made in regards to seeking people's feedback regarding the quality of the service through resident meetings and surveys. However, this required further strengthening to capture feedback on all aspects of the care received to demonstrate suggestions for improvement were sought and then followed up and actioned.

We found offices were left unlocked and unattended which meant confidential information and records were not safely secured.

Positive feedback was received from staff about the management structure and the implementation of a team leader to the management team.

Records we looked at confirmed that CQC had received all the required notifications and we saw the inspection ratings were displayed in the foyer of the home.

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.

Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Recruitment practices were robust and staff demonstrated a good understanding of potential signs of abuse and safeguarding procedures to keep vulnerable people safe.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

There were gaps in staff training records and supervisions had not been conducted in line with the organisations policy.

The home was meeting MCA (2005) requirements. We saw DoLS applications had been submitted appropriately to the local authority.

People had been referred timely to healthcare professionals.

Is the service caring?

Good

The service was caring

The staff demonstrated a genuine fondness for people living at the home and people were treated with kindness, compassion and respect.

Staff promoted people's independence and maintained people's dignity when providing care and support.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's choices and their preferences were taken into account by staff providing care and support.

There was a variety of activities scheduled and people were actively encouraged to participate.

A complaints procedure was in place and we saw complaints had been responded to in the required timeframe.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

We found confidential information about people's care wasn't always kept securely.

There were continued breaches of the regulations in relation to supervision, appraisal and training.

The management were visible and people and staff spoke positively about the leadership.

Acorns Care Centre

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.

The inspection was undertaken by two adult social care inspectors from the Care Quality Commission (CQC). Before the inspection we did not request a Provider Information Return (PIR). Prior to the inspection we reviewed information we held about the home in the form of statutory notifications received such as expected and unexpected deaths, accidents, incidents and safeguarding referrals.

At the time of the inspection there were 34 people living at Acorns Care Centre. The home provides single occupancy rooms with en-suite facilities, across three floors.

Throughout the day, we observed care and treatment being delivered in communal areas which included communal lounges and dining areas. We looked at the kitchen, bathrooms and external grounds.

We asked people for their views about the service and facilities provided. During the inspection we spoke with; one visiting healthcare professional, five people living at the home, and two relatives. We also spoke with eight members of staff, which included; both registered managers, four care staff, the activities coordinator and the chef.

We looked at documentation including; five care plans and associated documentation, three staff recruitment records, training and supervision, five Medication Administration Records (MAR), a variety of policies and procedures and safety and maintenance completion of works and certificates.

Good

Is the service safe?

Our findings

The people we spoke with during this inspection consistently told us they felt safe living at Acorns Care Centre. One person said; "I feel safe here." A second person said; "I feel safe living here, I really do. They check on me through the night too." Other comments included; "It is a safe place to live. I have rails on my bed and that stops me from falling out. I have my buzzer as well if anything ever happens." "I feel safe. It seems to be a secure environment and I'm never bothered by strangers like I was at home." "I do feel safe. I couldn't live on my own so here is the best. Initially I was very apprehensive, but within a few weeks I realised I was much better off here."

The visiting relatives we spoke with also told us; "[Person] is safe living here. I have seen them going round checking all the fire doors to make sure they are working correctly." Another relative said; "When I leave after a visit I don't have any worries because I know [person] is safe living here."

At our last inspections in February and October 2016, we found medicines were not handled safely. Following these inspections, the local authority care commissioning group (CCG) provided support to the management and nursing team at the home to improve the management of medicines.

At this inspection, we looked at five medication administration records (MAR). Each person had a Medicine Administration Record (MAR) in place, which included their photograph, date of birth, GP details, allergies and special notes to enable 'other' information to be documented.

We saw the treatment room and medication trolleys were organised. We saw the medicine fridges were locked and creams stored in people's bedrooms were stored safely in people's drawers. Medicine stock counts were in place and when internal audits had identified medicines that did not tally with the records, management had highlighted this and addressed the discrepancy with the nursing team.

We found that arrangements to give people their medication as directed by the manufacturers instruction, especially with regard to food were in place and complied with. We observed medicines which needed to be given before food were given at appropriate times and the required time gap between doses of medicines was maintained.

The home had when required medicines (PRN) protocols in place. These explained what the medicine was, the required dose and how often this could be administered, the time needed between doses, when the medicine was needed, what it was needed for and if the person was able to tell staff they needed the medicine. This ensured 'as required' medicines were being administered safely and appropriately.

We found there was clear information recorded to guide staff when and where to apply creams which ensured people would be given the correct treatment. We saw accurate records had been maintained which demonstrated creams had been applied safely and when required.

We looked at whether the home had sufficient numbers of staff to meet people's needs and keep them safe.

During the inspection we saw the registered manager, a nurse and six care staff were able to meet people's needs timely. There were also two domestic staff, two chefs and an activities coordinator supporting people's needs. The management assessed people's dependency but this was not used to calculate care hours required to determine staffing levels.

We asked staff, people living at the home and visitors about staffing levels and received a mixed response. One person said; "From what I have seen there are enough staff. The staff come quickly when I use the buzzer." Another person said; "The staff see to me and there are enough around." A visiting relative said to us; "I don't think there are enough staff and the turnover seems pretty high." Another relative said; "Definitely not enough, although [person's] care needs are being met." A member of staff also added; "I think they are fine during the day. I never feel we are pushed and unable to meet peoples needs."

There was a call bell system in place so that people could call for assistance from staff. We asked people if staff responded timely when they called for assistance. One person told us; I've got an alarm and they're on the ball answering it." A second person told us; "I can't complain. When I ring the buzzer they come quickly. I have a buzzer when I'm in my chair so I can call for assistance if I need it."

We looked at five care records and saw people had risk assessments completed in relation to mental health, communication, personal care, pressure, eating and drinking, nutrition, moving and handling and falls. In the care records we looked at when a risk had been identified, there was up to date guidance available for staff to follow to manage the risk.

We saw that falls were monitored and triggers or trends were identified and evidenced. We saw learning from incidents or investigations took place and appropriate changes were implemented, including the action taken to minimise the risk of further incidents. For example, one person had experienced a number of falls and we saw that a body map had been completed, risk assessment and care plan had been updated, the observations on the person had been increased in order to offer timely intervention. The person had also been referred to their GP for a medication review and referred to the care home liaison team for assessment. A bed rail and alert mat risk assessment had been completed but concluded that they would extenuate the risk.

We looked at the homes safety documentation to ensure the home was appropriately maintained, safe and that checks were undertaken in line with legislation. We found gas and electricity safety certificates were in place and up to date. We saw all lifts, hoists and slings were serviced as per guidelines and records evidenced this. Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. Weekly legionella checks were undertaken and the taps were run for five minutes whether they had been in use or not. The fire service had conducted a visit in July 2016 and we saw the recommendation made had been addressed promptly and at the time of the inspection had been signed off as completed. There were individual emergency evacuation plans (PEEPs) in place that would help ensure staff were aware of individual's support requirements in the event that an emergency evacuation of the building was required, such as in the case of a fire.

We looked at the systems in place to safeguard people from abuse and improper treatment. There was a safeguarding and whistleblowing policy in place and staff understood the procedure to follow to report concerns if they felt that people might be at risk of avoidable harm. Statutory notifications had been received by CQC when potential incidents of abuse had been reported to the local authority.

The staff we spoke with described what action they would take if they had concerns about people's safety. The staff members could describe types of abuse and told us what they would do if these circumstances

arose. One member of staff said; "Verbal, institutional, neglect and physical are all types of abuse. I would document and report a bruise to the management and any other suspicion of abuse. I trust the management and I have every confidence they would do something straight away, they are thoughtful and caring people. If I ever had any concerns about the care provided, I would inform the local authority and CQC." A second member staff said; "If I saw somebody being shouted or physically grabbed then I feel that would be signs of abuse. I would report it straight to the manager and have also done training."

People were protected against the risks of abuse because the home had a robust recruitment procedure in place. Appropriate checks were carried out before staff began working at the home to ensure they were fit to work with vulnerable adults. We found no concern with recruitment at our previous inspections so at this inspection we looked at a further three staff personnel files to confirm this was still the case. Each file we looked at contained application forms, DBS (Disclosure Barring Service) checks and evidence of references being sought from previous employers. There were also interview notes and what the responses had been to questions asked. These had been obtained before staff started working for the service and meant staff continued to be recruited at the home safely.

The home had undergone a redecoration programme since our first inspection and we found it to be clean and there were no malodours. The people we spoke with were complimentary about the cleanliness of the home and told us the domestic staff worked hard to maintain standards. We saw staff had access to the required personal protective equipment (PPE) and there was hand washing signs displayed, soap, alcohol gel dispensers and paper towels which were well stocked.

Requires Improvement

Is the service effective?

Our findings

The people living at the home and their relatives told us they thought the staff were good at their job and had the correct knowledge and skills to provide effective support. People told us; "The staff are all good and have different skills and personalities. I like them all." Another person said; "I think the staff are very good. The staff know what they are doing for sure and are great with everybody." A third person also said; "I've noticed that new staff at the home are able to observe existing staff to get a feel for how things are done."

We looked at the induction programme which staff completed when they first started working at the home. The manager told us they were not currently accessing the care certificate due to funding issues. The care certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. The home therefore had their own induction which covered areas such as infection control, fire safety, health and safety and moving handling. The staff spoken with also said they were able to shadow existing members of staff before working on their own. One member of staff said; "I did the induction when I first started and was also asked for a DBS in advance. The induction covered fire safety, safeguarding, end of life care and challenging behaviour. The manager was great and I got everything I needed."

Staff told us they were provided with sufficient training and support to help them to undertake their roles. One member of staff said; "We get lots of training and I'm about to start the NVQ 3." A second member of staff said; "I've no concerns about training. We are signed up online to do training and I've done my diploma level 2." A third member of staff said; "I've done first aid, safeguarding, mental capacity and manual handling. We've just been enrolled on challenging behaviour. Most of us are doing NVQ's."

We looked at the training matrix which provided an overview of the courses which had been completed by staff to support them in their roles. At the last inspection we identified gaps in staff training, where training had not yet been undertaken and refresher courses had not been scheduled. For example; only 58% of staff had completed moving and handling, safeguarding was 72%, mental capacity act was 22%, DoLS 53%, first aid 56%, infection control 69% and health and safety 66%.

At this inspection we found staff training was still not up to date and appropriate action had not yet been taken to resolve this issue. We noted that 40 members of staff were listed on the matrix, which we were told was up to date. The gaps in training at this inspection included Health and Safety (63% of staff), Infection Control (65%) of staff, Fire (73%), Safeguarding (70%), Manual Handling (53%), DoLS (40%), Mental Capacity (38%) and First Aid (50%). This meant staff were not always being provided with the necessary training to support them in their role.

We checked to see if staff were provided with appropriate supervision and appraisal, as this had also been raised as a concern at our last inspection. Since then, we found only 14 supervisions had taken place and we were told these were still in the process of being completed. The manager described supervisions as being 'About half way there'. Topics of discussion during these sessions included a workplace discussion, concerns/worries, personal development, standard of working and team work. The manager also told us

annual appraisals had not yet commenced for those staff who had worked at the home for longer than 12 months.

Due to staff not receiving appropriate training, supervision and appraisal meant this was a continued breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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).

We checked whether the service was working within the principles of the MCA. We saw people that required a DoLS had them in place. We found mental capacity assessments and restrictive screening tools had been completed appropriately prior to the standard authorisation request being submitted to the local authority. Mental Capacity assessments were reviewed each month to ensure there were no changes. We saw the registered manager held a record to monitor applications and local GP practices had been informed when an authorisation had been granted. We saw best interest meetings had been conducted and care plans detailed least restrictive practices. As mentioned earlier in this section of the report, staff training in this area still remained an area for improvement. A member of staff said; "This is for when people lack capacity to make decisions and may not be able to give full consent to living at the home."

We looked at how staff sought consent from people living at the home. We saw there were consent in peoples care plans which were reviewed each month to ensure the information remained current and we observed staff seeking consent from people during the inspection. For example, we saw staff asking people if it was okay for them to be taken down to the dining room at meal times. One person said; "The staff always ask me if it is okay to assist me in the shower." Another person said; "The staff do seek my consent and I am asked first". A member of staff also told us; "Give people a choice and ask first. Let people say yes or no."

We looked at how people were supported to maintain good nutrition and hydration. People living at the home had nutrition care plans in place which detailed people's dietary needs. There were also nutritional risk assessments in place and these took into account appetite, ability to eat and if there had been any weight loss. These were reviewed each month or as peoples needs changed. This meant staff had information about people that was up to date.

We observed parts of both the breakfast and lunchtime meal. People were offered to go to the dining room at breakfast and we noted that the tables were set with a tablecloth, flowers and condiments were on the table. People were offered a variety of cereals, porridge, toast and a cooked breakfast. We saw people were provided choice throughout the meal and it was a relaxed and social time. The timing of the meal was flexible, with people going down to dining room as late as 11.30am if this was what they wanted to do which demonstrated a person centred approach.

People were offered dinner choices earlier in the day so that the chef could cater for these in the evening. We saw the chef held a list of people's dietary needs and food preferences in the kitchen. The chef showed us how they fortified the food to ensure it was higher in calories for people that were deemed to be underweight. Drinks were also readily available at meal times and in beakers in the lounge area. We

observed people that required mashed or pureed diets received them and those people that required their drinks thickened were done so to the correct consistency. One relative said to us; "[Person] eats well and always receives a pureed meal which is what she needs. Thickener is always added to the drinks as well and they are spot on with that."

Staff monitored people's weight and we saw records were maintained where people were weighed either each week or each month. One person living at the home had been underweight when they were first admitted however had slowly gained up to 6 kilograms. We spoke with this persons relative who told us; "[Person's] weight has never been neglected and it is monitored well. It is going the right way since admission."

We asked people for their opinions of the food at the home. One person said; "It's very good. I always get my porridge in the morning which is one of my favourites." Another person said; "The food is fine and we have a good cook. I don't leave much and it's always of good quality." A third person added; "There is always an alternative available. I didn't like the choice today and was given something else instead." Other comments included; "The food is top. I had a full English breakfast this morning. You choose what you want and there are always a lot of choices." "The food is okay. If you don't like something, they'll get you something else. The food has not always been as hot as I would like but I did mention it and it got better."

We saw adaptations had been made to the environment that would help people living with dementia to retain their independence in the home. The adaptations included pictorial signs on doors and the development of a sensory room. There were also themed corridors with people living at the home had decided at a previous residents meeting that they wanted the ground floor to be a Wigan warrior's themed corridor. These included pictures Hindley town centre and local parks and train stations. A board was also displayed in the dining room informing people of the day, date, month, season and weather. This could help people orientate themselves and reduce confusion.

We saw people had access to health professionals as necessary. There was an ancillary visits record in people's care files detailing any appointments they had attended, if they had been referred for further advice, or if they had been visited at the home. Some of the professionals involved with people's care included; GP's district nurses, dieticians, podiatrists and the diabetic team.

Good

Is the service caring?

Our findings

The people we spoke with were consistently positive about the care provided and the staff that supported them. People's comments included; "I like it here and I get well looked after. The staff are all nice with me and I have no fault. They are all very good with me." Another person said; "It's like being at home here, I love it. I'm receiving a very good level of care and it is like home from home. The staff are all fine and as far as I know they are kind and caring. On the whole they are great." A third person added; "It's excellent. If I ever need anything, I press the buzzer and they are there straight away. I find them very helpful and I receiving good care. The staff are excellent, all of them. They put themselves out for you."

Relatives told us; "The carers are really very good. The care [person] receives is of a good standard and the staff are all very gentle with her. We are generally very satisfied." Another relative said; "I really can't complain about the care here. It is of a good standard and the staff are lovely. All of the girls are smashing and I really can't grumble. I'm quite satisfied and there really are no problems."

We spent time in the lounge areas, observing interactions between staff and people living at the home. These interactions were warm and friendly and we saw staff laughing and joking with people living at the home. People were provided with blankets promptly when they were cold. We observed one member of staff asking a person living at the home if their family were visiting over Easter and if they were going out anywhere nice. The person smiled and was observably happy talking with the staff member about their family. One member of staff acknowledged a person by their surname which the person told us they liked and in response they referred to the staff member in the same way. The person was laughing and told us it was a bit of fun between them and the staff member.

We observed throughout the inspection people's relatives visiting without restriction as there were no prescriptive visiting times at the home. Relatives had been given access codes so that they could enter the home freely. We observed and were told positive examples of how staff demonstrated that they cared for people living at Acorns Care Centre. We saw a collection box in one of the staff offices and when we asked a staff member what it was for they explained that a person living at the home had dropped and smashed their favourite perfume and been very upset. As a result, a member of staff had put a collection box in the office and staff had put loose change in the box until they had collectively afforded to replace the person's perfume. Staff member's continued to purchase people living at the home gifts of personal importance to people living at the home for their birthday and demonstrated when speaking with us that they knew people's experiences and preferences.

Staff and people spoke with a mutual fondness of each other. One member of staff told us they felt passionately about providing a good level of care to people. This was because they had previously experienced care being provided to a family member and in return, wanted to provide a similar level of service to people living at the home. A staff member told us; "We have good working relationships with each other and the residents feel like family." We enquired after a person at the home that we had previously spoken with during a previous inspection and staff were visibly upset when they informed us that the person had subsequently passed away.

People told us they felt the staff treated them with dignity and respect. People told us; "The staff knock on the door before coming into my bedroom. I sometimes have a wash in bed and the staff cover me with a towel so that I am not exposed." Another person said; "When it comes to dignity and respect, I certainly have no complaints in that area." When we asked a third person if they felt treated with dignity and respect by staff we were told; "Definitely."

We saw staff treating people with dignity and respect. We saw staff were discreet when supporting people with personal care. For example, we saw staff assisting people to the toilet and closing the door behind them and also knocking on bedroom doors prior to entry. Staff told us; "I always assist people with personal care in their bedrooms and always make sure curtains are closed. If people have had an accident and need to go to the toilet then I am very discreet and provide lots of reassurance."

We observed during the inspection that staff maintained people's independence and encouraged people to do things for themselves when able. At one point during the inspection we observed a person was not eating their food. A member of staff noted this and placed the person's knife and fork into their hand and encouraged them to eat themselves rather than disempowering the person and assisting them straight away. Another person asked to be taken to the toilet in a wheel chair, however the member of staff offered them a zimmer frame so that they would walk to the toilet, with slight assistance from the member of staff they achieved this which meant they were encouraging and promoting people's mobility. We saw a member of staff provided a person with bottles of juice and water and encouraged the person to mix their own drinks throughout the day.

People told us staff promoted their independence where possible. One person said; "From time to time I wash the top of half of my body which the staff encourage me to do." Another person said; "I am a very independent person I like to be able to keep myself clean. The staff let me get on with that." A third person told us; " I wasn't able to walk when I came here. I sit close to my bathroom and can now use the toilet on my own and staff pass me a clean nightie in the evening so that I can take my time undressing myself ready for bed. They always make sure the alarm is with me before leaving and I feel pleased I am able to do these things again."

A staff member told us; "We encourage people to be as independent as possible. If people are able to feed themselves but just struggle with getting the food on their knife and fork, then I would put the food on the person's cutlery and encourage them to do the next bit themselves."

Good

Is the service responsive?

Our findings

We asked people and their relatives whether people living at the home received care that was responsive to their needs. People told us; "The staff help me in an out of bed because I can't walk. They do it very well. I would say I am getting everything I need here. The staff are responsive to what I want". Another person said; "I am more than satisfied here and I am quite happy. If I have any special preferences then they make an effort to accommodate." A third person told us; "The give me what I want when I ask for it. I'd say you can't get more responsive than that."

During the inspection we looked at five care files. We saw the care files we looked at contained initial assessments which provided a focus on personal care/well-being, continence, eating and drinking, communication, mobility, mental/cognitive, infection control, safety and social/medical history. People's preferences were also captured as to when they would like to get up and go to bed, if they preferred baths or showers and whether they required any specialist accommodations. This would enable to staff to gain an understanding of people's needs and the care they required.

We found staff had asked people's relatives to complete their family member's life histories when people were unable to provide staff with this information themselves. We saw information in people's care files pertaining to people's life histories, background information, employment history, interests, likes and dislikes. In one person's care file, the care plan contained comprehensive life history information about the person's childhood, work life, significant relationships, life events and achievements and interests. The file had accompanying photographs which their relative had completed. We saw in other files that the activities coordinator and staff had completed this information with people and captured; what was important to the person, family, activities and in one file we saw that the person had identified that they liked helping others.

We saw care plans provided information about supporting people with skin integrity, constipation, bathing and washing/dressing, safety, nutrition, communication and mobility. There had been some progress made in the style in which the care plans had been written and information regarding people's preferences, likes and dislikes were captured which ensured the care plans were person centred and not task led.

People's risk assessments and care plans were reviewed monthly but the documentation required strengthening to demonstrate people's engagement with the process to evidence people were engaged in their assessment and care planning. People told us they felt their care needs were met and that they were listened to by the staff that cared for them.

We saw staff completed a daily care record for each person. This form covered the following areas; if they had been assisted to wash, bath or shower, if their oral care had been attended to, pressure area / skin integrity, support to shave, nail care and meals taken. We saw there were some inconsistencies between people's records regarding the frequency these areas of need were met. We asked people living at the home to ascertain whether their care needs were being met in line with their preferences. We were consistently told by people that they were receiving care in line with their wishes and needs.

The home employed an activities coordinator who was extremely passionate about their role and meeting the individual needs of people living at the home. We saw them encouraging people to take part in activities throughout the day and also respecting people's choice if this wasn't what they wanted to do. One person said to us; "There are plenty of things going on. The activities coordinator keeps me informed about what is going on and gives me the option of whether I want to take part." Another person said; "The activities are good here. There is always something like bingo or various entertainers coming in. There is enough going on." A third person said; "I am quite happy with the stimulation. Sometimes I go out to the shops with staff."

We saw the home was getting ready for the Easter celebrations and areas of the home had been decorated with Easter chicken's made from paper plates. People spoke about the decorations with fondness and humour and told us that a lot of effort was always made to decorate the home and celebrate different occasions.

The social and leisure activities that had been conducted since our last inspection were; Christmas festivities which had included a school choir, a musical at the local church, Christmas fare, Christmas cake making and staff put on a carol concert for people. The home had celebrated burns day and this was marked with haggis, entertainment and a person living at the home with Scottish ancestry had given a speech. St Patricks day had seen people drinking Guinness and listening to Irish music. We were told staff had supported everybody living at the home that had wanted to commemorate the remembrance parade out in to the street so that they could observe the parade. A staff member told us that it had been an emotional day for both people living at the staff in which they had shared their memories of that time.

The home continued to promote the opportunity for people to receive complimentary therapies, reiki, and aromatherapy at a reduced rate. The home had held sensory afternoon, entertainers were regular visitors, and valentines day and mothers day was celebrated with a pamper afternoon and wine and chocolates. People's birthdays were celebrated with a cake, card and people were given a present. Special birthdays were celebrated with a party.

People were extremely positive about the activities and were animated when telling us about the things that were occurring at the home. There were plans in place for when the weather improved to start a gardening club, trips in the community picnics and the home had other indoor activities arranged which included; starting up a home choir, darts, tribute artists and cabaret singers.

At our last inspection, we saw there was a 'complaints policy and procedure in place but this was not advertised within the home. We'd asked the registered manager to see the complaints file but they were unable to locate the complaints file during the inspection. As a result we were unable to ascertain whether this breach had been addressed at that time. At this inspection, the complaints process was advertised in a file upon entry to the home. The procedure was also displayed in the lift and at various places throughout the home. There was a complaints file in place to track complaints and although the home had not received many complaints to track the outcomes, people we spoke with confirmed they were aware of the process and felt confident to make a complaint. One person said; "I have never needed to make a complaint but we feel comfortable speaking with the care staff." Another person said; "I have raised bits and pieces in the past but not on a formal level. It was dealt with straight away."

We asked whether any satisfaction surveys had been sent since our last inspection to ascertain whether the results had been analysed to drive improvement. We were told that the menus and mealtimes had been discussed with people living at the home to ascertain whether it was in line with their preference. We were told that people had indicated they wanted meal choices and times to remain as they were so no formal analysis or change to the routine had been undertaken. We saw a residents meeting had taken place which

recorded this discussion and corroborated what we were told.

Requires Improvement

Is the service well-led?

Our findings

There were two registered managers in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, one of the registered managers said they had previously been trying to do everything themselves and had recognised this was not achievable. Following our October 2016 inspection, a team leader had been appointed to support the daily running of the home and to provide staff with management support and guidance. The staff spoke positively of this development and expressed feeling that it had resulted in a more cohesive approach during the shift. Our observations during the inspection were that deployment of staff was more effective and we saw a staff presence was maintained throughout the home.

People living at the home and staff told us they thought the home had significantly improved since our inspection visits in February and March 2016. The staff discussed the systems and processes having been tightened and felt that there was more defensible record keeping. A person told us; "I wouldn't have stayed but there have been drastic improvements. There is no place like home but I've settled here and it's what I consider my home now."

We had raised concerns at our previous inspection visit regarding the safe storage of confidential information as we had observed care files left on desks in unlocked offices. At this inspection, we noted care files were stored in a filing cabinet in the nurses stations, however this cabinet was not locked and neither was the door. The managers office was also left unlocked. This meant people who were in the building could view personal information about people due to it not being held securely.

We looked at the systems in place in place to monitor the quality of service provided to ensure good governance within the service. During the inspection we were shown audits of cleaning, medication, health and safety and care plans. We asked one of the managers if areas such as staff training and supervision/appraisal formed part of the quality assurance checks, however we were told they didn't. There were also no checks to ensure confidential information within people's care plans was stored securely. These had been some of the areas of concern we had found during the inspection. There was also no evidence of any recent provider audits. These would have been of particular importance given the concerns we had identified at managerial level.

We asked to see the meeting minutes from any team meetings which had taken place, however we were told there hadn't been one since our last inspection. A member of staff said to us; "I've been here since November 2016 and a team meeting has never taken place."

The manager told us surveys had not been sent regarding the quality of care received. This meant it was difficult to establish how comments and feedback from people had been responded to in order to improve the quality of service provided. We found the registered manager had sought people's feedback regarding

mealtime routines but this had not been pursued further to capture feedback on all aspects of the care received to demonstrate suggestions for improvement were sought and then followed up and action taken to drive continued improvement.

Due to the fact the overall rating had not improved, we identified continuing breaches of the regulations, confidential information was not being held securely and no team meetings had taken place meant there had been a further breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because the service had failed to effectively assess, monitor and improve the quality and safety of the services provided.

Staff told us morale was good and they were happy working in the home. We found there was a positive atmosphere within the home and the staff team were motivated and worked well together. One member of staff said; "Everything is fine and I love working here. We work well as a team and all come together when needed. I love the residents to pieces and we are like a family."

We received predominantly positive feedback from people who lived at the home, staff and visitors about the management and leadership. A member of staff told us; "I find them okay and are very understanding. They are very approachable when you need them."

We found accidents, incidents and safeguarding had been appropriately reported as required. We saw that the registered manager ensured statutory notifications had been completed and sent to CQC in accordance with legal requirements. The registered manager kept a file of all notifications sent to CQC.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed on a notice board in the entrance on the ground floor of the home. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.