Four Seasons (Evedale) Limited

The Oaks and Little Oaks

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 27 February and 8 March 2018. The inspection was unannounced. The Oaks and Little Oaks is a care home providing accommodation, nursing and personal care for people who live at the service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Oaks and Little Oaks accommodates up to 73 people. On the day of our inspection 28 people were using the service.

A registered manager was in post and they were available during the inspection. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.
When we previously visited the service we found them to be in breach of a number of regulations of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.These related to risk assessments, staffing, dignity and person centred care, complaints and governance of the service. At this inspection we found evidence to show they were no longer in breach of these regulations, and had made significant improvements to the care provided for people. However there were still further improvements to be made at the service.

People felt safe at the service and staff understood their responsibilities in protecting them from potential abuse. Staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns.

The risks to some people's safety were not always assessed. Risk assessments had not always been completed in areas where people's safety could be at risk.

Safe procedures for the management of people's medicines were not always in place.

Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe. Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. Staff had the knowledge and equipment to manage any infection control issues and the cleanliness of the service was maintained.

People were supported by staff who received an induction, were well trained and received regular assessments of their work. People felt staff understood how to support them effectively. The service used nationally recognised tools to assess the needs of people who lived at the service.

People lived in an environment which met their needs and they had access to information in formats which

they understood. People's health and nutritional needs were well managed and staff acted on advice given to them by health professionals to manage people's health and nutritional needs.

Staff knew how to support people to make decisions and ensure their rights were respected, working in line with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were cared for by staff who showed kindness and consideration of their needs and had knowledge of their preferences and views on their care. They were supported with respect by staff who maintained their privacy and dignity whilst encouraging their independence.

People received individualised care from staff, however there were some aspects of care not clearly documented to give staff the support they needed to provide people with the care they required .

People were supported to take part in a range of social activities and maintain relationships that were important to them. People were comfortable when raising concerns or complaints and felt issues raised were addressed to their satisfaction. People's wishes in relation to their end of life care were supported with care and empathy.

The service undertook a robust auditing process to maintain the quality of the service. The registered manager worked with people, relatives, staff and external professionals to provide an open and transparent service for the people who lived there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some aspects of the management of medicines were not manged safely.

The risks to people's safety were not always assessed and monitored and measures were not always put in place to reduce these risks.

People were protected from abuse as staff had the knowledge and training to recognise any potential abuse and there were processes in place to allow them to report concerns. The service had processes in place to learn from incidents and issues to reduce re-occurrence.

Staff levels at the service met the needs of people who lived there and staff had the knowledge, skills and equipment to reduce the risks of infection.

Is the service effective?

Good

The service was effective

The service used nationally recognised tools to assess people's needs and people's cultural needs were recognised and supported.

People were supported by staff who received regular up to date training to assist them in their roles. People's nutritional and health care needs were well managed.

People lived in a well maintained environment.

People made decisions in relation to their care and support. Where they needed support to make decisions, their rights were protected under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring.

People's views in relation to their care were supported by the staff who cared for them.

People were treated with respect and dignity, and their privacy and independence was maintained.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some aspects of care were not clearly documented to give staff the support they needed to provide people with the care they needed.

People were supported with a wide range of social activities and encouraged to pursue their hobbies.

People felt comfortable in raising any complaints or concerns and the service had systems in place to ensure complaints would be addressed when raised.

Where appropriate people's end of life care wishes were discussed and plans of care were in place.

Is the service well-led?

Good

The service was well led.

The service had a registered manager in place who was open and honest.

The quality of peoples' care was maintained through clear auditing process.

Peoples' views and opinions were listened to and acted upon.

The Oaks and Little Oaks

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.

We inspected the service on 27 February and 8 March 2018 and the inspection was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved with the service, and commissioners who fund the care for some people who use the service.

During the visit we spoke with 10 people who used the service, two relatives, one registered nurse, one senior care worker, three care workers, the cook, a housekeeper, the registered manager and the company's resident experience manager. We also used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all or part of the care records of four people who used the service, medicines records, staff recruitment and training records, as well as a range of records relating to the running of the service including maintenance records and quality audits carried out by staff at the service.

Requires Improvement

Is the service safe?

Our findings

During our inspection in June 2017 we found the provider had failed to assess and mitigate the risks to people's health and safety putting them at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was no longer in breach of this regulation. The majority of the risks to people's safety were identified and mitigated. However one person's care plan we viewed showed they were at high risk of skin breakdown. Their care plan noted they required two hourly repositioning, however the daily records we viewed showed staff were repositioning the person every three hours. The person's skin was recorded as 'intact'. We discussed this with the company's resident experience manager who addressed the issue.

Further care plans we viewed showed clear risk assessments in place to support people in areas such as nutrition, mobility and personal safety. For example, one person who was at high risk of choking had clear information in their care plan and in their room for staff to support them with an appropriate diet. Staff we spoke with were knowledgeable about the needs of the person in relation to their diet.

Some people at the service required bedrails to prevent them falling out of bed. We viewed the risk assessments and saw those bed rails in place for individuals were the most appropriate measure to keep them safe. Other people who required support with mobility had clear risk assessments in place containing information on equipment they needed such as hoists or stand aids. There was clear information on the number of staff required to support the individuals.

Environmental risks were well managed at the service. There was a maintenance person who undertook environmental checks to monitor aspects of the service such as emergency lighting and fire escape routes and fire alarms. Staff we spoke showed a good knowledge of their roles in the event of a fire. One member of staff told us there was a fire marshal identified on each shift who would coordinate staff roles to ensure any response to an outbreak of fire was responded to and people were supported safely.

During our inspections in March 2016 and June 2017, we found that the provider had not ensured there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed. This was a continuing breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw there were enough staff on duty to support people and meet their needs, and the provider was no longer in breach of this regulation. The majority of people were happy with the levels of staff available to support them. One person said, "We are well looked after here, I can guarantee that. There seem to be plenty of staff around all of the time, but I don't need much help as I am quite independent." Another person said, "If I need someone I press my buzzer and they come, there are always enough staff to help me get washed and dressed and to bring me my meals." We saw people who spent time in their rooms had a call bell placed within reach. A few people we spoke with told us they sometimes had to wait for help to use

the bathroom. One person said, "Sometimes when I need to go to the toilet I can go straight away, but sometimes I have to wait, I only need one person to walk with me to keep me safe. It can be 15 minutes as they are short staffed sometimes." We discussed this with the registered manager who told us that there were times when a number of people required the bathroom at the same time. They told us they had been encouraging staff to be proactive and ask people regularly if they required support in this area. On the day of the inspection we did not witness anyone waiting long periods for staff to assist them.

At our previous inspection we saw staff were not always deployed and supervised to ensure they worked efficiently to support the people in their care. At this inspection we saw this had been rectified to efficiently meet people's needs. Staff were visible in the communal areas and responded to people's requests in a timely way.

Staff we spoke with felt the staff levels met the needs of the people who presently lived at the service. One member of staff told us they had recently discussed 'staffing levels' at a staff meeting as they were concerned that as numbers of people using the service rose, the staff levels would be raised to reflect this. They told us the registered manager had confirmed they would continue to monitor staff levels using the company's dependency tools to ensure staff levels met the needs of people in their care. The registered manager told us they were monitoring admissions of people to the service to ensure not only the staff levels met people's needs, but that staff had time to get to know people's needs and give people good support.

We viewed the staff employment records and found recruitment processes were in place that ensured people were protected from unsuitable people working at the home. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role.

Although people we spoke with were happy with the way their medicines were administered, people's medicines were not always managed safely. During our inspection we examined the Medicine Administration Records (MAR) for people. One person had prescribed an 'as required' medicine for pain. We saw the protocol used to assist staff to ensure they administered the medicines appropriately had been changed with no explanation of why or who had made the changes. The person's MAR had also been altered, but the changes were made using a hand written instruction, which was not double signed to show the change had been witnessed. The record gave no indication as to who had made the prescribed changes. We discussed this with the member of staff administering medicines who told us the changes had been made by the person's GP, but that staff had not recorded this appropriately. The changes had not been recorded clearly and put the person at risk of receiving medicines inappropriately. We discussed the issue with the registered manager who addressed this to ensure the instructions for future administration was clear. The registered manager also discussed with us, as this was a recent error it would have been identified and addressed at the monthly medicines audits the service undertook.

People we spoke with however told us staff were very careful and competent when administering their medicines. One person said, "The nurses bring the tablets and watch us take them. They check to make sure we take them and I am okay with that as it is the right thing to do." Another person told us they had a health condition that required regular monitoring and medicines they were "Very confident" in the way staff managed their medicines related to their condition.

Staff we spoke with told us they received training in safe handling of medicines and were supported with competency assessments. Our observations of staff practice showed they managed the administration of medicines safely.

All the people we spoke with told us they felt safe living at the service, one person said, "I have no worries here, I feel completely secure." Another person said, "It is very safe here because the staff are very attentive." A relative we spoke with echoed these views and was happy with the way staff managed their relation's safety. They said "The staff protect [name] from harm."

Staff we spoke with understood the how to protect people from abuse. They understood the signs to look out for and what they would do if they suspected any form of abuse. One staff member we spoke with was able to discuss the types of abuse people who lived in care homes could be exposed to. They were clear about what their actions would be it they witnessed any abuse. One of the registered nurses we spoke with told us they had confidence that care staff would identify and report any signs of abuse. They gave an example of one person whose medicines made them prone to bruising, they said that care staff always reported to them any signs of bruising and documented it. They said, "This shows (me) that care staff are always watching for issues."

The registered manager was clear about their responsibilities in relation to safeguarding people in their care. They had managed safeguarding issues appropriately and had notified us of any safeguarding issues and had worked with the local safeguarding teams to address any concerns.

People were protected from the risk of infection by positive staff practices in relation to infection prevention. Staff used personal protective equipment (PPE) when providing care for people. We saw effective hand washing practices and staff we spoke with showed a good understanding of preventing the spread of infection. There was an infection control champion in the service and the regional manager told us they were very good at monitoring the environment and staff practice, they highlighted issues to staff directly and the registered manager when required. However we did note that on an occasion the housekeeper's trolley, which contained chemicals that were visible, had been left unattended while they were in a room with the door closed. We discussed this with the member of staff and the registered manager. Both showed an understanding of the serious safety risk and addressed this straightaway. Leaving chemicals unattended put vulnerable confused people at risk of ingesting dangerous chemicals. During the second day of our visit we saw the housekeeping staff were monitoring their trolley to ensure it was not left unattended when chemicals were visible.

The registered manager also told us the service had developed a new infection prevention and control manual and used the care certificate infection prevent element of this to provide extra training for staff. The care certificate provides an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager discussed the ways they support staff learn from events, incidents and issues that may have a negative impact on the people in their care, so they could reduce the risk of re-occurrence. They told us they attended all handovers when they were on duty to ensure any identified risks were highlighted. They also used staff meetings to discuss safeguarding issues with staff and held ad hoc meetings if something required addressing urgently. One of the registered nurses told us this feedback had improved since the registered manager had come into post. Another member of staff told us they felt there was a good feedback process in place to help staff learn from issues. They also told us that any changes to policies and protocols were put on the staff allocation sheet so staff were made aware of these changes and could adjust their practice accordingly

Good

Is the service effective?

Our findings

Nationally recognised assessment care tools were used to provide consistent support for people living at the service. Staff had been trained to use these assessment documents and when necessary the service worked with external health professionals to assist them to follow national guidelines in relation to people's care. This included health professionals such as the Speech and language team (SALT). We saw where people had been assessed as at risk of choking, guidelines from the SALT team to reduce the risk of choking for an individual had been implemented by staff caring for the person.

Staff we spoke with felt that people were supported by staff in line with the Equality Act. They were able to discuss what things they did to ensure people were not discriminated against. Such as ensuring people who were hard of hearing had the support to understand what was being asked of them. One member of staff told us they always sat in front of people and spoke clearly so people also had the chance to lip read. Another member of staff told us they used simple sign language as well as ensuring people could lip read what was being said. The two members of staff also told us they ensured people had working hearing aids. Staff were able to give other examples of how people were supported to make their needs know so they were not discriminated against. One person who struggled to make their needs known due to difficulties to verbalise had been supported with picture cards so they could make staff aware of their needs.

The registered manager also told us there was a policy for staff to follow relating to equality and diversity, and an e-learning module on the computer for staff to complete to support an understanding of their role. The training record we viewed showed that all staff had completed the training module to support them in their role.

People we spoke with told us they felt staff had the right training to support them. One person said, "The staff are very well trained and efficient meaning, that rarely is there cause to complain." Another person told us, "The staff don't seem to be here long before they know all of the rules and regulations and how to care for people properly."

Staff we spoke with were happy with the training they had received. All staff undertook mandatory training which included moving and handling, health and safety, and safeguarding adults. Some staff we spoke with also took the lead in different areas of care. They undertook training to then support their colleague in areas such as correctly completing the different monitoring charts people required to support their care. During our visit we saw charts for such areas as repositioning had been completed to reflect the care given. We observed staff using correct moving and handling techniques to support people in their care.

New members staff were supported with a clear induction plan and were supported by their more experienced colleagues. They told us they felt supported in their role.

The registered manager supplied us with a training record to show how they monitored staff training needs. From this we could see that different grades of staff received training appropriate to their needs to support them in their different roles.

People we spoke with told us they enjoyed the food at the service. They were given a choice and if they did not like what was on the menu staff would find an alternative for them. One person said, "The food is very nice and you get a lot of choice. I do like lots of cups of tea and they seem to come throughout the day." Another person said, "The meals are pretty good here as you don't get the same thing day after day. I am really satisfied and I can be quite fussy with food." A relative we spoke with told since their relation had been admitted to the service they had noticed they were eating well and they felt staff gave their loved one "Full support" with their diet. They said, "[Name] does have a lot of choice about what they eat."

Staff we spoke with showed a good knowledge of people's dietary needs and they were well supported by the kitchen staff. We discussed how the kitchen team managed people's diets. The cook showed us their folder with everyone's dietary information in it. This was regularly updated when there were changes to people's needs. There was also a white board with a quick guide for staff reference and the cook told us they worked closely with the nurses and care staff to ensure they were up to date with people's needs.

During our visit we saw at mealtimes staff supported people to eat when required and there was adaptive cutlery available for people who needed it. People's weights were monitored and should it be required appropriate referrals to health professionals were made to support people nutritionally.

People were supported with their health needs. They saw health professionals when they needed them. One relative we spoke with told us they were happy with the way staff had managed their loved one's health needs. They explained their relation was prone to a recurrent health condition and staff's management of their care had meant the person had not had any acute episodes since coming to the service.

Staff worked together so people's health needs were managed. Care staff told us they were able to discuss any health concerns with the registered nurses or the head of residential care and issues were dealt with quickly.

Staff we spoke with discussed the ways people's health needs were managed. They told us for the most part they had a good relationship with the GP's who supported them. They said they could discuss issues with the GP and work with them to ensure people received the care they needed. The service also worked with the district nurses to manage people's health needs and had built up a good working relationship with them. People had access to other health professionals to support their health such as chiropodists and opticians and when required staff supported people to attend hospital appointments.

The environment people lived in was adapted to meet their needs. The layout of the building allowed people to move freely around the service in a safe way. People were able to sit in different areas and when relatives visited there were a number of areas for them to sit and talk in private. The service had an enclosed garden and people told us this was used a lot when the weather permitted.

The service employed a maintenance person who undertook a regular maintenance programme at the service. They kept clear records of their audits and reported any issues to the registered manager.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act (2005). The 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.

During our visit we saw staff regularly gaining consent from people before providing care for them and staff we spoke with had a good understanding of the MCA. One member of staff said, "It all starts with everything needing to be in the best interest of the person. If they don't have the capacity to make a decision about something then we make the decision in their best interest." The member of staff went on to say this needed to be the least restrictive option for the person.
Another member of staff discussed the management of one person who lacked capacity and had been refusing their medicines. They had worked with the person's GP, community psychiatric nurse (CPN) and the person's relative to come to a decision in the best interests of the person in relation to their medicines. They explained it had been a lengthy process as they had looked at a number of different options to support the person before being able to establish the least restrictive option for the person

Another person had a do not attempt resuscitation (DNAR) order in place, but they lacked the capacity to make their own decision about this aspect of their care. There was a clear mental capacity assessment supported by a best interest decision that showed discussion with the person's relative, staff and the person's GP had taken place.

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

DoLS we viewed showed there had been clear discussions with the relevant health professionals and families had been consulted for establishing information about each person so any relevant information in relation to applications about their needs could be met.

Good

Is the service caring?

Our findings

During out last inspection in June 2018 we found people were not always treated with dignity and respect. The failure to treat people with dignity and respect is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation.

People we spoke with were happy with the way staff cared for them. One person said, "The staff are very kind. They listen to us and cater for all of our needs well. The staff are lovely and support me well." Another person told us, "I am pretty happy here, some days I have an off day, but the staff know me pretty well and look after me. I don't really have any family and the carers support me through that and with everything." A further person said, "Everyone is very kind and I would recommend this service to anyone." A relative we spoke with told us they were impressed with the care the staff gave their loved one.

Staff we spoke with told us there had been a change over the last few months and they felt staff were caring towards the people they supported. The registered manager told us there had been some staff changes and behaviours changed as a result. They told us they monitored staff behaviours and when new staff came to the service they were supported with a longer more supervised induction. The registered manager continued to work with staff so they had a clear understanding of what was expected of their behaviours.

Throughout our visit we saw a number of very positive interactions between people, relatives and staff. When staff were supporting people they made sure they had eye contact, that people could hear them and they gave people the time to respond when they spoke to them. During meal times staff both supported and talked with people. When people were helped into the lounge area staff ensured they had everything they needed to hand before leaving the person. They encouraged people's independence, for example at lunchtime we saw a member of staff asking one person if they wanted to try to eat their meal themselves or if they required help. They waited for the person to respond before giving the help required.

There was evidence in the care plans we viewed to show people or their relatives had been involved in decisions about their care. For example, one person's relative had provided a lot of information and undertook regular evaluations of the person's care plan as the person lacked mental capacity. Another person's care plan contained information provided by the person on their likes and dislikes, such as how they enjoyed sitting on their own, but also enjoyed talking with people as they passed by.

There was no information displayed at the service to inform people and relative that advocacy services were available for them if required. Advocates support people who are unable to speak up for themselves. Although no one was using these services at present, the registered manager was aware of how to support people. They had contacted the independent advocacy service used by the provider following the first day of our visit and was in the process of obtaining display material to inform people of the services available. However, they also told us they did continue to monitor people and should they feel a person would benefit from this service they would enable them to access it.

People's privacy and dignity was protected by staff and staff treated them with respect. One person said, "The staff are very courteous. If I choose to be in my room, they always knock before they come in. I feel I have my own space." Another person told us, "The staff are very respectful and I often go to my room if I fancy a bit of quiet time." A relative we spoke with said "The staff respect [name] and are getting to know them well. They are very aware of their dignity and knock before they come into [name's] room and close the curtains when they need to."

Staff we spoke with understood their role in maintaining people's privacy and dignity. They spoke respectfully with people and their relatives. They knew the people they cared for well and spoke with people in the way the person wanted them to. One member of staff told us they treated people as individuals and treated people in the way they would want their own relatives to be treated.

Requires Improvement

Is the service responsive?

Our findings

During our last inspection in June 2018 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to provide people with appropriate care that meets their needs and reflects their preferences.

At this inspection we saw there had been improvements made to the care plans to support staff provide people with the care they needed. However, there were still some aspects of care not clearly documented to give staff the support they needed to provide people with the care they needed. For example, one person had a health condition that caused them to have seizures. We could not find a record of the number or types of seizures the person had over the last few months although care staff told us the person could a have a seizure once or twice a month. There was also a lack of information on how staff should manage the person's seizures. However staff we spoke with were able to tell us how the person's seizures were managed and the registered nurse we spoke with told us the person's GP had advised they follow the National Institute for Excellence (NICE) guidelines when monitoring the person's seizures. However the guidance was not in the person's care plan. We discussed this and the lack of clear monitoring of the numbers of seizures with the registered manager who told us they would address this issue.

One the first day of our inspection we discussed the lack of information about the person's seizures with the registered manager and they told us they would update the person's care plan to reflect how staff should manage this aspect of care. When we returned on our second day we viewed the records and found this had not been updated. However the registered manager sent us information following the inspection to show this had been addressed.

Another person's care plan we viewed showed the person sometimes displayed challenging behaviours. Although there was a care plan in place that identified the person had some challenging behaviours and prompted staff to record these behaviours. There was a lack of information in the care plan on what could trigger these behaviours other than providing personal care. The care plan did not give staff strategies to support them while they provided personal care. This meant staff may not be approaching the person's care in a consistent way to help reduce challenging behaviours.

Despite the above issues we found majority of care plans contained sufficient information to assist staff support people with their needs. Although the information in the care plans was not always easy to find. Staff we spoke with were knowledgeable about the care people needed. However one member of staff told us they had not used the care plans to inform them of people's care. They were told what to do at handovers and through conversations with other carers. The member of staff told us they did use the daily recording sheets and understood the importance of recording care they provided, such as repositioning people, or recording food and fluid intake.

The registered manager fulfilled their duty under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. For example they had ensured a person who at times struggled to

communicate their needs had been supported with a range of pictorial and written cards. These enhanced the way the person and staff were able to discuss the person's care and support. We also saw there were visual aids and information with larger print available for people who required support with their vision. Staff we spoke were aware of the different ways they could support people access information about their care. One member of staff told us they occasionally used sign language successfully with people to gain an understanding of their needs.

During out last inspection in June 2018 we found the provider was in breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. At this inspection we found the provider was no longer in breach of this regulation.

People and their relatives were happy with the way any concerns or complaints they had were dealt with. One person said, "I have seen people tell the staff if they are not happy. Certainly the people I sit with in the lounge know what to do if they are concerned about something." Another person said, "If I had a worry or wanted to complain I would definitely speak to the manager. I haven't had to yet, but would speak up if I needed to." Relatives we spoke with felt the new registered manager had dealt with any concerns they had, openly and swiftly.

The complaints policy was displayed at the service and to support this. The service had an electronic system in the entrance of the home which enabled people to feedback to the management team directly if they had any concerns. Staff were also aware of their responsibilities in making sure any complaints or concerns were reported to the management team to allow them to be acted upon. The records of complaints and concerns showed the registered manager had dealt with all issues raised to them in line with the company's complaints procedure. They told us they encouraged people and relatives to air their concerns and kept clear records of how all issues had been dealt with.

People told us there was a good range of social activities available for them. One person told us there was always something going on. They said, "We had a quiz this morning." Another person said, "We have great fun with dominos and it gets very competitive. We do chair exercises, play bingo (and) have singing sessions." A further person told us there was a notice board with the programme of activities that they checked regularly. People told us they were able to choose what they wanted to join in with. They told us there were also trips out, for example the day prior to our inspection there had been a trip out to a club, and one person told us they had enjoyed watching the dancing there.

The service employed an activities co-ordinator and they explained how they planned the activities around the people at the service. For example they ran clubs to bring people together, such as a gardening club. The member of staff told us if people could not get out of their rooms they also took the gardening club to them supporting them to plant seeds or bulbs. They also told us they planned different one to one activities for people who stayed in their rooms depending on the person's choices. These included crafts, reading and word puzzles.

While not all the care plans we viewed had information on people's wishes in relation to the care they wished to receive at the end of their life. We did see evidence that consideration had been given to this aspect of people's care. For some people this was the discussion with the person, or their relative when appropriate The registered manager told us they and their team made sure when people had agreed to discuss their wishes on this aspect of care, it had been discussed with them. There was information in people's records on their spiritual preferences, and where they chose to received their care. The registered

manager told us they and their team worked with the palliative care team to provide the best care they could for people.

Good

Is the service well-led?

Our findings

During our last four inspections over the last two years the service has failed to sustain any improvements they made following each inspection. This resulted in the provider being in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at our last inspection in June 2017. They had failed to operate systems or processes effectively in respect of assessing, monitoring and mitigating the risks relating to the health, safety and welfare of people who used the service.

At this inspection we found the registered manager had worked to ensure the systems in place to manage risks relating to people's health, safety and welfare had been used effectively to support the people in their care. This meant the provider was no longer in breach of this regulation.

The registered manager's responses to the regular quality audits had been robust. For example, they and the service's maintenance person conducted a regular environmental audit and from this produced an action plan that identified the person responsible for the different actions and a time span for completion. We saw records of the identified actions being completed. During our inspection we also saw the environment was well maintained and clean. The housekeeping staff completed a regular cleaning schedule which was audited by the registered manager to maintain a high standard of cleanliness.

The safety of people in relation to the risk of falls was also analysed each month by the registered manager to monitor trends and look at ways falls could be reduced. This information was fed back to the provider for a wider oversight. The information fed back to the provider had resulted in the company changing the sensor mat alarm system, so the alarm sound was different to the call bell system. This helped staff prioritise responses to the alarm and the registered manager told us this had resulted in a reduction in the number of falls at the service.

The regular auditing of medicines meant errors would be identified and rectified, such as the error we found when monitoring medicines. When errors were found the registered manager discussed these issues with the staff involved and took appropriate steps to reduce the risk of repetition by offering support and retraining for staff. The registered nurse we spoke with also told us they had been working with the pharmacist to improve supply when audits had shown there were issues in this area.

The service also undertook regular audits of people's care plans, the registered manager used a company tracker to look at different aspects of the care plans. However, we discussed these audits had not highlighted the issues we found in some of the care plans we viewed. The registered manager told us they would take this back to their regional manager for discussion, so they could continue to improve the auditing system and in turn improve the information available for staff providing care for people.

The service had a registered manager in post on the day of our inspection. It is a condition of the service's registration to have a manager who is registered with the CQC. The registered manager was clear about their responsibilities, they had notified us of significant events in the service and the last CQC inspection rating was displayed in the service. It is a legal requirement that a provider's latest CQC inspection report is

displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

People we spoke with told us they felt the registered manager was a visible presence in the service. One person said, "The manager is lovely and very approachable, and listens to anything we have to say." Another person said, "This is a very well managed place, very impressive. I have never had to complain about anything, but wouldn't hesitate to do so if I needed to." A relative we spoke with echoed these comments and said, "The manager is very friendly and open." They went on to say if they needed to see the manager they were always welcoming and listened to anything the relative had to say.

Staff were also happy with the management team. They told us the registered manager was open and approachable. One member of staff told us the management of staff had improved since the registered manager had been in post. There had been greater oversight on staff deployment and skill mix so staff had been supported. Another member of staff told us they could always go to the registered manager or the resident experience support manager if they had any concerns.

The registered manager told us there was a regular supervision programme in place for staff. The registered manager used these sessions to ensure staff were aware of their responsibilities in their roles and staff we spoke with told us the sessions were helpful as they were able to highlight any areas where they felt they needed support or training. They told us they felt they were listened to.

The registered manager fed back information to staff through staff meetings so staff were engaged with how the service was run, and worked to improve the service. Staff told us the meetings were informative and they felt they were able to discuss things openly. We saw minutes of the meetings which had an agenda so the registered manager was able to discuss a wide range of issues with staff. This included staff behaviours, recruitment and people's mealtime experience.

People were given the opportunity to engage with the registered manager and give their opinions on the way the service was run. People were encouraged to feedback via a computerised tablet that was placed at the entrance of the service. People's feedback was then displayed on the entrance wall, the feedback on areas such as how safe people felt and their opinions on the menus were positive. One person we spoke with told us they had completed a questionnaire on the service about six month ago. It included questions about what they thought of the social activities available and the attitude of staff. There were also relatives and resident meetings where people could raise issues and raise ideas about how improvements could be made. We saw that issues such as meal times and food choices had been discussed.

The registered manager worked in partnership with a range of health professionals to support people's care so they were able to provide consistent care. Working with teams at the local hospitals to ensure the right support was in place when people were admitted to the service. For example using the resources available from the SALT team at the hospital to provide effective care for one person as soon as they were admitted to the service.