

Bestcare Ltd

Vishram Ghar

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection visit was carried out on 25 January 2018 and was unannounced.

At the last comprehensive inspection on December 2016 the service was rated, 'Requires Improvement.' We found the service was not meeting regulations with regard to providing safe care and having systems in place to ensure quality services. We followed up these issues in a focussed inspection in August 2017 and found improvements had been made, though further improvements were needed to ensure people were always supplied with a safe, quality service. The service remained rated as, 'Requires Improvement.' The service has been rated as 'Requires Improvement' for over two consecutive comprehensive inspections.

At this inspection, we found the provider had continued to make improvements to the care provided. However, some improvements had yet to be embedded into staff working practices to ensure people received consistently good care. The provider had failed to make sufficient, sustainable improvements to the quality of the service. The overall rating for this service remained 'Requires Improvement.'

Vishram Ghar is a 'care home' without nursing. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Vishram Ghar accommodates up to 44 older people across two separate units, each of which have separate facilities. One of the unit specialises in providing assessment, care and support to people who are recovering from a health condition or injury and wish to return to their own homes. The second unit supports older people who require long-term care and support. The service primarily supports people from Asian communities. At the time of our inspection there were 40 people using the service.

The service had a registered manager. 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.

Staff had completed training to enable them to recognise signs and symptoms of abuse and felt confident in how to report concerns.

Staff demonstrated a good understanding of actions they needed to take to keep people safe. Records showed potential risks to people had been assessed, but did not always include the detail and guidance regarding the measures staff needed to take to reduce risks. People received the support they needed if they became distressed or were placing themselves and others at risk of harm.

Staff were protected from the risk of unsuitable staff because the provider followed safe recruitment procedures. There were enough staff available to meet people's needs as assessed in their care plans.

People were supported to take their medicines as prescribed. However further improvements were needed to ensure that medicines records were completed accurately and consistently.

Systems were in place to support staff to follow safe infection control procedures to prevent the risk of infection when providing care. Staff were observed not to follow safe procedures when supporting people during meal times.

There were arrangements in place for staff to make sure that action was taken and lessons learned when accidents or incidents occurred, to improve safety across the service.

Staff completed an induction process when they first started working in the service. They received on-going development training and supervision for their role. The registered manager reviewed and evaluated training to ensure it was effective. This supported staff to gain the skills and knowledge they needed to provide care based on current practice.

People did not always receive the consistent support and assistance they needed to enjoy their meals. Where people were at risk of poor nutrition or dehydration, records were not always completed accurately or correctly to show people had received nutrition and fluids in line with their assessed needs.

People were supported to access a range of health professionals to maintain their health and well-being. The service worked in partnership with other agencies to ensure people with complex needs or health conditions had the care and treatment they needed.

At the time of our inspection, the provider was in the process of undertaking work to upgrade areas of the premises. This included décor, replacement of fittings and appropriate signage to support people to find their way around the service independently.

People's needs were assessed before they began to use the service. People were supported to make decisions and choices about their care. Staff understood the principles of the Mental Capacity Act 2005 (MCA), sought consent before providing care and respected people's right to decline care and support.

People were treated with kindness, respect and compassion and they were given emotional support when needed. Staff demonstrated they understood the importance of upholding people's right to privacy and dignity

Staff supported people to express their views and be involved in making decisions about their care as far as possible. This included consulting relatives and access to independent advocates if necessary.

People and their relatives were involved in planning their care and support and were able to make changes to how their care was provided. Care plans were not always updated in a timely manner and records did not consistently provide the detail and information staff needed to meet people's needs. The registered manager had recognised this and work was in progress to review and update all care plans and records.

People were offered a limited range of activities to pursue their hobbies and interests. Staff arranged trips out for people and celebrating events and key festivals. These were met with a positive response. The registered manager was reviewing day-to-day activities to ensure people were provided with sufficient stimulation to meet their needs and wishes.

People's concerns and complaints were listened to and responded to in order to improve the quality of care.

People and relatives told us they felt comfortable in raising concerns and complaints and had confidence in the registered manager to take action to resolve them.

There was a registered manager. They were promoting a positive culture in the service that was focussed upon achieving good outcomes for people. They had identified where improvements were required and had taken steps to make changes and develop the service. The provider had systems in place to monitor the quality of the care people received. This included audits of key aspects of the service. We found some audits were not consistently effective in ensure staff followed systems and processes.

People, those important to them and staff were able to share their views the service and the quality of care they received. These were used to critically review the service and drive improvements to develop the service.

You can see what action we told the provider to take at the back of the full report. Full information about CQC's regulatory response to the concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff had an understanding of what abuse was and their responsibilities to act on concerns. Risks to people's health and well-being had been assessed and staff understood what actions they needed to take to keep people safe. Records did not always include the detail and measures required to reduce risks or reflect people's current needs.

The provider followed safe staff recruitment procedures and ensured there were sufficient staff to meet people's needs.

People were supported to take their medicines safely, however further improvements were needed to ensure medicine records were completed accurately.

The registered manager had implemented systems and procedures to prevent the risk of infection but these were not consistently followed by all staff.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were trained and supported to enable them to provide effective care. People's nutritional needs were met, however further improvements were needed to ensure records reflected this and people received a positive dining experience.

Staff worked in partnership with a range of healthcare professionals to ensure people were supported to maintain their health and well-being. People's consent to care and treatment was sought in line with legislation and guidance. The provider was in the process of upgrading key areas of the premises.

Is the service caring?

Good ●

The service was caring.

People and their relatives were involved in their care and supported to make decisions and choices.

Staff communicated with people effectively and understood their role in protecting people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People and relatives were supported to be make decisions and choices about how their care was provided. Staff demonstrated they provided personalised care,

Records were in the process of being updated to ensure they supported a personalised approach.

A complaints policy was in place which supported people to raise concerns and complaints. People and relatives knew how to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had not made sufficient, sustainable improvements to provide Good care as a minimum for people using the service.

Arrangements had been made to assess, monitor and improve the quality and safety of the service. We found some audits were not always effective in ensuring staff were following systems and procedures.

There was a registered manager in place who was promoting an open culture in the service. Staff were supported to understand their roles and responsibilities and had developed good team work. People and those important to them were supported to share their views about the service and their care and these were used to drive improvements and develop the service.

The provider had been rated as 'Requires Improvement' for over two consecutive comprehensive inspections.

Vishram Ghar

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 visit took place on 25 January 2018 and was unannounced.

The inspection team consisted of two inspectors, an inspection manager, a Specialist Advisor and an interpreter. A Specialist Advisor is someone who has professional expertise in care or nursing. The interpreter supported the inspection team to communicate with people, staff and visitors in their preferred language.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications the provider had sent us. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Our review of this information enabled us to ensure we were aware of, and could address any potential areas of concern.

During our inspection we spoke with five people who used the service and two relatives. We also spoke with the registered manager and seven members of care staff. We observed care and support provided in communal areas and the lunchtime meal. This helped us to evaluate the quality of interactions and support that took place between people and staff who supported them.

We reviewed information including care plans and records for six people, medicine records, staff recruitment and training records, records relating to the day-to-day management of the service and the provider's internal audits and quality management systems.

Following our inspection visit, we asked the registered manager to send us information including staff training and policies. They sent this to us in a timely manner.

Is the service safe?

Our findings

People and relatives we spoke with told us the care they received had improved since our last inspection and felt safe within the service. One person told us how staff supported them to manage their health condition which helped to keep them safe. A relative told us how they had previous concerns about how staff supported their family member to move around. Since raising these concerns with the registered manager, they felt this had improved and had no further concerns. They gave examples where staff ensured their family member was safe, which included fitting a sensor mat by the bed at night to alert staff if the person got out of bed to reduce the risk of falling. They also told us staff contacted them immediately if their family member had fallen to advise them of the accident and actions they had taken. This helped to assure them that their family member was receiving the support they needed to keep them safe.

Staff were able to tell us about the signs and types of abuse. Staff were confident about how they would report any allegations or actual abuse. One staff member told us, "I completed safeguarding training about 12 months ago. I make sure people are safe because I observe people daily and watch out for signs of changes. I would report any safeguarding concerns to the [registered] manager. If that didn't work or I still had concerns, I would go to CQC or the police." The staff member demonstrated they understood the possible indicators of abuse. Other staff demonstrated they understood how people were at risk from abuse and told us they were confident in approaching the registered manager or provider if they had concerns about the well-being of any of the people using the service. Records confirmed staff had completed training in safeguarding.

We found the provider's safeguarding and whistleblowing policies required updating. The policies did not provide staff with all the information and guidance they needed based on current best practice, and did not include contact details for relevant external agencies. The registered manager provided us with policies that were fit for purpose following our inspection visit and told us they would ensure all staff were able to access them.

When safeguarding incidents had occurred staff discussed with the appropriate local authorities and made relevant notifications. This helped external agencies evaluate the potential impact for people and decide the level of intervention required to keep people safe.

We looked at how staff managed risk to people. Records showed that risks to people's health and well-being had been assessed. These included risks associated with the environment and people's health conditions. During the inspection staff were seen to protect people from avoidable harm or injury. For example, we saw one person walking with a frame who was supervised by staff as they were at risk of falling. Staff were discreet in providing support whilst respecting the person's wish to be independent. Where people had difficulty to stand up and move, staff provided appropriate support and encouraged them with patience. Where people required equipment to enable them to move and transfer, we saw staff used this safely in line with best practices.

Although staff demonstrated they knew how to keep people safe, records did not always included the detail

and guidance regarding the measures staff needed to take to reduce risks. For example, one person's care plan clearly identified the risks the person faced. The risk assessment included details of who may be harmed, control measures to reduce the risks and what further action would be required to reduce the risk. This included referrals to health professionals and assessments for additional equipment. This provided clear information for staff to follow to keep the person safe. Records showed these risk assessments had been regularly reviewed to ensure they continued to meet the person's current needs. However, another person's care plan showed that their risk assessments had not been reviewed since May 2017. The person had complex health needs but these were not reflected in the person's risk assessments. Records did not include sufficient guidance for staff to manage risks associated with the person's health condition.

The registered manager told us they were in the process of reviewing and updating care records to ensure they reflected people's current needs. Audits we viewed confirmed this. Records that had been reviewed and updated provided a good level of information for staff to enable them to understand what actions they needed to take to keep people safe.

We looked at how risks associated with behaviour that challenges us were managed. Records showed that staff followed detailed care plans with clear instructions on how to manage challenging situations. This included withdrawing from the person, moving others to keep them safe or using distraction techniques. This supported staff to understand what they needed to do if a person became agitated and could support them as safely as possible.

Fire policies and procedures were in place and kept under review. Records showed staff carried out daily checks of the fire panel. The provider was in the process of completing actions to meet recommendations and requirements made by external agencies. This included new bedroom doors to ensure compliance with fire regulations and replacement of fire equipment.

People had fire risk assessments [PEEPS] in place to guide staff on the level of support they required in the event they needed to evacuate the service. These were colour coded to provide staff with a quick glance as to the level of support required, for instance numbers of staff and equipment. These were kept under review to ensure they reflected people's current needs.

People were protected from the risk of unsuitable staff because the provider followed safe recruitment procedures. The registered manager undertook regular audits of staff recruitment files to ensure records were in line with the provider's recruitment procedures. This included Disclosure and Barring Service (DBS) checks before staff started to work in the service. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who use care services to help employers make safer recruitment decisions.

We looked at how the provider ensured there were sufficient numbers of staff to meet people's needs and keep them safe. People told us they felt there were enough staff available to meet their needs as staff gave them time and didn't rush them when they needed help. A relative told us, "There are enough staff around during the day, there is quite a few. I think there are only two staff on duty at night which worries me as I'm not sure this is enough." We saw there were enough staff to meet people's needs and people were provided with care and support in a timely manner. Staffing rotas showed that the staffing levels we observed during our inspection visit were the usual ones.

The registered manager undertook dependency assessments for each person to determine the level of staffing support they needed. These were used to plan staffing levels and rotas and were kept under regular review. The registered manager told us there were two care staff at night and these were supported by a

senior care staff which meant there were three staff on duty during the night. The registered manager had recently recruited additional staff which included new posts of a team co-ordinator and domestic staff as part of their review of staffing.

The provider had made improvements to the management and administration of medicines to ensure people received their medicines safely. However, we found further improvements were needed to ensure medicine records were completed accurately.

People's medicine records included a current photograph of the person to enable staff to easily identify the person. Appropriate codes were used where medicines had not been administered. However, we found several missing staff signatures on medicine records that we sampled. Accurate records are important to confirm that people have taken their medicines as prescribed. We saw that where topical medicines had been prescribed, records did not always have a body map or instructions to guide staff on where to apply the medicine. Body maps and rotation charts were not in place for people who received their medicines through transdermal patches (patches applied directly onto the skin). These are important as patches are prone to falling off or accidentally removed and should not be applied to the same area in succession. Medicines that were prescribed 'as and when required' [PRN] were not always supported by clear protocols to guide staff as to when the person may need these. For example, if the person was in pain or showing signs of agitation. The controlled drugs register showed medicines in stock for one person who no longer used the service. Staff told us these medicines had been returned to the pharmacist but the register had not been updated to reflect this.

We raised these concerns with the registered manager who told us they would ensure staff completed records accurately and consistently and implement clear protocols where required.

We found medicines were stored safely. Temperatures of storage areas were monitored and recorded daily to ensure they were in the recommended range for maintaining the condition of medicines. Medicines dispensed in liquid form and topical creams and been marked with the date of opening. This is important as some of these medicines had a recommended expiry date.

We observed a staff member administering medicines during our inspection. They followed safe procedures and spent time explaining to people about how their medicines were going to be administered and checking they were happy to take their medicines. The staff member provided reassurance and encouragement to people and gave them time to take their medicines in the way they preferred. Staff told us they had completed training in administering medicines and had competency assessments to ensure they were sufficiently skilled and knowledgeable to support people to take their medicines. This was confirmed in records we saw.

We observed staff wearing gloves and aprons when supporting people with personal care or applying medicines. However, we also observed staff did not wear gloves when supporting people to access their meals. For example, two staff served poppadoms and Chappatis (leavened flat bread) from a container to several people using their bare hands. They did not use any utensils or wear gloves to protect people from the risk of infection. We raised this with the registered manager who told us they would ensure all staff were aware of procedures to follow to prevent the risk of infection during meal times.

The registered manager had put in place cleaning schedules and audits for staff to follow. These included cleaning of people's rooms and communal areas, hand hygiene and improvements to laundry facilities. We saw people's rooms and communal areas were clean with no unpleasant odours

Accidents and incidents were clearly documented with actions taken and referrals to the appropriate health professionals for guidance and support. The registered manager maintained an incident file which enabled them to ensure that all incidents and accidents were followed up in a timely manner, and provided them with an overview to identify any lessons to be learnt.

Is the service effective?

Our findings

Staff told us they were given training that gave them the knowledge and skills they needed in their role. A senior staff member told us all new staff had to complete an induction programme when they started to work in the service and worked alongside experienced staff until they were assessed as competent and felt confident in the role. One staff member told us, "I had a very good induction and training. Staff support is also very good." Another staff member told us, "I had 3-4 days induction training which included external training, such as abuse, mental health and dementia. I have also completed training in supporting people with behaviours that challenge. The [registered] manager asks me about my training and tests my knowledge in supervisions." A third staff member told us, "I have just completed my induction. I completed all the essential training, such as food hygiene and infection control and learnt about the building and was introduced to people to understand their needs. I was able to shadow [work alongside] experienced staff for two weeks to learn about people's needs. I am new to care and feel I have had enough training to do my job at the moment."

We reviewed the provider's training matrix which showed staff were provided with a range of training to meet people's needs, including specialist training such as behaviours that challenge and mental health. The registered manager kept training under review to provide opportunities for staff to keep their knowledge and skills up to date.

Records showed people's needs had been assessed and this information was used to form the basis of their care plan. Assessments took into account people's needs, wishes and preferences in addition to what was important to the person. For example, for one person it was important for them to maintain regular routines to avoid them becoming distressed. This was detailed in the person's care plan which supported staff to provide care in line with the person's preferences. Assessments identified where people had specific needs, for example in the gender of carer or cultural needs. Records showed these had been included in people's care plans which provided staff with the knowledge they needed to meet people's specific needs.

People and relatives shared mixed views on the quality of meals provided. One person told us, "The food is edible. I eat what I can. If I can't eat it because it's too spicy, I can ask something else. It's not a problem." A relative told us, "Meal times are protected here. I like to bring in food for [family member] as she doesn't always want Gujarati food. Most of the meat (dishes) here is served with chillies." We observed people were provided with a choice of hot drinks, juices, water and milk shakes throughout the day. Where people were unable to ask for drinks, we saw staff provided these and encouraged people to drink them.

We observed the lunchtime meal to help us to understand people's meal-time experience. The service had two main dining rooms, one for vegetarian meals and another for non-vegetarian meals. A third dining area was located in the assessment unit where people used the service short-term. People were supported to choose where they sat according to their preferences.

People were supported to choose how much they wanted to eat from a range of Gujarati dishes, which staff served to them individually from a trolley. The cook had prepared curry without chilli as an alternative and

we saw some people ask for this and staff provided it. Soft and pureed meals were prepared for people at risk of choking and those with swallowing difficulties. Staff supported people to eat a healthy and balanced diet in line with their dietary needs. For example, where one person asked for more salt with their food, staff provided this in tiny amounts. Another person asked for sugar over their dish and staff provided this but again in tiny amounts so the person was not having too much. One person declined the meal and staff asked the person if they would prefer tea and toast instead. However when another person declined the meal, staff did not offer the choices of an alternative. Instead, we saw a staff member shout across the table to ask if the person wanted anything. We saw the person asked for a cup of tea which was served to them.

Some people required support to eat their meals. This ranged from prompting to full physical assistance. Where people required full support, this was provided in a timely manner. However, where people required prompting and encouragement to eat their meals, this was not provided promptly. We observed three people who were served food and waited for up to 25 minutes before receiving staff support to eat their meals. Throughout the lunchtime meal, we observed little interaction between staff and people.

The registered manager told us they had taken action to improve the meals provided but acknowledged that further work was required to improve menu choices and enhance people's dining experience. They told us they had made changes which had improved the breakfast meal with positive feedback from people and relatives and planned further changes to improve the overall provision of meals in the service.

Food and fluid charts were in place for people who were at risk of dehydration and weight loss. Care plans had been updated to reflect nutritional plans and dietetic advice. Records we sampled had not been consistently completed, including gaps in daily recordings without any explanation. Fluid charts did not identify the daily target for the person and were not totalled on a daily basis. This is important to ensure people receive the right amount of fluid to meet their assessed needs. The registered manager told us she would ensure recordings would be improved.

People's care plans showed staff worked in partnership with other agencies to ensure people's health and well-being was maintained. Staff supported people to attend routine appointments, such as opticians and chiropody in addition to specialist appointments. These included memory clinics and diabetes clinics. One relative told us staff had looked after their family member very well following a recent infection and had liaised with health professionals to ensure their family member received the treatment they needed. Staff maintained communication logs of visits from health professionals which provided staff with a quick reference to any changes to the way in which care was provided. People's care plans included information about their specific health condition, which provided staff with information and guidance to understand the condition and the impact it had for the person.

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 on 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).

Staff demonstrated an understanding of the principles of the MCA. One staff member told us, "I always ask consent before I help people. I explain what I am going to do and ask if they are okay, and wait for an

answer. If people decline their care, I respect this and inform the senior [care worker]." People told us staff respected their choices and asked before providing assistance.

Records showed that people's mental capacity to understand and consent to their care and treatment had been assessed. Best interest decisions had been made with input from appropriate health professionals and included people's relatives or representatives. Where people were subject to DoLS authorisations, for example because they were unable to consent to treatment or required constant supervision, appropriate paperwork was in place, including care plans. Records showed that staff were aware of and complied with any conditions within DoLS authorisations and these were kept under review. This helped to ensure that any restrictions on people's liberty were being lawfully applied.

At the time of our inspection, the provider was in the process of upgrading the décor of the premises. The registered manager told us work had commenced to redecorate bedrooms and corridors. Some work had been completed. For example, tactile art work along the ground floor corridor provided interest and interaction for people. However, we found other corridors were stark with a lack of signage to support people to orientate around the service and find their room or key areas. A small number of people had photographs on their bedrooms doors to help them locate their room. This was due to either moving from the short-term unit or due to relatives involvement. The registered manager told us new bedroom doors had been ordered and work was planned to improve corridors and signage.

Is the service caring?

Our findings

We spoke with people and their relatives and asked for their opinions about the care they received. One person told us, "Staff talk to me nicely, with respect. If I want anything, I just ask for it. They help me." Other people told us staff communicated well with them, they didn't feel rushed and staff gave them time to answer questions and make decisions. People told us staff provided support when needed in a calm and caring way, although not all staff smiled. People told us staff knew how to support them in their preferred way. A relative told us, "Staff communicate with [name of family member] well, they speak her language. Staff do try their best. They keep me involved in [family member] care." Another relative told us that staff always made them feel welcome whenever they visited.

Throughout the inspection, we observed staff interacting with people in a kind, compassionate and friendly manner and being respectful of people's choices and opinions. There was a relaxed atmosphere and staff spoke positively about their roles and the people they supported. One staff member told us, "I am happy here. I enjoy being with people who can speak the same language because we have good conversations. We also sing together which we all enjoy." Another staff member told us, "I am from a different culture but it isn't a problem. Staff support each other and we have good communication between people and staff. I think the care is very good." Staff told us they felt they had enough time to spend with people meeting their needs and spending time checking they had what they needed and were happy.

We observed staff communicating effectively with people, using different ways of enhancing communication. For instance, by touch, ensuring they were at eye level with people who were seated and altering the tone of their voice appropriately. Staff were attentive and checked that people were happy by asking, "Can I help you with that? Are you comfortable?"

Staff were aware of the need to ensure people's information was kept confidential and not disclosed to anyone without the appropriate consent and authorisation. Confidentiality was included in staff induction and people's personal documentation was kept in a designated, locked office with access by staff only.

People and relatives told us they were involved in their care and made decisions about how their care was provided. One person told us staff consulted with their relative at their request because this is what they preferred. A relative told us staff kept them fully involved in their family member's care and listened to them if they were unhappy about anything or wished to make changes. They told us they were able to view their family member's care records because their family member had given consent to this and this helped to assure them care was being provided in line with their family member's preferences.

Most relatives told us they were always made to feel welcome by staff when they visited, and could visit at any time with the exception of meal times which were protected. This was to enable staff to focus on providing the support people needed during meal times. We were aware one relative was dissatisfied with how they were being supported to visit their family member. The registered manager demonstrated they understood visiting rights and did not restrict visiting rights unnecessarily. Where restrictions were in place, these were determined through risk assessments, working in partnerships with other agencies and kept

under review. We observed visitors arriving throughout the day and without exception, they were greeted by staff in a friendly and warm manner.

Staff supported people to develop and maintain their independence as far as was possible. The service had a short-term assessment unit which provided people with the opportunity to have support and use of facilities to regain skills they may have lost through their health conditions or an injury. The aim of the unit was to support people to regain daily living skills and abilities to be able to return to their home. People who used the service longer-term were supported to maintain their independence through the use of equipment, such as walking frames and staff support and encouragement.

People's privacy was respected. We saw staff knock on doors when doors were closed and identify themselves on entering the room. Doors were closed when people were supported with personal care. People were called by their preferred term of address. When people became distressed or anxious, staff intervened discreetly and in a timely manner to provide the people with the reassurance they needed. These actions helped to uphold people's right to have care provided that maintained their dignity.

Records showed people were supported to access advocacy services if required. An advocate is an independent person who seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them and defends and safeguards their rights.

Is the service responsive?

Our findings

People and relatives we spoke with told us the provider had made some improvements since our last inspection which had resulted in them feeling happier about their care. They told us they knew how to raise concerns and complaints and felt these would be listened to and acted upon by the registered manager. One person told us, "I can choose what I want to do and how I want my care. If I am unhappy about something, I would ask to speak to the person in charge and discuss it with them. That's what I prefer." Other people told us they were able to talk with staff or the registered manager if they had any worries or concerns.

A relative told us they were involved in discussions about their family member's care on a regular basis, although they felt it had taken some time for staff to fully understand about their family member's needs. Another relative told us, "Staff are responsive when I am here. I am fully involved in [family member] care and have a say in how the care is provided. I have raised concerns and one formal complaint about [family member] care. I felt the registered manager took action and assured me the incident wouldn't happen again. It hasn't so far. She [registered manager] is responsive to complaints."

Care plans had been developed through assessments involving people and, where appropriate, their relatives or representatives. The registered manager was in the process of reviewing and updating care plans and records. We looked at a sample of plans that had been reviewed and those waiting for reviews. Reviewed care plans included a one-page profile which enabled all staff to see, at a glance, essential information that they needed to know about the person. This included how they communicated, health needs, if they were able to consent to care, risks, people who were important to them and how they needed their care and support to be provided. People's care plans were detailed with information for staff to build rapport with people. These included details of hobbies and interests, life history and routines that were important to them. For example, one person had moments where they were unable to sleep at night. The care plan instructed staff to acknowledge and support the person to go to communal areas where staff could provide reassurance and conversation to assure them. For another person, it was important for staff to be aware that they worshipped all the Gods within their religion and this was detailed in their care plan. This information supported staff to provide personalised care.

Care plans that had not yet been reviewed were focussed on tasks and health problems and did not always provide staff with information about the person as an individual. Although these care plans lacked a personalised approach, staff spoke about people in a person centred way and demonstrated they knew people's routines, likes and dislikes. For instance, favourite foods and how they liked to be supported. A staff member told us, "Some people can't tell you what is wrong, but you can tell by little changes in their behaviours that something is not right."

The registered manager told us that alongside updating records, they were also providing training and mentoring to care staff to support them to provide care that was personalised rather than focussed on completing tasks.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, people were provided with information in their preferred language or supported to access advocacy services. At the time of our inspection, the provider did not have a written policy on how they complied with the AIS. The registered manager sent this to us following our inspection.

People and relatives shared mixed views about activities provided at the service. On the day of our inspection, we observed very few activities for people. In the short-term assessment unit, people were provided with newspapers and were supported to undertake daily living tasks where they were able to. One person told us they liaised with staff to go out into the local community and discussed their routines with staff so they could be alerted if there were any problems. Three people told us activities were not provided every day but occasionally they played games of card and prayers. Another person told us staff supported them to access their place of worship. A relative told us their family member was not interested in activities but was unhappy due to the lack of choice in television channels. They told us the channel was restricted to programmes that did not meet their family member's cultural interests and they had asked for this to be changed but nothing had happened to date.

The registered manager kept a record of social activities provided at the service. Records showed external trips and celebrations such as Diwali had been received positively by people and their relatives. The registered manager told us they were developing the activity provision within the service. They were aware of the restrictions in choice of television programmes and told us this was due to a technical fault on the satellite. They told us they had booked an engineer to come out to undertake work which would extend the range of programmes available for people to watch.

We looked at how the provider handled and responded to concerns and complaints and saw there was a policy and procedure in place. This provided people with details of how their complaint would be managed and included details of external agencies should the complaint not be resolved to their satisfaction. We looked at the complaints log and saw complaints had been responded to appropriately, with a response given to the individual complainant. Responses included details of any action taken by the provider to reduce the risk of further complaints. One relative told us they had complained about their family member's clothing and told us the registered manager had listened to them and taken actions to improve the support their family member received with their clothing and laundry procedures generally.

Is the service well-led?

Our findings

Although we found improvements had been made since our last inspection, the overall rating for this inspection remained 'Requires Improvement.' This is because improvements were not always embedded into staffing working practices and therefore the provider was unable to demonstrate that improvements were sustainable at the time of our inspection. The provider had been rated as 'Requires Improvement' for over two consecutive comprehensive inspections.

This failure to demonstrate sustainable improvements to achieve a Good rating is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives and staff told us things had improved since the new registered manager had been in post. One relative told us, "[Name of registered manager] looks into things if I have any concerns. She listens to me and I don't feel I am ignored as I felt before (she started). I have seen improvements since she started. For example, staff approach and attitude and better training for staff. She communicates with people well."

Staff told us things had improved since our last inspection because of the registered manager. One staff member told us, "She [registered manager] is approachable and visible. She is always very interested in what ideas the staff have. She is very supportive." Another staff member told us, "[Name of registered manager] has made changes for the better. For example, meals are better now, especially the breakfasts, there is more choice on the menu. She has made changes to care plans and the daily records to ensure we have more information about people. The [registered] manager gives me support. I think the service is well managed."

The registered manager provided clear and confident leadership for the service. They were supported in the day-to-day management of the service by a deputy and senior care staff. They had recently recruited to a new post of team co-ordinator who was responsible for the day-to-day management of the short-term assessment unit. Staff told us they felt supported by this management structure. We observed that senior staff responded in a positive, supportive way when care staff had questions or sought advice.

Staff told us they received regular supervision and feedback about their work from their line managers which provided them with the support they needed in their role. One staff member told us, "I can share my views in supervisions or I can approach the [registered] manager directly and put forward any suggestions. I feel confident to do this." Staff were supported to share their views through staff meetings which were held regularly. Minutes of meetings included action points and feedback. Records showed meetings were used to share information with staff in addition to developing staff. For instance, discussions around 'spotting hazards' for people and in the environment. Minutes of meetings were provided in English and Gujarati to ensure they were accessible for all staff.

In the short time they had been working in the service, the registered manager had brought about changes to improve the culture of the service. This included working with staff to provide a more person centred approach to providing care rather than task orientated. They had introduced 'employee of the month' to

recognise individual staff achievements. This helped staff to feel valued and appreciated.

The registered manager and staff told us the staff team worked well together. Staff demonstrated they were aware of and respected different cultures and felt there were good levels of communication between managers, staff and people. This helped to recognise and promote equality and diversity amongst the staff team.

The registered manager had implemented systems to monitor the quality of care. Audits were carried out and these included care records, health and safety, staffing and medication. The outcome of audits and checks were used to identify where improvements were needed and action plans were developed with target dates. Records we saw showed the registered manager had identified where improvements were required, for example in care records. Targets dates had been included in action plans and we some actions had yet to be completed. We found some audits were not always effective in identifying if records had been completed accurately. For example, medicine audits had not been carried out consistently to identify missing signatures on medicine administration records and absence of protocols for some medicines. The registered manager told us they would review audits to ensure they carried out correctly to bring about improvements within the service.

Surveys were sent out to people and relatives to gain their views of the service. Comments shared were mostly positive, with one relative stating they couldn't find any fault with the care and attention from staff. People and relatives were able to attend regular meetings with the registered manager. Records showed people shared positive views about the service on a range of issues including meals, privacy and dignity and cleanliness. Minutes of meetings were also translated into English and Gujarati to ensure they were accessible for all people. There was a suggestions box in the reception area which enabled visitors, people and staff to make suggestions and comments about the service.

The registered manager demonstrated they were clear and understood their responsibilities and what was expected of them regarding their legal obligation to notify us about certain events. Appropriate notifications had been made about significant events within the service. The registered provider worked closely with the registered manager to identify and bring about improvements within the service. These included the appointment of an area manager to oversee the quality of care and to provide support to the registered manager. The provider had identified what the service did well and areas where the service needed to improve within their Provider Information Return and we found this information to be accurate during our inspection. The provider had ensured the current CQC ratings for the service were prominently displayed in line with legal requirements.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to bring about sufficient sustainable improvements to improve the quality of the service

The enforcement action we took:

NOP to impose conditions on the service