

Southern C C Limited

The Meadows Nursing Home

Inspection report

656 Birmingham Road
Spring Pools
Bromsgrove
Worcestershire
B61 0QD

Tel: 01214535044

Website: www.asterhealthcare.co.uk

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15 January 2019

16 January 2019

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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?

Requires Improvement 

Summary of findings

Overall summary

This inspection was undertaken on 10, 15 and 16 January 2019. The first two dates were unannounced which means the provider did not know we were coming. The final visit was announced.

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

The Meadows accommodates up to 36 people in a large adapted property with more modern extensions. The home is split into three units. The Pines and The Willows provide nursing care for people and are located on the ground floor. The Beeches provides care for people living with dementia and is on the first floor. Communal areas as well as bathrooms and toilets are provided on both floors. There were 34 people living at the home at the time of the inspection.

At our previous inspection on 04, 05 and 13 October 2017 we rated the service as 'Requires Improvement' in each of the five key questions as well as overall. We identified five breaches in regulation. These included people did not always receive care that met their care and preferences. People's dignity was not always maintained. The provider had not consistently ensured risks to people had been assessed and the risks mitigated. People's medicines were not always stored and administered safely. The provider did not always have effective arrangements in place to monitor and improve the quality and safety and welfare of people. The management and deployment of staff did not always ensure there were sufficient staff to safely meet the needs of people at all times.

Assurances were given following the previous inspection regarding staffing.

We undertook this inspection to see whether the provider had made the necessary improvements.

At this inspection we found some areas continue to require improvement.

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

The provider did not have effective systems to ensure all statutory notifications were sent to the Care Quality Commission. The provider had failed to notify us of Deprivation of Liberty Safeguard authorisations as they are required to do by law.

Since our previous inspection improvements have taken place in areas such as medicines, staffing, staff knowledge and governance. The registered manager showed a passion to make further improvements at

the home.

We identified shortfalls in how medicines were managed. These were discussed at the time of the inspection. Personalised care was provided however care records did not always indicate what action staff had taken to meet people's needs in monitoring documentation.

People were cared for by the staff who had knowledge of how to keep people safe and what to do if they believed people to be at risk. People's wishes were taken into account to ensure people's preferred life styles were met.

People who lived at the home as well as relatives and staff were complimentary about the care provided and were confident in the registered manager and the improvements made.

People had a range of fun and interesting things to do and were involved in deciding in these. People were able to take advantage of outings to interesting places.

People were supported to have maximum choice about their lives and were supported in the least restrictive way possible. Staff spent time with people talking about important things in their life and had developed a caring relationship. People were encouraged to make decisions about their day to day life. People's privacy and dignity was respected.

People's needs were assessed before they moved into the home and these were reviewed as to ensure they could be met. Staff ensured people had enough to eat and encouraged people to drink. People were complimentary about the food provided.

There were enough staff to meet people's needs and staff worked as a team to support each other to ensure people's needs were met. Healthcare professionals were consulted and involved in people's care as needed to maintain their wellbeing.

Accidents and incidents were recorded and the registered manager analysed these to consider any trends and to look at any lessons learnt because of these.

The home was clean and tidy and staff had an awareness of infection control.

Full information about CQC's regulatory response to the more serious concern found during inspection is added to reports after any representation and appeals have been concluded.

Further information is in the details findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicine management was not consistently robust to ensure risks were mitigated.

People's needs were met by suitable recruited staff.

People were provided with care at times they required this as suitable staffing arrangements were in place.

People were supported by staff who had a knowledge about how to report abuse and the action needed if abuse was suspected.

Requires Improvement ●

Is the service effective?

The service was effective

People were supported to make decisions where possible. Staff were aware of people who lacked capacity and of people who needed support to make decisions.

Staff had the knowledge and skills to meet people's care and support needs as well as promote their health and wellbeing.

Food and drink was available and staff support people to have their dietary needs.

Good ●

Is the service caring?

The service was caring.

People were cared for by caring, kind and compassionate staff.

People were involved in making decisions about their lives and the support they received.

People's privacy and dignity was respected.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's needs and risk associated with their care were not always recorded to ensure they were met and risks were not always cross referenced. Staff did not always record the care given to evidence how needs were met.

People's needs were assessed prior to moving into the home.

People had fun and interesting things to do and were able to engage in a range of past times.

People and their relatives were aware they could complain about the service provided and were confident they would be listened to.

Is the service well-led?

The service was not consistently well led.

The provider had not always submitted statutory notification as they are required to do by law.

The provider had systems in place to access the quality of the service.

People, relatives and staff were confident about the registered manager and the improvements they had brought about.

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Requires Improvement ●

The Meadows Nursing Home

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 10, 15 and 16 January 2019. The inspection was unannounced on the first two visits and announced on the final visit. The inspection team consisted of one inspector throughout. On the first day of the inspection a specialist advisor and an expert by experience also attended. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information available about this service. The previous manager, who was not registered, had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications sent to us. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who use the service and monitoring its safety and quality.

During the inspection we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We 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 spoke with five people who lived at the home. We also spoke with thirteen relatives or visitors of people who lived at the home.

In addition, we spoke with the registered manager and the provider's nominated individual who was also the operations director.

The registered manager was present at the home throughout our inspection while the nominated individual was present for a large part of the inspection.

We spoke with the clinical lead, one nurse, five members of staff, including care and senior care staff and the activities coordinator.

We also sought the views of a visiting healthcare professional.

We viewed the care records of four people, three staff recruitment files and checked how people's medicines were managed. We looked at information which showed us how the registered manager and the provider monitored the quality of the service provided and how they were planning to make improvements. We also looked at accident records as well as complaints and compliments received.

Is the service safe?

Our findings

Our findings

At our last inspection in October 2017 we rated this key question as 'Requires Improvement'.

We found the provider could have placed people at risk of harm. This was because risks to people's safety had not been identified with appropriate actions put into place. We found there was not enough staff to care for people. In addition, we found staff on The Beeches unit did not have the skills and knowledge to care for people living with dementia. As a result, staff were not able to respond effectively to people and respond to people's individual needs. We found risks to people had been identified but records did not always include the actions taken to mitigate these risks and keep people safe. Risks to people's safety were identified relating to the environment this was because we found unlocked doors to areas containing hazardous materials and sluice areas.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further improvement was needed to medicine management. The rating for this key question remains 'Requires Improvement'.

Improvements had taken place regarding medicines management since the previous inspection however we found further improvement to be needed.

During the previous inspection we identified concerns with PRN protocols (medicines prescribed on an as and when needed basis). As part of this inspection we found protocols were not always in place for people living on the first floor. Protocols are needed to ensure these medicines are administered consistently by staff members. These were however seen to be in place for people on the ground floor. Nursing staff had not always fully recorded whether people had been administered a PRN medicines and the actual dose given. This is needed so other staff members have knowledge of the medicines given to people to prevent accidental error.

On the final day of our inspection we saw the nurse on duty had left one person's medicines in a monitored dose container unattended on top of the trolley which was in a corridor while they attended to another matter. The nurse realised what they had done and how they had potentially placed people at risk.

Regular checks on the temperature of a designated fridge were taken. Although we saw some gaps in these records we saw the frequency when readings were recorded had improved during recent months.

We were informed senior care staff administered medicines to people on the first floor. Staff we spoke with, including nursing staff and senior care staff, were comfortable with the arrangements and confirmed training had taken place.

We saw a nurse checked the medicine records prior to administering them to people. They explained to people why they needed to take their medicines. One of the nurses told us how they would dispose of controlled medicines (medicines requiring additional storage and recording) including pain relieving patches.

On the first day of our inspection there were seven care staff and two nurses on duty. In addition, the registered manager and other staff such as an activities coordinator and domestic and catering staff were on duty.

Although staffing levels remained like those at the time of the last inspection we were told the needs of people were not so high. For example, nobody required one to one support. We found improvement had taken place regarding the deployment of staff. On each occasion when we visited the lounge on The Beeches we saw at least one member of staff was in attendance and engaged with people living there. A visitor we spoke with confirmed they had always seen at least one member of staff in the lounge. They felt this was to, "Keep people safe." One person told us, "Never thought they were short of staff." A relative told us they believed their family member to be safe because staff were available to keep an eye on them.

The registered manager told us they were using agency nurses to cover some night shifts. To maintain continuity of care regular agency nurses were in place. Recruitment processes were in hand to fill vacancies.

The registered provider had systems in place to ensure safe recruitment for new staff members. Checks had taken place including with the Disclosure and Barring Service (DBS) before staff commenced work. The DBS is a national agency who keep records of criminal convictions. One member of staff confirmed they had a DBS check done before they were able to commence work at the home. The registered manager ensured references were in place and followed these up where necessary. Checks had taken place to ensure nurses employed by the provider had a live registration with the Nursing and Midwifery Council (NMC) without any restrictions.

People told us they felt safe living at the home. A relative told us they believed their family member to be safe. They told us their family member was, "Really safe" and added, "If they were not safe they wouldn't be here." Another visitor told us they were, "Happy with the care knowing when they leave (person's name) will be safe."

We saw by people's body language they were comfortable with staff members. One person was seen to pat a member of staff on the back and smile while they engaged in a conversation. The registered manager as well as staff members were aware of their responsibility to report any actual or suspected abuse to agencies such as the local authority. One member of staff told us they had never witnessed any concerns regarding the care provided at the home. Another member of staff told us nothing worried them about the care. They told us they were aware of the provider's whistleblowing policy as well as of the Care Quality Commission in the event of them having concerns about people's safety.

The registered manager told us about new computerised care plans and risk assessments. These were introduced two weeks prior to our inspection. Nursing staff as well as care staff were learning how to use the computer as well as hand held devices to record the care they had provided. We saw risk assessments were in place covering different care and support needs people had. These were seen to be detailed, individual and reviewed or due to be reviewed on a regular basis.

People were kept safe from the risk of fire by having procedures and regular checks in place to ensure

equipment was in working order. We saw a personal emergency evacuation plan (PEEP) was in place regarding each person who lived at the home. The PEEP described the support the person would need in the event of an emergency.

In addition, we saw evidence of portable electrical appliance testing to ensure they were safe to be used and evidence of equipment such as hoists having been serviced. Doors to rooms such as those housing the lift machinery and sluices were found to be kept locked therefore preventing people accessing these areas. Equipment such as specialist cushions to prevent people getting sore skin were in use. We also saw people were able to access walking aids such as frames as these were kept close at hand when they were sat in the communal areas.

Staff were reporting incidents and the registered manager viewed these records to establish what if any action needed to be taken. Accidents and incidents involving people were recorded and reviewed. We saw actions were recorded to reduce further incidents for example referring people to a healthcare professional in the event of frequent falls.

The registered manager used the reviewing of incidents as a means of lessons learnt for the future. In addition, the registered manager was aware of the previously identified shortfalls at the home and used these as a means to make improvement.

People could expect to live in a clean environment. One relative told us, "The home is clean, never any bad smells." We saw domestic staff were employed and working at the time of our inspection. We looked at communal bathrooms and toilets and found them to be clean and tidy. Staff were seen to wear protective gloves and aprons appropriately for example while serving people food and assisting with meals or engaged in cleaning. In addition, we witnessed staff members using hand gel to sanitise their hands prior to assisting with the serving of meals.

Is the service effective?

Our findings

At our last inspection in October 2017 we rated this key question as 'Requires Improvement'.

During our previous inspection we found people were supported by staff who had not received suitable training to meet their needs. This was in relation to people who lived with dementia and behaviour that may have challenged. We saw this could impact on people's well-being. By the end of the previous inspection we were told the provider had planned for training to be undertaken in dementia.

Staff undertook induction training however this did not link to the Care Certificate. The Care Certificate is a set of standards that should be covered as part of the induction of new care workers. Staff stated they did not receive regular support and supervision as a means of checking the knowledge and skills and the one to one support staff members had.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has since made improvements. The rating for this question is now 'Good'.

People and their relatives believed the staff to be knowledgeable and trained. A relative told us, "Staff know what they are doing." The registered manager told us a lot of training had taken place since the previous inspection. One relative told us about the registered manager and the staff describing them as, "All very friendly and knowledgeable."

Staff told us they had received training and felt they had the knowledge to provide care for people. Since the previous inspection staff had attended training on dementia care and the registered manager told us of forthcoming refresher training. A senior member of staff told us they had undertaken dementia leadership training through a local university. At the time of the inspection two members of staff were dementia champions following training they had received. Staff told us they had learnt from the dementia champions and as a result also improved their knowledge and how to interact with people. The registered manager had previously attended specialist training in dementia care.

The clinical lead believed staff to be, "Brilliant" with people who were living with dementia. Another member of staff told us the concerns raised in the previous report had enabled staff to see dementia care in a different light and training had since been provided.

Further training was scheduled for new members of staff in relation to moving and handling and fire evacuation to ensure gaps in training were covered.

One member of staff told us they had spent time shadowing staff when they first started work at the home and had completed training. A senior member of staff assured us staff had either done or were doing the Care Certificate.

The clinical lead was aware of the skills held by the nursing team and assured us they would not admit a person into the home if they were not able to meet their nursing needs. For example, they would not admit a person needing to be fed directly into their stomach.

Staff attended regular one to one meetings with the registered manager as well as an appraisal. The registered manager planned to delegate some of the one to one meetings to the newly appointed clinical lead.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

The registered manager was aware of people who had an authorised DoL in place as well as those who were awaiting an assessment from the local authority. We saw a system was in place to monitor who had an authorisation in place. The registered manager was aware of people's Relevant Person Representative and assured us they were in regular contact. Staff we spoke with had an awareness of DoLS and why they were in place such as due to having a code on the door into the unit. However, some mental capacity assessments were not fully completed or explained as to how decisions were made. We will follow this up at our next inspection.

Some people had a DNAR (Do Not Attempt Resuscitation) form on file. We saw these were signed by a medical professional and a family member. The registered manager assured us when family members were involved in these decisions they held a Lasting Power of Attorney for their family member. Evidence of these and linking these with people's individual care plans was not always available in relation to DNAR's and Best Interests decisions. We will follow this up at our next inspection.

During the inspection we saw staff seeking permission from people before care and support was provided. One person told us staff would ask them what assistance they needed when helping them get ready in the morning. We were told, "I go to bed when I want, woken up in the morning someone pops their head around and asks if I want to get up." People had a choice where they had their meals such as in the dining area or within their own bedroom.

The home is a converted residence which has had extensions built. The registered manager told us the provider had recently had the main lounge on the ground floor decorated. We were told bedroom doors were recently painted and as a result some people had not had their photograph on their door replaced. There was signage in place to assist people who lived with dementia find their way around the home. We found one was incorrect in that it started, 'Dining room' when the area was no longer used for this purpose. Another for a toilet seemed to indicate the facility was further away. The registered manager assured us they would address these to ensure they were correct. Toilet doors were however painted a different colour to

assist people. The registered manager told us of ongoing maintenance within the building including upgrading bedrooms when they became vacant.

The registered manager was aware of personalised care and the importance of providing individual care. Care plans were recently made electronic and found to contain information about people's preferences as well as their likes and dislikes. Personal histories were completed where people or their family members had shared information. These were provided to assist staff provide personalised care and for staff to know what was important to people such as hobbies and interests.

People were supported in their healthcare needs. One person told us, "Doctor comes every week if needed." A relative told us they had witnessed, "The doctor out the next day or they will prescribe something" in the event of their family member feeling unwell. Another relative told us, "Doctor called immediately" when their family member was not well. Other healthcare professionals were involved as required such as speech and language and tissue viability as well as opticians and chiropodists.

People either told us or indicated they liked the meals provided. One person was heard to say, "Oh lovely" when a member of staff presented their meal. One person told us they were provided with meals to suit their dietary needs. A relative described the food as, "Superb". We saw staff offered people a choice of lunch. On the ground floor people were offered a verbal choice. We saw people could respond to staff members about their choice. On the Beeches unit we saw staff showed people with a visual prompt both meals.

Is the service caring?

Our findings

At our last inspection in October 2017 we rated this key question as 'Requires Improvement'.

During our previous inspection we had concerns about the appearance of some people who lived at the home. During the previous inspection we saw people who needed support with their personal care looking unkempt such as people unshaved and people without footwear. We saw occasions where people's dignity was compromised such as clothing too big and therefore falling down.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, we saw staff were task focused and did not have time to spend with people.

The provider had made improvements. The rating for this question is now, 'Good'.

On arriving at the home and speaking with one person we were told, "We are certainly looked after okay here." We saw people were suitably clothed including footwear and people were shaved. One relative told us their family member always had clean clothing.

People told us the staff who provided care and support were kind and caring. One person described the staff as, "Awesome" while another described the staff as, "Polite and helpful." The same person added, "I do love it here, wouldn't be happier anywhere else." A relative told us there is a, "Proper fondness between the carers (care staff) and the residents and relatives too." A further relative told us, "I have nothing bad to say about this place" and, "It is nice to be able to pass on appreciation. There is always a friendly atmosphere."

People and their relatives were happy with the level of care provided by the staff team. One relative described their family member as, "A different woman" as a result of the care and support they had received. The same relative told us about a "Lovely atmosphere" within the home and added, "More like a family" due to the friendly and helpful staff. This resulted in their family member feeling, "More content" because they were, "More looked after." Another relative told us, "We have been here and heard them (staff members) when they have been doing personal care and I have heard them chatting away and (family member) had chatted back and laughed." A further relative told us their family member had changed for the better since moving into the home and described the care as, "Excellent."

We saw staff took time to reassure people when they were showing signs of distress and anxiety. For example, we heard some people calling out for help. Staff intervened to offer reassurance and demonstrated an awareness of strategies to comfort people and offer reassurance and offer something people liked such as having something to do such as a drink or an activity. One person was seeking their glasses. We saw staff spend time with the person to describe what was happening about new glasses. Staff told us they were able to interpret people's facial expressions for example to ascertain any pain.

Some people required assistance with eating and drinking. Most members of staff were seen to sit alongside people while they helped them with their dietary needs. We brought to the registered manager's attention an observation whereby one member of staff did not initially do this and was seen standing over a person while providing assistance. We will check on this as part of future inspections to ensure people received suitable care and support.

We saw thank you cards on display from relatives and people who had used the services. Comments written in these included, "Everyone was very kind", "Much appreciated", "Thank you for your kindness" and, "Thanks for all the kindness and understanding".

People's right to privacy and dignity was respected. We saw staff ensure people were comfortable and assisted them as needed while also taking account of the need to maintain their privacy and dignity. For example, while assisting a person take a jumper off staff ensured other clothing did not lift up. We also saw the registered manager notice a person was at risk of having their dignity compromised and took suitable action.

Throughout the inspection most staff members were seen to knock on people's bedroom door before entering although this was not always the case. One person told us staff, "Close door and curtains when they wash me." A relative we spoke with confirmed this when they told us, "They (staff) always close the door." A further relative told us, "I have no concerns around privacy and dignity, I know there were things on the previous report but I haven't seen anything at all."

Records were stored securely for example computer records were password protected this included desk computers and hand-held devices. The electronic care plans were introduced shortly before the inspection and staff were getting used to these and their development. We were told some staff did not have a log in password and were therefore having to log on as the registered manager until these were addressed. Passwords were in place to keep the records secured.

Relatives we spoke with told us they were always made to feel welcome at the home and staff looked after them as well as their family member. One relative told us, "We visit when we like and are always greeted with a smile. We can go and make drinks." Another visitor told us staff, "Always ask how you are."

Is the service responsive?

Our findings

At our last inspection in October 2017 we rated this key question as 'Requires Improvement'.

During our previous inspection we saw little planned activity for people living on The Beeches. We witnessed people become frustrated and demonstrate physical aggression towards other people. Relatives had commented on the need for additional staffing and the need to encourage further activities for people to take part in. In addition, we saw staff did not always respond to people's needs in a timely way.

This was a breach of Regulation 09 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvement had taken place since our previous inspection. However, the need for further improvement was evident. The rating remains 'Requires Improvement.'

Care records did not always support whether people had their personal care needs addressed as daily records were not always linked to the care plans or other records. For example, personal hygiene records did not always evidence whether people's oral hygiene was supported. We looked at records maintained prior to the recent introduction of computerised ones and found these also contained gaps and did not show whether the support had taken place. We saw care plans were not always in place to meet people's oral hygiene needs. Staff told us they did support people with this need. However, when we spoke with one senior member of staff they were unable to tell us whether one person needed this level of support or not and needed to go and check.

We saw conflicting information in one person's care records regarding the support they needed to keep them comfortable while in bed and prevent their skin becoming sore. The time frames between staff needing to provide support differed. When we spoke with staff members they were all aware of the need to provide this support however they also told us differing time frames. This could lead to inconsistency in meeting a person's needs although no impact was identified at the time of the inspection.

Other care plans were seen to be detailed such as in relation to diabetes and the action staff needed to take if people had low or high blood sugar levels. We saw care plans contained details of people's likes and dislikes and how people wanted to be approached. Care plans also contained details of how staff could reduce people's anxiety.

Relatives confirmed prior to their family member moving into the home the registered manager had carried out a needs assessment. This was to ensure individual needs could be met by the staff team. We saw an assessment carried out before a person was admitted into the home highlighted the equipment needed to provide safe care and to ensure this was in place at the time of admission.

Staff told us they were aware of people's needs by speaking with people and their relatives as well as from reading care plans and from senior members of staff. This was to ensure staff had up to date information

regarding people's care needs.

Staff were seen spending time with people and to respond to people's needs in a timely way. For example, one person showed signs of anxiety. Staff intervened and used a range of techniques to comfort the person and ensure they were more settled. We saw staff were calm and spent time with this person to bring about increased self-worth.

People could take part in fun and interesting activities. One person told us the activities had improved recently. They described things they had done within the home describing them as, "Great" as well as a range of outings they had taken part in telling us, "It's great to be doing things." A relative told us they believed there to be plenty for their family member to do during the day to keep them occupied. We saw people spending one to one time with staff who were assisting them with art work, looking at books or assisting with their nails. We saw people taking part in entertainment such as a karaoke. People were seen enjoying having the microphone and singing popular songs. We also saw people involved in a group movement and exercise programme and a quiz.

A wish tree contained messages from people on what they would like to do such as go to the seaside and go to a fish and chip shop. The registered manager confirmed many of these wishes had been achieved. Trips out had included ones to a garden centre to purchase bulbs to plant. One relative told us their family member enjoyed going out and was always looking forward to the next outing.

The activities coordinator had undertaken an activities coordinator training programme and told us they had found it invaluable. We were also told of a desire to set up a social club for the men living at the home providing opportunities to engaged in activities such as making bird boxes. This would match one already in place for women during which people shared stories. A recent inhouse newsletter showed photographs of events which had taken place at the home including pet therapy, visits to the theatre, cake making and a visit from the local cadets.

Community links were in place and included one with a local children's nursery whereby people had visited the children as well as children coming to the home. A local dance school had also visited and performed a nativity play. The activities coordinator was building links with another local care home to encourage interaction between people and increase the opportunity for social events.

Care plans included details on people's end of life wishes. Staff told us the registered manager had in the past come into the home during the night to sit with a person who was end of life so they did not die on their own. The registered manager told us some staff had attended training on end of life care. A medical practitioner told us they were happy with the standard of care at the home regarding end of life and the nursing staff providing care and support to people. They told us anticipatory medicines (medicines held to relieve pain) could be made available for people.

We saw thank-you cards written by relatives of a person who had passed away. The relative had written thanking staff for the, "Kindness you showed (name of person) during her time at the home especially during the last weeks of her life when she was very poorly. You all (staff members) went above and beyond and we are all very grateful."

People and their relatives told us they felt able to complain and were confident the registered manager would listen and take issues raised seriously. Relatives told us if they were not happy with the care provided their family member would not be at the home. One person told us, "I don't stand for nonsense. If I don't like something I will say". We saw complaints were investigated and recorded as resolved with an action plan if

improvement was needed and as a means of preventing similar incidents happening in the future.

Is the service well-led?

Our findings

At our last inspection in October 2017 we rated this key question as 'Requires Improvement'.

During our previous inspection we found the provider's quality checking arrangements had not been effective. This was in making sure the level of care provided was consistently good for people living at the home such as suitable staff training in supporting people with dementia.

In addition, the provider did not have a consistent overview for managing accidents and incidents within the home.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw evidence of some improvement since our last inspection, such as the overall management of people's medicines and staff training. However, we also identified a number of shortfalls in quality, including medicines management, care records and notifications.

The rating remains 'Requires Improvement'

At our previous inspection we found the provider had recruited a new manager. They were recently in post and had not at that time applied to become the registered manager. Since our previous inspection they have become registered with the Care Quality Commission [CQC]. A registered manager is a person who has registered with the Care Quality Commission to manage services. 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 Regulation about how the service is run.

The registered manager and the provider's nominated individual told us they were aware of their responsibility under the registration regulations to send us 'statutory notifications'. Statutory notifications are required by law for us to review and take any follow up action required. We were aware we had not received any notifications regarding approved deprivation of liberty safeguards. The registered manager acknowledged they had not sent us notifications regarding approved DoLS. They were aware they should have sent these. The provider's quality monitoring had not picked this shortfall up.

Failure to notify the Care Quality Commission of DoLS authorisation was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager completed an action plan following the previous inspection. They were aware of the shortfalls identified as part of that visit. They told us making improvements at the home had been, "Hard work" and, "Was a challenge". They also told us, "I'm very hands on" and added they had enjoyed seeing improvements made. A relative told us the registered manager had been totally honest with them about the previous report and the need to make improvement.

We brought the shortfalls identified as part of this inspection to the registered manager's attention who

acknowledged improvement was needed in relation to medicine management and care documents.

During our inspection we saw the registered manager actively engaging with people and working alongside staff members. For example, we saw them assisting with serving lunch. We were told this was not an unusual situation and the registered manager frequently assisted in this way.

People we spoke with as well as relatives and staff members were complementary about the registered manager. One person on seeing the registered manager said, "Hello darling." Another person told us, "I see her (registered manager) every day, and she comes to see if I am happy and okay." A relative told us, "The manager is amazing, and an angel, great rapport with all residents, she is hands on with everything, she cooked Christmas dinner, and washes up. She definitely leads by example, dedicated beyond everything." A further relative told us they could see the love the registered manager had for the work she was doing and for people living at the home in their eyes saying they trusted them to look after their family member. A member of staff told us of a drastic improvement since the previous inspection.

The registered manager was complementary about the support they had received from the registered provider since the last inspection. We were told the registered provider had provided whatever was needed to make the improvements and the operations manager had made regular visits to the home.

Staff meetings had taken place during which any concerns regarding the quality of care provider and how improvements could be made were discussed. We saw a recent meeting had involved the provider's quality assurance manager. During this meeting the new computer system and the need for individual passwords was discussed as well as care quality matters such as people's appearance.

Staff told us they enjoyed working at the home and told us they would be happy for a relative of theirs to live at the home. One member of staff told us, "I think people are well looked after." Another member of staff told us, "I look forward to coming to work" and added, "The staff are great" and, "It's a good atmosphere."

The provider had quality assurance audits in place. Where these identified any shortfalls, these were actioned for attention. For example, we saw concerns such as a lack of dating boxed medicines when opened was discussed at a staff meeting to bring about improvement. Another audits, included infection control, food safety and health and safety.

Regular visits were undertaken by the provider's representative. Their visit in December 2018 acknowledged improvements which had taken place. For example, more settled nurses who were providing more effective leadership to care staff.

Customer satisfaction surveys were carried out. Relatives had indicated they believed each question asked to be either excellent or good. We saw a concern raised on a survey from a person who lived at the home. We asked the registered manager about this who assured us the matter was addressed. Surveys returned from professionals reported their satisfaction in the service provided for people.