Smartmove Homes Limited

Hazelwood Nursing Home

Inspection report

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Date of inspection visit:
16 November 2016
17 November 2016
18 November 2016
22 November 2016

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12 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Hazelwood Nursing Home on 16, 17, 18 and 22 November 2016. The inspection was unannounced. Hazelwood Nursing Home is a nursing home providing support and accommodation for up to 50 older people. At the time of our inspection there were 39 people living at the service. Hazelwood Nursing home is one large purpose built detached building split over two floors.

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

At our last inspection on 16 November 2015, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to medicines not being effectively managed, there not being sufficient staff deployed to ensure people's safety and wellbeing, people not receiving personalised care with activities that were designed to stimulate or interest them and poor quality auditing systems. The provider sent us an action plan stating that they would address all of these concerns by 30 January 2016.

At this inspection, we found that the provider had taken action on all these areas and was fully meeting the regulations where breaches were found.

The provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. The environment was clean and appropriate measures had been taken to reduce the risk of infection. However, there was no recent fire risk assessment in place that was carried out by a trained competent person. This was brought to the attention of the registered manager who took immediate action.

Medicines were managed safely and people had access to their medicines when they needed them.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff met together regularly and felt supported by the manager. Staff were able to meet their line manager on a one to one basis regularly. However, there were no robust records to identify when people were having supervisions or when they were due. We have made a recommendation about this in our report.

There was sufficient staff to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the days of our inspection. Staff knew the people they cared for well and treated them with kindness, compassion, dignity and respect.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to. People's mental capacity was being assessed appropriately and meetings took place to make decisions on people's behalf and in their best interests, when they were unable to do so.. Staff had training on MCA and had good relevant knowledge.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

The registered manager had started to implement a dementia friendly environment but this had not been completed. We have made a recommendation about this in our report.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

People told us they were very satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways that were understood when giving support. Staff and the registered manager had got to know people well. Staff could build positive relationships with people to fully understand their needs.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

People at the service had access to a wide range of activities that were designed for their individual needs. People, relatives and staff told us they were very happy with the improvements made by the registered manager about the provision of activities.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was approachable and took an active role in the day to day running of the service. Staff were able to discuss concerns with the registered manager at any time and felt they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. Audits were carried out in all aspects of the service to identify how the service could improve and action was taken as a result.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

The provider had ensured that the service was well maintained carrying out appropriate safety checks in the premises and ensuring all equipment used was serviced.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

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

The principles of the Mental Capacity Act 2005 (MCA) were applied in practice.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards

People had access to a range of food options that was nutritious and met their needs. People were supported to maintain their diets when required.

Is the service caring?

Good

The service was caring.

People spoke very positively about staff. People and relatives told us they were satisfied with the service they were receiving.

Staff had good knowledge of the people they supported.

Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People were encouraged to make their own choices at the service. Staff would respect people's choice.

People had access to a wide range of activities that were provided both externally and by staff.

People and their families were involved with the development of their care plans. People's friends and families were made welcome and were supported by staff.

The registered manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

Is the service well-led?

Good

The service was well-led.

Staff told us they felt supported by the registered manager.

The registered manager carried out audits of the service to identify any shortfalls within the service. The manager acted on the outcomes of the audits positively.

People, friends and staff were encouraged to give feedback through surveys and meetings. The manager listened and acted on these to drive improvements in the service.

Hazelwood Nursing Home

Detailed findings

Background to this inspection

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At our last inspection on 16 November 2015, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to medicines not being effectively managed, there not being sufficient staff deployed to ensure people's safety and wellbeing, people not receiving personalised care with activities that were designed to stimulate or interest them and poor quality auditing systems. The provider sent us an action plan stating that they would address all of these concerns by 30 January 2016.

At this inspection, we found that the provider had taken action on all these areas and was fully meeting the regulations where breaches were found.

The provider had systems in place to protect people against abuse and harm. The registered provider had effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. The environment was clean and appropriate measures had been taken to reduce the risk of infection. However, there was no recent fire risk assessment in place that was carried out by a trained competent person. This was brought to the attention of the registered manager who took immediate action.

Medicines were managed safely and people had access to their medicines when they needed them.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed. Staff met together regularly and felt supported by the manager. Staff were able to meet their line manager on a one to one basis regularly. However, there were no robust records to identify when people were having supervisions or when they were due. We have made a recommendation about this in our report.

There was sufficient staff to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the days of our inspection. Staff knew the people they cared for well and treated them with kindness, compassion, dignity and respect.

The principles of the Mental Capacity Act 2005 (MCA) were adhered to. People's mental capacity was being assessed appropriately and meetings took place to make decisions on people's behalf and in their best interests, when they were unable to do so.. Staff had training on MCA and had good relevant knowledge.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

The registered manager had started to implement a dementia friendly environment but this had not been completed. We have made a recommendation about this in our report.

People had freedom of choice at the service. People could decorate their rooms to their own tastes and choose if they wished to participate in any activity. Staff respected people's decisions.

People told us they were very satisfied with the care staff and the support they provided. Relatives told us they were happy with the service their loved ones received. Staff communicated with people in ways that were understood when giving support. Staff and the registered manager had got to know people well. Staff could build positive relationships with people to fully understand their needs.

Staff respected people's privacy and dignity at all the times. The provider had ensured that people's personal information was stored securely and access only given to those that needed it.

People at the service had access to a wide range of activities that were designed for their individual needs. People, relatives and staff told us they were very happy with the improvements made by the registered manager about the provision of activities.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Outcomes of the investigations were communicated to relevant people.

The registered manager was approachable and took an active role in the day to day running of the service. Staff were able to discuss concerns with the registered manager at any time and felt they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. Audits were carried out in all aspects of the service to identify how the service could improve and action was taken as a result.

Good

Is the service safe?

Our findings

People we spoke to at Hazelwood told us they felt safe. One person told us, "I feel safe here." Another person told us, "I am safe because there is always a member of staff about." Relatives we spoke with told us they felt that their loved ones were safe living at Hazelwood. One relative told us, "My relative is safe here because the staff are always quick to respond to the call bell. If I needed a member of staff for my mum for any reason they would come straight away." Another relative told us, "My mum is safe because the staff check on her regularly."

At our previous inspection on 16 November 2015, the provider was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that medicines were not managed safely. At this inspection, improvements had been made.

The arrangements for managing medicines, including obtaining, recording, handling, storing and disposal kept people safe. Registered nurses handled medicines and the medicines policy had recently been updated to allow senior care workers to administer medicines. They had received appropriate training and their competence had been assessed. People who lived at the service were registered with one of two GPs who each visited the service once a week. Effective communication about medicines being reviewed by GPs, including a review of covert administration. Staff used prescription repeat slips to order regular medicines for patients; these were sent to the local community pharmacy who requested prescriptions from the GP. The pharmacy dispensed and delivered medicines for all residents, there were suitable out of hour's arrangements in place and the pharmacist provided medicines safety training to staff. Medicines were stored securely in two treatment rooms. The senior nurse on duty held keys. Nobody living at the service administered his or her own medicines. There was a process in place for people to take any medicines they required if leaving for medical appointments for example. The treatment rooms were clean and tidy. There were no expired medicines and unwanted medicines were disposed of in line with waste regulations. Liquid medicines were all labelled with the date of opening.

Fridge temperatures and room temperatures were recorded daily and were within range. The form used to record this did not include minimum and maximum temperatures. However, the manager responded to this following the inspection by adding an additional section to the form already in use. Quantities of medicines were recorded when received. Physical counts of medicines mostly matched what was documented. However, records were not always legible to accurately account for all medicines. For example, where a medicine was prescribed as half or one tablet to be taken when required, it was not clear if half or one had been given. The manager and nurse responded to this issue when it was identified during the inspection by planning how to record this clearly on the medicines administration chart (MAR). Residents' allergies were recorded on MAR charts and in care plans. Care plans included information about how each person liked to take their medicines and body maps were used to show where creams should be applied. Staff assessed people's mental capacity appropriately when they wished to take their own medicines, to make sure they were safe to do so. Controlled drugs (CDs – medicines with potential for misuse, requiring special storage and closer monitoring) were handled in line with legal requirements. A medicines round was observed; administration of medicines was hygienic, safe and timely. People were asked if they were in pain and pain

charts were used to document responses. The nurse took time to listen and explain to people what their medicines were for.

At our previous inspection on 16 November 2016, the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider had not ensured that there were sufficient numbers of staff deployed to ensure people's safety and wellbeing. At this inspection, improvements had been made.

There were sufficient staff to meet people's care needs, and effective processes in place to cover leave or unexpected absence. People and relatives we spoke with told us they believed there were enough staff to meet people's needs. One person told us, "There is always enough staff around." Another person told us, "There is enough staff working here." One relative told us, "My Dad is safe here because there are a lot of staff." All the staff we spoke with told us there has been great improvements with the staffing levels at the service since the new registered manager had started. One member of staff told us, "We are never short staffed anymore. The manager is always quick to act if staff have to take leave." Another member of staff told us, "Since the new manager we have more staff and it is so much better." The registered manager used a dependency tool to identify the level of support people needed so that there were the correct level of staff working at the service. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure staff were suitable to work with vulnerable adults.

People at the service were protected against potential abuse. The provider had an effective system in place to recognise, record, investigate and track safeguarding incidents. Staff received training on safeguarding and were knowledgeable about different types of abuse and to whom they could report it. One member of staff told us, "Safeguarding is to protect people from harm such as neglect and abuse. If I had a concern, I would inform the manager immediately. If not we have contact numbers in the nurses' stations and office." The registered manager kept records of safeguarding investigations and of the action taken. The registered manager investigated any concerns reported by staff and informed the local authority when necessary. The provider had a clear and up to date safeguarding policy.

People had risk assessments in their care plans that were individually designed to minimise risk. Each of the care plans we looked at had risk assessments for falls, swallowing, moving and handling, and for other risks that had been identified. Staff were observed assisting people to transfer and move around the service. Staff assisted people appropriately One care plan identified the risk of a person not being able to use a call bell and others had risk assessments on the use of bedrails ; another person's falls risk assessment identified that they could move around the service independently but may experience dizziness. The risk assessment identified what staff should look for and included encouraging the person to sit down and checking their blood pressure. There was sufficient and suitable equipment such as hoists and wheelchairs, available for staff to use.

The provider ensured that there were arrangements in place to keep people safe in an emergency. The premises were purpose-built and the layout was such that it did not present significant difficulties in evacuating people in the event of an emergency. The policies and procedures identified the service's contingency plan to guide staff how they should react in an emergency. For example, if there was a fire, loss of electricity or shortage of staff at the service. Each person had a personal evacuation plan that gave staff guidance on what support they would require during an evacuation. Each person had a 'Hospital passport' in place that included key details, such as allergies, NHS number, and Deprivation of Liberty Safeguards. Prior to people attending hospital, staff would update these passports on their current diet, continence,

mobility and skin integrity.

The provider had ensured that the environment was safe for people. There were up to date safety certificates for gas appliances, electrical installations, lift and hoist maintenance. Fire systems, call bells, emergency lighting were inspected by a competent contractor every six months and fire extinguisher checks every year. The registered persons had not had a recent fire risk assessment carried out by a competent person who is trained to do so. The provider's policy says that a person competent to do so should carry a fire risk assessment out once a year. We discussed this with the registered manager who took action and arranged for an external company to complete a fire risk assessment by the end of November 2016.

Good

Is the service effective?

Our findings

People and their relatives told us staff knew the people well and provided them with the care they needed. One person told us, "The staff are lovely; they know what they are doing." Another person told us, "The staff act confidently." One relative told us, "The staff know what is what. They know how to care for my wife."

The provider ensured that staff were competent to carry out care tasks for people living at the service. Staff were receiving a full training schedule that gave them the knowledge and skills required to support people. Staff have recently undergone moving and handling training, challenging behaviour, dementia awareness and mental capacity training. The registered manager told us, "Training is important to our staff and we are looking at new methods. We are currently working with another service to provide virtual dementia awareness training." All the staff we spoke with spoke positively about the training they were receiving and told us they were given sufficient time to complete training courses. New members of staff received a full induction program. During the induction process, new staff were expected to complete essential training and shadow experienced members of staff. The registered manager told us, "Staff would not work alone until they felt ready to do so and assessed as being competent by senior staff."

The registered manager used spot checks and supervisions to ensure that staff had understood their training and maintained good standards of practice. The registered manager had taken appropriate disciplinary action as a result of spot checks, when staff had behaved outside the expected code of conduct. Staff told us, "The manager is always walking around checking that everything is running smoothly." One to one supervision sessions were used to give staff the opportunity to discuss any problems they may be having and to identify any training or qualification that they may want to pursue. One member of staff told us, "During supervision I feel confident to express any problems with the manager." Another member of staff told us, "I now feel ready to start my National Vocational Qualification (NVQ) and I have told the manager this, who will get it started for me." The registered manager told us, "We test the understanding of different topics at each supervision, such as, safeguarding or mental capacity assessments." All staff we spoke with told us that they had yearly appraisals. The registered manager was keeping records of supervisions and appraisals; however, there was no recorded schedule. This means that the registered manager may not be able to clearly identify when supervisions and appraisals for staff members were due.

We recommend that the registered manager seeks guidance form a reputable source for accurate recording of staff supervisions and appraisals.

Staff and management demonstrated appropriate understanding of The Mental Capacity Act 2005 (MCA). 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being met. Staff had received training to identify when people's mental capacity may need to be assessed. All the staff we spoke with could identify the main principles of MCA. Where people were deemed to lack the capacity for certain decisions, such as needing their medicines administered covertly, mental capacity assessments were carried out followed by a meeting with appropriate parties to make a decision in their best interests identifying the less restrictive options. The management understood when a DoLS referral was required. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options had been considered as per legal requirements.

Staff asked people for consent when it was required, for example before carrying out personal care or assistance with daily tasks. Staff were seen to ask for consent prior to any activity and staff told us they would ask for consent before giving someone personal care. The action of obtaining consent was clear in people's daily records.

The provider ensured that people's nutritional and hydration needs were being met and care plans contained nutritional assessments. People's care plans had nutritional screening records, eating, and drinking risk assessments. People were weighed monthly or weekly if there was an identified concern. If people had to follow certain diets, these were clearly identified in their care plans. One person's eating and drinking risk assessment stated that they may refuse a diabetic diet and that staff should offer a variety of choices. Guidance was available in people's care plans on specific diagnoses such as hypoglycaemia. The chef had a four week rolling menu in place that was changed seasonally. At each meal, people had a choice of two main meals and two desserts. If people did not want what was on offer then they could ask for something else. The chef told us, "If we have it in stock then we can make it. We make sure that there are plenty of options available. Ham, egg and chips is a popular choice for those that do not want what is on the menu." The chef had a list of the people living at the service and their dietary needs. We were shown the storage facilities and all food was stored safely. There were supplies of diabetic mousse, yoghurt, jellies and cake and there was fruit available that was offered to people throughout the day. Staff were recording people's fluid intake, identifying the amount that someone had, and what specific drink was taken, such as, tea, juice or water.

People at the service were being supported by staff to attend routine health visits and were being referred to health professionals when appropriate. Care plans identified that the provider involved a wide range of external health and social care professionals in people's care. These included speech and language therapists (SALT), community psychiatric nurses and NHS Tissue Viability Nurses. People we spoke with told us they had regular appointments with their GP. Staff were managing pressure sores effectively. People's care plans had a Waterlow Score. A Waterlow score gives an estimated risk for a person to develop a pressure sore and these were reviewed monthly. There was effective recording of pressure sores that included body maps, pictures of the wound to monitor the healing progress, turning charts (if required) and information from other health professionals.

The registered manager understood the importance of a dementia-friendly environment when planning the refurbishment of the service, to enable people to remain as independent as possible. However, this had not been firmly established throughout the service. The registered manager told us that this was work in progress and that they were redecorating the home in stages. A recent redecoration of a lounge area included bright contrasting colours; doorframes on the first floor had been painted bright colours and people could identify their rooms with pictures of their choice. One person's room door had a picture of a dancer as this is what they enjoyed and another person had a picture of their favourite football team emblem. However, other areas that included the hallways, dining area and other lounge had not been addressed.

We recommend that the registered manager refer to recognised resources and guidance about dementia-friendly environments.

Good

Is the service caring?

Our findings

People and relatives told us they were happy with the staff at Hazelwood. One person told us, "The staff know me well. They are considerate to me." Another person told us, "The staff will sit and listen to me. They talk nicely to me and they hold my hand." One relative told us, "Staff listen to my dad and take their time with him." Another relative told us, "The staff are very caring." A third relative told us, "All the staff are caring, friendly and helpful."

Staff were kind, compassionate, spent time with people and got to know them well. One member of staff told us, "We are given time to spend with people. There is one person who loves to talk about dancing and another loves to be pampered with a make-up session." Another member of staff told us, "We get to know people well. There is one person who likes dogs so I always talk about that person's dogs they have had throughout their life." We observed a member of staff talking to a person about a picture in their room. This initial discussion led to a positive conversation to a specific memory that was linked to the picture. The registered manager had ensured that key dates in people's lives were recorded and respected. These dates included birthdays and anniversaries. One relative told us, "They keep an eye on special occasions such as birthdays and anniversaries. They put decorations up in the room and this creates a normality that we are used to." During our visit it was someone's birthday, their door had been decorated to show this, and the kitchen staff had made a birthday cake. Both people and relatives told us that they were asked for their consent before staff celebrated significant dates in people's lives.

Staff treated people with respect. They complimented them on their appearance and their skills. One member of staff, who was assisting a person move around, told a person, "Your new hairdo looks really nice." People's relatives were warmly welcomed and we saw that relatives were well known to staff. Staff addressed people in the way they preferred and were polite and respectful when they spoke with people. Staff communicated in ways that people understood. One member of staff was seen asking a person if they would like a drink by writing it down clearly on a piece of paper. The member of staff told us, "X is hard of hearing and so we write down what we are asking so that she fully understands."

People and their relatives were involved with the planning of their care. Care plan reviews included an evaluation that had input from people and their family. All the people we spoke with told us they were involved with the reviews of their care. One person told us, "I am always involved with the care plan and decision making." One relative told us, "We are all involved with the planning of care. They keep good records that I have access to so I can see what has been happening." The registered manager operated a 'resident of the day' scheme to ensure that once a month each resident would have a full care plan review by senior staff and that this date would be communicated to families so that they could be involved.

People were provided with information about the service. They were given a service user guide that contained information about the services provided and how to make a complaint if they needed to. Information about local services, including how to access advocacy services, was provided in the entrance foyer.

People's privacy and dignity was always maintained and staff encouraged people to be as independent as possible. One relative told us, "They treat him very well, if he needs the toilet they are very dignified about it." A member of staff told us, "When giving personal care I always ensure that the door and curtains are closed and I explain everything I am doing before I do it." From observations, staff were seen knocking on people's doors and waiting before entering. Staff would identify themselves and ask how the person was before engaging in any activity. One person told us, "They will never come into my room unless I say they can." During meal service, we saw that staff were encouraging people to eat independently. Where assistance with eating was required, this was given by staff in a kind and caring way. We also saw staff giving people choice by showing them plated options for their dinner. During the inspection staff protected people's confidentiality by ensuring that, discussions and handovers took place in private areas. People's private information was kept in a secure location.

Good

Is the service responsive?

Our findings

People and their relatives told us the staff responded to their needs quickly and effectively. One person told us, "The staff are always there when I need them." One relative told us, "The staff are always quick to respond to the call bell." During inspection, it was observed that call bells were answered promptly. Another relative told us, "The staff know what she likes and dislikes." People told us that they had control over their daily routine and were supported to do the things that were important to them. A member of staff told us, "One person likes being outdoors so we always make sure that we go for a walk with them around the grounds." Another person told us, "I go to bed when I want, you never feel like a bother to anyone."

At our previous inspection on 16 November 2015, the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that some people were at risk of becoming socially isolated with little activity to stimulate them. At this inspection, improvements had been made.

Activities were part of people's daily lives and these were designed to meet their needs. All staff we spoke with told us that there had been positive improvements with activities since the new registered manager had been in post. One member of staff told us, "There have been really good improvements with the activities as they are now every day. We are seeing more people come out of their rooms to join in with the activities." One person told us, "The staff are very good with the activities; I do take part but not all the time. It is always my choice." Current day to day activities include skittles, ball games, manicures, massages, bingo, films and sing-a-longs. On the month of inspection, two external entertainers had attended and two activities that involved the whole service had included a fireworks display, pumpkin carving and a Halloween party. The activity coordinators and staff provided one to one activities for people who remained in their bedrooms. This included reminiscence sessions, hand massage, reading and music. Staff were seen to have time to spend in people's rooms during the day to provide the activities. People had an activity daily log that identified what people did during the day. One relative told us, "The activities are nice because they bring everyone together." Staff were seen joining in activities during the day and initiating activities with people on a one to one basis in the lounge. For example, one person likes playing musical instruments and a member of staff asked if they wanted to play something and a choice was offered and accepted. Staff recognised if others wanted to join in and asked what instrument they wanted to play.

People were supported to maintain relationships that were important to them and all relatives we spoke with told us they could visit at any time and were made to feel welcome. One relative told us, "I come and go as I please." Another relative told us, "The staff are lovely; they are always asking me if I am alright. They even remind me that my wife is running low on some of her favourite cosmetics." One member of staff told us, "Families are ever so important to the people here and they are always welcome as this is their loved ones home. We also try to involve families in big events and activities."

People's likes and dislikes were recorded in care plans. The registered manager told us, "The old system was not good enough as it did not fully reflect what people liked and disliked and their life history." Care plans were being updated to reflect people's likes, dislikes, preferences and life history. Care plans included

people's specific likes and wishes, such as certain food, drinks, music, their favourite clothing and colours. Life histories contained details of memories that were important to people, such as what they wore on their wedding day. This helped staff appraise people's perspectives and provided topics of conversation.

The registered manager completed comprehensive pre-admission assessments before people came to live in the service. The registered manager told us, "The old system did not have enough detail; it did not give staff enough information." The pre-admission assessments that had been completed by the registered manager obtained information included social and life history, eating and drinking, expression of pain, continence and personal care.

The service responded in a timely way to changes in people's needs. Prompt referrals were made to relevant health services when people's needs changed. People's care plans were reviewed monthly by senior staff and when needed. For example, one person's care plan showed us that a call bell risk assessment was changed to identify that the person could no longer use the call bell safely. Staff were aware of this change and responded by visiting the person regularly in their bedroom to ensure they were safe and comfortable.

The provider had a clear complaints policy and procedure that informed people how to complain and who they could contact to discuss any concerns. The complaint procedure was displayed in written form in the reception area. Complaints were recorded and responded to appropriately and there have been no recent complaints. Relatives told us that they knew how to make a complaint if they needed to and most people using the service understood the process. One relative told us, "I have not needed to make a complaint but I do know how. The manager is very good and always listens to me."

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager and the service. One person told us, "This home is sensational." One relative told us, "The manager is very good, he is approachable and friendly." One member of staff told us, "I completely trust the manager."

The registered manager had an open door policy that allowed people, relatives and staff to approach them with any concern they may have. The registered manager told us, "I have an open door policy. If anyone has any concerns, they know they can come and talk to me. One relative told us, "Once I noticed a small problem. So, on my way out of the home I had a little word with the manager and everything got sorted within a few days." Another person told us, "We have had no concerns but we know the manager is approachable. We see him walking about the home most times we are here." Both the registered provider and registered manager told us that the culture of the service was based around the people that lived there and that this was considered their home. The staff we spoke to also confirmed this. One member of staff told us, "It is like we are part of one big family." Another member of staff told us, "I treat people as if they were my parents or grandparents." The registered manager knew each person who lived in the service and was sensitive to their needs. They were able to tell us about each person's needs, their preferences and how their care was delivered. This ensured a more personalised service for people. The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirement were being made to the Care Quality Commission. All the providers' policies were up to date and these were communicated to the staff team.

The registered manager had developed links with the local community. The registered manager told us, "We are going to be providing placements for local student nurses and those interviews are underway." There was involvement from the local schools and church that included the school and church choir attending the service.

At our previous inspection on 16 November 2015, the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider had not ensured there was effective quality monitoring systems in place. At this inspection, improvements had been made.

The registered manager had ensured that audits were taking place to make improvements across the service in line with the provider's policy. The registered manager told us, "We have accident and incident monitoring, infection control, pressure sores, transfers and weight loss audits." The registered manager also completed a service audit. This audit identified that the current system of care plans needed to be modified and as a result new electronic care plans were being sourced. The audit identified that this improvement would be completed by March 2017. The registered manager told us, "I am currently looking at all options to identify the most suitable system that will fully meet our needs." A recent medication audit had identified that one of the medicine fridges was not maintaining a safe temperature. As a result, the appliance had been replaced. The registered manager had completed a wound monitoring audit. This included details on the site of the wound, description, monitoring and progress. A monthly accident report was also produced that

identified the date of the accident, any injury sustained, reviews and the total number of accidents for the month. This report also recorded any falls that people had. The registered manager told us, "It is important that we keep on top of any accidents, staff know the process and they are always reported to me. This allows me to see if there are any trends that need to be addressed." An infection audit was completed every three months and in the most recent, the registered manager had identified a need for an improvement in regard to laundry bags storage, refusal containers and a mattress. As a result, improvements had been carried out.

The provider ensured that people, relatives and staff voices were heard through surveys and meetings. A staff survey completed in February 2016 identified that staff morale was low due to the staffing levels. All staff we spoke with told us there had been great improvements since. One member of staff told us, "I really like working here now. It has greatly improved since the new manager came in." Another member of staff told us, "Since the issues with staffing have been addressed I enjoy working here. This is a happy place to be." Improvements made from this survey included an increase in staffing levels and the use of a dependency tool. Adjustments had been made to the staff rota so that staff worked better hours with increased breaks. Records from staff meetings showed that the changes were being communicated effectively to staff. A recent people and relatives satisfaction survey carried in July and August 2016 identified activities as a key area for improvement with some feedback describing the activities provision as being poor. The provider had addressed this by recruiting an additional activities coordinator. All people, relatives and staff we spoke with told us they had seen improvements with the activities since the registered manager took post.