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Canwick House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 21 November 2018 and was unannounced. Canwick House 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. It provides accommodation for older people and those with mental health conditions or dementia. The home can accommodate up to 20 people in one adapted building. At the time of our inspection there were 18 people living in the home.

As a single provider the location did not require a registered manager. The provider was registered as 'registered person' to oversee and manage care. 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 service had previously been rated as 'requires improvement'. At this inspection the service was rated overall as 'requires improvement'. The service had addressed the issues raised at previous inspections and arrangements were in place to deliver a good standard of care and improve quality. However, the service has been rated as 'requires improvement' in 'well led' with repeated breaches of regulation, a breach of Health and Social Care Act (Regulated Activities) regulations 2014 regulation 17 was found. In addition a breach of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regulation 18 was identified. The service has not fully met some of the regulations since September 2016. We are in the process of considering further action with regard to the provider not meeting regulation. We have taken this into account when considering our rating in this domain.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. The environment was clean. There were arrangements to prevent and control infections.

Guidance and systems were in place to ensure people received their medicines when required and processes were in place to manage medicines. Where people were unable to make decisions arrangements were in place to ensure decisions were made in people's best interests. Best interests decisions were specific to the decisions which were needed to be made.

A system was in place to carry out suitable quality checks and appropriate checks had been regularly carried out and where identified actions had been taken to improve the service. The registered person had ensured that there was enough staff on duty. In addition, people told us that they received person-centred care. Sufficient background checks had been completed before new staff had been appointed according to the provider's policy.

Staff had been supported to deliver care in line with current best practice guidance. Arrangements were in place to ensure staff received training to provide care appropriately and effectively. People were helped to eat and drink enough to maintain a balanced diet. People had access to healthcare services so that they received on-going healthcare support.

People were supported to have choice and control of their lives. Staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be involved in making decisions about their care as far as possible. People had access to lay advocates if necessary. Confidential information was kept private.

Information was provided to people in an accessible manner. People had been supported to access a range of activities. People were supported to access local community facilities. The registered person recognised the importance of promoting equality and diversity. People's concerns and complaints were listened and responded to improve the quality of care. Arrangements were in place to support people at the end of their life.

The registered person promoted a positive culture in the service that was focused upon achieving good outcomes for people. Staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. People, their relatives and members of staff had been regularly consulted about making improvements in the service. There were arrangements for working in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed 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?

Good

The service was safe.

Medicines were managed safely and systems were in place to ensure the safe management of medicines. Arrangements were in place to prevent the spread of infection.

Recruitment checks were fully completed.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe. Arrangements were in place to safeguard people against avoidable accidents.

Arrangements were in place to ensure there were sufficient staff to care for people safely. There were systems, processes and practices to safeguard people from situations in which they may experience abuse.

Is the service effective?

Good

The service was effective.

The registered person acted in accordance with the Mental Capacity Act 2005. Arrangements were in place to protect people from having their liberty restricted unlawfully.

Staff had received sufficient training and support to assist them to meet the needs of people who used the service.

People had their nutritional needs met. People had access to a range of healthcare services and professionals.

The environment was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People had their privacy and dignity maintained.

Staff responded to people in a kind and sensitive manner.

People were supported to make choices about how care was delivered and care was provided according to people's choices.

Is the service responsive?

Good

The service was responsive.

Care records were personalised. Reviews had been carried out to ensure records were up to date and reflected people's current needs.

People had access to a range of activities and leisure pursuits. People had access to the local community.

The complaints procedure was on display and people knew how to make a complaint.

The registered person had arrangements in place to support people at the end of their life.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

We have carried out three comprehensive inspections at this service. On all three occasions, the service has been rated as 'requires improvement', with repeated issues highlighted as concerns and any improvements not always being sustained. The service has not fully met some of the regulations since September 2016. We have taken this into account when considering our rating in this domain.

Breaches of regulation were identified in September 2016. Five breaches of regulation were identified in February 2017 and in October 2017 we found breaches of Regulations 17 and 11. The registered person had failed to fully address issues identified at previous inspection and did not have processes in place to ensure best interests assessments were in place. Continued breaches of the regulations demonstrate that the service is still not consistently well led and does not give us confidence that the registered person can deliver and sustain the improvements needed to ensure the health, safety and welfare of people using the service.

At this inspection we found some improvements had been made in relation to the regulations however we found the registered person had not notified the Care Quality Commission of events in line with statutory requirements.

Quality assurance processes were effective in identifying shortfalls in the care people received and improving the quality of care.

Staff were listened to and felt able to raise concerns. There was an open and supportive culture within the home.

A registered person was in post.

Canwick House Care 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 was a comprehensive inspection.

This inspection took place on 21November 2018 and was unannounced.

The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report

During the inspection we spoke with seven people who lived at the service, five relatives, three members of care staff, the administrator, a senior manager and the registered manager. We also looked at care records in detail and records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

At our previous inspection the service was rated 'Requires Improvement' in 'Safe'. The registered person had not put in place arrangements to ensure medicines were administered and managed safely. At this inspection we found the management of people's medicines was now safe.

We found a member of staff had taken on a lead role in the management of medicines. Effective systems had been developed to ensure the safe management of medicines. For example, medication statements which detailed the medicines people were taking, what they were for and any recognised side effects had been developed and these were updated on a weekly basis. In addition, monthly audits were carried out. Medicine administration sheets were fully completed and checked to ensure medicines were administered safely.

Each medicine record had a front sheet and allergies were consistently recorded on these. Information to support staff when administering as required (PRN) medicines, was available to staff to ensure people received their medicines when they needed them. We found that suitable arrangements were in place to safely manage people's medicines in line with national guidelines.

We observed people were supported to take their medicines in the method they preferred, for example, from their hand or from a cup and with a drink of their choice. People were asked if they needed their PRN medicines. Where these were painkillers a pain chart was used to support people to make a decision. The pain chart was in words and pictures so that everyone could use it if required.

One person told us, "Feel safe and happy here" and added, "Love being here." We found that risks to people's safety had been assessed, monitored and managed so that people were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents and where people had specific health issues. People told us that they felt safe living in the service. One person told us, "I came in here for a while and then I went into [another care home], but I asked to come back here because I knew I was going to be safe and well cared for." Another said, "I came in about eight months or so, I fell at home then went to hospital and then came here, I feel safe here there is always someone about to help me." Relatives also told us they were confident that their family members were safe. One relative told us, because they were so confident about the safety of the care they had been able to take a holiday.

Arrangements were in place to protect people in the event of situations such as fire or flood. For example, personalised plans to instruct staff how to support people in the event of an emergency were in place.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found staff knew how to recognise and report abuse so that they could act if they were concerned that a person was at risk. Staff told us they thought people were treated with kindness and they had not seen anyone being placed at risk of harm. We also noted that the provider

had established transparent systems to assist those people who wanted help to manage their personal spending money to protect people from the risk of financial mistreatment.

Staff were supported to promote positive outcomes for people if they became distressed. For example, guidance was available in people's care plans so that they supported them in the least restrictive way. When we spoke with staff they could tell us about these. Relatives told us that staff dealt well with people who were confused or distressed.

Staff we spoke with told us that they felt staffing numbers were adequate. The registered person told us they had put in place arrangements to ensure there was sufficient staff. We observed staff were always available to respond to people in a timely manner. Additionally, staff had time to speak with people and chat with them. We found that in relation to the employment of new staff the registered persons had undertaken the necessary checks. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. The registered person had carried out checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

People told us they felt the home was clean. We observed suitable measures were in place for managing hospital acquired infections and staff were aware of these. For example, a member of staff had a lead role to support staff with infection control issues and ensure practices were in line with best practice. One person told us, "My room is cleaned every day."

Staff wore protective clothing such as gloves when appropriate and could tell us how they would prevent the spread of infection. In addition, members of staff had individual hand gels to ensure they were always able to clean their hands as appropriate. An audit had recently been carried out and actions put in place where issues had been identified. Staff had received training and were able to tell us how to prevent the spread of infection.

We found that the registered person had ensured that lessons were learned and improvements made when things had gone wrong. Staff told us they received feedback on incidents and accidents. Records showed that arrangements were in place to analyse accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again.

Good

Is the service effective?

Our findings

At the previous inspection this domain was rated 'Requires improvement' because we found the registered person was not working within the principles of the Mental Capacity Act 2005(MCA). We found a continuous breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements to the implementation of the MCA and there was no longer a breach of regulation.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. Staff supported people to make decisions for themselves whenever possible. Records showed that when people lacked mental capacity the registered manager had put in place a decision in people's best interests. These were decision specific as required by national guidance.

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 registered person was working within the principles of the MCA and were satisfied that any restrictions on people's liberty had been authorised and that any conditions on such authorisations were being met.

Where people were able to consent, documentation had been consistently completed with them for issues such as access to records and photography. Care records indicated where people had capacity to consent to their care and treatment or if another person had legal authority to give consent that this had been given. Do not attempt cardiac pulmonary resuscitation orders (DNACPR) were in place where appropriate and had been reviewed.

People were confident the staff knew what they were doing and had their well being at heart. One person told us, "I have been able to book a holiday next year as I know that [family member] will be well cared for." Members of staff told us and records confirmed that they had received introductory training before they provided people with care.

Staff had also received refresher training to keep their knowledge and skills up to date. When we spoke with staff we found that they knew how to care for people in the right way. Staff told us they felt supported and could speak with the registered person if they needed to. Records showed supervisions and appraisals on a one to one basis had taken place and were planned. This is important to ensure staff have the appropriate skills and support to deliver care effectively.

We observed lunchtime and found the experience was relaxing for people. The dining area was well laid out, tables had linen tablecloths and centre pieces. Serviettes as well as individual hand wipes were available to

people. People were given the choice of whether to have their meals in the dining room, lounge or their bedrooms if that was their preferred choice. People were offered a choice and we observed staff spent time explaining to people what the choices were. We observed a person who had initially struggled to understand the choices for pudding show pleasure when they got their choice. Staff made conversation with people during lunch and regularly asked them if they were okay and if they were enjoying their meal. Another person told us, "I don't like carrots or parsnips, so they don't put them on my plate." Another said, "We have breakfast and lunch in the dining room and usually have tea in the lounge, just like a big family."

People were supported to eat and drink enough to maintain a balanced diet and where required adapted equipment was available if people needed them to assist them with eating. We observed drinks and snacks were provided throughout the day in communal and bedroom areas. We observed one person had requested larger portions and this had been arranged for them the following day.

Where people had specific dietary requirements, we saw these were detailed in care records and staff were aware of these. One person required a specific diet because of their beliefs and we saw in a meeting they expressed how satisfied they were with their diet. Risk assessments and plans to minimise the risk were in place where people were at risk of not receiving adequate nutrition because of their physical health. One person had requested a specific food and staff were concerned about the appropriateness of this because of a medical condition. We observed staff checked with the GP to ensure the food would not cause any deterioration of the person's condition.

We found that arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Initial assessments had been carried out prior to people coming to live at the home. We observed these had established if people had cultural or ethnic beliefs that affected how they wished to receive their care.

Records confirmed that people had received all the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians. Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs. The home was working collaboratively in a local scheme to provide healthcare to people.

Where people required specific equipment to assist them with their care this was in place and appropriate checks made regularly to ensure it was safe. Arrangements were in place to provide an appropriate environment for people. For example, there was signage around the home to assist people to navigate around the home. Arrangements had been made to refurbish a number of bedrooms. People told us they had been involved in planning any changes to their bedrooms. However, we observed lighting was not available on the steps out of the home which presented a risk to people, staff and their relatives. After the inspection the registered person told us there had been an issue with the lights which had now been repaired.

Good

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "I have only been here a few weeks, but they do look after me." Another person said, "This is home from home, I'm so lucky." One person told us they had been previously for respite and when they needed permanent care they had asked to come back because they liked it so much. They also said that a relative had also decided to come to the home to live because they were so impressed with the care. Another person said, "They [staff] are all lovely."

There was an overall atmosphere of warmth within the home. A member of staff described the culture in the home as a family environment. People were treated with kindness and were given emotional support when needed. A relative told us, "The input from the care home has made such a difference, such personalised care. [Family member] is physically and mentally in a better place since they have been here." A relative said, "A great big pair of arms have been wrapped around [family member]."

We found people's privacy, dignity and independence were respected and promoted. We observed one care worker speaking sensitively and discreetly with a person they were supporting to take them to change their clothes. We observed staff knocked on people's bedroom doors and called them by their preferred name. People told us staff were respectful when supporting them with personal care and they had never felt undignified or embarrassed. There were two shared bedrooms. We spoke with the people who lived in these rooms and they told us they were happy with this arrangement. We observed that although screens were in place these were inadequate to protect people's privacy. We spoke with the registered person about this. Following our inspection, the registered person forwarded details of new screens which had been purchased which provided a better degree of privacy. We found that suitable arrangements had been maintained to ensure that private information was kept confidential. Computer records were password protected so that they could only be accessed by authorised members of staff.

Where people required specific support to prevent them from becoming distressed this was detailed in their care records and guidance was in place to support staff. A care record stated, "When upset provide a quiet and calm environment." When we spoke with staff they explained how they reassured people and tried to distract them from the issue that was making them upset. We observed staff using terms of endearment and the residents' preferred names. The staff were calm with people even when they were upset.

We found that people had been supported to express their views and be involved in making decisions about their care and treatment as far as possible. One person told us they had requested tinned tomatoes and they now get them on a regular basis. We saw in a care record a person had expressed a wish not to have a particular visiting professional because they did not get on with them and as a consequence alternative arrangements were found for them. Another person requested an alternative to turkey for Xmas lunch and they were supported to meet with the chef to discuss this.

We observed staff asked people if they required support before providing it. For example, we observed staff asking a person if they could go to their bedroom to get a coat for them. We observed another a member of staff asking a person if they wanted to join in an activity. They explained what the activity was and why they

were doing it.

We saw the home spent time trying to understand people and the care they required. For example, one person had initially refused to go to their bedroom at night. When staff spent time with the person they found out they did not like being on their own at night and offered them a shared room. Since then they have been much happier and settled.

We saw staff assist a person to return to their chair. We saw they did this at the person's pace and allowed them to do as much for themselves as they could whilst remaining attentive and staying close. Staff explained what they were doing and how people could assist them when moving. We observed they explained what the person needed to do and when they were settled they offered them a drink and chatted with them about how they wanted to spend the rest of their day.

Most people had family, friends or representatives who could support them to express their preferences. In addition, records showed and relatives confirmed that the registered person had encouraged their involvement by liaising with them on a regular basis. Furthermore, we noted that the registered person had access to local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Where people were unable to communicate verbally arrangements had been put in place to support them. For example, the home used 'Talking Mats'. These provide pictures and symbols to assist people with their communication. We saw the pictures had been personalised to reflect the home and people's personal belongings to assist with understanding.

People were supported to maintain their independence. For example, one person was supported to administer their own injection. We observed a risk assessment had been completed to ensure this was carried out in the safest way for the person.

Good

Is the service responsive?

Our findings

People said that nurses and care staff provided them with all the assistance they needed. We found that people received care that was responsive to their needs. For example, a relative said about their family member who had recently moved to the home, "I noticed the difference in weeks, [family member] was clean and tidy and getting back to how they used to be." They told us that communication between the home and themselves was good.

Assessments had been completed before people came to live at the service. Records showed that staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Care plans were regularly reviewed and reflected people's changing needs and wishes. Information was available about people's work history and life experiences. A radio station had been set up which involved people and their families choosing their favourite tunes and reminiscing about their past lives. We observed it was a focus for people and staff to talk about their past life. This is important to assist staff to understand people's needs and wishes. The scheme was considered to be innovative and as a consequence the home won an award recognising this.

People told us they had been involved in developing their care plan. Care plans and other documents were written in a user-friendly way in accordance with the Accessible Information Standard so that information was presented to people in an accessible manner. We saw people had been involved in discussions about their care plans. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need.

People had access to a range of activities and leisure pursuits. People's views on and experience of the activities provided in the home were positive. One person told us that they liked reading and preferred to stay in their room, but that one of the activity staff always did their best to get books from the library for them. Another person said, "We never get bored, always something to do, and we never get pressurised to join in if we don't feel like it." We saw at a residents' and relatives' meeting activities were discussed and people were encouraged to make suggestions for future activities. One person said they 'wanted something a little different' and a local ukulele band visited. Another person had told people about the exotic animals they had come across when they had travelled and the home arranged for an organisation to bring in exotic animals. This meant the person could share their experiences and revisit their memories. A pop art installation had also been developed which celebrated people's past lives and where they had grown up. This promoted discussion about places including Lincoln and Las Vegas.

On the morning of the inspection people were making Christmas stockings. The home had also introduced 'Virtual Reality for Seniors' into the home. This meant people could experience events as if they were there. For example, people told us they had watched the Queen's Coronation in virtual reality which they enjoyed. We observed the home organised activities which related to specific dates and events. For example, people had been involved in painting 100 poppies, representing 100 years, to make a display in the entrance for this year's Remembrance Day. On another occasion a cocktail evening had been arranged and people were able

to try three non-alcoholic cocktails and enjoy a 1920s themed evening.

People were supported to engage with organisations further afield. For example, links had been established with a high school in America and people exchanged letters and cards. Staff told us people enjoyed receiving these in the post and reading them out.

Arrangements were also in place for external organisations to visit the home. For example, a local department store who provided a pop up shop, a cosmetic firm and a local clothes shop who supplied a rail of clothing to be displayed for purchase in the home.

Relatives told us they felt welcomed at the home and we observed staff speaking with relatives and chatting with them. We noted that staff understood the importance of promoting equality and diversity and people were treated as individuals. For example, a relative told us how a person was encouraged to personalise their bedroom. They said, "We wanted a downstairs room but at the time one wasn't available so when one came free [family member] moved and the home had the room decorated the colour [family member] wanted and [family member] even chose the curtains."

The registered person recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. Where people preferred staff of a specific gender to support them we saw this was recorded in their care plan. For example, one person's care plan said they preferred a female member of staff to support them with personal care.

There were arrangements to ensure that people's concerns and complaints were listened and responded to improve the quality of care. When we spoke with people they told us they knew how to raise concerns. There were no ongoing complaints at the time of inspection.

The registered person had arrangements in place to support people at the end of their life. For example, the home organised a yearly event entitled, 'Canwick Remembers'. This allowed people and relatives of people who had lived at the home to remember loved ones who had passed away. People told us how much they had enjoyed the day and found it comforting. The event was described by judges of a national award scheme as, ' recognising the powerful importance of loss'. As a result the home received a national award for this scheme.

In addition, the home was working with professionals and specialist organisation such as Hospice UK to further develop end of life care. This included using a recognised pain scale and putting together advanced care plans to ensure people received the care they required.

Requires Improvement

Is the service well-led?

Our findings

Since 2016 we have carried out two comprehensive inspections and a focused inspection. On all three occasions, the service has been rated as 'requires improvement', with repeated issues highlighted as concerns and any improvements not always being sustained. The service has not fully met some of the Health and Social Care Act (Regulated Activities) regulations 2014 since September 2016. We have taken this into account when considering our rating in this domain.

Breaches of regulation were identified in September 2016. We found breaches of regulations 11 and 17. Quality checks on the service were not robust enough and lessons learnt not passed on to staff to improve the service.

Five breaches were also identified in February 2017 in regulations 11,12,17,20(A) and Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,regulation 18. At a focused inspection in October 2017 we found some improvements had been made however there remained breaches in Regulation 11 and Regulation 17. The registered person had failed to fully address issues identified at previous inspections.

At this inspection we found that the registered person had addressed most of the issues identified at the previous inspection. However the provider had not correctly told us about five significant events that had occurred in the service, such as accidents, incidents and injuries.

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

Following our inspection, the registered person submitted the relevant notifications at our request.

This is the fourth consecutive inspection at which the overall rating is 'requires improvement. Continued breaches of the regulations demonstrate that the service is still not consistently well led and does not give us confidence that the provider can deliver and sustain the improvements needed to ensure the health, safety and welfare of people using the service. On 23 May 2017 we imposed a condition which meant the registered person must not admit any service user to Canwick House Care Home without the prior written agreement of the Care Quality Commission. This included service users who required respite care. When we inspected on 21 November 2018 we found the service had continued to admit people to the home in contravention of the condition. We are currently considering taking further action with regard to these regulatory concerns.

There was a continuous breach of Health and Social Care Act (Regulated Activities) regulations 2014 Regulation 17.

We found that the registered person had made several arrangements that were designed to enable the service to develop. We saw that following our previous inspection an action plan had been put in place and issues addressed. A person told us, "Staff work so hard, and the home has been improving over the last year." A plan was in place for renovations people told us they had been involved in developing this. Plans

were in place for refurbishment of the kitchen area and curtains and carpets. A system for ensuring that people received quality care was in place. Regular audits in areas such as medicines, infection control and health and safety were carried out. Staff told us they received feedback from these at staff meetings. We looked at minutes from the meeting and saw that issues such as care records and staffing were discussed. Staff told us they felt there was a good team environment and staff understood their roles within the organisation.

Staff told us they thought there was an open culture. We observed that decisions taken at meetings had been followed through. One member of staff said, "It's really improved." They added, "We have staff meetings and everyone has their say. You can see changes as a result of raising issues." They gave an example of tablecloths being replaced when staff raised it as an issue. A member of staff described the atmosphere in the home as calm and a nice place to work.

The provider had taken steps to ensure the home followed best practice guidelines. For example, staff had taken on lead roles to ensure the organisation and staff were kept informed of developments in areas such as dignity and infection control. In addition, they had sought to be part of innovative projects to improve the quality of life for people. For example, they had recently spoke with Hospice UK with reference to being part of the Project ECHO (Extension of Community Healthcare Outcomes). This is project to improve palliative care in a community setting by gathering organisations together for learning and support.

We found that people who lived in the service, their relatives and members of staff had been engaged in the running of the service. One person had been involved in developing a hand washing poster for display in the home. The poster was for staff, visitors and people who lived at the home and people felt it was more meaningful because it reflected the home. There were formal and informal opportunities for people to express their views and wishes about the care and support they received. For example, a regular meeting was held for people and in addition to the meeting staff followed these with one to one discussions to ensure everyone got the opportunity to have their say. Surveys had been carried out with relatives, staff and people who used the service. The surveys were based around the CQC domains and we saw that in all areas the results were positive and no issues or concerns had been raised.

In addition, arrangements were in place to ensure people were kept informed of what was happening within the home. A daily notice was produced which told people what was happening that day for example, it detailed any expected visitor and what activities were planned. A monthly newsletter was also produced. The newsletter included information about staff, activities and included an 'in memorium' section.

A member of staff told us the registered person was approachable and organised. They described the home as homely and caring. They told us they thought there was significant improvement since our last inspection. During our inspection we observed the registered person around the building supporting staff and offering assistance where required. We saw they interacted with people who lived at the home and that people responded well to her. They knew the names of people and their relatives and could speak in some detail about them and with them. The registered person had developed working relationships with local services such as the local authority and GP services.

Staff told us they were confident that any concerns they raised with the registered person would be taken seriously so that action could quickly be taken to keep people safe. To assist staff to be able to report issues the home had produced laminated cards with guidance to ensure timely reporting took place.

We looked at the Statement of Purpose which is a document providers are required to have in place detailing they details of the service. We found it reflected current arrangements for management and

appropriate reporting of complaints. The registered person had displayed the rating of their previous inspection according to CQC guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider did not inform CQC of accidents and incidents

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were continuous breaches of the regulations