

Meridian Healthcare Limited

Westwood Lodge

Inspection report

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Wigan
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Tel: 01942829999

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 09 May 2015.

Westwood Lodge is a purpose built home with three units, providing nursing and personal care for up to 76 people. The home is also contracted to provide 10 beds on the ground floor nursing unit for NHS patients. It is situated in a residential area of Wigan close to the town centre. All rooms are single occupancy and have en suite facilities. The home is situated in its own grounds and has gardens with car parking spaces at the front of the home.

At the time of our visit, there was no registered manager in place, though the newly appointed manager was in the process of registering with the Care Quality Commission. 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 previous inspection undertaken on 30 July 2015 and 06 August 2015, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the safe management of medication, the management of infection prevention and control, End of Life Care, assessing and monitoring the quality of service provision, suitable staffing levels, safeguarding concerns and the submission of statutory notifications to the Care Quality Commission (CQC). As a result, we took enforcement action in relation to the concerns we had identified. The home was also placed into 'special measures,' which meant significant improvements were required, or further enforcement action would be undertaken. Following that inspection, the home sent us an action plan, detailing the improvements they intended to make. As part of this inspection, we checked to ensure that improvements had been implemented by the home to meet legal requirements.

During this inspection, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

During this inspection, we found that although improvements had been made in the safe handling of medicines throughout the home, further improvements were still required to meet the requirements of regulations.

We saw that three people had run out of a supply of their medicines, which placed people's health at risk of harm. We found creams were kept in bedrooms and were not safely locked away. We saw the records about creams were poor and sporadic and could not show that they were applied as prescribed.

The medication room was locked and could only be accessed by means of a keypad rather than the safer method of a key. The medicines awaiting disposal were still not stored according to current guidance.

Creams and fluid thickeners were not always stored safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment. This was because the provider did not have appropriate arrangements in place to manage medicines safely.

During this inspection, we found the home was now meeting the requirements of regulations in respect of infection control practice. The service had an infection control link nurse, who was able to provide advice and current best practice guidance to staff.

People were now protected from services that were degrading and that included acts that were intended to control or restrain the person. We found people were protected against the risks of abuse, because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults.

We found there were sufficient numbers of staff to effectively meet the needs of people who used the service.

We saw people had risk assessments in place, which included falls, pressure sores, mental capacity, choking and malnutrition.

The service was able to demonstrate that staff providing End of Life (EoL) care had the necessary qualifications, competence, skills and experience to do so.

We looked at the supervision planner and policy. Though policy stated that there should be at least two supervisions a year for each member of staff, this was not reflected in records we looked at.

We found appropriate DoLS (Deprivations of Liberty Safeguards) applications had been made by the manager, where people had been deemed to lack capacity to make decisions. Staff had also received training in this area and had an understanding of the legislation.

We have made a recommendation about seeking guidance on 'dementia friendly' environments.

People told us their overall impression with the home was good and that staff were kind and caring.

Throughout our inspection, where we observed interaction between staff and people who used the service, it was kind and caring. We witnessed a very caring environment where people were well cared for.

People who used the service told us that their dignity and privacy was always respected by staff.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

Care files were well organised and contained care plans that covered a range of health and social care support needs.

On the second floor nursing unit, the nurse told us that everybody sat in the lounge should be on a pressure cushions. We found this was not the case.

During our examination of turning and fluid charts, we found examples of where data had not been record accurately or was missing.

We have made a recommendation about opportunities for people to take part in activities they enjoy and meet their personal preferences.

During this inspection we found that although improvements had been in the way the home monitored and assessed the quality of service provision, there were still concerns about the effectiveness of auditing systems, especially in light of the concerns identified around the safe administration of medicines.

Staff told us they believed the home together with staffing had improved with the new provider and management team.

Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service. We saw the ratings from the previous inspection were displayed in the reception area of the home, which is now a legal requirement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Not all aspects of the service were safe. Although improvements had been made in the safe handling of medicines throughout the home, further improvements were still required to meet the requirements of regulations.

During this inspection, we found the home was now meeting the requirements of regulations in respect of infection control practice.

People we now protected from services that were degrading and that included acts that were intended to control or restrain the person.

There were sufficient numbers of staff to effectively meet the needs of people who used the service.

Requires Improvement ●

Is the service effective?

Not all aspects of the service were effective. The service was able to demonstrate that staff providing End of Life (EoL) care had the necessary qualifications, competence, skills and experience to do so.

Supervision was inconsistent and not in line with policy.

We have made a further recommendation that the service explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly.'

Requires Improvement ●

Is the service caring?

The service was caring. People told us their overall impression with the home was good and that staff were kind and caring.

People who used the service told us that their dignity and privacy was always respected by staff.

People and relatives told us they were involved in making decisions about their care and were listened to by the service.

Good ●

Is the service responsive?

Requires Improvement ●

Not all aspects of the service were responsive. Care files were well organised and contained care plans that covered a range of health and social care support needs.

On the second floor nursing unit, the nurse told us that everybody sat in the lounge should be on a pressure cushions. We found this was not the case.

We found examples of where data had not been record accurately or was missing fron fluid or turning charts.

We have made a recommendation about opportunities for people to take part in activities they enjoy and meet their personal preferences.

Is the service well-led?

Not all aspects of the service were well-led. During this inspection we found that although improvements had been in the way the home monitored and assessed the quality of service provision, there were still concerns about the effectiveness of auditing systems.

Staff told us they believed the home together with staffing had improved with the new provider and management team.

Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

Requires Improvement 

Westwood Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 09 May 2016 and was unannounced. The inspection was carried out by three adult social care inspectors and a pharmacist inspector. In advance of our inspection, we reviewed information we held about the home. We looked at statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and local commissioning teams. We reviewed previous inspection reports and other information we held about the service.

At the time of our inspection there were 61 people living at the home, divided across three units. There were 16 people living on the Community Nursing Beds Unit, which was situated on the ground floor. There were 25 people living on the nursing unit located on the first floor and 20 people staying in the nursing unit known as The House. We spoke with 10 people who lived at the home, six visiting relatives and two visiting health care professionals.

We also spoke with four registered nurses, three senior members of care staff, seven members of care staff and two domestic cleaners. We also spoke with the home manager and other members of the home's senior management team, who were present throughout the inspection visit.

Throughout the day, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at the kitchen, bathrooms and external grounds. We looked at people's care records, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

People living at Westwood Lodge and their relatives told us that they or their loved ones were safe living at the home. One person who used the service told us, "I feel safe. The general atmosphere makes me feel safe." Another person said "I feel very safe and secure. They close the door at night and I have my buzzer. I used my buzzer the other night and they came quickly." Other comments from people who used the service included, "No concerns about my safety. Everything seems in good order to me." "I certainly feel safe here, they try their best." "I do feel very safe here, they look after me very well. They are always popping in and out throughout the day."

One visiting relative told us, "Yes I feel my relative is very safe here. I'm hoping he will get permanently located here. I'm very happy as he is well looked after." Another relative said "I do feel my relative is safe. There seems to be enough staff about, no concerns on that front." A third relative told us, "I've got no concerns about her safety. She is very well cared for."

At the last two inspections, in March/April 2015 and July/ August 2015, we found that medicines were not handled safely and the provider was instructed to take action to improve the safe administration of medicines. This was in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment.

During this inspection, we found that although improvements had been made in the safe handling of medicines throughout the home, further improvements were still required to meet the requirements of regulations. We found medicines were still not being safely managed on the ground floor nursing unit.

At this inspection, we saw that medicines rounds were efficiently organised and nurses were not subject to a constant stream of interruptions. Medicines were now organised in trolleys, which meant nurses were able to readily locate all the medicines they were administering. We found there was now information, in the form of individual protocols, in place to guide staff as to how to safely administer 'when required' medicines (PRN). However, there was still no information available to guide staff as to which dose to choose when a variable dose of medication was prescribed.

Medicine records were now clearly completed and the number of missed signatures and gaps had been reduced. This meant records mainly evidenced that medicines were being given as prescribed. A system of stock balance counts had been introduced, which demonstrated that all medication could be accounted. A system of assessing the level of people's pain had been introduced for people with limited communication. This meant people with limited communication could be given their pain relief effectively. The records also now showed that adequate and safe time intervals were left between doses of pain relief.

There were still areas of medicines handling which needed to be improved to ensure all medicines were handled safely. We saw that three people had run out of a supply of their medicines, which placed people's health at risk of harm. Although arrangements had been made to administer certain medicines at the correct time with regard to food, we found that nurses had not identified all medicines, which needed to be

given at specific times. If medicines are not given with regard to the manufacturers' directions they may not work properly, which would place people's health at risk.

We found creams were kept in bedrooms and were not safely locked away. We saw the records about creams were poor and sporadic and could not show that they were applied as prescribed. We saw that the creams in bedrooms did not tally with the creams listed on people's medication record administration sheets. Arrangements to check people were safely managing their own medicines were poor and this placed people at risk of taking too much medication.

Systems had been introduced to record when medicines or doses of medicines changed, however we saw that not all nurses made clear and accurate notes about such changes. This meant that other nurses may not be sure why or if changes in the medication had been made.

The home's records showed that ten people needed their fluid to be thickened using a prescribed thickening agent, to prevent them from choking. However, care staff making drinks did not have accurate information to refer to as to how thick to make people's drinks. One member of care staff told us that they just used whatever tin was in the cupboard. This was unsafe, because people were prescribed different brands of thickener. Prescribed items must not be shared between people living in the home. The failure to know how to thicken drinks placed all 10 people at risk of harm. However, as soon as this was brought to the attention of the home manager, immediate steps were taken to address this concern.

We saw no improvements had been made with regard to the security of medicines storage. The medication room was locked and could only be accessed by means of a keypad rather than the safer method of a key. The medicines awaiting disposal were still not stored according to current guidance. Creams and fluid thickeners were not always stored safely. One tin of thickener was left on the drinks trolley unattended, which is contrary to a NHS England Patient Safety Alert. However, overall medicine handling had improved and people's safety had increased.

We found people who were nursed in ground floor nursing unit, still had their health placed at risk from the risks associated from the unsafe handling of medicines. The management team told us that the number of NHS community beds had been reduced to 10 and that they were currently negotiating with the NHS hospital pharmacy to supply medicines in a different way to help manage the medication more safely. We found the new management team at the home were actively trying to reduce the risk to people posed by the mismanagement of medicines. However, the improvements, which were evident on the other nursing units within the home, had not been effective on this unit.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe care and treatment. This was because the provider did not have appropriate arrangements in place to manage medicines safely.

At the last two inspections, in March/April 2015 and July/ August 2015, we found that people were not protected against the risks associated with the spread of infectious diseases. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have effective systems in place to prevent the spread of healthcare associated infections. During this inspection, we found the home was now meeting the requirements of regulations. The service had an infection control link nurse, who was able to provide advice and current best practice guidance to staff.

We spoke to a member of domestic staff who told us things had been a lot better since the new provider had

taken over and that communications had improved. They reported they were now recording what's been cleaned, which meant it was easier for staff to see what's been missed. We found domestic staff followed daily, weekly and monthly cleaning schedules, which had been introduced since April 2016. We found that daily cleaning schedules were completed for bedrooms and communal areas and carpets were being spot-cleaned on a weekly basis. There was a 'resident of the day' protocol in place, which resulted in a more thorough clean of the entire bedroom. We were told that was done on a pro-rata basis so that over a one month period, all carpeted bedrooms were done.

We found the home was clean throughout with no mal-odours. Toilets and bathrooms were all clean and had hand soap and paper towels available. There was Control of Substances Hazardous to Health (COSHH) information in the domestic's room/sluice room and chemicals were stored safely behind the locked door. We found domestic staff used cleaning trolleys with adequate supplies of personal protective equipment (PPE) available and attached to the trolley. We saw PPE was available throughout the home for use of nursing and care staff. We saw staff wearing gloves and aprons, which they regularly changed following individual tasks.

One person who used the service told us, "The first thing they do is wear gloves and they do keep the place very clean. They clean the windows and the beds, everything. They always clean the toilets. I have no concerns about cleanliness." One visiting health care professional told us staff were good at maintaining standards in respect of infection control issues and they had no concerns.

During our last two inspections, in March/April 2015 and July/ August 2015, both people who used the service and staff consistently told us that staffing levels were insufficient to meet people's needs. This was in breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, staffing, because there were insufficient numbers of staff to effectively meet the needs of people who used the service. During this inspection, we found the home was now meeting the requirements of regulations.

We spoke to staff and people who used the service about staffing arrangements and looked at staff rotas to determine staffing levels. We saw that call bells were answered within a short period and that on the whole, there was a visible presence of staff throughout the day in communal lounges. One person who used the service told us, "I would say there are enough staff. They tend to come when you need them." Another person said "I don't think there is enough staff at night, they could do with one more. There is enough on during the day. Staff work very hard and are very good." Other comments included, "With call bells, on the whole they come as soon as they can, even if it is to tell me they are dealing with something else and that they won't be long." "Never seen anything to give me any concerns."

On the whole staff told us that staffing levels had improved, even though there was a reliance on agency staff. We spoke to the home manager about use of agency staff. They told us that the home was actively recruiting new staff, which was proving very challenging and the use of agency staff would continue until permanent staff had been recruited.

Comments from staff regarding current staffing levels included, "There are five staff in the mornings and four in the afternoon. I feel that is enough to meet people's needs. We seem to have quite a good system to make it work." "I must admit it depends on who you ask. There are only seven permanent night staff and three permanent nurses. Three at night tends to be ok, even though it involves using agency staff. About five people on this floor need turning and we seem to do it ok. It can be a problem though if people are up early, as we can't always monitor the lounge as well as having to see to people in their rooms." "There is usually four care staff on during the day and we seem to maintain this, but we're still using lots of agency staff for nursing and care. We've been advertising for a while for nurses and I think some staff are on induction at the

moment." "Staffing levels are definitely getting better. Some days there are six care staff on." "Staffing is a lot better and agency cover is better. We are recruiting more staff so agency will be phased out." "We are never short, they always make sure we have enough staff to meet people's needs."

During the inspection we checked to see how people who lived at the home were protected from abuse. At our last inspection we witnessed one person, where services were provided in a degrading manner and included acts that intended to control or restrain the person. This was in breach of Regulation 13 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding. During this inspection, we found the home was now meeting the requirements of this regulation.

There was an up to date safeguarding policy in place, which referenced legislation and local protocols. Staff we spoke with demonstrated an awareness of safeguarding and were able to describe how they would make a safeguarding referral. Staff were aware of potential signs of abuse or neglect and of how to report any safeguarding concerns appropriately. Staff told us they had contact numbers for the local authority safeguarding team should they need it, which we observed during the inspection.

We found people were protected against the risks of abuse, because the home had appropriate recruitment procedures in place. Appropriate checks were carried out before staff began work at the home to ensure they were fit to work with vulnerable adults. During the inspection we looked at 10 staff personnel files. Each file contained job application forms, interview questions, proof of identification, a contract of employment and suitable references. A CRB or DBS (Criminal Records Bureau or Disclosure Barring Service) check had been undertaken before staff commenced in employment. CRB and DBS checks help employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults.

We looked at a sample of 10 care files to understand how the service managed risk. We saw people had risk assessments in place, which included falls, pressure sores, mental capacity, choking and malnutrition. Risk assessments provided clear guidance to staff as to what action to take to ensure people remained safe. Accidents and incidents were recorded correctly. We checked historical accident records and found that they had been appropriately completed and included a body map identifying the area of injury (where applicable) and the action taken to reduce the potential for further injury in the future.

People had personal emergency evacuation plans (PEEP's) in their care files, which were supplemented by a bed fire register posted at the nurse's station. This gave information about each individual person living at Westwood Lodge and included their room number, any mobility equipment needs, staff assistance required and if the person had hearing or sight difficulties including any disability.

Is the service effective?

Our findings

During our last two inspections, in March/April 2015 and July/ August 2015, we found the service failed to ensure all staff providing End of Life (EoL) care had the necessary qualifications, competence, skills and experience to do so. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment. During this inspection, we found the home was now meeting the requirements of regulations.

We looked at training records and spoke to staff and the home manager. We were told by the home manager that the service was now following the Six Steps to Success model. Several members of staff had received training in this end of life care programme, which enabled people to have a comfortable, dignified and pain free death. However, until more staff were fully trained, the home relied on the support of district and MacMillan nurses for EoL matters. We saw that training had been arranged for staff in respect of syringe driver and percutaneous endoscopic gastrostomy (PEG) administration.

As part of this inspection, we looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. We looked at training records, which indicated staff had completed e-learning training in a number of subject areas including emergency procedures, infection control, safeguarding, food safety and fire drills. The provider actively monitored training to ensure staff completed the required training. We looked at training analysis records maintained by the provider. To address the shortage and difficulty in recruiting registered nurses, we were told that the provider was developing a care assistant development programme. This enabled care staff to receive training and development to become a nurse assistant to support qualified nursing staff and reduce reliance on agency staff.

We saw that new care staff were enrolled on an induction programme, which involved completion of training and a period of shadowing with more experienced staff. Staff were required to complete the 'care certificate' as part of their probationary period, which was followed by an observed practical assessment before confirmation in their role.

One member of staff said, "We get lots of training here I must admit. Recently I have done catheter, safeguarding and moving and handling. I'm satisfied with what we get." Another member of staff said "I'm definitely getting enough training, but it is eLearning most of the time. I've just done DoLS and have also done safeguarding and moving and handling recently." Other comments from staff included, "I've done a lot of training recently. I've done safeguarding, moving and handling, infection control, MCA/DoLS, first aid, health and safety and dementia. Training is so much better." "I certainly get plenty of training and we can ask if we need anything specific."

We asked staff to confirm whether they received regular supervision and appraisals. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Whereas some staff stated they had received recent supervisions, other staff could not remember the last time they had supervision. Comments from staff included, "There has been a change of manager, but we still have them and they are consistent." "I couldn't tell you when the last

one was. It's been a while." "We seem to have them quite regularly. Usually every three months." "They do take place. I had one last week with my manager." "I can't remember the last time I had one to one supervision and no annual appraisal."

We looked at the supervision planner and policy. The policy stated that there should be at least two supervisions a year for each member of staff, however this was not reflected in records we looked at. The new home manager acknowledged that supervision had been inconsistent, but they would be addressing this issue in the immediate future.

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.

We saw Deprivation Of Liberty Safeguard (DoLS) referrals had been made where necessary, with records held on file stating if the applications had been authorised. There were also records of any restrictive practices in place. Staff spoke with us and had an understanding of DoLS, were able to explain when people may be deprived of their liberty and told us they had received training in this area. One member of staff said, "MCA/DoLS is all about protecting people who do not have the capacity to make their own decisions". One member of staff was unaware of how many people were on DoLS and told us, "We have people on DoLS but don't ask me who." This posed the risk that not all staff were aware of what restrictions if any had been approved as a result of a DoLS application. Another member of staff told us, "I have had training in MCA and DoLS. We have a few residents on DoLS, but I could do with more training."

As part of the inspection, we also looked at how the service sought consent from people. We observed staff asking consent from people before they provided care or support. Examples of this included asking people if they wanted to take any pain relief, or if they wanted to wear a clothing protector at meal time. Staff were also able to describe how they sought consent from people. One member of staff said, "Ask people first, involve their next of kin and do things in their best interest if they don't have capacity."

During our last inspection in March/April 2015, we made a recommendation regarding signage and suitable environments for people living with dementia. Though some improvements had been made, we found there was still limited resources available to provide stimulation and promote a feeling of wellbeing for people throughout the home.

We have made a further recommendation that the service explores the relevant guidance on how to make environments used by people living with dementia more 'dementia friendly.'

During our inspection we checked to see how people's nutritional needs were met. We found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk assessments had been undertaken by the service, which detailed any risks and level of support required such as with the possibility of choking. We looked at weight monitoring that was undertaken by the service both weekly and monthly.

Care plans contained a '24 hour food chart' that was used to record nutritional intake for each day, including scheduled meal times and any snacks or additional supplements taken in between main meals. We saw that people had been referred to nutrition and dietetic services. Special diets were catered for, food allergies were recorded and people had nutrition and hydration care plans in place. Information on different diet

types, such as a soft diet, had been sought from the speech and language therapy team (SALT) and this informed the kitchen staff how to prepare and serve these types of foods.

We asked people what they thought of the food provided. Comments included, "The menu is extensive and there seems to be plenty of choice." "The food is one of the best things about living here. They bring it to me in my room if that is what I want." "The food is good, good, good and there's a choice of food." "I have a normal diet. The food is ok. I get plenty to eat and drink during the day." "Meals are lovely. I'm given a choice of what I can have to eat. Normally there is a choice of two meals. I get plenty to drink". "The food is really lovely and they give you plenty of choice." "Food is ok, you get plenty."

Is the service caring?

Our findings

People told us their overall impression with the home was good and that staff were kind and caring. One person told us, "I think it's lovely. I like the space and the garden and it's a very pleasant place. It's lovely here and I am quite satisfied." Another person who used the service said "The staff are smashing. I like them all. They are caring and they look after everyone very well. The staff are helpful and on hand." A visiting relative told us, "The staff are very friendly and my relative gets good quality nursing care. She is re-positioned regularly and provided with a soft diet, which she needs. The staff are all very good and very helpful."

Other comments included, "It's been alright. I'm well looked after and have nothing to grumble about. I really can't complain at all." "The staff are all very nice and I find them caring." "Most of the staff seem alright. They are there when I need them. They provide good care to me and I'm doing alright." "At the moment this is my home and they are very attentive." "It's very good, staff are very helpful. They are kind and caring." "I find the staff are very good towards me." "The care staff are caring."

Throughout our inspection, where we observed interaction between staff and people who used the service, it was kind and caring. We witnessed a very caring environment where people were well cared for. People looked clean and well groomed. Staff knew people well and there was a friendly atmosphere between staff and people living at the home. We witnessed one person who was agitated and presented very challenging behaviour. We were told that staff were waiting for the mental health team assessment to arrive at the home and would remain with this person until they arrived. We saw staff treating this person with respect and patience. Staff had to intervene to stop this person entering other people's bedrooms, but this was done in a non-confrontational and supportive manner.

We observed one nurse on their medication round. Where people were sitting down, the nurse would sit down next to them when giving the medicine and waited a few seconds to check they had been swallowed the medicine before moving. We saw the member of staff gently stroke the person's hand for reassurance after they had taken their medication.

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs.

People who used the service told us that their dignity and privacy was always respected by staff. One person told us, "Yes they do. They give me privacy during personal care." Another person said "They all respect my privacy and dignity here and always knock on the door before coming in. No concerns or worries, I'm very happy here." Other comments included "They always knock on my door, they are very respectful." "They always knock on my door otherwise I would give them a good telling off."

We asked staff how they respected people's dignity and privacy. One member of staff told us, "Knocking on doors is an obvious one and making sure I offer people choices about their daily routine." Another member of staff said "Closing doors during personal care and allowing people to go to the toilet whilst I wait outside." As part of the inspection we checked to how people's independence was promoted. We asked staff how they aimed to promote people's independence. One member of staff told us, "If people can do things for themselves, we will always encourage them such as washing and eating."

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved when reviews of care had taken place. One relative told us, "I've been involved in support planning and staff do listen to me."

We spoke to staff about how they promoted choices for people. One member of staff said "I always give people choices around, food, drink and clothing for example." Another member of staff told us, "I promote choice with people. You get to know them and I offer choice when they want to get up, what they want to wear, eat or even where they want to sit when they get up. People all have different routines."

People's care files contained end of life care plans, which documented people's wishes at this stage of life where they had been open to discussing this. Staff told us they involved families when developing care plans or carrying out assessments. The people we spoke with living at the home and visitors to the service confirmed this was the case. Where people had made an advanced decision regarding end of life care this was recorded correctly, dated and signed appropriately.

Is the service responsive?

Our findings

Care files were well organised and contained care plans that covered a range of health and social care support needs. This included information on mobility support, activity preferences, people's social histories, sleep, dressing and personal preferences and getting out and about. We saw that prior to any new admission a pre-assessment was carried out with the person and their relative(s). People's needs for support were carefully described on their care plans so care staff knew exactly what tasks to undertake. For example one person's communication care and support plan stated: '[The person] needs to be reassured that things are being done for a reason and in [their] best interest as [the person] can become frustrated.'

We saw detailed personal profiles in the care records, which included people's life story, a list of priorities about their care and quality of life, their memories, risk assessments and relationships. This meant staff had information to ensure people's care was as personalised as possible. The staff we spoke with understood the contents of the care plans, knew people's needs and preferences and we saw daily diary sheets were updated several times during the course of the inspection.

People's care files identified that individuals and their relatives were involved in the planning of their care and personal preferences were discussed. The care records showed regular visits from relevant other professionals such as a GP, an optician, a chiropodist and district nurses. This meant appropriate healthcare professionals were accessed when people required them. Each person had an assessment of possible risks and a description of the person's needs for support and treatment. The care plans were reviewed monthly by the nurse or senior carer and relatives confirmed they were kept informed of any changes in their relative's needs.

On the second floor nursing unit, the nurse told us that everybody sat in the lounge should be on a pressure cushions. We found this was not the case. In particular, one person's records indicated that a pressure cushion should be used, however we found this person was sat on a normal chair. We spoke to the nurse, who assured us this matter would be addressed.

During our examination of turning and fluid charts, we found eight examples of where data had not been record accurately or was missing. We looked at a recent internal memo dated the 06 May 2016 that directed all charts must be checked at least three times by the nurse or senior in charge. We spoke to the home manager about these issues, who assured us that the service was addressing these concerns about the accurate record keeping of charts. On the whole, we found the quality of records were generally accurate and contained up to date information.

During our inspection, we checked to see how people were supported with interests and social activities. We found there was an activities folder in place and this recorded any activities that each person had taken part in such as 'out for the day' or 'listened to the radio.' We did not witness any organised activities throughout the day of our inspection visit. One member of staff told us, "We have an activities coordinator, they have singers in, have Easter events, painting and craft taking place. They are often in this unit."

We recommend the service seek appropriate advice and guidance to ensure people have opportunities to take part in activities they enjoy and meet their personal preferences.

We found the service did listen to people's concerns and experiences about the service. The provider had effective systems in place to record, respond to and investigate any complaints made about the service. We saw 'feedback leaflet' at nurses' station and in other areas of the home. There was no available analysis of any completed feedback forms at the time of our visit. We found there had been no recent resident meetings, however the home manager stated that this was an area they would be addressing in near future to increase engagement between people who used the service and management. We looked at minutes from the last relatives meeting conducted in January 2016.

Is the service well-led?

Our findings

People who used the service and relatives told us they believed the service was well managed. One visiting relative told us, "I feel the home is well managed, but there doesn't seem to be a lot of permanent staff. Overall I have no concerns and can talk to her (the manager) about anything." A person who used the service said "I don't have any worries or concerns and I'm happy with the service provided." Another visiting relative said "I think things have improved." A visiting health care professional told us the home had become more pro-active about raising concerns. Another visiting health professional told us that since the new provider and management team had taken over, a lot of equipment within the home had been replaced with new.

Staff told us they believed the home together with staffing had improved with the new provider and management team. Comments from staff included, "The manager is lovely. The home has improved 100 percent. Anything we ask for we get. There have been lots of changes for the better." "I definitely feel supported and valued and have no concerns about management." "I think the new manager is brilliant, approachable, understanding and does listen. Under the circumstances they are doing a good job. Staff morale has changed since she came in and she is determined to improve things. We have regular meetings, where the manager gives us an update on recruitment and other issues." "Things have improved in every way, we are getting extra staff in, the home runs better and the staff are pulling together as a team." "We have a good team, management and everyone cares about what we do." "Management team are visible."

At the time of our visit, there was no registered manager in place, though the newly appointed manager was in the process of registering with the Care Quality Commission. 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.

During our last two inspections, in March/April 2015 and July/ August 2015, we found the service did not have effective governance and auditing systems in place to monitor the quality of service provision. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found that although improvements had been made there were still concerns about the effectiveness of auditing systems, especially in light of the concerns identified around the safe administration of medicines. On the whole, the service was now meeting the requirements of regulations.

We saw an extensive range of audits and checks were now undertaken by the home, which included infection control, Health and Safety, incident and accident reporting, weight monitoring, equipment checks, fire inspection checks and fire alarm testing. The service both monitored and analysed people's weights, falls, DoLS applications, call bell and trained nurses professional registration. We saw evidence that the home manager undertook a daily 'walk around' to monitor standards. The provider also pro-actively analysed reported deaths, hospital admission, wound management and pressure ulcers. We looked at minutes from staff meetings, which discussed recruitment and vacancies, infection control and medication issues. We also looked at minutes from a Health and Safety meeting, which discussed fire warden training, infection control and mandatory training for staff.

The home had policies and procedures in place, which covered all aspects of the service. The policies and procedures included; safeguarding, whistleblowing, and medication.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. During our last inspection we found that the service had failed to notify CQC about recent medication errors. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (part 4). During this inspection, we found the home was now meeting the requirements of these regulations. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.

We saw the ratings from the previous inspection were displayed in the reception area of the home, which is now a legal requirement.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not have appropriate arrangements in place to manage medicines safely.
Treatment of disease, disorder or injury	