Care Quality Commission

Ashley Down Care Home Limited

Ashley Down Nursing Home

Inspection report

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Date of inspection visit: 15 and 16 December 2014
Date of publication: 18/03/2015

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

Overall summary

The inspection took place on 15th and 16th December 2014 and was unannounced.

The service provides care and accommodation to 19 older people with nursing needs. There were 13 people living in the service at the time of our inspection. The nursing accommodation is set in a large detached house that includes 17 single bedrooms and one double bedroom, 10 of which have en-suite facilities. People had varying needs depending on their health. Some people were living with dementia.

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

At the last inspection on 22 April 2014 we identified breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People weren't given the information they needed in a suitable format. People or their relatives had not been involved in planning or reviewing their own care. Meetings had not been held to assess people's capacity to make decisions where these had been needed. The premises were not secure and equipment had not been safely maintained.

Summary of findings

Arrangements for keeping people safe in the event of an emergency were not in place. People waited too long for care they needed at lunchtime due to the level of staffing. Risk assessments had not been completed. People were not fully protected from the risk of abuse because staff did not have access to information they could refer to. Records were not accessible or accurate.

The provider sent the CQC an action plan which described how and when the improvements would be made. We found that many actions had been taken and the provider had improved the service. The new systems for monitoring the overall quality of the service, identifying the need for improvements and taking action were being used. Although improvements had started to be made they were not all in place or embedded into practice yet.

The premises were secure and protected with an alarm system. People had personal emergency evacuation plans in place and staff were trained in fire awareness. Staff were trained and had the information they needed to protect people from the risk of harm and abuse. Risk assessments were centred on the needs of the individual and included clear measures to reduce identified risks and guidance for staff to follow. Medicines were stored and administered safely. Nurses kept accurate records relevant to the administration of medicines.

People lived in a clean and well maintained environment. Improvements and minor repairs in the service were ongoing. Staff had a thorough understanding of and were following safe infection control practice which helped to minimise people's risk from infection. People's own rooms were personalised to reflect their preferences.

People's needs had been assessed and this had been used to consistently make sure enough staff were on duty to provide safe, effective and responsive care. Staff had time to spend supporting people in a meaningful way that respected individual needs. Recruitment procedures were followed including checking references and criminal records. Staff had the training and experience to support people and meet their needs.

People and their relatives told us they were satisfied with the care, the staff had a good knowledge of their needs and met these in a way that suited them. One person told us, "The girls (staff) know what to do". Another person told us, "The staff know me well and understand me well". Two relatives said, "The staff know my mum well and what she likes, they know how to get the best of her" and, "The staff are well trained".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). All staff were trained in the principles of the MCA and the DoLS and were knowledgeable about the requirements of the legislation.

People told us they enjoyed their meals and they had enough to eat and drink. Food was freshly prepared and people were supported to eat when they needed to be. Staff knew about people's dietary preferences and restrictions such as how one person could not tolerate certain foods and fluids and this need was met.

Healthy living and wellbeing was promoted by staff. Specialist equipment was provided. General wellbeing checks were recorded by staff at regular intervals. People were referred to healthcare professionals when needed. The manager told us, "We have a good relationship with the GPs, district nurses, dieticians and the local hospice team who come and visit us and they respond quickly to our referrals". The health professionals we spoke with agreed with this view.

People's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. These were updated to reflect people's changing needs, wishes, preferences and goals. The care that was provided was consistent with people's planned care needs.

A range of activities was available but these had not taken account of people's needs or wishes. Two people told us, "I often don't feel like joining because it is not very exciting" and, "The activities are all right I guess". The registered manager and activities co-ordinator were aware of people's views and had begun to look into how to provide more stimulation for some of the people who were living with dementia. They told us, "At present the activities programme is not as stimulating as it could be due to people's varied levels of ability but we are working on improving it". We have made a recommendation about this.

People's feedback was sought and they were involved in the planning of their care. Complaints, comments and suggestions were taken into account and most but not all

Summary of findings

of these had been acted on. People had the opportunity to share their views about the care and service through monthly residents meetings and yearly satisfaction questionnaires.

There was an open and positive culture at the service which focussed on people. Staff told us, “The manager and senior nurse are approachable; we can talk to them any time and discuss any concerns”.

We recommend that best practice guidance is sought and followed regarding providing meaningful activities of people’s choosing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

The service was secure and people had individual evacuation emergency plans. Risk assessments were centred on the needs of the individuals. People were protected because the staff knew how to recognise and respond to harm or abuse.

People's needs were met by enough staff because the provider regularly reviewed and adjusted the staff levels. Safe recruitment procedures were followed. Medicines were administered, stored and recorded safely. People lived in a clean and well maintained environment.

Some action regarding fitting a further stair gate was in progress but had not been completed.

Assessments to make sure that the use of bed rails did not restrict people's freedom unlawfully were in progress but had not been completed.

Is the service effective?

Requires Improvement

The service was effective.

Staff had a good knowledge of each person and of how to effectively meet their support needs and protect their rights.

People were supported to eat and drink sufficient amounts to meet their needs and people were provided with a choice of suitable and nutritious food and drink. People were referred to healthcare professionals promptly when needed.

Essential training such as end of life care had been scheduled but had not yet been provided for all care staff. Regular one to one supervision for all staff and annual appraisals had been scheduled but had not yet been provided. Plans to improve the format of all information for people in a larger and pictorial format had been put in place but had not yet been implemented.

Is the service caring?

Good

The service was caring.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect.

The staff promoted people's independence, healthy living and good health.

People were able to spend private time in quiet areas when they chose to and their privacy was respected.

People were given support when making decisions about their preferences for end of life care.

Summary of findings

Is the service responsive?

Requires Improvement

The service was responsive.

People's care was personalised to reflect their wishes and preference about their care and treatment. Care plans and risk assessments were reviewed and updated when needs changed.

People had their care needs planned for and responded to by staff consistently.

A range of activities was available but these did not always respond to people's needs or wishes. Although plans were in place to provide an activities programme that stimulated people who live with dementia, they had not yet been implemented.

Is the service well-led?

Requires Improvement

The service was well led.

The registered manager operated an 'open door' policy.

There was a system of quality assurance in place. The registered manager and deputy manager carried out audits and analysed them to identify where improvements could be made.

Records relevant to the running of the service were accessible, well organised and accurate.

Improvements to the management systems and the actions that had been taken as a result were not yet embedded into the practices at the service.

Ashley Down Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 15th and 16th December 2014 and was unannounced. This inspection was carried out by two inspectors who were accompanied by a specialist nurse advisor and an expert by experience on one day of the inspection visit. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

The people who lived in the service had varied communication needs. Some people were able to express themselves verbally; others used body language to communicate their needs. We used the Short Observational Framework for Inspection (SOFI), to capture the experiences of people who may not be able to express this for themselves. SOFI is a way of observing care to help us understand their experience. Using the SOFI tool helps to raise questions about care practice that is then followed up by checking other sources of evidence.

Before our inspection we looked at records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports. We consulted one GP, one dietician and one local authority case manager who oversaw people's care in the service. We obtained their feedback about their experience of the service.

During our inspection we talked with the registered manager, the head nurse who was the deputy manager, six members of staff, the cook who was also the activities co-ordinator, six people and five of their relatives.

We looked at records in the home. These included six people's personal records and care plans, risk assessments, five staff files, staff rotas and training records, audits, the service's policies and procedures and improvement plan. We looked at people's assessments of needs and care plans and made observations to check that their care and treatment was delivered accordingly.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 22 April 2014 we found the provider had breached Regulation 9 of the Health and Social Care Act 2008. This related to the lack of effective security of the premises; unrepaired cleaning equipment; incomplete risk assessments; the lack of individual personal evacuation plans and of a contingency plan in case of emergencies; the lack of a current policy on the safeguarding of adults. The provider was also in breach of Regulation 22 of the Health and Social Care Act 2008 relating to staffing levels.

We asked the provider to take action to make improvements. The provider sent an action plan which described how and when the improvements would be made. We found action had been carried out and that the provider had improved the safety of the service. Some action regarding fitting a further stair gate and assessing the lawful use of bed rails were in progress but had not been completed in good time.

People we spoke with told us they felt safe living in the service. They told us, "The girls (staff) make me feel safe, they have a laugh with me", "I feel safe, they look after me" and, "I trust the staff to make sure I am OK". A relative said, "We are happy our relative is here because we do not have to worry about anything, it feels really safe". People appeared to feel confident about expressing their needs because they were approaching staff and speaking freely with them.

The premises were secure and access to the building was protected by an alarm system which was tested regularly. An internal balcony on the first floor had been raised to prevent people from leaning over and minimise the risk of falls. Stair gates were in place and an additional stair gate was being built to limit access of steep stairs that led to an unoccupied flat. This ensured people remained safe inside the premises without restricting their movement to areas intended for their use.

People lived in a clean and well maintained environment. We looked at people's bedrooms, bathrooms, wet room, shared areas such as lounges and the kitchen. They were clean and the whole building had been recently fitted with new flooring and carpet. Two housekeepers covered a five hour shift of cleaning every day. The cleaning schedule followed a four-weekly cycle which was kept up to date to show the cleaning had been completed and the tasks to do in that time. We noted a toilet seat that was stained and brought this to the attention of the registered manager. This was replaced on the same day. Although this was put right quickly this had not been noticed or reported by the staff or noted during environmental checks by the registered manager.

People had individual emergency evacuation plans and the service had an appropriate business contingency plan in case of emergencies. Each bedroom had a call bell alarm system, which enabled people to call a member of staff when they needed assistance. Fire protection equipment was regularly serviced and maintained. Electrical appliances had been checked to ensure they were safe to use. All staff were trained in first aid and fire awareness and staff confirmed they were aware of procedures to follow in case of emergencies. This ensured that plans were in pace to keep people safe.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Their training in the safeguarding of adults was annual and the service's policy followed that of the local authority. Staff told us they would report to the registered manager or deputy manager if they had any concerns. They also knew how to access the contact numbers of the local safeguarding authorities and were aware of the service's whistle blowing policy. One member of staff said, "People come first and if we have to report bad practice we will do that to make sure people stay safe".

We asked the registered manager whether any one was restrained. They told us that bed rails were used for people who were at risk of falling from their bed. One person's legal representative told us, "The risk was discussed with my relative and with me before the bed rails were tried". The registered manager told us, "We always look at the least restrictive option to keep people safe". The registered manager was in the process of, but had not completed, the assessments to make sure that the use of bed rails did not restrict people's freedom unlawfully. Monthly assessments of bed rails were carried out to ensure they remained safe.

Risk assessments were centred on the needs of the individual. Accidents and incidents were recorded and monitored daily by senior staff and the registered manager to ensure hazards were identified and reduced. People's care plans included risk assessments relevant to choking, falls, and skin integrity. The staff had started to use new

Is the service safe?

records that outlined how risks were to be balanced with people's freedom and there were clear measures and guidance for staff to follow in practice. Instructions for staff were in place when they helped a person to move using equipment as they were at risk of falls and the staff followed these whilst helping this person to move. An alarm pressure mat had been placed in a person's bedroom to minimise risks of falls and one to one support was provided at mealtimes for people who were at risk of choking. Risk assessments were reviewed when people had experienced a fall to check they were still appropriate and their measures were adequate to protect people from harm.

The registered manager had reviewed the care needs for people whenever their needs changed to determine the staffing levels needed and increased staffing levels accordingly. As a result of these regular reviews staff rotas during mealtimes had been re-organised to ensure that staff had sufficient time to support people. At mealtimes people waited five minutes to be served once they were seated where they chose and there were enough staff to support people with their meals.

There were sufficient staff on duty to meet the needs of the people. Arrangements were in place in case staff failed to arrive for work and also to cover staff holiday or sickness absences. A nurse was on the premises at all times to provide advice to staff or to offer people the treatment they needed.

One person was receiving one to one support. Staff, although busy, were unrushed due to appropriate staffing levels and had time to spend time chatting with people and support people in a meaningful way that respected individual needs for companionship.

The registered manager followed safe recruitment procedures that included the checking of references and the carrying out of disclosure and barring checks for prospective employees before they started work. All staff were subject to a probation period before they became permanent members of staff and to disciplinary procedures if they behaved outside the service's policies.

People were given their medicine at the times these had been prescribed and the staff helped them to understand what they were taking. Staff spoke knowledgeably about the medicines they administered to people. People were aware they were receiving medicines and staff checked they understood and consented before they administered the medicines. One person was unable to take their medicines orally so they received their medicines through a tube that had been surgically inserted in their stomach. The nurse administering their medicines followed appropriate procedures. One person told us, "They never forget to give me my pills". The records that helped to ensure the safe administration of medicines were accurate. All medicines were stored securely and were kept at the correct temperature which made sure they remained fit for use. As the staff followed correct procedures, people were confident that their needs for medicines were met appropriately and safely.

Staff had a thorough understanding of infection control practice that followed Department of Health guidelines and helped minimise risk from infection. When people had experienced the spread of an infection the registered manager had ensured that guidance from the Health Protection Agency had been followed which had led to the infection being contained and stopped. Staff used hand sanitizers and appropriate hand-washing facilities were available and were regularly used. A good level of cleaning products was available and the staff told us "We have plenty of supplies and we order stock before we run out". Substances that were hazardous to health were securely stored. Staff wore Protective Personal Equipment PPE when appropriate and they encouraged people to wash their hands after using the toilet and before meals. This meant that staff protected people form the risk of acquiring infections.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 22 April 2014 we found the service had breached Regulation 18 of the Health and Social Care Act 2008. This related to staff's training in mental capacity and to the lack of best interest meetings when people did not have the mental capacity to make certain decisions. We asked the provider to take action to make improvements. The provider sent an action plan which described how and when the improvements would be made. We found that most actions had been carried out and that the provider had improved the service. Progress had been made to provide training for staff in the Mental Capacity Act 2005 and to schedule best interest meetings

People's needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. One person told us, "The girls (staff) know what to do". Two relatives said, "The staff know my mum well and what she likes, they know how to get the best of her".

Each person's needs had been assessed before they moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes when they moved in. Staff handed over information between one shift and the next so they knew about any updates or changes in people's welfare or health which ensured continuity of care.

Staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and were knowledgeable about the requirements of the legislation. Two members of staff described the circumstances in which an application for DoLS should be made. This showed that staff knew what the legal requirements were in situations where it had been deemed necessary to restrict someone's freedom in their own best interest.

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and DoLS with the registered manager and they demonstrated a good understanding of the process to follow. The process of submitting applications for DoLS had been used appropriately. For example, the registered manager had ensured that a relevant application for DoLS had been applied for when one person was unable to leave the premises unaccompanied for their safety. Checklists had been used to help staff decide when an application for DoLS needed to be submitted.

Staff sought and obtained people's consent before they helped them. One person told us, "They don't do anything unless I agree". When people declined, for example when they did not wish to participate in an activity, their wishes were respected and the activities coordinator checked again a short while later to make sure people had not changed their mind. Medicines were administered with people's consent. This made sure people agreed to their care and their rights were respected.

Staff had appropriate training and experience to support people with most of their individual needs. The registered manager had scheduled training on end of life care for all care staff. This had not yet taken place and as the staff provide nursing care the registered manager should enable staff to have the knowledge and skills to provide quality care at the end of people's lives. Staff confirmed they had received a comprehensive induction when they started work and had demonstrated their competence before they had been allowed to work on their own. Staff had completed essential training which included health and safety, first aid and fire awareness, nutrition, mental capacity and dignity and respect. The staff had the opportunity to receive further training specific to the needs of the people they supported. The staff said they used the skills they learnt to offer people the care they needed. One relative told us, "The staff are well trained". Additional training was provided on dementia awareness and refresher courses were scheduled to take place.

Ten members of care staff had received one to one supervision sessions in October and November 2014 and all staff were scheduled to attend regular sessions. This ensured that those staff who had attended supervision meetings had been supported to carry out of their role. Annual appraisals to discuss staff's work standards and training had been arranged but had yet to take place. This means that improvements to staff supervision had taken place since the last inspection but a system to ensure all staff were adequately supervised was not embedded into the practices at the service.

People were satisfied with the food that they could choose from. Three people told us, "The food is very nice" and "I have enough to eat and it is nice" and "The food is lovely, I

Requires Improvement

Is the service effective?

enjoy my food and can always ask for more". Two relatives told us "I come in every day and I am able to sit and eat with my relative, the food is very good" and "In the morning my relative chooses to get toast and marmalade and it is cut up so she can feed herself; they get plenty of choice".

Five people ate their meals in the dining area and the remainder had their meals served in their own rooms. One person said, "I eat in my room because I prefer to be here". Two members of staff assisted people in the lounge with two people requiring support to eat. Staff offered positive support that promoted people's independence. For example, two people who wished to eat independently were encouraged by staff and were provided with plate guards to help them.

A list of the people who required fortified drinks, people's special dietary requirements and their preference was displayed in the kitchen. This ensured that people's nutritional needs were known about and met. Throughout the day staff offered drinks to people who remained in their rooms and checked on their wellbeing. Staff knew of people's preferences, one person was given their drink in their favourite cup. In the afternoon fresh fruit was offered to people, either chopped or pureed depending on people's individual needs. People were offered a choice of two main dishes by the cook when they were given their morning refreshment. The cook involved people's participation when planning weekly menus. The day's menu was written in a standard format and displayed in the dining room on a mantelpiece and was not visible for people who remained sitting, and /or who had visual or cognitive impairment. We discussed this with the registered manager who said that they were in the process of upgrading all information for people in a larger and pictorial format to help with communication.

People's weights were monitored and people were referred to health professionals if necessary such as when substantial changes of weight were noted. Food and fluid intake had been recorded daily for people whose appetite and weight had declined. People had been referred to a dietician promptly once a need for this service had been identified. Staff knew about people's dietary preferences and restrictions. Specific dietary needs for people who had diabetes or for people who needed soft diet were respected and met.

Healthy living was promoted in practice and arrangements were in place to manage the care of people who became unwell. People were encouraged to drink fluids throughout the day and eat fruit, yogurts and healthy snacks. People were referred to their GP, psychiatrist, and occupational therapists when needed. One nurse called a GP surgery to inform that a person's skin rash was not healing properly and requested advice, a visit from the GP, and a review of their medicines. A relative told us an optician and chiropodist came regularly to visit their family member. One person who was at risk of choking had been referred to a speech and language therapist as soon as staff became aware of the person's difficulties. A relative told us, "My relative came here straight from hospital and all her health needs are met".

Good

Is the service caring?

Our findings

At the last inspection on 22 April 2014 we found the service had breached Regulation 17 of the Health and Social Care Act 2008. This related to the lack information for people and their relatives. We asked the provider to take action to make improvements. The provider sent an action plan which described how and when improvements would be made. During our inspection we found that action had been taken but further improvements were needed to provide information that suited people's needs and to the activities arrangements.

People told us they were satisfied with the way staff cared for them. One person told us, "Everyone is nice to me". Two relatives said, "All the staff are kind and very patient" and "The staff are a caring bunch". The staff told us, "People who live here always come first; we take our cues from them". A GP told us, "This is a good service where good care is provided".

One relative told us, "We got all the information we needed when our Mum came in here" They confirmed that they were made to feel welcome at any time to visit without restrictions.

Clear information was provided to people and visitors. There were service user's guides in people's bedrooms and in the entrance, and an activities planner in the main foyer. The service's statement of purpose was displayed in the entrance. The registered manager was in the process of having these forms reprinted in a larger or pictorial format so they would be suitable for people with visual or cognitive needs.

There were frequent friendly interactions between people and staff and staff responded positively and warmly to people. Staff spent time with them to help communicate their needs or wishes. were patient and encouraging. Staff smiled at people and sat next to them to ask them how they were and offered help when needed. People's care plans included instructions to staff to 'listen to the person, not just hear; gain their attention, use short phrases, be patient". The staff were taking time to listen to people and engage them in friendly conversations. One person told us, "The girls (staff) come and sit with me when they can, we have some teasing and the staff are always jolly". One person needed assistance with personal care to maintain their dignity several times during the day and staff assisted them with kindness and respect.

The staff encouraged people to do as much as possible for themselves. For example, to eat and to move around independently when they were able to do so. A member of staff said "They must keep their skills going as much as possible". The staff's approach was in line with the guidance they had been given and with the services aims to promote people's independence.

When staff helped people to move using specific equipment they gave clear explanations whilst they assisted them. Two members of staff were talking with people and explaining what they were doing at each step so people were informed and reassured. Staff showed care and compassion for people's feelings.

The staff could contact an advocacy service to support people and represent their views at best interest meetings when appropriate. The senior nurse told us, "Their views need to be represented by someone independent from the service". A member of staff told us they had developed an understanding of a person's body language and had shared her findings with the rest of the staff to help them communicate more effectively with them. People's points of view were considered, listened to and respected.

One person told us, "I prefer to stay in my room and they know that and they check up on me to make sure I am OK". People were able to spend private time in quiet areas when they chose to. Several people chose to remain in their bedroom and staff checked on their wellbeing at regular intervals in a discreet manner. People were served food and drinks in their bedrooms if they preferred. People chose to have their bedroom doors open or closed. All staff gently knocked on people's bedroom doors when they were closed or on the door frames when they were opened, announced themselves and waited before entering. Staff helped people with their personal care needs behind closed doors to respect their privacy.

People were given support when making decisions about their preferences for end of life care. Care plans reflected people's wishes about how they preferred to be cared for. A person who needed end of life care had expressed the wish to remain in the service and their wish was respected.

Good

Is the service caring?

Necessary equipment had been provided and the person had been referred to the local hospice team. Palliative care specialist nurses had visited and had advised staff how to make them more comfortable.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection on 22 April 2014 we found the service had breached Regulation 10 of the Health and Social Care Act 2008. This related to people not being involved with the planning of their care; people's feedback not being sought; staff and people being unaware of how they could make a complaint or what to expect when they did. We asked the provider to take action to make improvements. The provider's action plan described how and when the improvements were to be made. During our inspection we found that action had been taken and that the provider had improved the service.

A relative told us, "I am invited to come and take part in the review but as I live far away they consult me over the phone". The registered manager said, "We do routine reviews but when relatives visit we also seize the opportunity to sit down with them, consult them and review the care plans". One person said, "If I want something changed in the way they care for me, I don't get involved with all their paperwork, I just ask". They had requested help with bathing twice a week. Their care plans had been adjusted accordingly and additional bathing was provided. Another care plan had been updated to reflect a change of medicines following a review of a person's needs.

People's personal records included a pre-admission assessment of needs, a personal profile, their likes, dislikes, preferences and an individualised care plan. The care that had been planned was reviewed monthly by staff and/or whenever their families or legal representatives visited. People and their relatives or representatives were involved with the reviews of their care. A local authority case manager, who visited the service regularly to review a person's care, told us, "The service assessed this person's needs thoroughly to make sure they were able to meet their particular needs before they came in, and updated us of the person's progress once they had settled in. They are meeting the needs as planned". A dietician told us of two examples where her recommendations had been appropriately followed by staff. They said, "Every time I recommend something to be done I find it has been done straight away and documented". This ensured that staff responded to people's individual needs taking into account advice from healthcare professionals.

One person told us, "I know who to speak to if I need to complain". The service user guide included clear information about the steps to follow should people wish to complain. The staff were aware of the complaint system and complaint policy which had been updated in August 2014. No complaints had been made or recorded since our last inspection.

People said, "Staff come pretty sharpish when I press my buzzer", and "The staff come reasonably quick, sometimes if someone is in the bath they may be a little late but that's OK".

Staff responded promptly to people's needs for assistance at mealtimes. The staff responded in good time to people's requests for help or when they noticed people required their assistance.

People told us about the activities that they could choose to take part in. Three people told us, "I often don't feel like joining because it is not very exciting", "The activities are all right I guess" and "The activities are not exciting but the coordinator is very kind and enthusiastic".

The registered manager and activities co-ordinator were researching activities that would provide more stimulation for some of the people who were living with dementia. The registered manager told us, "At present the activities programme is not as stimulating as it could be due to people's varied levels of ability but we are working on improving it. We will implement a new programme shortly that may include 'pat dogs', regular visits by musicians and more outings to stimulate interest, and present new options for people to choose from". People or their relatives had yet to be consulted about what they would like to do. The registered managers comments indicated that following research they would introduce an activities programme rather than making sure people were occupied on a daily basis in a way that was meaningful for the individual. One person did say, "They know I like knitting so the activities coordinator has given me knitting needles and wool".

A member of staff with responsibility for activities had recently been appointed and provided activities five afternoons a week. Activities included skittles, nail painting, singing, word search, arts and crafts, bingo, gentle exercise, reminiscence, magnetic darts and card games. On the day of our visit, the planned activities were skittles, magnetic darts and cards. Five people who were in the lounge were asked but chose not to take part. The activities coordinator responded and suggested they might like to

Requires Improvement

Is the service responsive?

play a word search game instead and two people took part, which left three people without an activity. The member of staff also spent time visiting people who remained in their rooms.

We recommend that best practice guidance is sought and followed regarding providing meaningful activities of people's choosing.

Televisions and music was provided in people's bedrooms and in the lounges. A Christmas party had been held recently for people and the staff had arranged for a singer to entertain people. People told us, "I enjoyed the music; the singer was very good and sang a range of songs that we knew". People had visited a local temple, tea rooms and farms. This along with staff spending time with people who stayed in their rooms ensured that social isolation was reduced.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 22 April 2014 we found the provider had breached Regulation 10 of the Health and Social care Act 2008. This related to access to records relevant to the running of the service when the manager was absent; the lack of effective systems to regularly assess and monitor the quality of the service provided and identify improvements that needed to be made. We asked the provider to take action to make improvements. The provider's action plan described how and when the improvements would be made. During our inspection we found that action had been started or completed and that the provider had improved the service. However not all of the actions had been carried out and further improvements were needed.

All records relevant to the running of the service had been moved to the nurses' office and were accessible to staff and when the registered manager was absent.

People told us, "The manager is nice" and, "He is always very polite", and, "He did not use to be there that often but lately he is here much more often". A relative told us, "We can talk to him; he is involved with what is going on". Our observations and discussions with people, their relatives and staff showed that there was an open culture which focussed on people. People and members of staff were welcomed into the manager's or nurses' office to speak with them at any time. We observed the registered manager interacting politely with people and their visitors. He spoke to people using their preferred names and had a good knowledge of their individual needs.

The manager consistently notified the Care Quality Commission of any significant events that affected people or the service and promoted a good relationship with stakeholders. This was confirmed by a local authority case manager who oversaw a person's care in the service. They told us, "The manager is good, he seems to be 'on the ball' and he keeps us well informed".

The manager had been registered by the CQC on 10 November 2014 and had recruited a senior nurse as their deputy manager. The registered manager had a qualification relevant to the care they were responsible for providing and to the management of care services. Following our last inspection new quality assurance checks had been put into practice and the policies which gave staff the guidance they needed had been reviewed and changed. The staff knew about the new policies and they were using them whilst caring for people.

A further review of the service was arranged to take place in January 2015 where the actions taken to make improvements would be checked and any new actions would be identified. These actions had led to improvements being made to the management systems in the service and to the way staff used these to deliver care for people. Records were well organised and comprehensive.

Audits and checks had taken place related to how effective and safe the care was for people and whether the correct records had been maintained accurately. The manager had monitored all incidents and accidents to identify where and how improvements could be made. For example, as a result of these monitoring checks, pressure mats had been supplied for people who were especially at risk of falls during the night. These alerted staff so they could respond quickly to reduce the risk of people falling.

When an audit had identified a need for improvement some action had been taken. For example, an environmental audit had led to a complete refurbishment of two toilets and one bathroom, and the installation of a new roof. Environmental audits had not addressed the need for dementia friendly changes such as signage throughout the home. An audit of staff's records had led to a plan to offer all care staff with the opportunity to gain qualifications in Health and Social care while in employment. The registered manager made assurance to us that the improvements to the management systems and the actions that had been taken as a result would be sustained and embedded into the practices at the service. We will check whether this has taken place during our next inspection.

Members of staff told us they were aware of the service's whistleblowing policy and that they were able to report any concern they or the people may have to the registered manager. They told us that they had confidence in the registered manager and deputy manager's response although they were unable to recall instances where they had cause to do so. Staff were able to place anonymous

Requires Improvement

Is the service well-led?

comments in a comments box. They told us, “We don’t really use it; we talk face to face with the nurses or the manager”. The registered manager told us, “The comment box is checked every week but is always empty”.

The service took account of people’s complaints, comments and suggestions. A residents meeting had taken place in October 2014 where people had suggested fish and chips to be included in the menu. As a result fish and chips had been added regularly to the menu choices. Questionnaires had been provided to people and their relatives in November 2014 to gain their feedback about all aspects of the service. They had not yet been completed and returned at the time of our visit. The registered manager and three members of care staff had visited each person who lived in the service to check their level of satisfaction and had recorded their findings. People had reported being satisfied with the accommodation, the food, the activities, the staff, and stated they knew who to complaint to if they had any concerns. However, people told us they were not always satisfied with the activities and the registered manager had recognised this shortfall and had begun to take action to improve this aspect of people’s care. One person had expressed the wish to have their bedroom’s curtains replaced and this had been done.