

Gorsey Clough Nursing Home Limited

Gorsey Clough Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Good



Overall summary

Gorsey Clough Nursing Home provides nursing care and accommodation for up to fifty four people living with dementia. The home is situated outside the village of Tottington, which is approximately three miles from Bury town centre. The home is a large detached property in its own grounds. Accommodation is provided over two floors and can be accessed via passenger lift. Communal rooms are available on the ground floor. These include a large lounge/dining room and two smaller lounges.

This was an unannounced inspection carried out on the 8th September 2015. At the time of the inspection there were 47 people living at the service.

The home had a manager who was registered 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

Summary of findings

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.

We last inspected the home on 15th April 2015. During that inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This resulted in us making six requirement actions. Following the inspection in April 2015 the provider wrote to us to tell us what action they intended to take to ensure they met all the relevant regulations. During this inspection we checked if the required improvements had been made.

We found the service had made improvements since our last inspection; however we found breaches 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.

Staff did not receive appropriate support and supervision to enable them to carry out their roles.

We found the provider was not always meeting the requirements of The Mental Capacity Act 2005 (MCA). These provide legal safeguards for people who are unable to make their own decisions. Appropriate arrangements were not in place to assess whether people were able to consent to their care and treatment. The provider was meeting the requirements for the Deprivation of Liberty Safeguards (DoLS).

We found that significant events or changes in people's needs were not always recorded and care plans and risk assessments were not always up dated following changes. This meant that we could not be sure people were receiving person centred care that met their needs.

However we found care records contained detailed information about people's likes, dislikes and preferences. Risk assessments were in place for people for areas of identified risk and for the general environment.

Improvements had been made in the recruitment process. Staff were safely recruited. During our inspection

we saw sufficient staff to meet people's needs. The registered manager told us that they were trying to recruit three additional care staff to enable them to increase care staff from six to seven throughout the day.

We saw that since our last inspection more training had been provided. Staff were well trained and had the skills and knowledge they needed to carry out their jobs.

People we spoke with were positive about the care and support offered. During the inspection we found that significant improvements had been made in the care and support people received. We saw staff communicated with people effectively and they responded promptly, calmly and sensitively. People were supported in a gentle and unhurried manner. Staff we spoke with knew the needs of the people they were supporting very well.

Improvements had been made in the way prescribed medicines were managed. Safe systems were in place for the storage, administration and recording of medicines. People were prescribed creams that were to be applied to their skin. We saw that staff were not always recording on the appropriate charts when they had applied them.

The home was clean and tidy. The bedrooms were being redecorated and improvements to the building and facilities were planned; including a larger treatment room and bathroom.

Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with emergencies such as catering disruption, gas or electricity failure. Suitable arrangements were in place in relation to fire safety and servicing of equipment so people were kept safe

Policies and procedures were in place to safeguard people from abuse. Staff were trained and aware of how to identify and respond to allegations or signs of abuse.

People were offered a choice of suitable and nutritious food and drink throughout the day.

People were supported to access health care professionals where necessary.

Visitors spoke positively about the registered manager and how they ran the service. Staff told us the

Summary of findings

management of the service had improved since our last inspection. Staff told us registered managers were approachable and supportive and they had more access to the registered manager now.

We found significant improvements had been made in systems to assess, monitor and review the quality of the service.

The registered manager had a system in place for dealing with complaints about the service. We also saw that there was a system in place for gathering people's views and suggestions on the service and that these were acted upon.

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?

The service was safe

Improvements had been made in the way medicines were managed. Medication administration records were completed accurately but records relating to the administration of creams were not always fully completed.

Improvements had been made to the way staff were recruited. Recruitment processes were sufficiently robust to protect people from unsuitable staff.

We saw enough staff on duty to meet people's needs.

Improvements had been made in the way risks were managed. Risk assessments were in place for people's identified risks and for the general environment.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing policy.

Good



Is the service effective?

The service was not always effective

We found the provider was not always meeting the requirements of The Mental Capacity Act 2005 (MCA). Assessments were not always completed about whether people were able to consent to their care and treatment.

Systems of supervision and support for staff need to be improved to provide them with opportunities to develop their skills and knowledge in the delivery of care to people they support.

The provider had taken steps to ensure they were meeting the requirements for the Deprivation of Liberty Safeguards (DoLS)

Staff received an induction and sufficient training to provide them with the knowledge to deliver safe and effective care

People were offered suitable and nutritious food and drink.

Requires improvement



Is the service caring?

The service was caring

Significant improvement had been made in the care and support people received. Staff communicated with people effectively and responded promptly, calmly and sensitively.

People were supported in a gentle and unhurried manner.

Staff we spoke with knew the needs of the people they were supporting.

Good



Summary of findings

The home was well decorated, clean and tidy and the provider had started a programme of refurbishment

Is the service responsive?

The service was not always responsive

Care plans and risk assessments were in place but not always updated to reflect significant events or changes in need. This meant we could not be sure people were receiving person centred care that met their needs.

Care records contained detailed information about people's likes, dislikes and preferences.

Systems were in place for recording, investigating and dealing with complaints about the service.

There was a programme of activities at the home and trips out had also been planned.

Requires improvement



Is the service well-led?

The service was well led.

Significant improvements had been made in systems to assess, monitor and review the quality of the service.

The registered manager had a system for gathering people's views and suggestions on how the service could be improved and acting upon them

People we spoke with said they had confidence in the registered manager to deal with issues that arose.

Staff told us registered manager were approachable and supportive and they had more access to the registered manager now.

Good



Gorsey Clough Nursing Home

Detailed findings

Background to this inspection

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

This was an unannounced inspection and took place on 8th September 2015. The inspection team comprised of two adult social care inspectors and a specialist professional advisor who had experience in dementia care.

Most people living at Gorsey Clough were not able to answer direct questions about the service and the care they received, however we spent time observing care to help us understand the experiences of those who could not

talk with us. We spoke with one person who used the service and three visitors. We did this to gain their views on the service provided. We spoke with two care staff; two nursing staff, one senior care staff, the cook, maintenance person, the administrator and the registered manager.

We looked at three recruitment files, two staff personal files, five care records, quality audits, policies and procedures and other records about how the service is managed.

Before the inspection we reviewed the information we held about the service such as notifications, safeguarding concerns and information received via Care Quality Commission “share your experience” forms.

Prior to our inspection we contacted the local authority commissioning, quality assurance and safeguarding teams and NHS continuing health care team. They had no concerns about the service.

Is the service safe?

Our findings

At our last inspection in April 2015 we found that the service was not always safe. Risk assessments were not up to date and were not reviewed as people's needs changed. People were not protected against the risk of unsafe care and treatment, as the management and recording of people's prescribed medicines was not always accurate and complete. During this inspection we found significant improvements had been made.

Visitors we spoke with were positive about the support offered. They told us, "We've observed staff using the hoist and they offer encouragement and speak with [relative] all the time", they said, "It is organised and kept clean" and "There have been changes in the staff but they are good".

At our last inspection we found the provider had not taken all reasonable steps to reduce risks to people. During this inspection we found some improvements had been made.

We looked at five people's care records. We found that risk assessments were in place for areas of identified risk including; behaviour, moving and handling, risk of pressure ulcers, falls and malnutrition. We found that risk assessments were being reviewed monthly. We were told by the registered manager that bed rails were not currently used and that protective pressure mats were used where people were at risk of falling out of bed. We found that incidents were being recorded in people's daily notes.

We saw risk assessments were in place for the general environment. We saw the service had a contingency plan that guided staff action in the event of an emergency situation that could affect the provision of care; such as catering disruption, gas or electricity failure.

There were policies and procedures in place for dealing with accident and incidents. These provided guidance to staff on what they should do, how to record and who they should inform. We saw that accidents and incidents were recorded, they were investigated and action was taken where needed.

During our last inspection we found medicines were not always managed and recorded safely. During this inspection we looked at how medicines were managed and found significant improvements had been made.

We saw medicines management policies and procedures were in place to guide nursing staff on the storage and

administration of medicines. We found that medicines, including controlled drugs were stored securely and only authorised and suitably qualified people had access to them.

We were told that all medicines were administered by nursing and assistant nursing staff. Nursing staff told us they have received relevant training in administration of medicines and refresher courses. We were told by the registered manager that assistant nursing staff have competency assessments and tasks delegated to them are agreed, discussed and recorded by the registered manager. The nursing assistant we spoke with told us they had undertaken competency tests

We looked at twelve medicines administration records (MAR). They all contained a photograph to help staff identify people. All records were fully completed to confirm people had received their medicines as required. Where entries on MAR sheets were not printed by the pharmacist, written entries were signed by two staff to confirm they had checked the prescription and the information was correct.

During our last inspection we found that MAR sheets for topical creams were not being fully completed. Topical creams are applied to the skin to treat ailments. MAR sheets indicated that care staff now applied topical creams and recorded administration was on topical cream charts by care staff. Body maps were in place to inform the care staff where to apply the cream. However, we found that cream charts had not been fully completed by care staff; this meant that we could not be certain people had received their creams as prescribed. Nursing staff told us that topical creams are held in the treatment room and that care staff do request them. The provider must ensure that records are accurate and complete.

We found that protocols for administering 'as required' medication were kept with the MAR sheets. These detailed the medication prescribed, the dose, and under what circumstances the medication should be given and the symptoms to monitor. We also saw a form was completed that recorded when and why the medicine was administered. We saw that where people needed thickener adding to their drinks, to help prevent choking, information on correct consistency was kept on the MAR sheets.

Is the service safe?

We were told that one person received their medicine covertly. This means the medicine is disguised when being administered. We saw that the GP and person's family had been involved in the decision and that it was documented as being in the person's best interest.

We saw that an audit of medicines had been undertaken in September 2015. We looked at the medicines records and found the issues raised in the audit had been addressed by the nursing staff. The registered manager told us that to improve safety and efficiency the service is exploring the use on an electronic medicines management system.

We found significant improvement in the recruitment process since our last inspection.

We looked at three staff files and saw that safe systems of recruitment were in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff recruitment files we saw contained application forms with full employment history, two written references, interview records and copies of identification documents. We saw that a separate record was kept of disclosure and barring service checks (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions. The registered manager had checked nursing staff had a current registration with the nursing and midwifery council (NMC), there was a system to remind the manager and nursing staff when the registration needed to be renewed. We saw policies and procedures on staff recruitment, sickness, disciplinary, training and appraisal. There was a staff handbook which informed staff of their rights and responsibilities and their terms and conditions of employment.

We received mixed views from people we spoke with about the staffing levels within the home. People raised concerns that there were not always enough staff at busy times such as meal times. One visitor told us, "Staffing is generally good, sometimes a bit low at weekend". Staff we spoke with told us, "There's not enough staff" and that "Nursing staff spend much of their time doing medication, dealing with appointments, but they do try and assist during evening mealtime".

The registered manager told us there were two nursing staff on at all times, six care staff during the day and 4 care staff at night. There was also laundry and domestic staff, kitchen

staff, an activity worker, an administrator and maintenance staff. Staff and the registered manager told us that when cover was needed, existing staff usually picked up the shifts. Examination of the rota showed us that staffing cover was usually provided at the level the registered manager had told us, and that vacant shifts were often covered by existing staff.

The registered manager told us that they were trying to recruit three additional care staff to enable them to increase care staff from six to seven throughout the day.

During our inspection we saw sufficient staff to meet people's needs. The atmosphere appeared relaxed and staff were responsive to people's needs and were able to offer support when it was needed. We observed two meal times, both of which were unhurried.

We found that suitable arrangements were in place to safeguard people who used the service from abuse. Policies and procedures were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records showed that staff had received training in safeguarding. Staff we spoke with were aware of the signs of abuse, what they would do and who they would report it to.

The service had a whistleblowing policy. This told staff how they would be supported if they reported abuse or other issues of concern. It also gave staff contact details of other organisations they could contact if they weren't happy with how the service had dealt with their whistleblowing. Staff we spoke with told us they had attended training on the company's whistle blowing policy. They told us they had felt supported by the registered manager and had confidence that any issues raised would be dealt with.

We looked around all areas of the home and found communal areas, dining room, toilets and bedrooms were well decorated, free from odours, clean and tidy. We saw the infection control and hygiene policy and procedure; this gave staff guidance on effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. We saw that staff wore appropriate PPE when carrying out personal care tasks, and covered their uniforms when supporting residents at meal times. This helps prevent the spread of infection. Hand washing facilities were available in all areas where personal care was offered.

Is the service safe?

We saw there was a system for carrying out health and safety checks. This included checks on the call system used by people to summon staff assistance in an emergency. A repair log enabled the maintenance person to monitor any work that needed to be undertaken. Records showed that equipment within the home was serviced and maintained appropriately.

Records we looked at showed that a fire risk assessment was in place and regular fire safety checks were carried out

on the fire alarm, fire extinguishers, emergency lighting and door guards. Fire drills were recorded and all fire exits were kept clear. Personal emergency evacuation plans (PEEPS) had been completed for each resident. This information was kept in the office and could be easily located by staff and emergency services in the event of evacuation being needed.

Is the service effective?

Our findings

At our last inspection we found that the service was not always effective. The provider had not obtained valid consent. People were not protected against the risks of unsafe or inappropriate treatment as staff had not received all the necessary training and support needed to carry out their role. During this inspection we found that the service had made some improvements.

One visitor we spoke with told us, “They nursed my [relative] back to health when [relative] was very poorly” another said, “Staff are very responsive to her needs and will get the GP if needed”.

The Care Quality Commission (CQC) is required by law to monitor how care homes operate the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We saw policies and procedures were in place to inform and guide staff in the Mental Capacity Act 2005 (MCA) and DoLS. MCA provides a legal framework to determine if people have capacity to make informed decisions about their care support and treatment. During our last inspection we found that staff did not have a good understanding of MCA and DoLS and their responsibilities.

Since our last inspection forty four staff had received additional training in MCA and DoLS. The registered manager and staff we spoke with were able to demonstrate an understanding of MCA and DoLS. We were told that authorisation of DoLS was in place or had been requested for forty seven people. The service had notified CQC of these applications and authorisations, as they are required to do. One relative told us they had been involved and consulted with about the DoLS process as their relative’s representative. During this inspection we saw and heard staff seek consent from residents where residents required support or personal care. During this inspection we found that capacity assessments and best interest decisions had been recorded for some decisions including DoLS and when medicines were being administered covertly.

At our last inspection we found that people’s care records did not contain an assessment of people’s capacity or indicate how the decisions had been made in the person’s best interests or how equipment such as pressure mats and reclining chairs should be used in the least restrictive way. During this inspection the files we reviewed did not

contain any capacity assessments and best interests decisions relating to the use of these, how they would be used in the least restrictive way or how care and support was to be delivered.

This was a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 as the provider had not obtained valid consent.

At our last inspection staff were not receiving supervision and nursing staff were not receiving clinical supervision. We found that there had been some improvement.

We were shown an appraisal system the service is now using. An appraisal allows staff to reflect on their practice, achievements and concerns. Records we saw showed that of fifty three staff, seven staff have had an appraisal since August 2015.

We saw that the service has developed a new supervision form which they will use for future supervisions. We were told the provider is in the process of recruiting a clinical lead. This person would support the registered manager and nursing staff and would be responsible for nursing staff supervision. Heads of department would then supervise their own teams and nurses would supervise an allocated number of care staff.

However during this inspection staff we spoke with and the registered manager confirmed there had not been any care staff supervision or clinical supervisions of nursing staff since our last inspection.

This meant there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected against the risk of unsafe or inappropriate care as staff had not received all the necessary support to carry out their role.

We were told the service has a twelve week induction programme for new staff. This was in line with the Care Standards Certificate, which was recommended by the government to all care providers from April 2015. This ensures that all staff receive a standard induction and training before starting to work unsupervised with people. We saw that staff completed a work booklet and spent two weeks working alongside existing staff. Staff told us the induction was, “Very thorough” and they had supernumerary time before taking on full duties.

Is the service effective?

We were shown the training matrix; this was used by the registered manager to record all staff training. This showed that staff had received the essential training needed to provide care and support to people. The registered manager told us additional training had been provided to staff since our last inspection and that training courses included knowledge based questions for staff. Records we saw showed training included; manual handling, infection control, health and safety, safeguarding, MCA, DoLS, dignity and respect, fire training and challenging behaviour. Staff told us that they had attended training on dementia awareness and challenging behaviour. Staff we spoke with told us they enjoyed the training. One told us, "We attend training but we don't get time to put it in place". Staff files we looked at contained certificates for the training shown on the training matrix.

Nursing staff we spoke with told us they had opportunities for continuing professional development, one had received training in catheter care, pressure ulcer prevention and dysphasia, and had medicines competency and assessments on nursing tasks.

We looked to see if people were provided with a choice of suitable and nutritious food. We found the kitchen was clean and tidy. We saw that the kitchen had been inspected by a food hygiene inspector in October 2014 and had received a five which is the highest award. We saw that information about people's allergies, dietary needs and, likes and dislikes was available to the chef. We saw there were sufficient supplies of fresh, frozen and dried goods.

The menus we saw showed us that people were offered a full breakfast, lighter lunch and main evening meal. We saw that snacks and drinks were available throughout the day. A picture board was displayed in the dining area showing what food options were available at each meal.

During meal times we saw that pureed diet had been provided where necessary. We saw staff provided appropriate support where required and people were encouraged to eat the meals independently where possible. We saw drinks were provided in a variety of different cups to promote independence. People were offered extra helpings.

We saw the home had limited signage, including no signs on toilet doors. Signage helps orientate and promote independence for people living with dementia by enabling them to find places they want to go. The registered manager told us they had taken advice from a specialist in appropriate signage, and that new signs were ready to be fitted. We found the environment of the home was being improved. New bedroom doors had been fitted giving the appearance of a front door and some bedrooms had a picture of the person at the side of the door.

People's care records showed us that where needed people were referred to relevant health care professionals such as; GP, dietician, continence service and psychiatrist. Visitors and staff we spoke with told us that people have access to the relevant health care professionals.

Is the service caring?

Our findings

At our last inspection we found that the service was not always caring. People were not always treated in a dignified manner promoting their autonomy and involvement. During this inspection we found significant improvements had been made.

Visitors we spoke with were positive about the care and support offered at the home. They told us they had, “Only seen the carers being very caring” and “We are always kept informed”. One visitor said, “They keep [relative] clean, always do [relatives] personal care and make sure [relative] is clean and tidy”. We were told that one of the nursing staff was. “A very good nurse, always makes time for you”. Visitors we spoke with said “We’re not involved in review meetings, but we don’t wish to be” another told us “I have always been involved in formal reviews with the social worker”.

At our last inspection we were shown a list outlining times residents were to be supported to go to the toilet, bathe and go to bed. During this inspection we were told by the registered manager and staff we spoke with that this had been removed. We were told by the registered manager that there was no structure to the morning or night time routine and that staff supported people to get up or go to bed when people wanted to. We saw staff supporting people to get up at different times during the morning.

During our inspection we spent time observing how people were spoken with and supported by staff. We saw staff communicated with people effectively and used different ways of enhancing communication. This included touch, ensuring they were at eye level with people who were seated and altering the tone of their voice. We saw and heard staff being discreet when people needed assistance. Staff reassured people who were anxious and distressed and responded promptly, calmly and sensitively.

We saw that during meals staff put aprons on people to protect their clothing; to help maintain their dignity staff sat beside people and explained what the meal was, enquired if it was the right temperature and asked if people were enjoying their meal. We saw that people requiring assistance were supported in a gentle and unhurried manner.

The staff we spoke with knew people well. When we asked them they were able to describe people’s care needs. One was able to tell us that one person would be looking forward to watching a particular programme on television that evening. People were seen to be nicely dressed. Ladies were seen to be wearing jewellery and had their nails painted.

We observed how medicines were given to each individual resident. Staff started by saying good morning and enquiring as to the person’s well-being; they explained about each medicine and what they were for whilst sitting next to them. The process was un-rushed and staff checked that all the medicines had been swallowed before clearing away all equipment used in the administration before moving on to the next person

We were told by the registered manager that since our last inspection slings used for assisting with manual handling had been replaced with slings that prevented any pressure issues. One visitor we spoke with told us their relative preferred sitting on their sling as it was more distressing taking it on and off.

People’s records showed us that advocacy services were used to help make decisions when people had no next of kin.

We saw that visitors arrived at the home throughout the day and were made welcome by staff.

We found that suitable arrangements were in place if people needed support at appointments or in an emergency such as going to hospital. We were told that an escort would be provided unless the person had a relative who wished to go with them. We were shown the “Hospital grab sheet”. This contained information about the person, their health needs and medicines. It also contained information about the person’s life history, routines, likes and dislikes. We were told that this was shared with relevant health care staff so that continuity of care could be provided.

The registered manager told us that the service is able to provide caring and responsive end of life care, visitors are welcomed and able to stay. We found some people had end of life plans. The service had a policy on end of life care that included finding out people’s wishes then recording them on a care plan.

Is the service responsive?

Our findings

We found that the service was not always responsive.

During our last inspection we were told the registered manager was introducing a new care plan format to make them more readable, accessible and personalised.

At this inspection the registered manager told us that five people's care records had been updated since our last inspection. We looked at the five people's care records; two were in the new format and three in the old one. We saw all files contained risk assessments and the care plans covered areas of daily living; records of health appointments and daily reports, completed by nurses, and any correspondence. They also had "This is me" booklets and information about people's likes, dislikes, routines and preferences. We found the two new records did contain more personalised information. Care records did not contain information about people's specific health conditions; including different types of dementia, epilepsy and mental health conditions, this information can be used to guide staff on how to best support people.

Staff told us that the staff team were good at raising issues when people's needs changed. During our inspection we saw senior staff were responsive to care staff when they sought advice about people and their care.

The five care records we looked at did not evidence that a full review of people's care needs had been carried out when their needs had changed. They indicated they had been reviewed monthly and the reviewer had written "no change" however daily reports indicated significant events or changes in need. Records we looked at did not show that the person or their family had been involved in developing or reviewing plans.

We reviewed daily reports and monitoring sheets which were completed by care staff. We found that the records had numerous gaps where care staff had not recorded the necessary information. One person was assessed as being a low falls risk and an evaluation completed three months later stated "no falls reported". We saw however that the daily notes and an incident form recorded that the resident had fallen eight days before the evaluation. The risk assessments had not been reviewed following the incident.

We saw a behaviour assessment for someone who sometimes displays behaviours that challenge. This plan

had been reviewed monthly and stated "no change". However we saw daily reports that showed there had been four occasions where the person had exhibited challenging behaviour; the information did not show that staff had investigated the cause or looked at how to prevent it happening again by reviewing the care plan.

This meant there was a breach of Regulation 9 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care and treatment of service users must be appropriate and meet their needs.

We saw that the service had a "welcome pack" for people who use the service. This included information about the service and contained a copy of the complaints procedure. We were told this is given to all new people. We saw copies were kept in people's rooms.

Records we looked at showed the service had a system in place for receiving and responding to complaints. We saw a copy of the procedure was displayed in the entrance hall; this advised people how to make a complaint and how the service would deal with their complaint. We were told by the registered manager that one complaint had been received by the provider since our last inspection. We saw that the provider had responded to the complaint. The visitors we spoke with had confidence that the registered manager would deal with any issues or concerns they had. One relative told us they had raised minor issues with staff and they said that these had been dealt with straight away.

The home uses the National Association for Providers of Activities (NAPA) to guide activities they provide for people. The home employs an activities co-ordinator who plans and organises activities and social events. We saw there was a picture board showing people what activities were on each day. Activities included; jigsaws, quizzes, walks in the garden, nail care and entertainers. We also saw that social events and trips were planned including a cosmetics sale, entertainer and trips to Blackpool illuminations.

During the afternoon we saw people playing games, colouring and doing jigsaws. We saw staff encouraging people and offering support where needed. We also saw some people who were not able join in activities and spent long periods of time without getting out of their chairs.

We were told that before people started to live at the home, they had a pre-admission assessment. This was completed by a senior member of staff and helped identify what the

Is the service responsive?

person's needs were and helped the service identify how they would meet them. The service involved family members and relevant professionals in this process. We saw copies of these assessments were kept on people's care files.

Is the service well-led?

Our findings

During our last inspection we found that the service was not always well led. The registered manager had not notified CQC as required, of safeguarding incidents and DoLS applications. We also found that systems for auditing, monitoring and improving the service were not effective. During this inspection we found significant improvements had been made.

The service has a registered manager who was present on the day of inspection. 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.

A visitor told us; "If I needed to I would go straight to the top, [registered manager] would sort it out". Another visitor told us they had confidence in the registered manager to deal with any issues that arose. Staff told us the registered manager was approachable and supportive. They said that since the last inspection; "[Registered manager] has more of a presence around the home". They told us they thought this was an improvement. Staff told us there was good communication between the team. We were told, "Communication has improved" and "We are a good team, no cliques" and "It seems to work well". We were told the registered manager is, "Hands on"

Before our inspection we checked our records; since our last inspection we found that the service had notified CQC of accidents, incident, safeguarding's and DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We were told by the registered manager that since our last inspection the provider had taken action to improve the quality monitoring system. A consultancy firm has been brought in by the provider to develop a quality audit system. We were told this commenced in July 2015 and a robust auditing system has been put into place. We saw since July 2015 that audits had taken place of care plans, medicines, falls, infection control, housekeeping and health and safety. Records showed audit information was monitored and records kept of actions needed, themes

identified and actions taken. We were told that when someone visits the home who may wish to live there, the service has started to ask them to complete a feedback form. The form asks people what they thought of the home and what they liked and didn't like. We were told that three of the forms had been given out but none had been returned.

There were no records of team meetings. The registered manager told us there had been no team meetings since our last inspection. Team meetings provide support and promote good team work.

We saw a suggestions, complaints and compliments box at the front entrance. The registered manager told us this was used by people who used the service, relatives and staff. We saw that completed cards had been responded to by the registered manager and a response posted on the notice board.

We saw one request was for a bath to be installed. The registered manager told us the provider planned to convert a shower room, into a bathroom and that estimates for the work have been requested and this work would be starting this year.

We were told that at each shift change there is a handover meeting to inform staff of information about people. We saw that senior staff gave a handover meeting to care staff and gave them written information indicating what duties were allocated to which staff during the shift.

The registered manager told us that the home has been undergoing a refurbishment programme. Patio doors are to be fitted to the small lounge, to enable people easy access to the garden.

We saw that bedrooms and communal areas had been redecorated and were bright and clean.

The registered manager told us that annual service questionnaires were sent to residents, families and staff. We saw the report which was completed in December 2014, which was the same one we viewed at our last inspection. This showed sixteen had been received and summarised the feedback and action taken by the service. The feedback showed 87% of responses rated the service as good or very good.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating from the last inspection in the entrance hall.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The provider had not obtained valid consent, The principles of the Mental Capacity Act 2005 should be complied with where it is considered the person lacks the mental capacity to make such decisions so their rights are protected

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing People were not protected against the risk of unsafe or inappropriate care as staff had not received all the necessary and support to carry out their role.

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The provider had not done everything reasonably practicable to ensure people who use the service received person centred care. Treatment of service users must be appropriate and meet their needs.