Solutions (Yorkshire) Limited

Harewood Court Nursing Home

Inspection report

89 Harehills Lane
Chappel Allerton
Leeds
West Yorkshire
LS7 4HA

Tel: 01132269380

Date of inspection visit:
01 August 2017

Date of publication:
06 October 2017

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection carried out on the 1 August 2017.

At the last inspection in November/December 2016 we found the provider had breached five regulations associated with the Health and Social Care Act 2008.

At this inspection, we found improvements had been made with regard to these breaches and the provider is now compliant with the regulations.

Harewood Court provides nursing and personal care for up to 40 people. The service is divided into two units with the second floor accommodating people who may be living with dementia.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

At this inspection, we found medicines were better organised and managed. Medicines were stored correctly and medication administration records (MARs) showed people received their medicines as prescribed. Staff were trained and competent to administer and manage medicines.

Systems for assisting people to make decisions in line with the requirements of the Mental Capacity Act 2005 (MCA) had improved. There were policies and procedures in place in relation to MCA. Staff were trained in the principles of MCA and could describe how people were supported to make decisions. Where people did not have capacity decisions were made in their best interests.

Recruitment was now managed safely. Recruitment procedures were robust enough to ensure staff were suitable and fit to be employed at the service. Staff showed a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe from abuse

Staffing arrangements had improved; we saw staff worked as a team and each unit had a manager. Senior staff had also been trained to administer medication, which meant the nurse on duty each day had more time to attend to people's nursing needs.

Systems had now been established and were operated effectively to assess, monitor and improve the service. Staff and relatives we spoke with told us the management team led the service well and had driven improvements. A range of checks and audits were undertaken to ensure people's care and the environment of the home were safe and effective.

Overall, staff were trained and supervised appropriately which meant they were able to carry out their role

effectively. Staff received support to help them understand how to deliver good care and meet people's individual needs. We recommended the provider reviews how staff accessed training to ensure all staff were enabled to complete their training in a timely way, as we were told this was completed by staff in their own time.

Support plans covered what was important to people; what their interests were and how they wished to be supported. Staff understood people's individual needs in relation to their care and showed they had developed positive relationships with people. There were systems which ensured risk was well managed. Staff were aware of the risks people faced and what they could do to manage these.

People were provided with the food and drink they liked to eat. There were choices available on the menus and alternatives if people didn't like what was on offer. Nutritional risk was assessed and people's weight was monitored. Health, care and support needs were assessed and met by prompt and regular contact with health professionals.

There were systems in place to ensure complaints and concerns were fully investigated. We saw the manager and provider had dealt appropriately with any complaints received.

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 provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Medication practice was safe and people received their medicines as prescribed.

Recruitment checks were carried out to help ensure suitable staff were recruited and there were enough staff on duty to meet people's needs.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Is the service effective?

Requires Improvement

The service was effective.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Staff said they received good training and support which helped them carry out their role properly. We recommended the provider reviews how staff accessed training as we were told this was completed by staff in their own time.

Mental capacity assessments were completed appropriately and Deprivation of Liberty Safeguards applications had been appropriately sought.

People had access to healthcare services when required and

their nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff had developed good relationships with the people who used the service.

People were supported by caring staff who respected their privacy and dignity.

Staff understood people's care and support needs. They were confident people received good care.

Is the service responsive?

Good

The service was responsive.

People's care plans contained sufficient and relevant information for staff to provide consistent, person centred care and support.

People had opportunities to take part in a range activities of their choice; both inside and outside the service.

People felt confident raising concerns. Complaints were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was well- led.

The provider had taken appropriate action and was now meeting legal requirements. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The service had a registered manager who understood the responsibilities of their role.

Staff we spoke with told us the manager was approachable and they felt supported in their role.

The provider had effective systems in place to monitor the

quality and safety of the service in order to drive improvements.

Harewood Court 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 inspection took place on 1 August 2017 and was unannounced.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the manager. We contacted the local authority and Healthwatch for their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted health and social care professionals involved with the service for their views.

Before the inspection providers are asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the service to provide us with a PIR prior to this inspection.

The inspection was carried out by two adult social care inspectors, a pharmacist inspector, a specialist advisor in governance and an expert-by-experience who had experience of older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection, there were 30 people using the service. During our inspection, we spoke with one person who used the service, four relatives of people who used the service, six members of staff which included the registered manager, the activity co-ordinator and a chef. We spent time with and observed how people were being cared for. We looked around areas of the service which included some people's

bedrooms and communal rooms. We looked at documents and records that related to people's care and the management of the service. We looked at six people's care records and 17 people's medication records.We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, in November/December 2016 we rated this domain as 'Inadequate'. We found the provider was not providing safe care and treatment because they were not managing medicines properly and there were insufficient staff deployed to meet people's needs. We also found recruitment procedures and systems in place to ensure any concerns raised about staff's fitness and ability to carry out their role were not robust.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

During this inspection, we checked to see what improvements had been made. We looked at 21 Medicines Administration Records (MARs) and spoke with one nurse responsible for medicines and the manager.

Medicines were stored securely in a locked treatment room and access was restricted to authorised staff. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse); they were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Staff regularly carried out balance checks of controlled drugs in accordance with the home's policy. Room temperatures where medicines were stored were recorded daily, and these were within recommended limits. We checked medicines which required cold storage and found records were completed in accordance with national guidance.

MARs now contained photographs of people who used the service to reduce the risk of medicines being given to the wrong person, and all the records we checked clearly stated if the person had any allergies. This reduces the chance of someone receiving a medicine they are allergic to. Documentation was available to support staff to give people their medicines according to their preferences. Administration records had been completed fully to show the treatment people had received.

At our previous inspection, we identified discrepancies with the recording of stock balances of medicines. On this occasion we checked the quantities and stocks of medicines for 21 people and found the stock balances to be correct. This meant that people had received their medicines as they had been prescribed.

We found guidance to enable staff to safely administer medicines prescribed to be given only as and when people required them, known as 'when required' or 'PRN'. Some medicines were prescribed with a variable dose, for example, one or two tablets to be given. We saw the quantity given had been recorded, meaning that records accurately reflected the treatment people had received.

Instructions for medicines which should be given at specific times were now available. For example, one person was prescribed a medicine to be taken 30 minutes before breakfast when the stomach is empty. Another person was prescribed a medicine which should be taken whilst upright and 30 minutes before

eating or drinking. Administering medicines as directed by the prescriber reduces the risk of people experiencing adverse effects from the medicine, or the medicine not working as intended.

Some people were given medicines covertly (disguised in food or drinks). We checked care records and found appropriate assessments had been undertaken, decisions made and these were now being followed in accordance with the Mental Capacity Act 2005.

We saw the use of 'patch charts' for people who were prescribed a pain relief patch. This meant it was clear to staff where and when patches had been applied, and reduced the risk of harm from duplicate application. Body maps and topical MARs had been implemented since our previous inspection. These detailed where creams should be applied and provided clear records of administration.

Records of thickeners used to thicken fluids for people with swallowing problems were recorded when they had been used. The containers of thickeners were now stored securely and information was clearly available to staff about how to use them for individual people.

Staff had received further medicines handling training and their competencies were now assessed regularly to make sure they had the necessary skills.

People spoke positively when asked if they or their relatives received their medication on time and said they were given pain relief if they needed it. One person's relative said, "I know he gets them (medicines). I don't know what time he gets them. Sometimes he won't take them so staff wait and come back later. We don't know if he is in pain but staff do."

Some relatives we spoke with said they thought there were enough staff to meet the needs of people who used the service. Their comments included; "There is plenty of staff" and "Always tend to her needs." Everyone we spoke with thought their family member's needs were met. However, some relatives said they thought the home would benefit from more staff at times. One relative said, "Never enough staff but as far as I know staff look after her needs."

We checked the files of the three most recently recruited staff and saw records of employment checks were now completed appropriately by the provider. These showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We saw positive interaction throughout our visit and people who used the service were happy and comfortable with the staff. Any support people requested was provided in a timely manner. Staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. Staffing levels were calculated on the needs of the people who used the service. The provider used a dependency tool to assess the care needs of people. We saw this was completed monthly to ensure there were enough staff to meet peoples' assessed needs. Rotas we looked at showed staffing levels were maintained as indicated or above the dependency tool calculations.

People we spoke with thought the service was a safe place to live and that they or their family members were safe living there. One relative said, "He [family member] is in a good place. I sleep better and I am more relaxed knowing he is safe." Another relative said, "I think she is safer here than at home." One relative told us of an accident their family member had sustained. They said they felt it could have been avoided. We

discussed this with the manager and they told us of the actions taken to prevent any re-occurrence in the future. We looked at the care records for this person and saw appropriate action had been taken in response to this accident.

Staff told us they had received training in safeguarding people from abuse. One staff member said, "I know how to look for signs of abuse, and believe me if I saw something I was not happy about, I would be reporting it straight away." Staff also had access to the relevant telephone numbers and websites where they could report their concerns if required.

There were systems in place to reduce people being at risk of harm and potential abuse. We looked at the provider's safeguarding log. This contained a trends analysis relating to alerts raised and any action taken in response to safeguarding concerns. Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised.

People had Personal Emergency Evacuation Plans (PEEPs) in place. These assessments helped staff and the emergency services to know who needed assistance to evacuate the building in an emergency. We checked the call bell alarm system and found some people's call bells were not working properly. The manager told us there was an intermittent fault on the system and they were in the process of obtaining quotes for a new system to be installed. We saw documentation to show this was underway. The manager told us they had made sure everyone who could use a call bell had a working one available to them and regular checks were in place to ensure the call bells were working

People who used the service and relatives told us they were happy with the rooms and thought the home was clean. Comments we received included; "It doesn't smell", "Always clean and tidy" and "Clean, always tidy, always a cleaner around." We observed throughout our visit the cleaning staff were present cleaning and spraying floors to keep them fresh. There were no malodours.

We saw the communal areas were nicely furnished and decorated. We looked at some people's bedrooms and saw their rooms were clean and had been personalised to their individual taste. We did note that lighting in some of the communal areas and bedrooms was poor. We discussed this with the manager who said they would explore improvements that could be made such as more powerful light bulbs.

We reviewed the maintenance file and found this was up to date and showed maintenance and repairs were attended to promptly. There were systems in place to make sure the premises and equipment was maintained and serviced as required. We saw up to date maintenance certificates were in place.

Requires Improvement

Is the service effective?

Our findings

At the last inspection, in November/December 2016 we rated this domain as 'Inadequate'. We found key requirements of the Mental Capacity Act (MCA) 2005 were not fully understood and Deprivation of Liberty Safeguards (DoLS) records showed some people's had expired and applications for renewal had not been made until after the expired date.

At this inspection, we found the provider had made the required improvements and was now meeting the regulation in this area. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The 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. Not all of the people who used the service had the mental capacity to make informed choices and decisions about all aspects of their lives. We saw some people had mental capacity assessments and when decisions were to be made for someone who lacked capacity, we saw best interest meetings had been held.

Staff told us they had been trained in MCA. One member of staff said, "I have done the training so I know how important decision-making is for people who cannot consent to something." Staff told us they understood about acting in a person's best interest and how they would support people to make informed decisions. Staff understood the importance of gaining a person's consent before supporting their care needs. We saw staff asking people's permission before supporting them with their care and support needs. For example, some people were asked if they wanted support with moving. A member of staff described how they gained consent from a person who may have fluctuating capacity. This showed us people made their own choices are far as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people's capacity had been assessed and the provider had made appropriate DoLS applications to the Local Authority.

People who used the service or their relatives said they thought staff were well trained to carry out their roles. People's comments included; "Oh yes, they are always going on training" and "I know of late they have been getting a lot of training." One person said staff were well trained because if they were sat in their specialised chair incorrectly the staff re-positioned them. They said, "When I lean to my right side they push me up. I am supposed to be in the middle of my chair."

Staff said they received the support and training they needed to carry out their role. We looked at records of training and found a rolling programme was in place, with monitoring to ensure refresher training was booked in a timely way. Training topics included; moving and handling, safeguarding, infection control, first

aid, falls management, medication, dementia, MCA and DoLS. The manager had identified any staff training that was due or overdue and plans were in place, with dates identified, to ensure completion. The manager told us a small number of staff had experienced difficulties in training attendance due to personal circumstances. The manager also told us staff were not paid to attend training but attended in their own time as part of their agreed contract. We recommended the manager reviewed this in order to ensure staff always received the training required in order to carry out their roles effectively.

A new initiative had been introduced by the provider which meant staff's competencies were checked after completion of training courses. This involved face to face discussion to ensure learning was embedded and put in to practice in staff's daily work.

Staff told us they had opportunities to have private discussions with the manager if needed. They said they felt the manager listened to their concerns and supported them well. In addition, staff teams were encouraged to have meetings with their team leaders to discuss any issues they may have. Records showed staff received regular supervision meetings and annual appraisals were planned for September 2017.

People were supported to access health care professionals when required. People were supported when needed by the Speech and Language Therapists (SALT) team to enable them eat a suitable diet. Daily notes and visit sheets showed input from dieticians, opticians, GPs, podiatry and also that the mental health team were involved in people's care where needed.

People who used the service or their relatives spoke highly of the health support they or their family member received. They said staff were prompt in seeking medical assistance for them or their family member. One person told us the doctor visited weekly in case anyone needed to see them. They also told us they saw the chiropodist regularly and found this of benefit. A relative said, "Staff know when he is not well, he can't tell them. They will check him over and do what's necessary. Another relative said, "She had a chest infection recently; she saw the doctor straight away."

We saw that people's weights were monitored where required. If people were nutritionally at risk, staff completed a Malnutrition Universal Screening Tool (MUST). This tool indicated to staff the level of risk and if further action may be required. Daily records and a MUST showed us staff had supported and encouraged one person to gain weight. The care records and weight records indicated the person had slowly been increasing in weight leading them to better health.

People told us they were happy with the food and menus at the service. One person said, "I like the food; they give me egg chips and beans. I can have what I want. I liked my food today." People's relatives told us they saw there was plenty of choice and their family members enjoyed their food and ate well. One relative said, "She [family member] loves Friday as its fish and chips." Another relative said, "They have a choice of two. I have seen him being given a choice."

We observed the lunch time experience in one of the dining rooms. Tables were attractively set with table mats, napkins and a centre piece of flowers. There was a menu board on the wall displaying the meals for the day. People were provided with an alternative choice if they didn't want what was on the menu.

People were offered drinks and refills were given freely. One person got up and got their own drink; staff were relaxed about this but kept a careful eye on the person to ensure they were safe. We saw food being delivered on trays to people's rooms; they all had food covers on and plate guards to assist people to eat independently.

The food was hot and looked appetising; people tucked into the food eagerly and clearly enjoyed it. We observed the portions were very large and one person asked for a small portion. This was acknowledged by staff and a small plate was served. One person ate all their food and asked for a second helping and was served this.

We observed lots of interaction between staff and people who used the service over the lunch time period. Everyone chatted along with each other and staff supported people with kindness and patience asking if they liked their food. There was a good relaxed atmosphere and people looked happy and content. However, we noticed at the beginning of the lunch time period two people who needed support with their meal were kept waiting for 20 minutes before their food was served. Once served, they received the support they needed from staff. We mentioned this to the manager who said they would review how staff were organising the mealtime in the future.

Good

Is the service caring?

Our findings

People we spoke with thought the staff very caring and helpful and support was always there for them. People and their relatives said they or their family members were treated with respect and staff were polite. People's comments included; "Excellent personal care", "Always kind and considerate" and "Excellent care. They always explain things to [family member] first, I have heard them." We observed staff were caring and kind in their interactions with people. They were friendly and people who used the service clearly enjoyed the company of staff; the conversations were easy and natural. We saw staff assisted people to maintain their independence such as encouragement at mealtimes or when mobilising.

We observed staff promote people's privacy and dignity. We saw one staff member take action to protect the dignity of one person in the lounge when their clothing required adjustment. The staff member calmly explained what they were doing. Staff explained how they respected people's privacy and dignity. Staff told us they knocked on people's doors, shut curtains when supporting them with personal care and encouraged them to make their own decisions.

People who used the service or their relatives told us theirs or their family member's privacy and dignity was respected. One person said; "I get a bed bath in the morning; they always knock on my door and close the curtains." We saw staff knocking on people's doors throughout the day and closing doors when attending to personal care.

Staff spoke positively about their role. They said they enjoyed spending time with people and getting to know them. One member of staff member told us, "I have been here many years so get to know people very well." Another said, "I work on this floor only, I know people and what they like; we have a great relationship." All staff we spoke with told us they worked to make sure they knew each person well. One staff member said, "We have to get to know people well to get the most out of them."

People looked well cared for. It was apparent that people's individual and cultural styles were respected. We saw that staff gently and kindly prompted some people as they moved about. For example, one staff member was heard to say, "[Person's name] would you like to come to the table, we are going to get the hoist so you don't have to stand." We saw that this approach was welcomed by the person.

We asked people if they knew about their or their relative's care plan and whether they were involved in making decisions about their care. A person who used the service said they were aware of their care plan but had chosen not to discuss it with staff. Most relatives told us they were involved in planning their family member's care. One relative said, "Yes, I am involved; they discuss things." Another relative said, "I know she has a care plan, what is in it I couldn't say. Whatever they are doing I am happy."

People who used the service and their relatives told us staff had a good awareness of theirs or their family member's likes and dislikes. Comments we received included; "They know she likes Judge Rinder with subtitles on the telly", "Yes, they do. She doesn't like liver so they don't offer it to her" and "They know I can turn myself to my left side easily."

The manager told us some people had an independent advocate. The manager was aware of how to support people to access advocacy services and information on the local advocacy service was available in the home.

Good

Is the service responsive?

Our findings

Staff were able to tell us about the people they were supporting. They had knowledge about people's life history and their likes and dislikes. People had their 'Social assessment' life story in place. We saw that families had been involved in completing these. In addition, the staff team were able to relate to people's family members and others that mattered to them.

Care plans were written in a person-centred way and contained detailed information for staff. Where one person had diabetes, guidance was in place for staff on how to manage this. Other people had information relating to their communication or behaviours as well as their life history, likes and dislikes. Information recorded in the care plans meant staff would be able to identify and respond appropriately if a person's needs changed. One person was at risk of choking and we noted their care plan recorded specific aspiration guidelines with advice from a speech and language therapist.

When people's needs changed their care plan was reviewed and updated to reflect their latest care requirements. For example, one person who recently had a fall now had additional assistive technology to protect them and this was referred to in their care records. Documentation and speaking with staff confirmed staff worked in line with peoples' care records and acted to support their current needs.

People told us they had enough to do at the service and enjoyed the activities on offer if they chose to get involved with them. A person who used the service said, "I like to get involved. I like to do word search books; I can spend hours at them." They told us they could do them when they wanted to. A relative told us; "[Family member] does go out. There is enough to do if [family member] wanted to get involved. Another relative said, "[Family member] gets involved; she likes to play bingo; she enjoys it."

On the day of our inspection, we saw there were a number of activities organised. Some people received hand and shoulder massages from a visiting therapist. It was clear this was an enjoyable activity and there was plenty of positive interaction between people and the therapist. Some people took part in a floor game. This resulted in lots of talk and interaction between people and the staff. We saw one to one interaction where people enjoyed a board game and a chat with a staff member. In one lounge music and sensory lights provided stimulation and interest for people who chose not to join in the organised activity. Everyone was asked if they would like to join in or if there was anything they wanted to do. People who chose not to get involved had their wishes respected.

The activities organiser had a record book where they had documented people's individual likes and dislikes and what special interests they had. We saw one person liked to go for trips to the pub and liked to sit outside. They also liked to watch their own TV and reminisce. Records indicated they participated in activities they were interested in. The corridors were colourful and had photos on the wall of people involved in previous activities.

We saw that people enjoyed takeaway meals and visits to local parks. There had been a recent Caribbean themed barbeque night. We were told this had been an enjoyable event. There had been Caribbean music

with people playing steel drums and a singer. There was also a bar where cocktails were made. The activities organiser told us people often went out to watch the bowls in the park and to the pub, as some people enjoyed these things. Other days out included, Leeds market, shopping centres and a well-known, popular fish and chip shop.

Most people we spoke with were happy with the service. They felt if they had a problem they would be listened to. Most knew who to go to if they had a complaint. Comments we received included; "I would go to [name of manager], I trust her with my life", "I would go to the manager, I think I have an idea about the procedure" and "I would speak to the care worker first.

We saw information on how to make a complaint or raise concerns was on display in the service. People or their relatives knew where they could find the information. One person said, "I have seen information down stairs." Another person said, "I know how to find the complaints procedure. It's downstairs in reception."

One relative said they had complained about the bedding in their family member's room. They said, "I asked them to change the bedding and this was done straightaway. It was dealt with very well." However, another relative said they had not been satisfied with how their complaint had been addressed. We discussed this with the manager who showed us documentary evidence of how the complaint had been investigated. This showed an investigation had taken place, an apology had been given and actions had been taken to prevent re-occurrence of the concerns.

The manager told us complaints were welcomed and would be used as a tool to drive improvements in the service. Records we reviewed showed there were systems in place to respond to complaints and concerns in a timely way. We saw all complaints received had been responded to appropriately and any learning had been shared with staff to prevent re-occurrence of complaints. For example, staff meeting minutes showed a firm approach from the manager to an issue of potential neglect.

We also saw compliments about the service were recorded. For example, a local authority reviewing team had commented on the 'warm welcome' received in the home.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, in November/December 2016 we rated this domain as 'Inadequate'. We found quality management systems in place were not effective as information was not fully analysed and used to create meaningful action plans and improvements in the service. We also found the provider had not taken appropriate action to meet regulations following previous inspections and concerns we identified had not been resolved.

At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas. While improvements had been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

There was a registered manager in post who was supported by a nurse clinical lead, nursing staff, team leaders and a team of care and support staff. Staff told us they felt well supported by the manager. They told us, "Absolutely, I have confidence in what they do", "I have been here a while but am very happy here; management know what they are doing" and "They always listen to you if you have any ideas about the home."

People who used the service and their relatives said they felt the home was well-led and the manager was supportive. People spoke positively about the manager. One person who used the service told us, "She is down to earth and responsive; she listens." Another person said, "She knows who you are." Throughout the day, we observed the manager knew people by name and involved them in conversation. The management team were described as helpful and people told us they felt well looked after by them. One person said, "Management very helpful regarding glasses. Got help with opticians and got it sorted."

People who used the service and their relatives told us what they thought was good about the service. Comments included; "Safe secure and supported", "I am always kept informed", "They communicate and talk to her" and "In general she is safe". Some people's relatives said they thought the service could be improved by having more staff. However, they did say their family member's needs were met.

People who used the service and their relatives were asked for their views about the care and support the service offered. We saw meetings for 'residents and relatives' were held regularly. Most people we spoke with were aware of the meetings and how they could contribute to these. People told us the meetings were advertised to raise awareness of them. One person who used the service said, "Yes, they are very interesting: I do find them useful. We are listened to; things move forward." A relative told us they had asked for staff to wear name badges and this was now happening. Records we looked at showed these meetings were used as an opportunity to keep people informed on what had been learnt from audits, complaints and previous inspections.

The manager told us they had a system of continuous audit in place. We looked at audits completed and saw these resulted in an overall action plan for the service and included all identified improvements needed. We saw audits were planned in a systematic way and included; infection control, mattresses, care records,

training, nutrition, respect and dignity and the dining experience. Any shortfalls identified were communicated with the staff team to ensure on-going improvement in the service. For example, changes needed to the key worker system, people to be seated more comfortably and feedback from health care practitioners. We concluded that checks on the quality of service provision took place and results were actioned to improve the standard of care people received. However, we noted that the name and designation of the person who carried out the audit was not always included. We informed the manager so they could address this.

Improvements to medicines audits had been further developed since our last inspection. These now included daily, weekly and monthly checks by the manager and staff. For example, we saw an audit from March 2017 which addressed issues identified at our previous inspection. An action plan had been produced and acted upon.

We also saw a number of 'spot check' type visits had been carried out by the manager or the provider to ensure the smooth running of the service. These checks included night and out of hours visits.

Some people told us they had been given questionnaires to fill in. One person who used the service said, "Yes, I can't remember when the last one was but I have filled them in." Records we looked at showed a high degree of satisfaction with the service. Surveys had been analysed and the results were put on display in the service for people to see. No suggestions for improvement had been made.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. We saw the manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the Care Quality Commission. The current rating of the service was clearly on display.