

Larchwood Care Homes (North) Limited

Wordsworth House

Inspection report

Wordsworth Street
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12 December 2016
14 December 2016

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

The inspection took place on 12 and 14 December 2016. The first day was unannounced.

Wordsworth house is a residential care home registered to provide care for up to 40 people. Facilities were provided over two floors. The first floor was a unit that cared for people who were living with a dementia. All of the bedrooms were single occupancy and benefited from ensuite facilities. People who used the service had access to outside gardens with raised planters and seating.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 19, 20 April and 20 May 2016, we identified 11 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safeguarding, safe administration of medicines, managing risk, staffing, infection control, premises and equipment, staff skills, nutrition, Deprivation of Liberty, consent, person centred care, dignity and respect, complaints, records, good governance and failure to notify the Commission. We asked the provider to take action to make improvements and to send us an action plan. The provider complied with our request. During this inspection we found the required improvements had been made.

During this inspection we found one continuing breach of the Health and Social Care Act 2008 (regulated Activities) Regulation 2014 in relation to medicines. You can see what action we told the provider to take at the back of the full version of the report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Whilst improvements had been made in the safe administration and handling of medicines since our last inspection on this occasion we identified some concerns relating to the recording and administration of medications.

There was a new computerised system in place to record and monitor medicine administration. Whilst this would ensure regular checks of stock and administration could be easily monitored we saw one person had not received their medication in a timely manner and another person's medication had not been administered according to the directions for use.

People who used the service and relatives told us they felt people were safe in the home. There were policies and procedures in place to guide staff in the event of a concern. Staff demonstrated their understanding of the signs and types of abuse and what actions they would take if abuse was suspected.

We saw risk assessments had been completed since our last inspection. These included individual risk assessments as well as environmental risk assessments.

There was an emergency contingency plan and personal evacuation plans were in place and up to date. This would ensure the emergency service had access to information about the needs of people in the event of an emergency. Essential environmental checks such as water temperatures, radiators and room checks had been completed.

Staff had undertaken the training required to enable them to meet the needs of people who used the service.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Staff we spoke with demonstrated an understanding of MCA and DoLS and the impacts on people who used the service. Records confirmed applications for DoLS had been submitted to the supervisory body and were waiting for authorisation.

People had access to nutritious meals of their choice as well as adequate hydration. Records confirmed weights and food and fluid intakes were monitored by staff.

People had access to health care professionals and services when they required them. Care delivered to people was provided in a dignified way. Privacy when undertaking care was provided at all times by staff.

People who used the service told us they were happy with the care they received in the home and we observed positive caring relationship between staff and people who used the service. There was information available on advocacy services where people required support to make decisions about their care.

Since the last inspection the provider had introduced new documentation for each person's care file as well as records relating to daily care delivery for people who used the service.

Since our last inspection a detailed programme of activities had been developed. There was evidence of varied activities taking place; these included a number of activities to celebrate the Christmas festivities.

A system to monitor and analyse complaints had been introduced. People told us they were able to raise any concerns and were confident these would be acted upon.

We also saw evidence of positive feedback from visitors and people who used the service.

Since our last inspection the registered manager had introduced regular audits in the home to ensure people were receiving safe and monitored care.

We received positive feedback about the registered manager and the changes implemented since our last inspection.

Since our last inspection appropriate notifications had been submitted to the Commission.

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 not consistently safe.

Whilst improvements in the management of medicines had been made we saw further improvements were required in the administration and recording of medicines.

People who used the service and their relatives told us they felt safe. Staff understood signs of potential abuse. There were policies and procedures in place to guide staff if abuse was suspected.

Individual, general and environmental risk assessments had been completed and measures were in place to reduce risks to people and staff.

Staff had been recruited safely and staffing was appropriate to meet the needs of people who used the service.

Is the service effective?

Good 

The service was effective.

Staff had undertaken training they required to meet people's needs.

People were offered choices of meals and they had access to hot and cold drinks as well as snacks and fresh fruit throughout the day.

Staff understood the importance of ensuring people were not deprived of their liberty unlawfully. Deprivation of Liberty applications had been submitted to the supervisory body and were waiting for authorisation.

Is the service caring?

Good 

The service was caring.

People told us they were happy with their care.

Staff treated people with dignity and respect. When any care was

undertaken we saw bedroom and bathroom doors were closed to maintain people's dignity.

Is the service responsive?

Good ●

The service was responsive.

New care files had been introduced. These included information to guide staff on how to meet people's individual needs.

People had access to information about how to complain. People we spoke with told us they felt able to raise any concerns and were confident these would be acted upon.

People were provided with a range of social activities.

Is the service well-led?

Good ●

The service was well-led.

Improvements to the quality monitoring systems had been introduced since our last inspection. However we identified the provider need to ensure audits relating to medicines management were robust to identify any shortfalls.

We received positive feedback about the registered manager and the support she offered.

Statutory notifications were submitted to the Commission in a timely manner.

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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 12 and 14 December 2016. The first day was unannounced. The inspection was carried out by two adult social care inspectors, one pharmacy inspector, a specialist professional advisor (SPA), who was specialist in the care of people living with a dementia and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we contacted healthcare professionals who visited the service for feedback about their views of the care provided. We also checked the information we held about the service. This included information we had received about any concerns or compliments and any notifications we had received from the provider.

Before the inspection, the provider completed 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 used this information to inform the planning of the inspection and as evidence for the report.

During our inspection we undertook a number of different methods to identify the experiences of people who used the service. We spent time observing the care and support that was being delivered in the public areas of the home. We also saw how staff interacted with people who used the service.

We spoke with six people who used the service and three visiting relatives about the experience of the care people received. We spoke with three healthcare professionals who visited the home during our inspection, eight care staff, the activities co-ordinator, the maintenance manager, the deputy manager, the registered manager who was in day to day control of the service and the regional manager.

We looked at the care records for seven people who used the service. We also checked five staff files, duty rotas, medication administration records and records relating to the operation and management of the service.

Is the service safe?

Our findings

People who used the service and relatives we spoke with told us they were happy with the care they received in the home. One person told us, "Oh yes I feel very safe, especially at night knowing that someone is looking out for me." Another said, "I feel very reassured living here." A relative said, "My [relative] is well looked after, personally they have been good with her." However one person told us they would feel safer if they were provided with a key to lock their bedroom door. We discussed this with the registered manager who took immediate action to discuss this person's wishes with them. All of the visiting health care professionals we spoke with were confident people who used the service were safe and well cared for. One health care professional told us, "I have no concerns."

At the previous inspection on 19, 20 April and 20 May 2016 we found that medicines were not handled safely. We told the provider they must take action to improve the safe handling of medicines. A medicines inspector (pharmacist) visited the service on 12 December 2016 to determine if improvements had been made.

At this inspection we looked at how medicines were managed for 12 of the people living in the home. We found that significant improvements had been made in the safe handling of medicines since our last inspection. However we saw further improvements were required to ensure people were safe.

A new computer based system for administering medicines had been implemented three weeks prior to our inspection. The system had helped to address some of the concerns we identified at our last inspection, especially with regard to the timing of medicines administration, accurate record keeping and accounting for medicines. The system alerted staff when stock was running low. However we saw that for one person the medicines were not ordered soon enough and their dose was delayed because the stock did not arrive in time. We also saw that another person waited three days to start some new medication.

At the last inspection we saw that medicines were not given safely in line with the manufacturer's directions with regard to food. Improvements had been made so that most medicines prescribed in this way were now given safely. However one person had been prescribed a new antibiotic and staff had not realised it needed to be given on an empty stomach which meant it may not have been effective in treating the infection.

Improvements had been made to the information available to carers to guide them as to where and how often to apply people's creams. However the records about the application of creams must be improved to show that creams are applied properly.

People were prescribed medicines to be taken "when required" and some basic information was available to guide staff as to how to administer these medicines safely. However improvements need to be made to personalise this information so that each person's needs were assessed and met to ensure their medication could be given safely and consistently. There was no information recorded to guide staff as to how to select the correct dose of medicines which were prescribed with a choice of dose. It is important this information is available so people are given their medicines safely and consistently.

Some people were prescribed thickening agents to ensure they did not choke on their drinks. There was no guidance available to care staff who were responsible for making people's drinks therefore they had to rely on their memory as to how thick each person's drinks should be made. We spoke to carers who showed they understood how people's drinks should be thickened safely. However one member of staff told us incorrect information about the way one person's drinks should be thickened which would have placed them at risk of harm. There were no records about the use of thickener so there was no evidence to show that people had their drinks thickened.

We saw that a number of people were missing doses of their medicines because they were asleep but no actions had been taken to address this. People may be at risk of harm if doses of medicines are missed regularly.

There were no homely remedies available in the home for people to take if they had simple ailments. We were told this was because the new computer system was not currently set up to enable this type of medicines to be used but this would be reviewed.

We saw that the medicines policy available in the home during the inspection was not the most up to date company policy because it failed to take into account the new computer system for medicines. However there was a step by step guide as to how to use the system. It is important that the medication policy in the home is up to date and protocols are put in place to reflect the new ways of working with the new systems to ensure medicines are handled safely.'

Whilst some changes had been made to the medication systems in the home there were still areas where further improvements were needed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that concerns regarding the storage of medication had been addressed and all medicines were now stored safely and at the correct temperatures.

Medicines were given by two senior carers on the day of our inspection visit which meant that people were given their medicines without undue delays in the morning. At the last inspection senior carers were unsure how to administer inhalers. During this inspection we saw one senior carer demonstrated and was able to discuss the correct use of inhalers.

Audits and checks on medicines were done each week and concerns which were identified were acted upon in a variety of ways to ensure safe handling of medicines.

At the last inspection we identified that the provider had failed to protect people who used the service from abuse. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

The registered manager had taken measures to ensure staff had the knowledge and skills to keep people safe and protect them from the risk of abuse. All of the staff files and the training matrix we looked at confirmed the staff team had received training in the protection of vulnerable adults. There was a policy and procedure in place which provided staff with the appropriate information to safely manage any allegations of abuse.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said

they would report any incidents of abuse. One staff member said, "If there was an incident I fill in a report and give it to the manager who informs the Local Authority."

The PIR submitted to the Commission prior to our inspection demonstrated the registered managers understanding of the importance of safely managing any allegations of abuse. It stated, 'Staff understand and know what to do if they have a concern or if someone raises one and there are easy to read posters around the home which explain the whistleblowing process and methods to report any safeguarding concerns. All potential abuse claims are investigated in line with SOVA (Safeguarding of Vulnerable Adults).'

Since our last inspection we saw that the registered manager had introduced an effective system to record and investigate any allegations of abuse. Records confirmed any allegations they received were referred to the appropriate agency. Any actions required as a result of an investigation were recorded. This would ensure risks to people were minimised and lessons learned to prevent any future reoccurrence.

At the last inspection we identified that the provider had failed to have suitable arrangements in place for assessing and managing risks to people's health, safety and welfare. We told the provider they must take action to improve the service. At this inspection we found there had been improvements made.

The PIR demonstrated the provider's commitment to ensure risks were identified and measures implemented to mitigate these risks. It stated, 'Specific risks are identified involving residents (People who used the service), family and multidisciplinary teams with an action plan that minimises risk but promotes independence.' The registered manager told us all personal risk assessments were reviewed each month. There was evidence of regular reviews of risk taking place in people's care files. These included nutrition, falls, moving and handling and a general risk assessment. This would ensure risks to people were safely managed to reduce any unnecessary risks of harm occurring.

Regular environmental risk assessments had been completed. These included assessments relating to equipment and the risk of fire. There was an emergency contingency plan that guided staff on how to deal with an emergency. Records included information how to move people safely out of the home and the contact details of staff members and professionals. There were up to date personal evacuation plans in place for all people who used the service. These included details on how to safely manage people's individual needs if an evacuation of the home was required.

At the last inspection we identified that the provider failed to ensure premises and equipment was suitable for their purpose, properly maintained and properly used. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

We undertook a tour of the premises, checked a number of people's bedrooms and the public bathrooms. During our last inspection we identified a number of people's bedrooms did not have access to a call system on one of the units. We checked these bedrooms during our inspection and saw all were in place. The registered manager told us they have a stock of replacement call units in the event of a fault. We also noted all remedial repairs had been completed. Records confirmed all repairs in the home were undertaken in a timely manner.

We saw refurbishments had been undertaken in the home. We saw one bedroom had been recently decorated to the persons taste and choice. Feedback from a relative was seen thanking the home for this work. It stated, "[Name of maintenance manager] has done a fabulous job in my [relatives] bedroom. He has gone above and beyond his role." The registered manager discussed plans for a bar to be installed in the home to enhance the experiences of people who used the service. The building benefited from large open

plan communal areas of the home as well as accessible corridors with grab rails to support people with their mobility needs if required.

Since our last inspection regular audits and checks on the environment had been completed. Areas covered included room checks, water temperatures, window restrictors, bed rails and visual checks on wheelchairs. Records included comments on actions to be taken as a result of the review and when these had been completed. Essential checks such as portable appliance testing, electrical safety and gas safety had been completed in the home and were up to date. The home had also achieved a level five star rating at the last Food Standards Agency check. This is the highest rating award by the food standards agency. These checks would ensure the home was safe for people to live in.

Since our last inspection we saw improvements in the systems to monitor and records incidents and accidents in the home. All incidents and accidents had been recorded and included evidence of investigations and actions taken to mitigate the risks. There was a clear audit trail which included summaries to enable trends or patterns to be monitored and acted upon. The registered manager demonstrated their understanding of responding appropriately to incidents and accidents. They said, "Accidents, incidents and near misses are recorded and reviewed by compliance and operations teams in an open and transparent way."

At the last inspection we identified that the provider failed to have suitable and proper arrangements in place to assess, prevent, detect and control the spread of infection. We told the provider they must take action to improve the service. At this inspection we found there had been improvements made.

We received positive feedback about the cleanliness of the home. A relative told us, "The home is always spotless and well looked after." During our inspection we saw all areas of the home were clean and tidy and free from clutter. Bedrooms and bathrooms were clean and no odours were present at the time of the inspection.

We saw dedicated housekeeping staff in post during our inspection undertaking appropriate and timely duties to ensure people were protected from the risks of infection. Appropriate use of protective equipment was being used by both the housekeeping and care staff where it was required. Housekeeping staff we spoke with told us they had access to equipment and supplies to ensure their duties were undertaken effectively.

At our last inspection the home failed to respond appropriately to an outbreak of infection in the home. During this inspection we saw evidence of appropriate guidance for staff to follow in the event of an infection outbreak which included the details of the appropriate agencies to be contacted in the event of any concerns.

The registered manager told us and records confirmed an infection control file had been developed. Evidence confirmed steps and actions taken by the home when dealing with any concerns relating to infection control. There was a policy in place to guide staff and included a procedure for handling any outbreaks. Since our last inspection the home had completed an infection control audit in the home which confirmed infection control measures in the home were satisfactory. This would ensure staff responded appropriately to protect people from the risk of infection.

At the last inspection we identified that the provider failed to ensure there was adequate staffing numbers in post to provide safe, effective care. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

We asked people who used the service and relatives about the staffing numbers. Whilst most people were confident there was enough staff to meet their needs one person told us at times they had to wait for certain care tasks to be undertaken. One person said, "No, they need more staff; I can't get up and walk myself and need help, sometimes I have to wait too long." Relatives told us, "They possibly do need more staff sometimes." Another said, "Sometimes the number of staff on duty varies. But on the whole it's pretty good." All health care professionals we spoke with told us staff were always available when they visited and supported them whilst in the home. One health care professional said, "The staff are always around to help."

Staff we spoke with told us that the staffing numbers had improved since our last inspection. They said they had the time to spend with people who used the service in the delivery of care. One staff member said, "It a regular staff team, there are more staff and things are a lot easier with them." Another told us, "There are always enough staff on duty on the dementia unit. Staff have time to talk to people and listen to them. It's more like one to one up here". However one staff member told us they had concerns relating to the staff cover in the event of sickness. We discussed this with the manager who told us an ongoing recruitment programme was in place and that "bank staff" would be called upon in the event of sickness. Bank staff provided cover for planned and unplanned shortfalls in staffing, covering vacancies and staff absences as well as bringing specific required skills for short periods of time.

We looked at the duty rota in the home and saw staffing numbers were recorded and included senior cover for each shift. Where sickness had been recorded, amendments had been made to ensure adequate numbers of staff were in place to meet people's needs. The registered manager told us since our last inspection they had completed regular staffing needs analysis to ensure adequate numbers of staff were in place to meet people's needs safely.

During our observations in the home we saw staff responded promptly to people's request for support and calls for assistance were answered in a timely manner. This would ensure people's needs were met when it was required.

The staff files we looked at demonstrated safe recruitment procedures were in place. All records identified that appropriate pre-employment checks had been completed. These included proof of identity, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. Records included completed application forms and evidence of the interview process to ensure only people who demonstrated their suitability for the post were recruited.

Is the service effective?

Our findings

We asked people who used the service and their relatives about the knowledge and skills of the staff team. All people we spoke with told us they were confident the staff had the knowledge and skills to meet people's individual needs. One person told us, "They all seem to know what they are doing." A relative said, "I have seen a notice board depicting training." All health care professionals told us they were confident in the skills of the staff team. One professional said, "I have no concerns, the staff respond appropriately."

At the last inspection we identified that the provider failed to have suitably qualified and skilled staff to care for people using the service. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

We looked at how the home ensured the staff had up to date training and support to enable them to meet people's individual needs. Staff told us and records confirmed that staff had received up to date training that was relevant to their roles. There was a rolling programme of training for staff which included equality and diversity, fire, basic life support and health and safety. The registered manager told us in the PIR that there were two in-house training facilitators that assisted in meeting training targets. The training matrix we looked at confirmed when training updates were required for all of the staff team. The variety of training offered by the home meant that staff received the required knowledge to provide effective care to people who used the service.

The registered manager told us and records confirmed regular competency checks were completed on the delivery of care provided by staff. This would help to ensure staff were delivering effective care with the required knowledge and skills.

Since our last inspection the registered manager had developed a regular planned programme of supervision for the staff in the home. The staff we spoke with confirmed they had received regular supervision since our last inspection. One staff member told us, "It is a million percent better. I am up to date and have had regular supervision."

We looked at a supervision matrix which identified dates of regular supervision that had been completed by the staff. The registered manager had developed a supervision file which confirmed regular supervision had been completed since our last inspection. Records included the topics discussed, any planned training, gaps in staff knowledge as well as actions to be taken as a result of the supervision.

At the last inspection we identified that the provider had failed to ensure they were working within the principles of the Mental Capacity Act 2005 (MCA). We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that relevant policies and procedures were in place to guide staff on MCA. Staff records and the training matrix confirmed a programme of training for MCA was in place and all but one of the staff we spoke with demonstrated an understanding of the Act and their responsibilities in relation to MCA and DoLS and how this related to their work. One staff member said, "Deprivation of Liberty is to maintain people's safety." The registered manager demonstrated a detailed understanding of the principles of the Act, how to submit applications and her responsibility to protect people who used the service from unlawful restrictions. They told us, "We must assume everyone has capacity unless it is proved otherwise." The PIR demonstrated the providers understanding and responsibility in relation to MCA and DoLS. It stated, "Staff are trained with a clear understanding in relation to the MCA and DoLS therefore they are able to support and encourage the resident's (People who used the service) rights whilst also being aware of restrictions."

Since our last inspection the registered manager had developed an effective system to ensure DoLS applications had been submitted to the relevant supervisory body. This would ensure people were not subject to unlawful restrictions. There was evidence of completed DoLS applications in place for people who used the service. We saw all of these applications were waiting for authorisation from the supervisory body. There was evidence of an effective audit trail which confirmed the registered manager had requested updates relating the progress of any pending applications.

Staff we spoke with was aware of the importance of asking people for consent before undertaking any care delivery. We saw that people's care records had been signed by people who used the service where possible or a nominated relative. All of the care files we looked at had individual capacity assessments for people's needs and this was reflected in people's care plans. The PIR submitted to the Commission prior to our inspection demonstrated their commitment to ensure, 'Consent to care and treatment was in line with relevant legislation and guidance.'

People's choices had been discussed as part of the care planning process and included individual needs and wishes such as; preferred meals, activities and how people liked their care to be delivered. During our inspection we observed staff obtained people's consent before they undertook any activity or care and staff were seen knocking on people's bedroom doors and waiting to be invited in. Staff were seen offering choices to people on a variety of activities such as what they would like to eat and drink, which chair they would like to sit on or taking part in carol singing.

At the last inspection we identified that the provider had failed to ensure the nutritional and hydration needs were met for people who used the service. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

We asked people who used the service about the quality of the meals provided by the home. All of the people spoken with told us they were happy with the meals they received.

During the lunchtime period we undertook observations in two dining areas. We saw the tables' had been nicely set and people had access to condiments, appropriate cutlery and crockery to support them with

their meals. During our observation we saw people who had limited communication were shown samples of the meals on offer. This would enable them to make their own choice of what they would like to eat. People who used the service were able to eat their meals at their own pace and where support was required by staff this was offered sensitively.

It was clear from watching people engage with each other in the dining rooms that the dining experience was positive and enjoyed by people who used the service. Staff were seen engaging positively with people whilst also respecting people's wishes if they wished to dine elsewhere in the home. Throughout the day people had access to hot and cold drinks and snacks as well as variety of fresh fruit. We observed people helping themselves to these during the inspection. The PIR submitted by the registered manager prior to our inspection discussed plans to "Implement snack trollies and dementia friendly meals introducing finger foods for some residents who are unable to sit long enough to gain adequate nutrition."

We spoke with the registered manager and the chef about how they ensured people's individual likes dislikes and meals requirements were met. They told us they completed a "Resident of the day" which involved an assessment of the nutritional needs, updates to people's likes or dislikes and current weights. The chef told us if people did not like what was on offer they would prepare an alternative for them. This information was used in the planning process for meals to ensure people were able to access meals specific to their needs and likes.

We looked at how people were protected from poor nutrition and supported with eating and drinking. Staff discussed the measures taken to ensure people's individual needs were met. It was clear that staff understood people's individual needs and wishes and how best to support them with their meals. Nutritional assessments had been completed by staff and included weights, nutritional screening and care planning to ensure people's individual needs were identified. The home had introduced new documentation for staff to record people's intake of food and fluids as well as their weights. This would ensure monitoring of any changes could be identified quickly and acted upon.

We looked at how the home supported people with their healthcare needs. Records confirmed people were registered with a General Practitioner. People's health needs had been discussed during the care planning process and included physical and mental health needs.

Evidence of regular reviews were seen, this would ensure people's current health needs were under review and any deterioration in health would be identified and acted upon promptly. Records confirmed people had access to a wide range of health professionals such as; district nurse, dietician, nurse practitioner and General Practitioner. We saw a number of health professionals visiting the home during our inspection. Professionals we spoke with told us they were regular visitors to the home and the referrals they received were appropriate and timely. This would ensure people received prompt and effective care.

Is the service caring?

Our findings

We asked people who used the service and visiting relatives about the care they received in the home. We received positive feedback. One person said, "All the staff are lovely so helpful and kind." Another told us, "They (The staff) will do anything for you, you have only to ask" and, "I feel part of a big family." All people we spoke with told us they would be confident staff would support them with their needs if required.

A relative told us, "All the staff are friendly and caring. [My relative] can't use a knife and fork; they always ask her if she wants them to cut her food up for her." However one person raised some concerns relating to the care their relatives received. We discussed this with the registered manager who commenced an immediate investigation into the concerns.

At the last inspection we identified that the provider had failed to ensure people who used the services care and treatment was appropriate and met their needs. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

During our inspection we observed people were supported to get out of bed at the time of their choice.

The atmosphere in all areas of the home was calm and inviting. Various Christmas decorations were on display to celebrate the seasonal festivities. Staff was observed engaging in positive interactions with people who used the service. It was clear from these interactions that staff knew people's needs very well and that people who used the service were comfortable in the presence of the staff team. The PIR submitted to the Commission prior to our inspection demonstrated the providers commitment to ensure, "Positive and caring relationships were being developed between staff and residents, allowing them to feel 'at home', encouraging and promoting personal choices. We promote a person centred approach to care, implementing and providing care that promotes independence, compassion and empathy."

Health care professionals we spoke with were complementary about the care people received in the home. We were told the staff were warm, welcoming and caring in their approach towards people who used the service. One professional said, "[Name of staff member] knows the people well. I am happy when I see her on duty." Another told us, "I am happy with care in the home they know people well."

All of the staff we spoke with understood the importance of ensuring people received appropriate and timely care. One staff member said, "It is important we use people's care plans so that everyone knows exactly what to do for their likes or dislikes." Another told us, "The staff know how people like things to be done" and, "Staff give personalised care. They (People who used the service) have keyworkers which helps with this."

The care files for people clearly demonstrated how people wanted to be supported. Records included people's individual likes, dislikes, choices and preferences which had been discussed and agreed with them. Records guided staff on people's life history, family history and all aspects of their personal care. Evaluations on people's care delivery were seen. This would ensure people received care appropriate to their current

needs and choices. Where people were unable to make decisions about their care and had no relatives they were offered the use of advocacy services. This meant that people could contact an external agency for support if they needed to. There were leaflets on display to advise people about the service and how to access them. Advocacy is for people who cannot always speak up for themselves and helps ensure that the views of the person were acted upon.

At the last inspection we identified that the provider had failed to ensure people who used the service were treated with dignity and respect. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

At our last inspection we observed signage was displayed on people's bedroom doors which had information that we would expect to remain confidential. We saw that this signage had been removed which would ensure confidential information about people was stored securely.

During our observations we saw staff respected people's privacy and dignity at all times taking account of people's choices and preferences. Staff members were seen knocking on bedrooms doors and waiting to be invited in before entering. Whilst any care activity was taking place doors were closed by staff to maintain people's privacy. When discussing any care activity staff members were observed speaking quietly to people when discussing individual needs such as personal care or continence needs. There was a clear mutual respect between staff and people who used the service.

The atmosphere in the home was relaxed with positive interactions and communications taking place between staff and people who used the service. All people we spoke with told us their privacy and dignity was always protected. One person who used the service told us, "They [staff] never intrude they always knock on my door before entering. I have seen them do it on all the doors. They make sure you are eating your meals. They asked me this morning if I was comfortable sleeping in my chair or did I want to go back to my room."

Staff we spoke with were able to demonstrate how they would ensure people's privacy and dignity was maintained. They said, "When I undertake any personal care I always make sure the door is shut and locked. I always speak quietly and respectfully to people." Another staff member said, "I always make sure people's privacy is respected. I close curtains and cover people up when washing them" and "I look after the residents like they're one of my own. I knock on doors before entering and cover people up when supporting with personal care. I encourage people to be independent." The registered manager told us, "This is their (people who used the service) home. It is very important residents are put first they are my foremost priority." The PIR submitted to the Commission stated the home had introduced designated dignity champions and that there were plans to develop this role. People could be assured that they would be cared for in a dignified and respectful manner.

We asked the registered manager how they ensured people's individual choice in relation to equality and diversity was supported. The registered manager told us, "This is the very forefront of our work. The importance of recognising people's choices and sexuality are discussed in monthly meetings." They confirmed all staff members were in the process of undertaking equality and diversity training to ensure they were aware of how to support people's individual needs. The care files we looked at recorded people's needs such as religion and sexuality. This would ensure staff had access to information about their choices and preferences.

Is the service responsive?

Our findings

We spoke with people who used the service and visiting family members about their involvement in the development of their care plans. People told us staff sat with them and talked to them about how they were feeling.

At the last inspection we identified that the provider had failed to ensure people's care records were maintained and complete. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

Staff we spoke with told us they were familiar with people's care plans and reviews were undertaken regularly by the senior staff. One staff member said, "People's care reflects what they want. We are told if people's care plans change." Another told us, "The managers complete the personal history and initial care plan on admission and once we get to know the resident and family more, then this is added to."

Since our last inspection the provider had reviewed the care planning documentation in the home. As part of this review new documentation had been introduced for all people who used the service. All of the care files we looked at followed a chronological pattern and relevant paperwork had been achieved when it was no longer required.

All of the care files we examined had a completed assessment of people's individual needs. Records included personal information such as date of birth, General Practitioner and next of kin. Assessments detailed people's social needs as well as family and working history. The care plans provided information about what was important to people when delivering their care. The care plans included evidence that either people who used the service or a relative had been involved in discussions about care.

One relative told us they were always included in the decision making with regard to his relative and the communication between himself, his daughter and the home was 'excellent'. This meant any changes in need could be identified more easily, and changes to people's support managed well.

The PIR submitted to the Commission prior to our inspection stated, "Each resident has a person centred care plan which is tailored to their needs and preferences, likes and dislikes, choices in daily routine e.g. pain relief, comfort. Preferences around care and treatment and end of life care requirements are discussed with the resident and relatives where appropriate involving individuals for example General Practitioner, District Nurses and other agencies to give them support and care that is important to them whilst in the home and at the end of life."

Care plans we looked at had been completed in full and provided detailed guidance for staff on people's needs, likes, wishes and choices. Topics covered included, personal care, continence, moving and handling and night care needs. Where people had short term needs care plans had been developed to ensure staff had the information to support people with these needs. Examples seen were antibiotic therapy and body mapping to record any skin damage or bruising. Where people lacked capacity, assessments had been

completed for each care plan and reflected their individual needs. This would ensure people were not subject to any unlawful restrictions in the delivery of their care.

The care plans had been updated regularly. Records included any changes in people's care. This would ensure staff had up to date and relevant information to support people with their individual needs.

The provider had introduced a separate document that contained daily information such as, food and fluids, pressure monitoring and continence needs. The registered manager told us these had only been in place for a short period. Staff we spoke with told us they were happy with the introduction of new documentation which we looked at and that these would improve communications about people's needs. Whilst records contained detailed information on people's daily routines and care delivered we saw some gaps in the records relating to personal care and food and fluids. We discussed these with the registered manager who told us some staff were still using the old documentation to record care delivery. Following our inspection the registered manager confirmed training sessions were completed with all of the staff team relating to documentation to ensure they were aware of the process of recording daily care delivery.

As part of the inspection we saw people were encouraged to take an active part in the wider community. We saw relatives were always made welcome in the home. Photographs confirmed regular visitors attended the home and interacted positively with people who used the service. We saw people who used the service had also attended a local church service taking part in the seasonal festivities and there were plans to attend a Carol service in the local community. There was a Christmas raffle prize on display from a local premier league football club who had donated it to the home for fundraising.

Staff were seen engaging positively with relatives offering refreshments during their visits. Staff were able to discuss the positive relationship's they had built up with relatives of both people who used the service and people who no longer lived at the home. Care plans we looked at identified the involvement of families in people's care planning.

At the last inspection we identified that the provider had failed to investigate and act on complaints received. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

Since our last inspection the registered manager had introduced a comprehensive system to record and deal with complaints. There were policies and procedures in place to guide staff on the process to deal with complaints. There was a complaints and compliments file in place which detailed any complaints received as well as the actions taken as a result of the complaint. The registered manager told us that any complaints received by the service would have a full investigation including an outcome review meeting.

We saw positive feedback that had been received by the home recently. Examples of comments received were, "I cannot say how much you have done for [name of person] whilst she was at Wordsworth house. Your staff have become our extended family. Bless you all", "Thank you for looking after my father and the dignity you have shown him. The nursing, care and professionalism has been excellent" and, "This is a homely place with a pleasant feeling. The carers (staff) are in a class of their own and treat the residents with dignity and respect."

People who used the service and visitors to the home told us they knew how to lodge complaints and were confident their concerns would be taken seriously. One person told us if they had any concerns they would, "Report it to the manager". People told they would be confident their concerns would be dealt with appropriately. One person we spoke with told us some concerns they had about the care their relative

received. We discussed this with the registered manager who immediately commenced an investigation into the concerns raised.

We discussed the activities on offer in the home. Since our last inspection a dedicated activities co-ordinator had been recruited to post and had developed a comprehensive programme of activities for people who used the service. We spoke with the activities co-ordinator who told us they had developed an activities file which contained information on all of the activities undertaken by people who used the service. We checked this record and saw details relating to a number of activities that had been completed by people who used the service since our last inspection. Activities included; firework display, balloon exercises, painting, nails, music, and a birthday party. Records confirmed who had been involved and whether the activity was enjoyed. This would ensure future events could be tailored around people's individual likes and choices.

During a tour of the building we saw new activities boards had been introduced into the home and these displayed evidence of upcoming events. This would ensure people had the opportunity to decide what they would like to do and when. Planned events included an entertainer for Christmas day, a quiz and colouring.

People who used the service and relatives who visited the home confirmed regular activities were taking place in the home. One person said, "[Relative] won't join in much of the activities but they have persuaded her to go the college tomorrow night for a Carol Concert." During our inspection we observed a number of people who used the service taking part in activities. These included finger painting for Christmas decorations and carol singing. There were a number of dementia friendly resources readily available for people on one of the units. These included tactile objects, puzzles and colouring equipment. People also had access to a number of books and puzzles as and when they wanted to use them.

Is the service well-led?

Our findings

People who used the service and visiting relatives were positive about the leadership and management in the home. People told us they knew who the registered manager was and felt they could approach them with any problems they had. One relative said, "I have seen slight changes for the better. I would recommend the home, it is always spotless, well looked after and they provide activities." We received positive feedback from visiting professionals. One person told us, "The home is improving it is more organised."

Staff told us the leadership and management had improved in the home. Comments received were, "It is much better. The management is much more approachable. It feels more organised, the manager is really supportive." Another staff member told us, "Communication's much better than it was. I feel I can approach anyone now. I like the manager. We all really get on" and, "It is not so bad. I get support when I need it. Things are better. The atmosphere is a lot better, staff morale is better."

At the last inspection we identified that the provider failed to ensure systems and processes were established and operated effectively. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

The home had a registered manager in place at the time of our inspection. The registered manager was responsible for the day to day operation and management of the service. Since our last inspection there had been regular visits undertaken by the senior management in the home. As part of these visits the regional manager provided support to the registered manager as well as developing a weekly report about the progress of the home. We saw copies of these reports. Topics included; audits, staffing, incident and accidents, complaints and feedback. Notes on findings were recorded along with any actions required as a result of the findings. The registered manager told us she felt very supported by the senior management and the provider. They said they had, "Confidence in the senior management."

Since our last inspection the registered manager had introduced a system for monitoring the quality of the service provided. This would ensure the home provided people with a quality service. There was evidence a number of regular audits had been completed recently. These included infection control, room checks, health and safety checks, water quality, care plans, medicines management and supervision records. These contained evidence of the findings from the audit and included analysis of any themes or trends and the actions taken as a result. However during our inspection we found a number of shortfalls in how medicines were managed. We discussed this with the registered manager and were assured the new system in place would ensure medicines were managed safely and any concerns acted upon. The registered manager told us the audits would continue to be undertaken regularly following our inspection.

Staff and the registered manager told us one person from each floor was identified as resident of the day. As part of this the person would have a review of their care record, meal requirements and choices and their room would be deep cleaned. The registered manager told us this would ensure each month that all people living in the home had a comprehensive review of all of their needs.

Since our last inspection the registered manager had introduced regular feedback from people who used the service, relatives and staff. There was a system in place for people to provide anonymous feedback to the home in a comments box in the entrance hallway. We saw the provider had introduced pictorial feedback forms. This would enable people with limited communication to provide feedback about the service they received.

We looked at a sample of the feedback received. Comments included, "There are lots of improvements being made. There is extra staff when it is needed," "We are treated with dignity and respect" and "Thank you for the love and kind ways." The registered manager told us in the PIR submitted prior to the inspection of their plans to use computer tablets and an interactive app to gather both quantitative and qualitative data. They said, "The home is monitored through quality monitoring visits by operations team and resident surveys. Lessons are learnt from positive and negative feedback, action plans are devised to address issues to enable improvements to be made."

The registered manager told us about the importance of recognising the good work of the staff in the home. They said each month a member of staff was awarded a "Spotlight on Excellence" award. They said this was as a result of voting by the staff team for the staff member. We saw copies of previous winners of this award on display in the home. Staff told us they felt part of the team and included in the day to day running of the home. The PIR submitted by the registered manager stated, "Managers understand the need to be consistent, lead by example and be available to staff for guidance and support. This provides staff with constructive feedback and clear lines of accountability. As such managers are accountable for the actions of their staff team. We have a supportive team in place at the home, the region and from head office."

Staff told us and records confirmed that staff team meetings had taken place since our last inspection. This would enable staff who worked in the home to discuss any topics and keep up to date with any changes. Records detailed names of staff attendees as well as the topics discussed as part of the meeting. These included on call rota, increase in staff morale, incidents, health professionals and any feedback from the staff. Staff told us, "There are lots of staff meetings and staff are able to input and raise any concerns. Staff are listened to." Another said, "Staff meetings are held regularly, staff can raise concerns and feel listened to. Prior to the last inspection I didn't feel listened to."

The registered manager told us heads of each department also met each morning to discuss any issues that may affect the home including if anyone was unwell, the resident of the day or any visitors to the home.

At the last inspection we identified that the provider failed to send notifications to the Commission without delay. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made.

Since our last inspection statutory notifications had been submitted appropriately and in a timely manner to the Commission by the registered manager. This would ensure the home fulfilled its statutory duty to report certain incidents and accidents to the Commission.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were protected from the risks associated with unsafe management of medicines. Regulation 12. – (2) (g)