

Grovewell Estates Limited

St Catherines Nursing Home

Inspection report

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Hertfordshire
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Ratings

Overall rating for this service

Good



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



Overall summary

The inspection took place on 10 November 2015 and was unannounced. St Catherines Nursing Home provides accommodation and personal care for up to 39 older people, some of whom live with dementia. At the time of our inspection there were 34 people living at the home.

At our last inspection on 21 October 2014, the home was not meeting the required standards in relation to how consent had been obtained, the way in which risks to people's health was managed and the lack of meaningful activities provided. At this inspection, although improvements had been made in those areas, we found

that the provider was not meeting the required standards in relation to hygiene. This was because some areas of the home, for example toilet facilities, had not been adequately maintained or cleaned to the standards required to protect people from the risks of infection.

There is a manager in post who has registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

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 checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Security arrangements at the home meant that a significant number of people who lived there could not leave freely without the help and support of staff or family members. In all cases we found that the provider had followed the requirements of the MCA in order to keep people safe and had submitted applications to the appropriate supervisory body for authority to do so.

People told us they felt safe at the home. Staff had received training in how to safeguard people against the risks of abuse and knew how to report concerns both internally and externally if the need arose.

Safe and effective recruitment practices were followed to make sure that staff were of good character, physically and mentally fit for the role performed. There were sufficient numbers of suitable staff available to meet people's individual needs at all times. We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies.

People were positive about the skills, experience and abilities of the staff who supported them. Staff received training and refresher updates relevant to their roles and had regular supervisions to discuss and review their performance and professional development.

People's medicines were managed, stored and administered in a safe way by staff who had been trained and had their competencies regularly checked.

Staff obtained people's consent before providing the day to day care they required and this was reflected in the guidance provided. Where 'do not attempt cardio

pulmonary resuscitation' (DNACPR) decisions were in place people had either consented to them or, where they lacked capacity to do so, best interest decisions had been made in accordance with the MCA 2005.

People's health needs were met in a safe and effective way that met their individual needs and were supported to access health and social care appointments when necessary. They were positive about the standard and choice of food provided at the home. We saw that the meals served were hot and that people were regularly offered a choice of drinks. Staff were familiar with people's dietary requirements and preferences.

People were looked after in a kind and compassionate way by staff who knew them well, respected their privacy and promoted their dignity. We saw that staff provided care and support in a patient, calm and reassuring way that best suited people's needs.

People had access to information and guidance about local advocacy services. Information contained in records about people's medical histories was held securely and confidentiality sufficiently maintained. People and their relatives told us they were involved in the planning, delivery and reviews of the care and support provided.

People received personalised care that met their needs and took account of their preferences. Staff had clearly taken time to get to know the people they supported and were knowledgeable about their likes, dislikes and personal circumstances. Opportunities were made available for people to pursue and engage in social interests and take part in activities tailored to their individual needs.

We saw that where complaints had been made they were recorded and investigated properly. People and their relatives told us that staff listened to them and responded to any concerns they had in a positive way. People were positive about the manager and how the home operated. However, while systems were used to quality assure services and manage risks had improved; these were not as effective as they could have been.

At this inspection we found the service to be in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Adequate steps had not been taken to mitigate the risks of health care associated infection in all areas of the home.

Safe and effective recruitment practices were followed.

There were sufficient numbers of suitable staff available to meet people's needs at all times and in all areas of the home.

People were supported to take their medicines safely.

People told us they felt safe at the home and staff knew how to 'whistle blow' and report signs of abuse.

Potential risks to people's health were identified and effective steps taken to reduce them. In a way that promoted their independence.

Requires improvement



Is the service effective?

The service was effective.

People's day to day health needs were met in a safe, effective and timely way.

Consent to care and treatment was obtained in line with the Mental Capacity Act (MCA) 2005.

People were supported to eat a healthy balanced diet that met their needs.

Staff received regular supervision and training relevant to their roles.

Good



Is the service caring?

The service was caring.

Care and support was provided in a way that respected and promoted people's dignity.

The confidentiality of people's medical histories and personal information had been adequately maintained.

People were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People and their relatives were involved in the planning, reviews and delivery of care.

Information and guidance was provided to help people access independent advocacy services.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People had the opportunity to pursue hobbies and social interests.

People told us they received personalised support, care and treatment that met their needs and took account of their preferences.

People were confident to raise concerns and were given the opportunity to provide feedback about service provided at the home.

Is the service well-led?

The service was well led.

Systems used to quality assure services, manage risks and drive improvement had been improved. The registered manager and provider have put plans in place to refurbish areas of the home where we found shortfalls in the standards of cleanliness and hygiene.

People, their relatives, staff and healthcare professionals were positive about the management arrangements at the home.

Staff told us they understood their roles and responsibilities and were well supported by the manager.

Good



St Catherines 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by two inspectors on 10 November 2015 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We

also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with eight people who lived at the home, three relatives, four staff members and the home manager. We received feedback from health care professionals, stakeholders and reviewed the commissioner's report of their most recent inspection.

We looked at care plans relating to seven people who lived at the home, together with four 'do not attempt cardio pulmonary resuscitation' records and three staff files. We also carried out observations in communal lounges and dining rooms and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

During our inspection we found that some areas of the home had not been properly maintained or cleaned in a way that ensured the required standards of hygiene appropriate to the care and treatment provided were maintained.

We checked a visitors toilet and three used by people on the ground floor. In all of the facilities we saw examples of dirty and poorly maintained woodwork, under sink cupboards, doors and skirting, dirty soil pipes and cracked and missing wall tiles. We also saw that significant sections of floor covering were damaged and had come away in places to the extent that made cleaning to the required standard difficult if not impossible.

We checked a further two communal toilet facilities on the first floor and found similar issues with sections of floor covering and skirting, particularly behind the toilet, dirty and in a poor state of repair. This meant that appropriate standards of cleanliness and hygiene, required to keep people safe from the risks of infection, had not been adequately maintained in all areas of the home. The manager told us that they and the provider were aware of the shortfalls identified and that a programme of improvement and renovation was in place to address them.

We also found that adequate steps had not been taken in some areas of the home to mitigate the risks of health care associated infections. For example, in one toilet facility on the ground floor we saw two full sharps bins easily accessible on a low shelf and a pile of clean towels placed on a toilet cistern. In another toilet the waste bin was overflowing, there was no toilet paper available and disposable gloves had been discarded on the floor. When we toured the premises we found that doors to sluice rooms had been left open and that large rubbish bins full of waste had been left in close proximity to a trolley used to transport people's breakfasts.

This amounted to a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

People told us they felt safe and secure at the home. One person said, "I am happy and safe here." Relatives said they were confident that their family members were safe and received good care. One relative said "I am very pleased with the care my relative receives. I don't worry; I know they

are very safe." Staff were trained in how to recognise and respond to potential signs of abuse and knew how to report any concerns both internally and externally. Information and guidance about safeguarding procedures were prominently displayed and included contact details for the relevant local authority. One staff member told us, "I wouldn't hesitate to go above and beyond my supervisor and the manager if I had any concerns."

Where potential risks to people's health and well-being were identified they were kept under regular review. Steps were taken to reduce them in a way that reflected people's needs and promoted their independence wherever possible. The guidance provided to staff about potential risks and how they could be mitigated safely and effectively was clear, accurate and up to date. For example, we saw that one person was not always able to express or communicate how they felt. The risk assessments and guidance put in place for staff underlined the importance of making sure that call bells were kept within reach so they could summon assistance if needed. We saw during our inspection that the guidance had been followed and the call bell was within the person's reach at all times.

In another case we saw that a person with restricted mobility and at risk of falling was encouraged and supported to walk increased distances each day. This helped to build their strength and confidence which in turn enabled them to move around the home and interact with other residents. The person concerned was very pleased with their progress and told us they had managed to walk further each day with the help of a mobility aid. They commented, "I really enjoy it and I am getting better each day. [Staff] are really kind and patient as I am quite slow and I do cause traffic jams in the corridors." In other cases we saw that side rails had been deployed appropriately to keep people safe from falling when in bed and that hoists had been used to help transfer people with limited mobility in a safe and effective way.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and physically and mentally fit for the roles they performed. Arrangements were in place to ensure there were enough suitably experienced, skilled and qualified staff available at all times. People told us there were always enough staff on duty to meet their needs, including during the night. One person said, "The staff are very good at answering call bells, I never have to wait very long." Throughout our inspection

Is the service safe?

we saw that staff were quick to respond to call bells and people's requests for help with personal care and support were promptly fulfilled. A relative commented, "Staff ratios are very good here. The staff work really hard and are very efficient."

We saw that any injuries, accidents and other adverse incidents that occurred in the home were properly documented, investigated and reviewed by the manager. The information gathered and learning outcomes were used to reduce identified risks and the likelihood of reoccurrence. For, example new and more effective pressure relieving and sensory equipment, together with updated plans of care, were put in place for a person who had suffered falls and injuries when they climbed out of bed during the night. In another case a stairgate had been used to prevent a person from entering aloft space and maintenance room in light of their increased tendency to wander and attempt to enter non-residential areas of the home that posed risks of injury or entrapment.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped take their medicines by staff who were properly trained and had their competencies checked and assessed in the workplace. One person told us they had so many tablets they were happy that the nurses looked after their medicines for them. Another person said, "The nurses are excellent, wonderful, out of this world. They help me with my medicines, making sure I get what I need on time."

We saw that plans and guidance had been put in place to help staff deal with unforeseen events and emergencies which included relevant training, for example in fire safety. Fire and other safety equipment was checked regularly and we saw maintenance staff carry out various checks during our inspection. Personal evacuation plans, tailored to people's individual health and mobility needs, had been drawn up for every person at the home and were easily accessible if needed. This meant that the provider had taken reasonable steps and precautions to keep people safe from harm.

Is the service effective?

Our findings

When we inspected the service on 21 October 2014, we found that in some cases decisions had been made for people, for example in connection with 'do not attempt cardio pulmonary resuscitation' orders, in a way that did not meet the requirements of the MCA 2005. We also found that although staff had been trained, some lacked the basic levels of knowledge and awareness necessary for them to perform their roles effectively in the context of both the MCA and DoLS.

At this inspection we found that the shortfalls previously identified had been addressed and the standards were met. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked 'do not attempt cardio pulmonary resuscitation' decisions that had been put in place for a number of people who lived at the home. We found that where people had capacity they made the decision themselves, with the help and support of staff and family members where appropriate, and where they did not the relevant requirements of the MCA were followed to ensure the decision was in their best interests. The decisions were kept under review to ensure they reflected people's changing needs and circumstances.

Staff had received training in the MCA and DoLS and at this inspection were knowledgeable about how the key principals applied in practice. Mental capacity assessments had been completed where appropriate and provided clear and up to date guidance about any legal powers that had been granted in connection with people's health, welfare or finances. People were asked for their agreement and consent before any support or treatment was provided and this was accurately reflected in their plans of care. One person said, "The nurses and other staff are first class and always ask for my say so before doing anything." A staff member commented, "Although we know everyone here very well indeed we still always ask first, never just assume."

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 checked whether the provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Security arrangements at the home meant that a significant number of people who lived there could not leave freely without the help and support of staff or family members. In all cases we found that the provider had followed the requirements of the MCA in order to keep people safe and had submitted applications to the appropriate supervisory body for authority to do so.

At our last inspection we found that people's health needs had not been met in all cases because identified risks were not managed effectively. At this inspection we found that the shortfalls previously identified had been addressed because identified risks were managed effectively and people's health needs were met. This included where risks had been identified in areas such as skin and pressure care, nutrition and hydration.

For example, where a person experienced difficulty swallowing, the potential risks of choking and malnutrition had been properly assessed and kept under review. They were referred to a speech and language therapist (SALT) who put measures and guidance in place to help staff meet the person's health needs and reduce the risks in a safe and effective way.

People told us that staff met all of their health and welfare needs in a calm, patient and timely manner. They also said that staff helped and supported them to access health and social care services when needed. One person commented, "The care meets all of my needs. I get to see a doctor if I need one quick as you like. I am very well looked after here." A relative told us, "I am happy that they [staff] meet all of [family member's] needs. The nursing and care staff are amazing, beyond brilliant."

People told us they had confidence in the staff who looked after them and were positive about their skills, experience and abilities. One person said, "The staff are all very good, they know what they are doing." Another person commented, "Yes the staff are competent." New staff members completed structured induction programmes before being allowed to work unsupervised.

Is the service effective?

Nurses and senior care staff carried out observations and competency checks in the work place which, together with regular supervision meetings, enabled them to monitor and review both the personal and professional development of individual staff members. A new role of 'care standards supervisor' had been introduced to support and oversee induction and staff development. One staff member told us, "We have regular supervisions where we discuss our goals, development and how we are getting on." The manager explained that staff were provided with additional 'one to one' support by experienced mentors if they experienced difficulty in learning and developing the necessary skills.

We saw that staff received training and refresher updates in areas relevant to their roles. This included dementia awareness, safeguarding, person centred care, infection control, moving and handling, medicines and first aid. Some staff members had also been given the opportunity to train and develop as 'champions' in key areas which included dignity, dementia care, nutrition and safeguarding. Others had benefited from additional training that was specific to some people who lived at the home, for example end of life care, diabetes awareness and how to manage behaviour that challenged in a dementia care setting. One staff member said, "The training here is really good, spot on. We are encouraged and supported to study for care qualifications which is really good." A relative commented, "They [staff] know what they are doing".

People were happy with the food provided and the choices offered and told us that snacks and hot drinks were available at any time, even during the night if they could not sleep and felt hungry or thirsty. One person said, "The food is alright, there is always a choice. Every now and then they change the menu and you can tell them what you like." Another person commented "The food is good and there is plenty to drink during the day." People's relatives also told us they were impressed with the quality and choice of meals on offer most days.

We saw that people who needed help to eat and drink, either in the communal dining areas or their own bedrooms, were given appropriate levels of support in a calm, relaxed and patient way. Most people appeared happy during lunch and told us they enjoyed the food provided. We saw that people were encouraged to eat and drink in sufficient quantities by care staff who were knowledgeable about their individual dietary needs and preferences. There was good interaction between staff and the people they supported with friendly conversation, laughing and joking evident throughout the mealtime we observed. Staff had access to detailed and clear guidance about people's specific needs, for example where they required soft, pureed or fortified food, and how they should be supported to eat and drink if necessary. One person said, "The food is OK and has improved since I've been here. Sunday roasts are very good."

Is the service caring?

Our findings

People told us they were looked after in a kind and compassionate way by staff who knew them well and were familiar with their needs and preferences. One person said, “I love it, everyone is happy and friendly; it is like one big happy family.” Another person said, “The staff are very reasonable, kind and considerate. Some are incredible, excellent beyond belief. Most of them I would have welcomed into my own home because they are like friends, family even.” A staff member who had worked at the home for many years commented, “I love it here and just love looking after people. It’s very friendly here and people are well looked after.”

Friends and relatives told us there were no restrictions as to when they visited and that they were always made to feel welcome. One relative commented, “I can come in any time, they [staff] have been very welcoming.” We saw that staff had developed positive and caring relationships with people who they supported in a kind, patient and respectful way. They clearly knew the people they cared for very well and understood how to relate to each of them as individuals. For example, one person liked to be very independent and do things by themselves with staff nearby to offer help and support if needed. Although it took much longer for them to get things done, staff respected their wishes and made sure they were supported with personal care in a way that maintained and promoted their independence. A relative said, “It’s wonderful here and my [family member] loves being here, loves it.”

Another person preferred to spend most of the day in their bedroom. We saw that staff regularly looked in on them to make sure they were comfortable and to find out if they wanted anything. The person commented, “It’s good here. We all get on really well.” A relative told us, “The staff are all kind, caring and very able; I can’t say a bad word about any of them. There is a very good atmosphere; it is so very caring here. Everyone is kind and caring, the cleaners, maintenance staff, they are a good team.” One person spoke with a member of maintenance staff while they carried out safety checks and told them they were in pain. The staff member offered reassurance in a kind and compassionate way before they went and obtained assistance from a nurse.

People told us that staff were respectful of their privacy and described how they preserved and promoted their dignity

by ensuring that personal care was carried out in private with bedroom doors closed. One person said, “They [staff] always make sure the door and curtains are closed before they help me.” Another person commented, “They never make you feel bad about what they have to do [when helping with personal care].”

During our inspection we saw that staff knocked people’s bedroom doors and asked for permission before they entered. People were able to choose the gender of staff who supported them with personal care. These preferences were respected with guidance and reminders appropriately displayed in people’s rooms. A relative told us, “They [staff] are very respectful of our privacy and really do treat the place like home, its excellent like that.”

We saw that staff treated people with dignity and respect when they needed to use hoists and other mobility equipment to help them move around the home or transfer from one chair to another. They reassured people and explained what was going to happen each step of the way in a calm and unhurried way. One person who was being assisted to transfer said to the staff who helped them, “You have a nice touch and are so kind, thank you.” Another person commented, “They [staff] are very good, they always tell me what they are going to do.” We also observed a staff member ensure that a person had their walking frame at hand in case they wanted to go for a walk.

We saw that people and, where appropriate, their family members, had been fully involved in the planning and reviews of the support, care and treatment provided. This was accurately reflected in the guidance and plans of care made available to staff. One person told us, “Yes I have regular discussions about my care and how I want things done.” A relative commented, “We often sit down with the key worker and go through everything about [family member’s] needs.”

Information about local advocacy services had been made available for people who wished or needed to obtain independent advice or guidance. We saw that a person who lacked capacity to make their own decisions, and did not have any next of kin available to help them, was supported by independent advocates in relation to all aspects of their care, welfare and support at the home.

Is the service caring?

People and their relatives told us they had the opportunity to attend meetings to discuss and have their say about the home and the services provided. We saw that the dates of forthcoming resident and family meetings had been prominently displayed in communal areas.

The confidentiality of information held in records about people's medical and personal histories was kept secure and had been sufficiently maintained across all areas of the home in a way that preserved and maintained appropriate levels of privacy.

Is the service responsive?

Our findings

When we last inspected the service we found that people were not adequately supported to pursue or engage in social interests or hobbies that met their individual needs. At this inspection we found that the shortfalls previously identified had been addressed and the standards were met.

However, the registered manager told us that it was an area they kept under constant review and in order to drive and achieve continuous improvements. They commented, "Activities have improved but are not yet where I want them to be, we need more links with the community."

People and their relatives told us that the opportunities and support made available for both individual and group activities at the home had improved significantly since our last inspection. One person said, "There are lots of things to do if you want to join in." A relative commented, "There is plenty of engagement here and staff find out what [residents] like to do as part of initial and ongoing assessments, it is very person centred here."

We saw that a new role of engagement coordinator and 'champion' had been introduced with responsibility for ensuring that people's individual activity needs were assessed, kept under review and met by activity coordinators, care staff and volunteers seven days a week wherever possible. We saw that the importance of supporting people to engage in activities appropriate to their needs had been stressed by the registered manager during supervisions and regular meetings with staff. Family members and volunteers were also encouraged to help in the development of new ideas for group and individual activities.

Engagement profiles were drawn up for every person at the home, with support and guidance from a reputable providers association, and reviewed with them on a regular basis as part of a scheme known as the 'smile project'. This project is designed to provide staff with the help, support and tools necessary to provide people who live with dementia with high quality person centred care and engagement in a way that met their individual needs. For example, in order to maintain their self-esteem one person

had highlighted the importance to them of being well presented at all times. To help achieve this goal arrangements were made for them to visit the hairdresser at the home on a weekly basis.

A wide range of opportunities were made available for people to take part in group and individual activities, hobbies and social interests. For example, a personal fitness trainer attended the home twice a week to support people with armchair exercises and we saw that plans were underway to introduce a sensory area in one of the communal lounges. Other opportunities had included 'knit and natter' sessions, cupcake making, charity and fundraising events, crib club, quizzes, games and visits by a 'pat' dog. During our inspection we saw that staff supported people to take part in a group game of 'hangman' in the conservatory. A form of 'do not disturb' sign was placed at the entrance which highlighted the importance of the session and that unnecessary interruptions were to be avoided.

Schedules and notices were used to promote themed events and activities such as Halloween and Christmas parties, a clothes and 'slipper and shoe' show, a ventriloquist and magic show, Christmas carols and a visit by a local scout troupe to help plant bulbs. Throughout our inspection we saw that staff frequently asked people what they wanted to do and where they preferred to sit. For example, one staff member asked people if they preferred to watch TV or listen to music over lunch. When people chose music the staff member went through a number of options to help them select what they wanted to listen to. People were clearly very pleased with this and joined in with the singing which made for a positive and uplifting dining experience for all concerned.

People told us they received personalised care that met their needs and took account of their preferences. We saw that most people's bedrooms had been personalised with decorations, family photographs, flowers and ornaments of their choice. One person said, "The staff know me very well and how I like things to be done. They are excellent, they really are." A relative commented, "They [staff] carried out a pre-admission needs assessment and another one when we arrived. They went into a lot of detail to find out exactly what [family member's] needs and preferences were. They are very good at person centred care here."

Another relative told us that their family member often had difficulty sleeping at night and would wake up hungry. They

Is the service responsive?

explained that staff always responded positively and made time to provide whatever reassurance and support was needed, for example by making them toast and cups of tea. We saw that a person who liked to smoke two cigarettes a day was supported by staff to go outside and enjoy their habit safely and without impacting on others.

Staff were very knowledgeable about how people wanted to be supported and had access to detailed information about their likes, dislikes, preferences and background history to help them perform their roles more effectively. For example, an entry in guidance provided about one person noted, “[Name] prefers to wear only a pyjama top at night and likes to have a glass of Horlicks at bedtime with the radio and bedside light on.”

An entry in guidance about another person noted, “[Name] prefers hot drinks and takes one and a half teaspoons of

sugar in tea or coffee. They like orange flavoured cold drinks. ...leave a jug of fresh water as friends bring [favourite] squash in for them. They like their bedroom temperature to be between 18 and 20 degrees Celsius prefer three to four pillows and like to listen to classical music.” This meant that people received care and support that was centred on their individual needs and personal circumstances.

People and their relatives told us they knew how to make a complaint and raise any concerns they had with staff and the registered manager. Information and guidance about how to make a complaint or provide feedback was displayed in communal areas. People felt confident about raising issues with staff and had the opportunity to discuss any concerns they had at regular meetings that were held for their benefit.

Is the service well-led?

Our findings

At our last inspection we found that some checks and reviews carried out by the registered manager to monitor risks and quality assure the services provided had proved ineffective. This was because they failed to provide adequate protection against the risks of inappropriate or unsafe care and treatment. At this inspection we found that most of the shortfalls previously identified had been addressed but that further improvements were necessary to ensure the standards were met in an effective and sustained way.

We saw that the registered manager had used a detailed action plan, with nominated lead responsibilities and realistic time scales, to address all of the shortfalls identified by the Commission. They obtained additional advice, guidance and support from a reputable care provider's organisation and discussed their plans with the provider on a regular basis. The registered manager was clear about their vision and mission to make the improvements necessary and in particular to provide high quality person centred care and support. They commented, "We have changed a lot [since last inspection] and are going in the right direction, but we still have lots to sort out."

The registered manager carried out a wide range of checks to monitor the quality of services provided and to ensure that any identified risks were managed effectively and reduced wherever possible. This included in areas such as health and safety, training, staffing issues, care planning and delivery, MCA, DoLS, medicines, kitchen and food hygiene, complaints, incidents and safeguarding. Action plans were developed and used to address areas of concern and we saw examples of where this approach was used to good effect. For example, in improving the quality and standard of DNACPR's and making sure that people at risk of pressure ulcers were supported with specialist equipment appropriate to their individual needs.

However, the registered manager acknowledged that, in light of the shortfalls identified during this inspection, for example the inadequate standards of cleanliness and hygiene in some toilet facilities, the checks carried out were not as effective as they could have been. This is an area that requires further and sustained improvements. The

registered manager and provider have developed a rolling programme of renovation to help improve the standards of cleanliness and hygiene in toilet, shower and bathroom facilities.

People, their relatives and staff were all very positive about the registered manager who they described as kind, approachable and highly visible around the home at different times of the day and evening. One person said, "The manager is lovely and always finds time to pop in for a chat and to see how you are." A relative commented, "The manager is brilliant and keeps us updated and informed about what is going on. They obviously know all of the residents really well and take time to get to know us as well." A newsletter was regularly circulated to provide information and updates about activities, fund raising and charity events, the 'extra mile award' scheme together with advice and guidance about topical issues such as cold and flu prevention.

Staff told us that the manager often arrived early in the morning to meet with night and day shift members. They observed and took part in handover meetings and updated staff with important developments and key messages about any developments regarding how the home operated and the services provided. The night before our inspection the registered manager visited the home at 3:00am to meet with staff, check on how things were going and to review people's plans of care. A staff member commented, "I enjoy working here, it's a really good team and people are well looked after. The manager is excellent and is always there for us if we need any help or advice."

Staff were clear about their roles and responsibilities and felt valued and well supported by the registered manager. We saw that an 'extra mile' award scheme had been introduced to recognise and celebrate staff performance that went above and beyond expectations. We saw that one staff member had recommended a colleague because they were "a professional carer, lovely person and always there for you." A person who lived at the home had suggested a staff member who "Makes me laugh so I stop feeling sorry for myself."

People told us they had confidence in the registered manager's ability to deal with any problems that arose. Relatives said they would not hesitate to raise any concerns they had because the registered manager was very open, approachable and efficient. Everybody felt that the registered manager had a positive influence on the home

Is the service well-led?

and was committed to providing safe and high quality care and support to all of the people who lived there. One staff member commented, “The manager is very approachable and listens to what we have to say. For example, new chairs and a karaoke machine were bought for the conservatory as a result of our [staff] suggestions.” We saw that suggestions and ideas shared by staff during supervision meetings had been actioned and progressed. For example, one staff member was given the opportunity to develop improved and more person centred food preference forms as a direct result of suggestions they made.

People, their relatives and staff told us they had the opportunity to attend meetings chaired by the registered manager and provider and have their say about the home and how it operated. One relative said they felt that the manager had made a real difference since our last inspection and was making the improvements necessary in a steady way “little by little.” We saw that people had

provided positive feedback at the meetings about their experiences. For example, one person said they were pleased with their care while another commented that they felt “much happier” having moved to the home.

Other opportunities were also available for people to provide feedback about the services provided, for example by way of survey questionnaires. We saw that most people who gave feedback were very positive about the home. For example, in one survey response we looked at a relative commented, “I sincerely believe that my [family member] has received the utmost care and courtesy from all staff...I cannot express enough how grateful I am to them.” Other feedback from relatives included, “I have nothing but praise for the staff and management. ...individual and personal care is of a high standard. I have not seen my [family member] so happy in a long time.they have improved beyond belief since moving in.”

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (1) and (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment How the regulation was not being met: The registered person had not ensured that adequate steps were taken to mitigate the risks of health care associated infection in all areas of the home.