

The Chace Rest Home Limited

The Chace Rest Home

Inspection report

Chase Road
Upper Welland
Malvern
Worcestershire
WR14 4JY

Tel: 01684561813
Website: www.thechace.com






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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 9, 10, 13 November 2017 and was unannounced.

The Chase Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Chase Rest Home provides accommodation and personal care for a maximum of 41 older people. On the day of our inspection there were 34 people living at the home, some people living at the home were living with a Dementia.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 our last inspection in September 2016 we found the provider was good overall, however we found the provider had not ensured people received consistent quality care.

At this inspection we found areas where improvements had been made, however these had not been fully completed or sustained. We also found other areas where improvement was needed. This is the third time the service has been rated requires improvement.

The management team had improved how staff were allocated, and people told us staff met their needs in a timely way. However, on-going monitoring to identify where staff practice needed improving was not consistently completed. People continued to receive an inconsistent experience of the quality of care they received.

Improvements to bathrooms to reduce the risk of infection had been identified but not completed. The provider had included these in their planned improvements.

We found shortfalls in systems which failed to identify when Deprivation of Liberty Safeguards had expired and best interest decisions had not been completed. The registered manager and the provider had not ensured there was a system in place to monitor this.

Where people needed support with making some decisions, information was not always recorded effectively and staff did not consistently understand what this meant to their practice. Reviews on people's best interests decisions were not always completed in line with legislation.

The provider had failed to ensure their web site displayed their performance ratings in line with current

legislation.

People told us they felt safe because staff knew them well and were available when they needed them. Staff understood how to recognise potential abuse and where they needed to report any concerns to. People had risks to their wellbeing identified and staff knew how manage the risks to people's safety. People told us there were sufficient numbers of staff to meet their needs.

The provider used safe systems to recruit new staff. People's medicines were stored securely and administered as prescribed. Staff had been trained and observed to ensure safe practice when administering medicines. Staff followed infection control guidelines, and the provider had plans in place to update bathrooms to ensure they remained free of infection.

People had their needs assessed to ensure the service could support them effectively. People's rights and preferences were taken into consideration when their care was planned. The service used information technology to support people's needs and maintain their independence as much as possible. Staff received regular updates to ensure they were able to meet people's needs.

People told us they enjoyed the food and were offered healthy choices. We saw people were offered visual prompts to support their decisions about their meal choices. Staff adapted how they communicated with people to ensure they understood the choices they were offered. People were asked for their permission before they were supported, and their wishes respected.

People and their relatives were assured that health and social care professionals were involved when they were needed. The district nurse we spoke with said appropriate referrals were made and staff followed their guidance. Staff worked in partnership with other organisations to support people's well-being.

People were supported in an environment which was adapted to meet their needs. People had access to different communal areas and there were opportunities for people to follow their own interests and social activities. They had access to outdoor areas which were monitored for their safety.

People had caring relationships with staff, and they knew each other well. People enjoyed the company of other people living at the home and staff supported them to do this. People said their dignity was respected and we saw staff maintain people's rights and independence.

People had their individual needs met, and staff responded to changes in their care needs appropriately. People felt they were listened to and the management team had made improvements. There were systems in place to manage people's concerns and complaints and we saw these were completed and learning discussed with staff. People's preferences and choices about their end of life care were recorded and relatives told us staff showed compassion and understanding.

People were regularly asked for their views about how the service could be improved, they told us they were happy at the home and staff met their needs. Relatives were given opportunities to provide feedback about the quality of the service.

The provider used information technology to monitor and improve the safety and quality of care. People benefitted from staff working in partnership with other organisations to improve their well-being.

You can see what action we asked the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to feel safe and secure and staff knew how to recognise signs of potential abuse and how to report them. People were supported to manage their risks and be as independent as possible. People were supported with their medicines by trained staff. There were systems in place to ensure the risk of infection was reduced.

Is the service effective?

Requires Improvement ●

The service was not consistently effective

People did not always have their best interests decisions reviewed and updated in line with legislation. Records did not always reflect the support people needed with decisions to guide staff.

People's preferences and rights were taken into consideration through the assessment process. People were supported by staff that had up to date training to meet their needs. People received meals they enjoyed and were offered regular drinks. People were confident staff had contacted health care professionals when they needed

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and knew them well. Staff used different methods of communication to ensure people could understand their choices. People's histories, likes and dislikes were known by staff improved how they supported people.

Is the service responsive?

Good ●

The service was responsive.

People had their individual needs met and were happy with their support. Staff used different methods to support people's

communication needs. The provider used technology to improve people's independence. People were supported by staff who listened and were adaptable to their needs. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

The service was not consistently well-led

People did not always benefit from effective monitoring to ensure people received quality care. The provider had systems in place to monitor the quality of the service and some improvements had been identified; however, the improvements had not been completed or sustained.

People and staff were encouraged to share their opinions with the management team. The provider used information technology to monitor and improve the quality of care. People benefitted from staff working in partnership with other organisations to improve their well-being.

Requires Improvement 

The Chace Rest Home

Detailed findings

Background to this inspection

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

We were aware of the conclusion of a Government Ombudsman investigation into a complaint about past care provided at the service. We used this information as part of our planning process.

This inspection took place on 9, 10, 13 November 2017 and was unannounced. The inspection team consisted of one inspector 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. Their area of expertise was dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

We used information the provider sent us in the Provider Information Return. This is information we ask providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority if they had any information to share with us about the service provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

We spoke with 13 people who lived at the home, and four relatives. We looked at how staff supported people throughout the day. We used different methods to gather experiences of what it was like to live at the

home. We observed care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager, and 10 staff. We also spoke with a member of the district nursing team who regularly visited the service. We looked at four records about people's care which included medication records, and care charts. We also looked at complaint files, accident and incident reports involving people who lived at the home. We looked at quality checks on aspects of the service which the management team had completed. We saw staff meeting minutes and minutes from meetings with people living at the home. We also looked at external audits completed by other professionals.

Is the service safe?

Our findings

At our last inspection in September 2016, we rated the service for this question as good. At this inspection we found the rating continued as good.

People we spoke with said they were safe. One person told us, "Of course I feel safe here they are all very nice people, they look after me very well." Another person said, "The [staff] make me feel safe." We saw people were confident with staff and reassured by their presence. Relatives told us their family members were safe. One relative explained they were assured staff supported their family member to remain safe.

The management team and staff explained their responsibilities in identifying and reporting potential abuse under the local authority reporting procedures. The registered manager explained they discussed potential abuse concerns with the local authority safeguarding team to support their understanding. We saw the registered manager had taken appropriate action to report potential abuse when she needed to. All the staff we spoke with had a clear understanding of their responsibility to report any concerns and who they could report them to. Staff explained training on potential abuse formed part of their induction and they completed regular updates so they would know what action to take to promote people's safety.

People told us staff supported them to manage their risks and they were confident staff helped them remain safe. One person said, "I had a shower yesterday, the [staff member] stayed with me." They explained this supported them to feel safe. Relatives we spoke with said staff were aware of their family member's risks and supported them safely. One relative explained how staff were focussed on their family member as an individual, and supported them to manage their risks in a way to encourage their independence and focussed on their ability not disability. Staff we spoke with had a good knowledge about people's risks and how they should be cared for. People had plans in place to guide staff about how to support people safely. People's plans were up to date and regularly reviewed.

We saw there were pets kept at the home and people told us they enjoyed this. We saw reasonable steps had been taken to protect people from the risks associated with the pets, however a risk assessment had not been undertaken. We discussed this with the registered manager who agreed to capture within a risk assessment the steps they had undertaken.

People we spoke with said there were sufficient numbers of staff to help them when they needed support. One person told us, "I have used my call bell a couple of times to get me up; I don't have to wait very long." Another person said, "There's a fair number of staff here." Relatives we spoke with told us staffing levels and deployment had improved. One relative said they had stayed overnight to support their family member on several occasions and the staffing levels were consistent and people had their needs met in a timely way.

All the staff we spoke with said there were sufficient staff to meet people's needs in a safe way. One member of staff explained how staffing numbers had improved and regular agency staff were used to cover vacant shifts. This promoted continuity of care for people who lived at the home. We spoke with the registered manager and she told us there was a recruitment campaign, and most of the vacancies were now filled,

however when needed she used regular agency staff to support the staff team. We spoke with a member of external agency staff and they said they knew about people's risks so they could support them safely because they completed regular shifts at the home.

People we spoke with told us they had their medicines when they needed them. One person said they were on regular medicines, they told us, "I seem to get them at the right time. I get pain in my eyes and ask them for pain killers, I get them in about two minutes." We saw staff administer medicines and explain to people what they were for. Staff were knowledgeable about the side effects of the medicines they were administering. We saw there were regular audits completed to support the management team to ensure medicines were administered safely. Staff we spoke with said they had attended training and had their competency checked at the home to administer medicines safely. We saw medicines were stored safely and disposed of correctly when needed.

There were protocols in place to give guidance to staff where people had 'as and when required' medicines. Staff we spoke with understood where to find the information they needed. The deputy manager undertook regular audits to ensure people were having their medicines as the doctor prescribed.

The registered manager told us the infection control lead would be completing specialist training to ensure monitoring was effective. We saw recent audits were completed which identified areas of improvements needed. For example, we saw the audits had identified improvements were needed in some of the bathrooms to ensure surfaces were able to be kept free of the risk of causing infection. The provider had an improvement plan in place and advised bathrooms would have any equipment replaced within the next two weeks where needed. We saw there was also improvement needed to replace soiled chairs. We spoke with the registered manager and they advised the chairs were regularly cleaned, however because of the staining the chairs needed replacing. The provider agreed during the inspection to order new chairs with a more suitable surface to support prevention of infection. We found one chipped plate, the chef advised that chipped plates should be thrown away straight away, and agreed to check their existing stock immediately to ensure there were no further chipped plates. The infection control lead for the clinical commissioning group had visited the service on the 20 June 2017. They advised there were effective processes in place to manage the risk of infection.

The management team advised they monitored accidents and incidents on a daily basis. The electronic system they used flagged up any concerns the staff documented. We saw from records where people had fallen; the management team had investigated and taken action. For example, for one person the GP was informed and a medication review arranged for one person who fell. For another person the mental health team were contacted. Staff told us when a concern was raised the information was communicated at the meeting before they started their shift, to ensure they were aware.

Is the service effective?

Our findings

At our last inspection in September 2016, we rated the service for this question as good. At this inspection we found improvement was needed to ensure people living at the home were not deprived of their liberty unlawfully.

The Mental Capacity Act 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 found records to support staff about who needed support with making decisions were not always completed factually. For example, on one person's record staff had recorded the person as not having capacity since August 2017, however there was no further action taken. We spoke with the registered manager and they explained the person had fluctuating capacity the records were incorrect. The person was not being deprived of their liberty because the majority of the time they had capacity to understand and agree to the care offered. The registered manager agreed to review records with the senior team to ensure they were accurate and to improve the senior staff understanding about the MCA. The registered manager understood the MCA and was aware of their responsibility to ensure decisions were made within this legislation. For example, we saw positive practice in supporting people to make choices by using pictures, or plated up meals to aid their understanding when deciding what to eat. One relative we spoke with explained they had been included in a best interest's decision for their family member and they felt involved in the process.

Although staff had completed training about MCA some staff we spoke with had little understanding of the legislation and how it affected people they supported. We looked at the records about how people were assessed regarding their capacity to make decisions. We found the assessments were generic and not specific about which decisions people needed additional support in. We spoke with the registered manager and she agreed she would review the assessments to ensure this was addressed. She would also review the MCA during team meetings to support the staff to improve their understanding.

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 service was working within the principles of the MCA.

The registered manager understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. We saw the registered manager understood least restrictive practice. For example, we saw where people needed to be restricted, other options were considered where appropriate. We discussed with the registered manager about how she kept people's DoLS under review. She was unclear at the time of inspection about who needed a new DoLS application. However, we saw the

registered manager took immediate action to review and complete this.

People we spoke with told us staff always checked before they assisted them to ensure they were happy with the support offered. Staff we spoke with said they were aware of a person's right to refuse their support and explained how they managed this to ensure people's rights were respected. For example, one member of staff told us that one person did not always want the support staff were offering, they explained how they would wait, or try a different member of staff to encourage the person to be supported. Staff told us they always ensured people consented to their care and we saw examples of this throughout our inspection. We saw one member of staff encouraging a person to sit at the table for their meal. When the person refused the staff member listened and arranged a table by the person's chair in the lounge, which the person agreed to.

We observed the meal time experience for people living at the home. For some people there was a relaxed atmosphere and shared conversation between staff and people living at the home. However, for other people we saw staff sat by them to eat their meal and did not interact with people during the shared experience. People were not encouraged to eat well through the interactions with the staff member. We spoke with the registered manager and they explained they were working with staff to improve interactions.

People we spoke with said they enjoyed the food provided for them at the home. One person told us, "The food is very good." Another person said, "The food is excellent. You have a selection of two choices. They come round half an hour before and show you the food." A further person told us, "You can have something else if you want, I've done that. You can have a fried breakfast." Relatives we spoke with said the food always looked good and their family member enjoyed the food. We saw people were offered choice and had prompts available to guide them with their menu choices. Staff told us they promoted people's independence as much as possible. They said they encouraged people to make healthy choices to ensure they were maintaining a healthy diet with both food and drink. A further person told us, "You can have drinks any time, they come round during the day. I have lemonade and water in my room, they supply it."

We spoke with the kitchen staff and they knew people's individual diet requirements and ensured these were met. They were aware which people had special dietary needs and knew the likes and dislikes of people well.

People we spoke with told us they had their needs assessed before they came to live at the home. We saw people's preferences and needs were taken into consideration through the assessment process. Relatives said they were involved with communicating information about their family member's needs and preferences during the assessment process, where appropriate. We saw the registered manager collected information from other health care professionals to ensure they could meet people's needs. For example, we saw information about people's ability to mobilise was used to ensure people were offered accommodation where they could be as independent as possible. Staff told us they knew how to meet people's needs and promote their independence as much as possible. One person said, "I get myself up and dressed. I couldn't when I first came."

The registered manager showed us they used technology to support people's independence and least restrictive practice when supporting people living with a dementia. For example, we saw there was the use of short circuit television to monitor the back garden. This was because people had been at risk of accidents, such as falling when out in the garden. The provider had implemented this so people could continue to access the garden as they wanted to without being restricted, and staff could monitor their safety. The registered manager also had implemented electronic care plans and daily notes. This improved the way the information was stored to support staff with guidance about people's needs. This technology also recorded information at the time it was entered by staff, which improved the accuracy in reporting which would

improve people's care.

People we spoke with said staff were knowledgeable about how to support them. One person told us, "They [staff] know what they are doing; they know how to help me with when I need it." Staff told us they completed regular updates to ensure they were skilled to support people's needs. One member of staff told us about the difference completing training about dementia had made to their practice when supporting people at the home. They went on to say how much they had enjoyed it and their understanding and empathy had improved. Newer staff told us they were waiting to attend the dementia training in the near future.

We spoke with staff that had recently started working at the home. One member of staff explained their induction process which included 'shadowing' (working alongside) existing staff, looking at care plans and completing training the provider considered to be mandatory which was linked to the national Care Certificate. They said they had felt very supported through the process and were confident to support people when they had completed their induction.

The registered manager and staff told us they worked with other organisations to support people's needs and provide effective care. For example one relative explained how the staff team had worked with the mental health team to provide effective support for one person. We saw on care records staff had involved mental health teams for other people as they were needed.

People we spoke with told us they had access to health care professionals when they needed to. One person said, "The manager called the doctor because I didn't feel well. He came the next day. I have a chiropodist as well." Relatives explained staff were quick to act if their family member was unwell, and they were confident the appropriate action was taken. The district nurse we spoke with told us staff made appropriate referrals to them and followed any guidance they offered. They confirmed communication with staff had improved and staff were knowledgeable about the people they supported. Staff had involved other health agencies as they were needed in response to the person's needs.

People had access to different places at the home to spend their time. Some areas of the home had memorabilia for people to pick up and touch as people wanted to, such as games, books and sewing equipment. People were able to go into the garden as they wished, and move about in a safe environment. The provider had agreed to put hand rails up in the garden to improve people's safety when accessing the garden. There was appropriate signage to support people living with a dementia.

Is the service caring?

Our findings

At our last inspection in September 2016, we rated the service for this question as good. At this inspection we found the rating remained good.

People and their relatives said staff were caring. One person told us, "I feel looked after. They [staff] are lovely." Another person said, "They [staff] are all nice people." Relatives we spoke with said the staff were all caring and kind.

We saw caring interactions between staff and the people living at the home. For example, we saw one member of staff reassured a person who was concerned about what was happening during the day. The person asked on many occasions and the staff member continued to give consistent reassurance about they were doing next. We saw the person was reassured and their well-being improved. People told us staff knew them well, one person said, "They [staff] know me and what I like."

People's histories had been communicated by people and their families and were accessible to staff so they understood people. Staff had a good understanding of people's personalities, their lifestyles and interests. We saw information had been gathered about where people had lived, what their occupations had been and their family background. We saw information was recorded about people's emotional needs and this was shared with all staff to clearly demonstrate how people needed to be supported. The registered manager explained this information was being used to support care planning to ensure people received individual care to meet their needs.

People we spoke with were unsure if they were involved with their care planning. However, they all said they were involved in decisions about their care. They told us they were able to say what they wanted help with and were confident they would receive what they wanted. One person explained they managed most things themselves, however, they said, "I only have to ask and they [staff] will help." Staff said they knew people's support needs could change from day to day, and understood people well enough to recognise when they required additional help. Relatives told us staff met the needs of their family member.

Staff adapted how they communicated with people according to their needs. We saw examples where staff spent time ensuring people understood their conversation. They made eye contact so they could look for visual clues about the person's well-being when they needed to. We saw there were visual prompts for meals to support people to make informed choices if they needed them. We saw staff were aware of who needed the prompts and who didn't. We saw staff use different tools such as pictures and hand gestures to improve people's understanding.

People told us about how their dignity and privacy was respected by staff. One person explained they were supported to remain as independent as possible and this supported their dignity. Another person told us, "I feel looked after. They don't make me feel embarrassed at all." They went on to say how this maintained their dignity. A further person said, "They help me in the shower, a woman washes my back. I asked for a woman, it was my choice." People told us they were able to spend time with other people or on their own.

They had private space available to see their visitors if they wanted to.

We saw staff consistently knocked on people's doors, or called out as they entered, and closed the doors behind them, to maintain people's dignity whilst they were offering support. Staff we spoke with said maintaining people's dignity was important to them. They had a good understanding of people's human rights and understood the needs of people living at the home.

We saw people records were kept electronically under password protected control to ensure confidentiality was maintained.

People and their relatives told us they were welcome to visit at any time. One person said, "My friends and family visit at any time, they are always welcome." One friend said, "I visit whenever I can, and I am always welcomed." This helped people who lived at the home to maintain important relationships.

We saw there were arrangements in place if people needed independent support with decisions. The management team were aware of how to access advocacy services to provide an independent voice to speak up on behalf of people living at the home when they needed them.

Is the service responsive?

Our findings

At our last inspection in September 2016, we rated the service for this question as good. At this inspection we found the rating remained good.

People we spoke with explained they had their individual needs met. One person said, "I like it here, it's a nice place to be. We're very well looked after. They're very kind here if you need help, they'll help you." Another person told us, "We only have to say and they [staff] will do." All the people we spoke with said staff looked after them well and knew how to meet their needs.

Relatives we spoke with said the care their family member had was individual to their needs. One relative told us, "Nothing is too much trouble. They [staff] really get to know [family member] and the care is really all about what the person wants." They went on to explain how they had seen their family member improve in confidence since living at the home.

We looked at four records about people's care needs and there was clear guidance for staff to meet people's needs. The records had been recently reviewed and were up to date. The care records were focussed on people's individual needs. For example, we saw one person had hints and tips about how to support their well-being recorded. We spoke with staff and they were able to tell us about people's lives and what they liked and disliked, and what support people needed to improve their well-being. We saw appropriate risk assessments were in place and the risks were mitigated. Relatives we spoke with said they had been involved with communicating information with staff to improve how their family member was supported. They said staff listened and really understood their family member.

People we spoke with said staff recognised any changes to their health and well-being and ensured appropriate action was taken. Relatives told us staff noticed any changes with their family member and were confident staff responded to them. Relatives we spoke with said staff let them know about any concerns for their family member.

People said they had interesting things to do to pass the time. One person told us, "You can do whatever you like. My [family member] takes me home occasionally. The staff ask me to go out but I don't. They went out yesterday to a Garden Centre. We get a monthly activity sheet. There's one activity every day usually." Another person said, "There are activities, I missed it this morning. I prefer to write letters and I read a lot, it's my choice. I'm not an active joiner." Relatives told us staff had time to spend with people. One relative said they had seen staff always had time to stop and talk to people and reassure them when they needed to be reassured. We saw staff knew people well and knew how people liked to spend their time. For example we saw staff involved people whilst they were completing their care notes. We saw people really enjoyed speaking to staff and there was banter and laughter between people and staff members.

People told us they made their own choices about how they spend their day. One person said, "I'm quite relaxed, I can do what I like. If I want to go in the garden, I ask and they take me. I do wander sometimes." Another person told us, "I do a bit of sewing and embroidery sometimes."

We go out sometimes for a walk. The [staff] take us."

Staff we spoke with told us they worked hard to ensure people understood their communication. For example, we saw one member of staff using simple words and artefacts to communicate with one person when they were upset. We saw the person's well-being improved. Another staff member explained how they used different ways to communicate with different people, such as simple words and hand gestures. They explained the registered manager supported staff with guidance, to communicate effectively to ensure people's needs were met.

People said they were asked if they were happy with the support they received. All the people we spoke with said they were happy with how they were supported at the home. One person told us, "I haven't needed to complain about anything, they are a high standard." Another person said, "No concerns that I can think of. I would raise them with the manager." They were assured if they were not happy with something the management team and staff would listen and help them resolve the issue. Relatives said they were confident to speak to staff or the management team if they had any concerns. One relative told us they felt listened to and that staff responded to meet their family member's needs. Another relative told us that staff supported their family member with their religious needs, and understood this was important for people's well-being.

We saw there was a complaints procedure in place. Where concerns had been raised action had been taken. We looked at complaints and how learning was carried forward to ensure lessons were learnt. We saw complaints were fully investigated and actions implemented in a timely way. Staff told us complaints were discussed in staff meetings to ensure learning was communicated to the wider team. For example, one staff member described a complaint about a person's care and what had been put in place to improve the person's well-being.

Two relatives described how staff had supported their family member during the end of their life. One relative told us that staff were very supportive and involved other health professionals and they were confident their family member had all the support they needed. They also told us staff had followed their family member's wishes, which they felt was very reassuring. Another relative said staff were compassionate and caring and sensitive to the needs of the person experiencing end of life.

We saw people's end of life wishes were recorded for guidance for staff. The information was communicated by people and their family when they were happy to give that information. We saw appropriate emergency medicines were available. Support and guidance from other health agencies involved was in place, as appropriate.

Is the service well-led?

Our findings

When we last inspected in September 2016 we found the provider did not have effective systems in place to monitor and improve the quality of care for people living at the home to ensure consistent care. At this inspection we found there had been some improvements to the concerns we identified. However, further improvement was needed to governance procedures and practice to ensure people consistently received quality care.

We found people continued to receive inconsistent care. We saw examples where staff did not interact with people to support their well-being. The registered manager told us there were no routinely recorded observations by the management team to monitor how care was delivered to support staff to make these improvements. She showed us examples where the management team completed regular supervisions to formally raise concerns about staff practice. However at the time of the inspection further improvement was needed to ensure people received support for their well-being.

The provider completed regular visits to the home to monitor the effectiveness of the quality assurance systems. These had not identified all of the concerns we noted.

The system in place to check capacity assessments was not effective to ensure people were only supported with decisions they needed support with. The assessments we saw were not specific about which decision people needed help with. The registered manager agreed she would review and update as soon as possible to ensure they complied with the MCA. Staff did not consistently understand the impact of the MCA for people living at the home. The registered manager agreed to support staff to have an improved understanding of the MCA to inform staff practice.

At this inspection we found improvements had been progressed but not all had been completed or embedded. For example, at our last inspection the registered manager gave assurances they would monitor the cleanliness of the bathrooms more effectively. We found further improvements were needed to ensure the bathrooms were monitored effectively for cleanliness and systems established to ensure the areas remained consistently clean. We saw the provider had a plan in place to update the bathrooms to ensure they could be cleaned effectively. However, at the time of our inspection people continued to be at risk of infection through bathrooms needing updating.

This was a breach in Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective arrangements in place to monitor and improve the quality of care for people using the service.

We found the provider had failed to display their ratings on their website. We saw there was a link to the Care Quality Commission web-site, however, the requirement is to display performance ratings visibly on the provider's web-site and this had not been done.

This was a breach in regulation 20A Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

the provider had failed to display performance ratings on their web-site.

People said they knew the management team and enjoyed living at the home. One person told us, "I know the manager, she's super. The days here are very pleasant, I can't think of anything to improve really." Another said living at the home was, "A real home from home." Relatives said staff were compassionate and focused on providing support focused on their family member. One relative explained there was, "A culture of treating people as the centre of everything at the home." They went on to say this was very important to them and improved their well-being.

Staff told us the culture at the home had improved. They had more time to spend with people and were more involved with decisions about what support people needed. A member of staff told us, "This is a good place to work; we all really care about the people living here. We all get on together and with the [people]." However we saw there continued to be improvement needed to the culture to ensure people were supported by staff who demonstrated good practice consistently.

At our last inspection we found staff were not always suitably deployed. At this inspection we found the registered manager had taken action and reviewed the way staff were allocated their work and increased the number of care hours. People and staff told us this had improved how people were supported and ensured staff were available to help people.

The registered manager was establishing 'leads' amongst the staff to develop their confidence and knowledge. For example, we saw infection control audits completed by one member of staff, and another member of staff was leading on fire safety. This improved staff understanding and helped ensure staff were clearer about their responsibilities and roles. One member of staff said they enjoyed their new role and had communicated the information with the rest of the staff team.

Relatives told us the management team had sent out questionnaires for feedback about the quality of the service. We saw the responses from the questionnaires received showed overall positive feedback. Examples of comments recorded were, "Nice and cosy," "Overall it is homely and well looked after" and, "Staff are around, aware, observant not obtrusive but willing to interact if appropriate." We saw there were regular meetings with people living at the home, which gave people the opportunity to discuss concerns and any improvements that were happening at the home. Suggestions made about ideas for trips out were put into place by the registered manager.

We spoke to the registered manager about how people and their relatives could access their records. The registered manager showed us a letter sent in June 2017 to relatives advising they could access their family member's records if agreed and appropriate. The registered manager told us few relatives had asked to look at records; but they were available if it was appropriate. She also told us people had access to their records through staff whenever they wanted to look at them. We saw people were involved on occasions with staff whilst they completed their records on the IT system.

The public had access to the provider's web-site and the provider shared views from their questionnaires to inform the public about the quality of care.

The management team used an electronic system to monitor and improve the quality of care. We saw there were regular prompts on the system to support the management team if there were any concerns such as falls or medication concerns. The system also monitored staff training needs and prompted audits to be completed, for example, health and safety and medicine audits. We saw these were regularly completed and the actions identified fed into the meetings between the registered manager and provider.

Staff told us they were well supported by the management team and they had regular staff meetings which gave staff the opportunity to make suggestions for improvements. Staff said they felt listened to. For example, one member of staff told us about a suggestion they had made to improve the well-being for one person. They told us this had been implemented and the person's well-being had improved. Another member of staff explained how at the last team meeting they had provided a practical demonstration for staff, to support them to improve their moving and handling techniques. Other staff we spoke to mentioned this was effective and had improved their confidence when supporting people to move safely.

The registered manager demonstrated they worked in partnership with other agencies. We saw examples where other health professionals had worked with staff at the home to improve how people were supported. We also spoke with the local authority and they advised the management team would contact them for advice if they needed to. We saw on the provider information return the registered manager spoke with the safeguarding team if she needed advice about any concerns.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements in place to monitor and improve the quality of care for people using the service.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider failed to display performance ratings on their web site.

The enforcement action we took:

Requirement notice