Careconcepts Limited

Marion Lauder House

Inspection report

20 Lincombe Road
Wythenshaw
Greater Manchester
M22 1PY
Tel:0161 437 3246
Website: www.careconcepts.co.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

Marion Lauder House is registered to provide accommodation for up to 79 people who require nursing and/or personal care. The home is separated into five units. These include two nursing units known as 'lounges', a residential unit, a respite unit and day centre. The units are situated over two floors. All of the people residing at the home, and using the respite facility are living with dementia. At the time of our visit there were 18 people living in the residential unit and 35 people living in the nursing units. People are supported by two or three qualified nurses in a morning, reducing to two in the afternoon and eight care staff plus one activity co-ordinator throughout the day. This reduces to five care staff and one qualified nurse in the evenings and at night.

The inspection was unannounced and took place on 06 January 2016. The inspection was carried out by two adult social care inspectors, and a specialist advisor. Specialist advisors have up-to date knowledge and experience in their specialist area. The specialist advisor was a registered general nurse.

Summary of findings

Prior to this inspection there had been a full inspection carried out on 18 May 2015. At that inspection we rated the service as inadequate and the service was placed into special measures.

This was because there were breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. The breaches were in relation to: inadequate assessment of people's needs, care and treatment was provided without required consent, inadequate systems in place to manage risks and monitor the service, unlawful control and restraint, poor wound management and clinical practice, inadequate staff training and poor communication between nurses and other healthcare professionals which placed people at risk of harm. The home did not have a registered manager and so were not meeting the requirements of the law.

The purpose of special measures is to provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration. At this inspection we found there was enough improvement to take the provider out of special measures.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection we found there were no assessment of the needs and preferences for care and treatment for some of the people using the service. We also found records were out of date. At this inspection on 06 January 2016 we found improvements had been made although care records varied in the quality of information contained within them. We were made aware that new care plans were being introduced across the service and we saw these were more person centred. However care staff we spoke with were unable to understand the format of the nursing plans which meant they would not know where to look for information should they need it. **To help ensure the health and well-being of people is protected, we recommend the provider looks for a best practice solution to ensure that all care records reflect the care required in a format easily accessible to all staff.**

We saw that procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises.

At the last inspection we found there were not enough suitably qualified, skilled and experienced staff working at the home. Since that inspection more staff had been recruited and we found people were cared for by suitably skilled and experienced staff that were safely recruited. Care staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. Records showed that staff had also received training relevant to their role and further training was planned. The staff we spoke with had a good understanding of the care and support that people required. **However we have recommended that, in order to be able to respond to people's healthcare needs the Registered Mental Health Nurses (RMN's) receive further training on wound care management.**

At the last inspection we found some staff did not always respect people or treat them in a dignified way. We found improvements had been made, staff had received further training and interactions between staff and the people who used the service were good. Staff were polite and patient when offering care and support. The home had a calm, relaxed atmosphere. Staff responded quickly and efficiently when people became upset or agitated and used effective techniques to diffuse situations. There were a range of activities taking place and people had access to a full activity timetable if they wanted it.

We found that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

At the last inspection we found that risks to people's health and well-being had not been properly managed, such as poor nutrition and the development of pressure ulcers, and although plans were in place to help reduce or eliminate the risk it was not clear who had responsibility for maintaining these plans . We found people were placed at risk because changes in their

Summary of findings

healthcare needs were not escalated in a timely manner. At this inspection we found improvements had been made with the appointment of a clinical lead who had responsibility for ensuring care plans for people requiring nursing care were up to date and accurate.

We saw that food stocks were good and people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and deal with any emergency that could affect the provision of care.

Checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe.

Staff were not fully able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. **We found there was a breach in Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider was not working in with the principles of the Mental Capacity Act 2005.**

You can see the action we have told the provider to take on the back page of this 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?

Requires improvement

The service was not always safe.

Staff had access to Personal Protection Plans to inform them about how to evacuate people safely in the event of a fire.

Risk assessments were not accessible for all staff.

Medicine was managed safely and people were happy with the level of support they received in relation to their medicine. Staff were properly trained to administer medicine safely.

Staff understood the different types of abuse and knew how to report incidents to keep people safe.

Is the service effective?

Requires improvement

The service was not effective in all areas.

People using this service were not always involved in decisions about how their care and support would be provided.

Staff did not demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made but more training was needed in relation to the MCA.

People who used the service were supported by trained care staff who understood their individual needs well.

Is the service caring?

Good

The service was caring.

People who used this service told us they were treated with kindness and compassion and that their rights to privacy, dignity and respect were upheld.

Staff listened to the views and preferences of the people they cared for and this was reflected in a person centred approach to the provision of care.

Staff understood the specific care needs and cultural diversity of the people they supported.

Is the service responsive?

Requires improvement

The service was not always responsive.

Care records did not always reflect the care people required or received.

People were able to spend their time as they wished and people's visitors were made welcome. We saw and people told us that they were involved in a wide range of activities.

Summary of findings

People had access to information about how to raise concerns. We were told and records showed that issues and concerns brought to the registered manager's attention had been addressed.

Is the service well-led?

Good

The service was well-led. The service had a manager who was registered with the Care Quality Commission (CQC).

We saw systems were in place to monitor and review the service and checks were effective in ensuring people were protected from the risks of unsafe or inappropriate care and support.

The registered manager had notified the CQC, as required by legislation, of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Marion Lauder House

Detailed findings

Background to this inspection

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

The inspection team comprised of two adult social care inspectors and a specialist professional advisor who was a registered nurse.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. We also contacted some of the social care professionals who provide funding for the care of some of the people who use the service. They told us the home had improved and they had no concerns about the service at this time.

During this inspection we spoke with eight people who used the service, nine staff members including registered nurses, senior staff, care staff and the registered manager. We spoke with seven visiting relatives and after the inspection we spoke with a healthcare professional from South Manchester University Hospital. We did this to gain information about the service provided.

We looked around all areas of the home, looked at how staff supported people, looked at twelve people's care records, a random sample of six wound management records and records about the management of the service.

Requires improvement

Is the service safe?

Our findings

The people we spoke with told us they felt safe. Comments made included, “yes I do feel safe I have lived here a long time and my family come to visit me regularly.” Another person said, “I feel safe, and I know a lot of people here, I like to be in the lounge here with other people for company.” A visiting family member told us, “I feel that my [relative] is safe. I don’t know where I would be without them, I trust the staff implicitly”

We saw the front doors to the home were kept locked and people had to ring the doorbell and be allowed access by the staff. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and the radiators were suitably protected with covers.

We found equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, electric circuits, fire alarm plus fire equipment and lifting equipment. These checks help to ensure the safety and well-being of everybody living, working and visiting the home.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise and possibly affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. We saw that staff received regular training in fire prevention and the action to take in the event of a fire.

At our last inspection we found there were not sufficient numbers of competent staff to meet the requirements of the people living at Marion Lauder House. This was because the nurses at the home did not provide safe care to people needing support to manage pressure ulcers. We found there was an over reliance on the nursing home team to provide nursing care rather than the nurses employed by the home. The nursing home team are a team of nurses from The University Hospital of South Manchester who provide long arm support to nursing homes in the borough. At the last inspection the nursing home team had raised concerns with us about the home not being able to provide an appropriate level of nursing care.

Since the last inspection the registered manager had made a referral to the Nursing and Midwifery Council regarding the practice of one of the nurses employed at the home. The home had also recruited four new nurses, including a clinical lead to manage and support the existing staff team.

During the inspection we carried out observations to make sure there was always enough competent staff to ensure the people using the service were safe. We found the staff responded well to people’s changing needs and nobody showed signs of distress being left unattended. We found Marion Lauder House had sufficient suitably qualified competent and skilled staff to meet the requirements of the people on the day of our inspection.

There was a safe system of recruitment in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that checks were undertaken to ensure that the registered nurses who worked at the service had a current registration with the Nursing and Midwifery Council (NMC); ensuring they remain authorised to work as a registered nurse.

We looked at how the medicines were managed. We saw that policies and procedures for the management of the medicines were readily accessible and that all staff who handled the medicines were suitably trained in medicine management.

We found that the medicines, apart from prescribed creams, were stored securely. The medicines were kept in locked trolleys that were anchored to the wall for security when not in use and only authorised suitably trained staff had access to them.

We looked at the on-site laundry facilities. The laundry was adequately equipped, looked clean and was well organised. We saw infection prevention and control policies and procedures were in place and that infection prevention and control training was undertaken by all staff.

Requires improvement

Is the service safe?

We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were available throughout the home.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice) and we saw that policies and procedures were available to guide staff on how to safeguard people from abuse. We asked staff to tell us how they would safeguard people from harm. Staff were able to demonstrate their knowledge and understanding of the procedure. Inspection of the training records showed that almost all of the staff had received training in the protection of vulnerable adults.

The care records we looked at showed that risks to people's health and well-being had been identified; however risk assessments were not as clear as they should have been. For example we asked to see the risk assessment for one person who was at risk of falls as we could not find it in their care plan. The registered manager was able to locate the risk assessment embedded in the daily records and agreed this was not an effective way to record and monitor risks.

We looked at the care plans for six people that could be at risk of pressure sores due to their limited mobility and very fragile skin. People at risk should have charts with body mapping, weight and food intake and if the person has a wound, photographic evidence should be taken at each dressing change along with the measurement of the wound. We found a lack of information within the files and the risks seemed to be mixed in with care notes making it difficult to see without reading through lots of information. We also found little evidence of completed body mapping, diet, photographic evidence and wound measurement.

We spoke with four staff members including nurses, senior staff and care staff and asked them to explain the content of a care plan and where important information could be found. All staff were able to talk about each person individually but none could show us any evidence of how this worked within the current files. They were unable to identify risk factors quickly or other relevant information. We found the files lacked structure and risk factors were mixed in with care needs making it very difficult to understand the person's needs.

We recommend the home ensures all risks are properly assessed and a clear audit trail is available to ensure risks identified are properly reviewed and monitored to protect people from unsafe care.

We saw that any accidents and incidents that had occurred were recorded. The registered manager told us this was so they were able to analyse any recurring themes and then take appropriate action to help prevent any re occurrence.

Requires improvement

Is the service effective?

Our findings

The service was not effective in all areas.

At the last inspection we found there was a breach of regulation because there were not suitable arrangements in place to protect people from the use of unlawful control and restraint.

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

The Act covers a wide range of decisions or actions taken on behalf of people who may lack capacity to make decisions for themselves. These can be decisions about day to day matters like what to wear or buy or major life changing events like whether the person should live in a care home or undergo major surgery. One of the principles of the MCA is that it should be assumed that an adult has full legal capacity to make decisions for themselves at the time the decision needs to be made. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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).

In all of the bedrooms we looked in we saw pressure mats were being used. We were told that all of the bedrooms had them and that most people's were switched on at night so that staff were alerted to the person being out of bed and could attend to them. Ordinarily assistive technology, such as pressure mats, are used where there is a risk identified to an individual. The use of a pressure mat in the bedroom usually indicates that the person is at risk of injury from a fall for example or that they may pose some challenging behaviour to other people. On all of the files we looked at there was no risk assessment in place and we were told by the provider that risk assessments had not been completed. Further to this the provider did not recognise the use of a pressure mat as a restriction to a person's movement or liberty.

We looked at how people were consulted and consented to their care and support. We found a number of people living at Marion Lauder House had varying levels of ability and some had complex mental and physical health needs and relied on others to make decisions on their behalf about their care and support. We found people had not been consulted with or consented, where possible, to specific decisions about how they were to be cared for. For example, the use of pressure mats, covert medication and reclining chairs. Care records we looked at did not clearly demonstrate if a person had the capacity to consent to their care and treatment or if decisions had been made in the person's best interest. A 'best interest' meeting is where other professionals, and family, where relevant decide on the course of action to take to ensure the best outcome for the person using the service. This process should be followed to ensure people are protected. The provider should act in accordance with the Mental Capacity Act 2005 ensuring relevant consent and decisions are made in the best interests of the person.

Although we saw evidence to show that applications were being made for DoLS authorisations there was no written evidence of capacity assessments to determine who and why the person needed to be subject to a DoLS. We spoke to the registered manager who acknowledged more training was needed and that they, the clinical lead and the team leader would be attending training facilitated by Manchester safeguarding team on 14 January 2016. **We found there was a breach in Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities)Regulations 2014 because the provider was not working in with the principles of the Mental Capacity Act 2005.**

At the last inspection we found there was a breach of regulation relating to the skills and knowledge of some of the staff. We found significant improvements had been made with the recruitment of new staff who had successfully completed a comprehensive induction programme and had access to on-going training and supervision. For example the provider told us and we saw

Requires improvement

Is the service effective?

records, about a training programme they had recently introduced which would support nurses to evidence their continued professional development in order to become revalidated and so be able to continue to practice nursing.

We spoke with three nurses who told us the training provided at the home was good and that it helped to maintain their registration as a registered nurse. They said that they had undertaken induction and regularly received refresher training on core topics from the internal trainer.

At the last inspection we found people were placed at risk because changes in their healthcare needs were not escalated in a timely manner by the home. This was because the registered nurses relied on the nursing home team to manage pressure ulcers and wound care and care staff did not have the basic first aid knowledge to support the nurses if an emergency occurred. At this inspection we found that all care staff had received basic first aid training and knew what action to take if the healthcare needs of a person changed.

At this inspection we looked at six care plans for people needing support and treatment with nursing care. Whilst we saw there were care plans in place It was not clear from looking at the care notes who took responsibility for monitoring these. We would expect a home registered to provide nursing care to be able to provide this level of care to people who needed it. We spoke with the registered manager who confirmed that this had been a problem as some of the nurses were mental health nurses and so did not have the clinical skill to dress wounds. The registered manager and records confirmed that one of the nurses at the home was booked to do a tissue viability course which meant the home would then be able to respond appropriately to ensure people's clinical needs could be met by the provider. **We have however recommended that, in order to be able to respond to people's healthcare needs all the nurses including the Registered Mental Health Nurses (RMN's) receive further training on wound care management.**

Since the last inspection layout of the home had been reconfigured. Areas of the home had been redesigned with the purpose of providing the people living at Marion Lauder House with more space and offering people more privacy if they wanted to spend time with visiting families and friends. This meant people had access to quiet areas if they wanted to relax thus promoting their sense of well-being. The atmosphere throughout the home was calm and people were settled in the environment they chose to sit in.

Good

Is the service caring?

Our findings

We received positive feedback from all the people we spoke with about the staff at Marion Lauder House. At the last inspection we were told staff genuinely cared about the people living at the home but saw some occasions when some staff had not always respected the dignity of the people they were supporting.

At this inspection we spoke with seven people who used the service and they told us they were very happy with the care they received. Comments included, “yes staff helps me when I need it and I am treated well.”

We spoke with seven visiting relatives who were all very complementary. Comments included “The staff understand all my [relatives] needs. My [relative] is always clean and well-presented, seems calm and happy and the staff are just wonderful. When I arrive at different times on different days I witness staff hugging and giving individual time to whomever on the unit needs it." Another person said, “When I leave my [relative] after visiting her, I can go home in the knowledge that I know she will be cared for like she was the staff’s own [relative].”

Another person told us, “I cannot speak highly enough of the home and staff for the care they provide for my [relative].” They described the support the home had offered to them during a very difficult time. They told us, “nothing was too much trouble; the staff ensured [my relatives] spent time eating together and every day pushed two large armchairs together for them in a quiet area which allowed them to hold hands and fall asleep together. If my [relatives] had been at home at this time with the whole family we could not have given them half the care they received in this home and I can’t praise them enough.”

Another person told us, “This is an excellent home. My [relative] has been in previous homes but has never been cared for as well as she is in this home. The staff are just so caring and treat my [relative] like they would treat their own [relative]. I would have no hesitation recommending this home to other relatives, it is just so good.”

We looked at six nursing care files and noted that a number of people had spiritual needs. We saw these needs were well documented to ensure the home could offer support in the way people wanted. This meant the home understood the importance of respecting people’s diverse needs and promoted their sense of well-being by ensuring their spiritual needs were met.

At the time of our inspection there was nobody with an advanced care plan for end of life care. End of life care plans are designed to ensure people are supported in the way they want to be at the end of their life. At the last inspection we found one end of life are plan out of date which meant there was a risk that this person would not be cared for at the end of their life in the way they wanted. At this inspection the registered manager told us that three people who had been assessed as needing end of life care plans no longer needed them as their condition had improved through the support offered by the staff at the home.

After the inspection we spoke with the end of life care facilitator from The University Hospital of South Manchester about the approach of the home in relation to end of life care. They told us the home worked hard to ensure people received the care they needed at the end of their lives and that they had recently been revalidated with six steps status. The six steps programme is awarded to homes who have demonstrated they can meet and maintain set criteria to provide good care and support to people at the end of their lives. This includes a caring empathic approach and skilled and experienced staff. This revalidation meant that Marion Lauder House provided good care to people at the end of life.

We noted that staff showed people respect by referring to them by their actual names and took time to look at people when they were speaking to them and giving them time to answer. We looked at how staff cared for people in a respectful and dignified manner. We found staff knew people’s individual preferences and personalities and treated people with kindness. Interactions between people and staff were pleasant and friendly. We saw people ask for support whens needed and staff responded appropriately. Those staff we spoke with were able to tell us how they would promote people’s privacy and dignity when offering care and support. They told us they would knock on bedroom and bathroom doors before entering and ensure that personal care was provided in private.

We observed staff working quickly and efficiently to reassure people when they were becoming agitated or upset. For example one individual was pulling on the table

Good

Is the service caring?

cloth as they were anxious about what was happening around them. The staff member responded by supplying the person with some tea towels to fold which alleviated their anxiety.

From the conversations we had with staff it was evident that they understood the specific care needs and cultural diversity of the people they supported. All the people we spoke with during our visit confirmed that their care was provided in a respectful and dignified manner. People were supported by kind and attentive staff. Staff were courteous and people appeared relaxed and comfortable in the presence of the staff team. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them.

We saw staff worked as a team and demonstrated a good attitude to their role. One member of staff told us, “It’s nice to work here It’s a good team, things are much improved.”

Requires improvement

Is the service responsive?

Our findings

One relative we spoke with told us, "The staff know all the residents and know exactly how to deal with different needs, I am very happy with this home for my relative." Another person said "My [relative] is blind, but all staff take the time to sit and hold her hand and talk with her to ensure she is not left out due to her loss of sight." And, "I am kept informed about my [relatives] health needs, and staff take care of me by supplying me with a drink when I arrive."

At the last inspection we found the home did not properly assess the needs and preferences of the people who used the service. We found there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because accurate records for people using the service were not maintained.

We looked at twelve care files, six for people requiring nursing care and six for people requiring residential care. We found that whilst care plans were in place they did not always fully describe how a person should be supported appropriately in a person centred way. For example one care plan said that (an individual) is able to wash and dress themselves independently however the recent review had identified that this person was at times getting into bed fully clothed. We would have expected to see the care plan revised and reflect this change in behaviour and direct the staff how best to support the individual when this happens. Similarly on another person's care plan it said that the person was independent in most tasks including going to the toilet but would on occasions sit in the chair and urinate. Whilst the team leader was able to tell us how they may recognise this and support this individual, this information was not reflected in the care plan for all staff including agency staff. Additionally whilst we recognised that the care plans were in a relatively new format and contained the basic information relating to a person support needs they did not identify how a person may wish to be supported by identifying and incorporating their individual preferences, wishes and choices.

We spoke with the registered manager and the three nurses on duty and it was evident they knew about the care people needed and escalated concerns to other healthcare professionals when a risk or change in need was identified. We saw evidence of this within people's care files.

We did observe that the physical health of the people using the service was good. We noted everybody was clean and well-presented and were offered fluids on a regular basis, but again this was not reflected within the care files.

We recommend that, to help ensure the health and well-being of people is protected, the provider looks for a best practice solution to ensure that all care records reflect the care required.

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. Information we looked at confirmed that assessments were undertaken before people were admitted to the home.

On the day of our visit we saw people engaged in one to one activities such as painting and household chores. Throughout the course of the day we saw that activities were done on an individual basis although people could join in group sessions if they wanted to and residents had access to the day centre. There was a daily activity plan in place which people could access if they chose to do so.

Good

Is the service well-led?

Our findings

The home was being managed by a registered manager who had been in post since May 2015. The registered manager was supported in their role by a newly appointed clinical lead; both were present during the inspection.

We received positive feedback about the leadership within the home from staff, people who used the service and their relatives. Comments from people who used the service included, “I would just tell [the manager] if there was anything wrong." Visiting relatives told us, “This home is fantastic. I would come here myself." And, “The manager is really good. I have no worries about this home." After the inspection a healthcare professional told us, “The manager is new and really responsive to what is asked. They are willing to work with us and are always prepared when we come; they have worked hard to make sure people get the support they need.”

At our last inspection we found that effective systems to assess, monitor and improve the quality and safety of the service were not in place. During this inspection reviewed records and discussed with the registered manager what improvements had been made.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the newly implemented quality assurance system that was in place. We saw that where improvements were needed action was identified, along with a timescale for completion. We were also told that the nominated individual visited the home on at least a monthly basis to undertake their own monitoring of the service. In conversation with the registered manager it was evident that they fully understood their responsibilities. They described their plans for the continual development of the service to ensure that the changing needs of people would continue to be met through quality care and support. We saw an action plan from December 2015 which outlined all the improvement action to be taken across all areas of the service. This included, management, DoLS, care plans, medication, weight charts, safeguarding, dignity and respect, person centred care, respite arrangements, staffing and training. This meant the registered manager had already identified some of the issues as the ones we had found on the day of inspection and had already begun to take corrective action to improve the service.

There was also a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of re-occurrence; thereby helping to protect the health and safety of people who used the service. For example, following on from recent incidents relating to people not receiving care in a timely manner the home had reviewed the policy on when they admitted people from hospital. This was because staffing levels would need to increase if people were admitted with complex care needs. We spoke with the clinical lead who advised that the latest discharge to be accepted into the home was 18.30. They told us that, “a lot of time and planning is put into accepting new residents and it would be a totally unsafe discharge to accept a new resident after 18.30pm when staff numbers reduce and all staff members are busy assisting residents to bed.” The clinical lead advised the hospital have now started supporting this curfew and no longer sending residents to the home late into the evening.

We saw evidence in records that the registered manager monitored the quality of personal care and support by working flexible hours and through staff supervision, team meetings and regular monitoring. Staff described the registered manager as “supportive” and “approachable”.

We noted that the home had a warm relaxed atmosphere despite the nursing unit supporting people who presented behaviours which may be described as challenging and who required constant support. This was because the units were well staffed and well managed. The staff we spoke with all said they were happy to come to work and loved the role they did.

The staff we spoke with said they felt supported and, “like one big family.” They went on to say, “a number of staff have worked at this home for many years and feel the recent improvements have benefited the home.”

We noted everybody worked together across the home as a supportive team, and the morale between staff was good.

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
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person did not act in accordance with the 2005 Act.**