

Flintvale Limited

The Green Nursing Home

Inspection report

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out this unannounced inspection on 16 April 2018. The Green nursing home is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The Green provides care and support for up to 59 older people who require nursing or personal care, and who may be living with dementia. On the day of the inspection 35 people were living at the home.

At our last inspection in September 2017 we identified improvements were needed throughout the service. Following this inspection we used our enforcement powers and restricted admissions into the home and imposed conditions on the provider's registration. We also required the provider to send us evidence of audits undertaken each month along with a summary of actions taken particularly in relation to people's skin or wound care. This was because we found people were at risk of harm. We judged the home as 'Inadequate' in two of our key questions and 'requires improvement' in three of our key questions. We rated the home 'inadequate' overall and we identified four breaches of the Health and Social Care Act.

Following our September 2017 inspection we placed the home in special measures. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

This most recent inspection we found the improvements had been made in the quality of care provided to people and the service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found the service was now meeting the regulations. However, we will continue to monitor the service to ensure the improvements have been sustained and will review this at our next inspection.

Since our last inspection the home has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. Staff understood how to recognise abuse and knew how to escalate any concerns. Risks to people were assessed and care records in place to meet their needs. People received their medicines as prescribed and systems used for the management of medicines were safe. People were supported by adequate numbers of suitably recruited staff. People were protected from the risk of infection and any incidents or accidents were reviewed to ensure learning if things went wrong.

Staff were trained and demonstrated the skills and knowledge to meet people's needs. People were asked for their consent before care was provided. Where people's rights were restricted this had been completed lawfully. However improvements were required in the understanding of the principles of the MCA when submitting applications to deprive people of their freedom. People received sufficient amounts of food and drink and staff made referrals to healthcare professionals to support people's health needs when required.

People received support from caring staff who gave people time to make choices and decisions. Staff treated people with dignity and respect. People were supported to maintain their independence. Relatives and visitors were made welcome at the home by staff who knew them.

People sat for periods of time without stimulation and activities were not always person centred. People and their relatives knew who to contact if they were concerned about any aspect of their care and were confident issues would be dealt with appropriately.

The majority of issues identified at our last inspection in September 2017 had been addressed and systems and processes had been developed to monitor the quality of the service provided to people. Opportunities for people to feedback about the quality of care they received were being developed through meetings. People, their relatives and staff were positive about the management of the home and the effectiveness of the registered manager. The registered manager understood their role and responsibilities for reporting certain incidents to us that have occurred as required by law.

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 felt safe and risks to people health and care needs had been assessed and were managed. Staffing levels were adequate to meet people's needs. People received their medicines as prescribed. People were protected from the risk of infection by a clean home environment and established systems to maintain hygiene standard.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Staff were aware of the MCA and asked for people's consent before they provided care. However, improvements were required when considering depriving people of their liberty. People's needs were assessed and care records were in place. Staff received training to meet people's needs. People were supported to have sufficient to eat and drink to maintain their health. Staff monitored and responded to people's health needs when required. The building and environment met the needs of the people who lived at the home.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

Some staff did not always communicate and interact with people effectively. People received support from caring staff. People were supported by staff who knew people's choices and preferences. People were supported by staff who promoted their independence.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

People were not always supported to take part in activities relevant to their individual needs and interests. People received care that was responsive to their needs. People understood how to make complaints and their views.

Is the service well-led?

Good 

The service was well-led.

There was a registered manager in post. Auditing processes had been reviewed and developed to ensure people received safe care. People, their relatives and staff expressed positive views about the management and improvements made within the home. Systems had been developed to gain feedback from people to drive forward improvements. Staff felt supported and listened to by the provider. The provider had complied with the conditions imposed on their registration and had notified us of events as required by law.

The Green Nursing Home

Detailed findings

Background to this inspection

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

This inspection was prompted because the service was in special measures and services that are in Special Measures are kept under review and inspected again within six months. The inspection took place on 16 April 2018 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse and the expert by experience was a person who has personal experience of using or caring for someone who uses this type of care service. As part of the inspection we looked at the information we held about the service. This included information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send 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 also reviewed the action plan we had received from the service and statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and clinical commissioning group for information they held about the service. This helped us plan our inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided to people who were unable to speak with us. We spoke with seven people who lived in the home, seven relatives, seven staff members, the deputy the registered manager and nominated individual. We looked at records about people's care and support, staff files, medicine records and systems used for monitoring the quality of care provided including accidents and incidents.

Is the service safe?

Our findings

At our previous inspection in September 2017 we found the service was not safe and we rated the provider as 'Inadequate' in this key question. At our September 2017 inspection we found risks to people's health and safety were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the September 2017 inspection we restricted admissions into the home and imposed conditions to ensure staff knew people's individual risks and the care records were reflective of people's current needs. At this inspection we found the provider had made sufficient improvements and was no longer in breach of the law. We found concerns identified at our previous inspection had been addressed. However we will continue to monitor the service to ensure the improvements have been embedded into practice and are sustained.

At our last inspection in September 2017 people and their relatives felt although staffing levels had improved since the May 2017 inspection; at times more staff were required. At this inspection people told us there were sufficient numbers of staff to meet their needs. Most relatives thought staffing levels were sufficient and said they were happy that their family members were now getting the care they needed. One relative said, "There are enough staff." Although another relative commented, "Sometimes weekends can be light." Staff we spoke with told us they felt there were enough staff to meet people's care needs and confirmed that they were able to respond to people's requests. One member of staff said, "The staff numbers are perfect for the people we have."

At our last inspection we saw staff were not always available in some communal areas of the home to respond to people's requests for help. At this inspection we saw from our observations that staff were present within communal areas of the home.

The registered manager showed us they had used a tool to look at people's individual dependency levels and these had been assessed and updated since our last inspection. Although we found there were sufficient numbers of staff available to meet people's needs; improvements were required in the deployment of staff to ensure people's needs were met in a timely manner.

At our previous inspection in September 2017 we found risks to people's health and safety were not always adequately assessed which had resulted in some people not receiving safe care. For example in relation to fragile skin and behaviours that might challenge. Staff we spoke with and care practices we saw at our last inspection also demonstrated people received inconsistent care from staff.

Since our last inspection the provider had taken steps to improve the process of identifying and assessing people's risks. People told us staff understood their individual needs and managed their risks appropriately. One person told us, "Staff seem to know what they are doing." Staff we spoke with described people's individual risks and how they kept them safe from harm. For example, staff could describe how they kept people safe when they mobilised around the home and we saw throughout the inspection staff supported people to move safely. Information about changes in people's needs were shared at shift hand over to ensure staff had up to date information such as information about their skin integrity and food and fluid

intake.

At our last inspection we saw one person was not receiving safe care because a wound they had sustained on their leg had not been appropriately managed. As a result the wound significantly increased in size. At this inspection we found any concerns in relation to people's skin were assessed, monitored and managed safely. We saw one person had a sore on their skin; from our conversations with staff and the records we looked at; we saw that the sore was healing. We looked at the person's care record and found information was up to date along with guidance for staff to refer to should it be required. We found risks associated with people's care were monitored and managed effectively.

At our last inspection we found incidents and accidents that had occurred had not been effectively monitored and managed to reduce the likelihood of re-occurrence. At this inspection we found where incidents had occurred the registered manager had a system in place to learn when things went wrong to reduce the likelihood of repeat occurrences. Information was shared with staff in meetings and daily handover. This meant that staff were informed of any learning from incidents.

We looked at fire safety within the home. We found fire risk assessments were completed and the staff we spoke with were aware of their roles and responsibilities in the event of a fire. People living at the home had Personal Emergency Evacuation Plans (PEEPs) in place and these were up to date and reflected people's current needs should they be required in the event of an emergency.

Safety checks of the building were also completed these included checks of the fire alarm system and mobility equipment. The provider had ensured regular checks had been completed to ensure the home was a safe place for people to live in.

People told us they felt safe. "One person explained they felt safe because, "I can hear staff in the corridor." Another person said they felt safe because, "When I am in bed I am checked and staff always respond to my buzzer." A third person told us they felt safe because, "There is a mat in the bedroom so if I move onto it, staff will come to assist." We saw people were relaxed in the company of staff and felt confident to speak with them and ask for help when needed. Staff we spoke with told us they understood their responsibilities in recognising and reporting suspected harm or abuse. They told us they had completed training and knew what they should do if they thought someone was at risk of harm or they suspected abuse. One member of staff said they would inform the registered manager and if required external agencies such as the local safeguarding team or CQC. Records we looked at showed that when safeguarding incidents had occurred, the manager had reported these to the relevant safeguarding authority for investigation and notified us as is required by law. This meant people were protected from the risk of harm or abuse.

We looked at the recruitment process in place to check the suitability of the staff to work with people. We looked at five staff recruitment records and saw the provider had completed appropriate checks prior to staff starting work at the service. We saw reference, identity verification and Disclosure and Barring Service (DBS) checks had been completed. DBS checks help providers reduce the risk of employing unsuitable staff. We also saw the provider completed checks of nursing staff registration to ensure this was current. This showed the provider had adequate systems in place to demonstrate staff were suitable to work within a care service.

At our last inspection in September 2017 people told us they received their medicines when they needed them. However we found protocols for people who took their medicines 'when required' were not always in place nor was there a system to assess the level of pain a person might experience. This might mean that people would not be given their prescribed medicines for pain relief and may therefore experience

unnecessary pain.

At this inspection people told us they felt their medicines were managed safely. One person told us, "I get my medicine when I need it." Medicines were administered to people by nursing staff. Staff told us they felt confident supporting people with their medicines and had their competency to administer medicines checked to ensure their practice was safe. We found protocols were in place and were specific as to how and when 'As required' medicines should be used. We also saw when staff administered these medicines they indicated why the medicine was given in order to monitor the medicines usage. We saw people's pain was also being assessed and monitored. Records were kept and regularly updated to ensure people did not experience any unnecessary pain.

At our last inspection in September 2017 we saw some people required the administration of medicines by the use of an adhesive patch applied on the skin. We found there was not an adequate system in place to manage the rotation of these patches on people's skin to ensure they were being given as prescribed. At this inspection we looked at one person who used an adhesive patch to receive their medicine; staff we spoke with understood the importance of changing the area the patch was applied to and used a body map to record the areas of the body it had been placed on. This ensured the patch was rotated effectively which allowed for medicines to be absorbed into the body as prescribed. At our last inspection we also found people who used topical medicines did not receive this medicine consistently. Topical medications are ointments, creams, and solutions that are applied directly to the skin. At this inspection we found staff administered these medicines safely. Nursing staff regularly checked staff practice when applying topical medicine and monitored the effectiveness of the medicine and when required sought advice from healthcare professionals.

We observed how medicines were administered to people. One person's records indicated they received their medicine covertly. Covert medicine's means disguising medicines in either food or drink. We saw the provider had ensured this process had been carried out in the person's best interests. We saw guidance was available for staff on how and when to consider the use of covert medicines. We saw medicines were stored and disposed of safely and MAR charts were completed appropriately. The administration of medicines was also regularly checked by the registered manager through audit processes to ensure people were receiving their medicines safely and as prescribed.

People were protected from the risk of infection by staff who maintained effective cleanliness and hygiene standards within the home. People told us the home was clean. One relative commented, "[Person's room] is spotless." Staff told us they had sufficient amounts of Personal Protective Equipment (PPE) provided and we saw staff wore gloves and aprons when supporting people with personal care or serving food. We saw cleaning of the home occurred throughout the day and corridors and rooms smelt fresh. Toilets and bathrooms were clean and contained suitable hand washing facilities and information about the spread of infection. Regular checks were also completed to ensure standards were maintained across the home.

Is the service effective?

Our findings

At our previous two inspections in May and September 2017 we rated the provider as 'requires improvement' in this key question. In September 2017 we found improvement continued to be required in the area of communication. In addition we found applications to deprive some people of their liberty had not been submitted to the authorising body. We also found some staff were unclear of the Mental Capacity Act 2005 and what this might mean in practice for people. At this inspection we found improvements had been made in communication processes used by staff. However these needed to be sustained and embedded into staff practice. We found improvements had been made and most of the concerns identified at our last inspection had been addressed in relation to the understanding and the implementation of the MCA. However further improvements were required when considering applying to the authorising body to deprive people of their liberty.

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

At our last inspection in September 2017 we found applications to deprive people of their liberty had not been submitted. After the inspection the nominated individual submitted the applications as required. At this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw capacity assessments had been carried out and best interests decisions completed with people, relatives, staff and healthcare professionals where required. The registered manager told us eight DoLS had been authorised. We looked at one person's DoLS which had conditions connected to it saying particular medicines should be regularly reassessed. We found this person's medicines had been reviewed and their care was being monitored closely as per the condition of authorisation of the DoLS.

The registered manager continued to explain that they had submitted DoLS applications for all people living at the home to the local authority for consideration. We looked at one application that had been submitted to the local authority to deprive a person of their liberty. We saw this person had capacity to make their own choices and decisions and was not having their freedom deprived. We found this was an inappropriate DoLS application which suggests the registered manager's understanding of MCA may need to be improved to ensure people's legal rights were protected. We discussed this with the registered manager who said they would review all the applications they had submitted to the authorising authority to ensure they were acting within the principles of the MCA. We saw a system to monitor the progress of DoLS had been established in order to ensure people continued to receive the support they required and to maintain an accurate record.

Staff we spoke with had a good understanding of the MCA and DoLS and were aware of how DoLS might

affect people's liberty. However although we did not see anyone being restricted; staff were not fully aware of those people who had an authorised DoLS in place or the reasons for this, which might mean their legal rights may not be upheld. Staff were able to tell us about people's individual capacity to consent to the care they were receiving. One member of staff told us they always sought a person's consent before providing care. For example, One member of staff explained how they had to act in a person's best interests by giving their medicine covertly. Another member of staff explained if a person refused personal care they might try to either encourage the person or try again later if the person continued to refuse care. Throughout the day we saw staff offer people choices of where they would like to sit and what they would prefer to eat or drink.

At our last inspection we found people's specific dietary requirements were not always known to staff. At this inspection we found improvements had been made and staff were aware of people's individual risks in relation to food and fluids and were following advice from healthcare professionals. For example, where people required thickened fluids to reduce the risk of choking, we found staff who prepared drinks were aware of the person's requirement. Conversations we had with the cook confirmed they were aware of people's individual needs and how to prepare meals in line with people's specific dietary requirements in order to meet their needs.

People we spoke with had mixed views about the food choice available to them; comments included, "There's a lack of choice." and, "Food is quite good." and, "Food is awful." and, "The food has improved, people get a menu and a choice and if they don't like what's on the menu you can choose something else." We observed meal time and saw that people were offered a choice of food and drink. People told us they were offered an alternative choice if they did not like what was available. Where people required assistance with their meals they were supported by staff that were patient and not rushed. However, we saw staff did not interact with people whilst supporting them with their meals which meant staff did not use this opportunity to engage with people during a social event.

At our previous inspection we found the communication processes used by staff were not always effective and as a result impacted on how people's health needs were managed. At this inspection we found communication systems used to share information between staff had improved. As a result people's health needs were being met; conversations with staff and records we looked at confirmed where people required input from healthcare professional such as doctors, nurses or Speech and Language Therapy (SALT) advice was sought and being followed by staff. For example, where people required their weight to be monitored we saw this was being done. People we spoke with told us they were supported to manage their health needs. People told us they were able to see dentists and doctors when needed. Relatives also told us they were kept informed about changes in their family members health needs. One relative explained they were contacted when their family member went to hospital. We found the registered manager and staff worked well with other agencies and professionals to meet people's needs.

People's needs were assessed and they had care records developed when they came to live at the home. Staff were aware of people's needs and risks and were able to explain the support they needed to meet them. Information was recorded in people's care records and where required specialist advice was sought to assess people's needs and develop care records and risk assessments. For example, some people had been assessed by the Speech and Language Therapy Team (SALT). Information about people's individual dietary requirements were available in people's care records along with guidance to ensure people's needs were met with safety. People with specific health conditions had health plans in place for example those people living with diabetes had their blood sugars monitored. We found people's needs were assessed and plans were in place to meet people's needs.

At our last inspection in September 2017 people told us they felt staff met and understood their needs. At

this inspection people continued to feel staff had the skills required to support them. One person said, "Staff are good at their job. They cream [my] skin when needed." told us they had completed training, one member of staff told us, "I am doing training I have already done DoLS, person centred care and safeguarding." Another member of staff confirmed they felt they had the skills for their role and felt confident when supporting people with their care needs. Our observations throughout the inspection showed that staff had a good understanding of people's needs and knew what action to take to ensure people received the support they required.

Staff we spoke with said they received an induction which included the opportunity to shadow more experienced members of staff before they started in their role. One member of staff said, "I had an induction and I was put with senior staff to shadow for about a week." Staff that were new to care also completed a nationally recognised induction programme called the Care Certificate; we were told the provider's induction programme was aligned to this. The Care Certificate is a set of standards that health and social care workers cover as part of their induction training that will equip them with the knowledge and basic skills to care for people safely. Staff told us they felt supported in their role and said they felt confident to speak with the registered manager. They said the registered manager was always available to speak with and staff had the opportunity to attend meetings to discuss any issues or concerns.

A requirement of the Nursing and Midwifery Council (NMC) is that registered nurses are obliged to undertake continuous professional development to ensure they maintain current, best practice knowledge. Nurses we spoke with confirmed the provider supported them with training that would help them meet this requirement as well as support their revalidation when required.

People told us the home was clean and tidy. We found the environment was free from clutter, bright and odour free. Some areas would benefit from improved signage to assist some people to find their way around the building. We saw there was specific equipment in place for particular people such as specialist seating to help keep them safe. This indicated people were supported in an environment which met their needs.

Is the service caring?

Our findings

At our previous two inspections in May and September 2017 we rated the provider as 'requires improvement' in this key question. At the last inspection in September 2017 we found improvement continued to be required in promoting people's dignity. At this, most recent inspection we found improvements had been made in promoting people's dignity. However, improvements were required when engaging with people.

People told us staff treated them with dignity and respect. One person said, "Staff are kind and respectful." Another person told us, "Staff are kind and polite. I am not rushed." A relative commented, "Staff always treat people with respect they don't rush people and treat them like a person, better than before." At our previous inspection we saw instances where some people had not been assisted with their appearance or were not adequately supported with their meals. At this inspection we saw staff encouraged people with their appearance and we saw people were dressed in clothes they liked which reflected their individual tastes, gender and culture. Most people said staff listened to them and were approachable however some said staff did not always engage in conversation with them. One relative commented, "Communication is a bit of a problem. [Person] loves a chat but we never see any one chat with [person]." A member of staff told us, "Communication could be better sometimes there is a language barrier."

Although we saw some positive interactions between staff and people who lived at the home, we also observed some staff did not always engage with people when completing tasks. For example staff missed opportunities to have conversations with people whilst sitting in the communal areas because they were busy completing paperwork. For example, we saw one person became anxious before a member of staff responded to their needs. We discussed this with the registered manager who was aware of the concerns raised and was looking at ways to address this area.

Staff explained to us how they promoted people's dignity and privacy when providing care and support. One member of staff said, "I treat people with dignity I will always cover people when providing personal care or using the hoist." We observed transfers and moving and handling techniques. We saw people were being supported in a dignified way because staff did not rush and some staff explained to people what they were doing which offered reassurance to people while care and support was being provided.

People's visitors were welcomed in the home and we saw staff greeted them in a friendly manner. We saw when people were visited by their family or friends their privacy was respected.

People told us they were treated by staff who were kind and caring. One person said, "Staff are very kind; I am looked after." A relative commented, "[Person] always wants to hug the staff." Staff we spoke with demonstrated a good knowledge of people and observations carried out during the inspection showed staff were caring and compassionate towards people. For example, we saw one member of staff find a footstool after transferring a person into their chair, the staff member ensured the person was comfortable and their feet were positioned correctly ensuring the person could reach their call alarm before leaving the room. One person told us, "Staff are there if I need them." People were supported to be independent. For example, we

saw some people used adapted crockery such as a ringed plate to help provide additional surface to push against and lidded cups with straws. This supported people to maintain aspects of their independence.

People told us they were involved in making decisions about their care and support. Staff were aware of people's preferences and were able to tell us how people liked to be supported. For example, where people preferred to sit. Staff knew people well and understood their likes and dislikes and we saw people were relaxed and confident to ask for support from staff. We saw people were offered choices throughout the day about what they ate and where they spent their time. Although people told us they were involved in decisions and choices about their care they could not recall being involved in developing their care record. One relative we spoke with said they were aware of their relative's care record but had not had much involvement in the development of it. Another relative said they were not aware of a care record but spoke directly to staff if they required any information about their relative. Since our last inspection we found improvements had been made to people's care records which now contained information about people's varying needs. We saw care records were regularly reviewed and information was up to date and reflected people's care and support needs.

Is the service responsive?

Our findings

At our previous two inspections in May and September 2017 we rated the provider as 'requires improvement' in this key question. At the last inspection in September 2017 we found improvements continued to be required around supporting people with their interests and hobbies. We also found some people's preferences were not responded to in a timely manner. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of the regulations, but further improvements were needed in relation to leisure activities.

At our previous inspection people were not supported to maintain their interests and hobbies. At this inspection we found the provider had not yet demonstrated they had been proactive in making improvements in the activities available for people to take part in. One person told us they preferred to spend time in their room but were, "left to my own devices regarding activities." A relative commented, "There are not enough activities here." Some relatives told us they brought in books and magazines to help keep people occupied. We saw people spent long periods of time throughout the day with very little stimulation and we saw the majority of people spent their time sitting in the communal area without anything or anyone to engage with. Although some people occupied themselves by reading a magazine or sitting watching other people; we saw other people were lacking stimulation. For example, we saw people calling out or sleeping. Most people were reliant on the support of staff to take part in activities that interested them. We saw few occasions where staff offered people activities to take part in. Staff told us they thought activities and leisure activities could be improved. One member of staff said, "There's not enough going on for people." Another member of staff commented, "There are not enough activities for people there's no dolls or newspapers." We found although the home had an activities programme in place improvements continued to be needed to make social interactions and activities more consistently available for all.

At our previous inspection we found some people's expressed preferences were not responded to appropriately. Care records and guidance at that time was not sufficient to provide staff with the information to support people in a way that was personal and appropriate to them. At this inspection staff were able to tell us about people's likes and dislikes and how they responded to people's individual needs and choices. For example, one member of staff explained how they supported a person who became distressed. Since our last inspection the registered manager had reviewed and updated people's care records to ensure information was up to date and reflective of people's needs, risks and choices. Guidance about how to meet people's individual needs was also detailed in their care record. Staff we spoke with said information about changes to people's needs were shared during shift handover discussions which meant people received the right care or support. We found care was responsive to people's individual needs and reflected their choices and preferences.

At our previous inspection people and their relatives felt more work was needed in improving communication and processes in relation to complaints and concerns. At this inspection people and their relatives said they would speak to the registered manager if they had any issues or concerns. People and

their relatives were also given the opportunity to feedback or raise concerns within meetings that took place within the home. At this inspection we continued to see issues dealt with appropriately; for example, concerns that arose were responded to in a timely manner and feedback was given. Staff knew how to direct and support people to make a complaint and information about how to make complaints was in an accessible format. This showed the provider listened to people's feedback, concerns and complaints.

At the time of our inspection some people were receiving end of life care. We found care records were reflective of people's individual wishes and preferences in relation to their end of life care. We also saw where people had expressed a particular wish not to be resuscitated records relating to this were available for staff to refer to. Staff explained how they might support people at the end of their life and what this might involve in relation to administering specific medicines and providing care to people to meet their individual preferences such as cultural or religious requirements.

Is the service well-led?

Our findings

At our previous inspection in September 2017 we found the service was not well-led and we rated the provider as 'Inadequate' in this key question. We found improvements in relation to governance systems used to mitigate risks to people and improve the quality of service provided to people were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection we restricted admissions into the home and imposed conditions on the provider's registration. At this inspection we found the provider had made sufficient improvements and was no longer in breach of the law. We will continue to monitor the service to ensure the improvements have been sustained.

The registered manager told us that improvements had been ongoing since the inspection in September 2017. They explained that they had developed systems and improved the checks they completed to monitor and assess the quality of care people received. At our last inspection we found auditing and monitoring systems needed to be improved; and the processes to collect feedback from people about their views of the care they received needed to be developed. At this inspection we found audits had been implemented and were being used to identify and record improvements along with any lessons learnt. We found people's feedback was also sought to improve the quality of service they received. However, some people and their relatives told us communication in relation to providing details of meetings and exchanging information could be improved further. We saw meetings for staff, relatives and residents had taken place and we saw more meetings had been scheduled. Staff we spoke with said they felt listened to and involved in the home since the registered manager had come into post; one staff member told us, "[Registered manager] is always looking at how we can improve the service."

At our last inspection in September 2017 medicine and cleaning audit checks had recently been implemented but had not been embedded long enough to make improvements. At this inspection we found these checks had continued and had been effective. For example, we saw medicines were regularly checked and if a medicine error was found we saw action had been taken to address any concern. Such as contacting the doctor for further advice. We also saw regular checks had been completed of the environment these included fire safety and equipment checks. This meant the provider had ensured the home was a safer place for people to live in.

At our last inspection we found checks of people's care records had not been completed which had resulted in some people receiving unsafe care. At this inspection we saw regular checks had commenced to ensure people's records were reflective of people's needs and risks. At the last inspection incidents and accidents that had occurred had not always been appropriately reported nor had they been analysed to identify trends or patterns to reduce the risk of re-occurrence. At this inspection we found incidents had been documented detailing actions taken to ensure any concerns were adequately addressed. People's care records and risks assessments were updated in response to changes in people's needs. This provided staff with the correct written guidance to ensure people received the right care or support.

At our last inspection we found some people might be deprived of their liberty without the correct

authorisation in place to do so. At this inspection we found this continued to be an area for improvement. We spoke with the nominated individual and registered manager about this who said they would address the matter straight away.

At our inspection in September 2017 we found two notifiable events that had occurred in the home had not been sent to CQC as required by law. At this inspection, we saw that they had correctly notified us of any significant incidents and events that had taken place. All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The current management had ensured this was on display within the home and on their website. We also found the provider had complied with the conditions imposed on their registration which meant we were able to monitor how the service was managed. At our last inspection the home was being managed by the nominated individual and they were in the process of recruiting a new registered manager. This person was working at the home on a voluntary basis at the time of our last inspection although they were not yet registered. Since our last inspection this person has registered with CQC, and the home has a registered manager in post. This showed that the provider was aware of their legal responsibilities and had a clear understanding of their responsibilities of their role and registration with CQC.

Since our last inspection, the registered manager had spent time addressing the concerns raised at that time and had identified areas for development along with actions for the on-going improvement of the service. We saw the priorities identified were around nurse recruitment, quality audits and supporting staff to deliver effective care. People, their relatives and staff knew the management structure of the home and said that they had noticed an improvement in the management and running of the home since the last inspection. They said they knew who the registered manager was and felt they could approach them if they had concerns. One person said, "Managed well so far since I been here I have no complaints." A relative commented, "[Registered manager] is marvellous, excellent. It's a much tighter ship now." Another relative told us, "It's improved since the new manager came its much better now." Staff also informed us they felt the registered manager was approachable and friendly. One staff member told us, "[Registered manager] is a brilliant manager they are a people's person." Staff explained to us how things had improved since our last inspection. For example, one member of staff said, "It's a lot better now it's managed better. I think people's safety has improved and the registered manager is looking at new types of training. All the staff are more aware of what they are doing it's the [registered manager] who reinforces things." Staff told us they felt listened to and that the registered manager always took action when required. Such as reviewing and developing people's care records and risk assessments. Staff also demonstrated their understanding and awareness of the provider's whistleblowing procedures. Whistle blowing is when a staff member reports suspected wrongdoing at work. Staff said they felt confident that if they raised any concerns the registered manager would listen and take the appropriate action. We found staff felt supported in their role and everyone was positive about the management and culture of home.