

Primary Medical Solutions Limited

Goldenhill Nursing Home

Inspection report

Heathside Lane
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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We completed an unannounced inspection at Goldenhill Nursing Home on 7 and 8 November 2017. At the last inspection on 7 and 9 March 2017, we found breaches in regulations because people were not treated in a safe, effective and dignified way. We also found that the service was not well led. The service was rated as Inadequate overall and was placed into special measures. We asked the provider to take action to make improvements and we found that there had been some improvements in these areas. However, further improvements were still needed to ensure that people received a good standard of care.

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

Goldenhill Nursing 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.

Goldenhill Nursing Home accommodates up to 44 people in one adapted building. At the time of the inspection there were 28 people who were being provided with a service. People who used the service predominately had physical disabilities, nursing needs and/or mental health needs such as dementia.

There was a registered manager at the service. 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. At the time of the inspection our records showed two registered manager's against the service. We spoke with the provider who stated that they had requested the previous registered manager to de-register with us (CQC).

We found that some medicines were not always managed in a consistent and safe manner and they were not always administered as prescribed.

Some improvements were needed to the environment to ensure that it promoted people's independence and orientation.

People enjoyed the food provided. However, some improvements were needed to promote people's choice of meal in a way that was accessible to them.

Some improvements were needed to ensure that all people had the same opportunity to access information and the provider needs to make improvements to ensure they followed the Accessible Information

Standard.

Improvements were needed to ensure that people's past lives, cultural and diverse needs were assessed and considered to enable individualised care that met all aspects of people's needs.

The provider had systems in place to assess, monitor and improve the quality of care. However, some of the systems had not been fully implemented, which meant we were not able to assess their effectiveness.

Risks to people's health and wellbeing were managed and followed by staff to ensure people were supported safely.

People were protected from the risks of abuse because staff understood and had followed the provider's policy for recognising and reporting possible abuse.

There were enough suitability recruited and skilled staff to provide support to people. Staff had received training and their competency was regularly checked and assessed.

People were protected from the risk of infection because the provider had policies and systems in place to control infection risks at the service.

Systems were in place to ensure that people received the least restrictive care and treatment to keep them safe and staff understood and followed the Mental Capacity Act 2005.

People were supported with their nutritional needs and action was taken to ensure people at high risk of malnutrition were supported effectively.

Advice was sought from health and social care professionals when people were unwell, which was followed by staff.

There were systems in place to ensure people received consistent care from staff within the service and also from staff from external agencies.

People received support from staff that were kind and compassionate. People's dignity was respected and their right to privacy upheld.

People's care was reviewed and updated when needs changed.

People and their relatives knew how to complain. Complaints received had been investigated and responded to in line with the provider's policy.

People's end of life wishes were taken into account and people were supported to have a dignified and pain free death.

People, relatives and staff felt able to approach the registered manager and the feedback gained from people about their care had been acted on.

Staff felt that improvements had been made since the last inspection which had impacted on the care people received. The registered manager had implemented new systems to monitor the service and continued to implement further improvements into the service. This showed that the provider was working

towards improvements in the care people received.

The registered manager understood their responsibilities of their registration and worked in partnership with other agencies to make improvement to the way people received their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Some improvements were needed to ensure that people received their topical medicines as prescribed.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety.

There were enough suitably recruited staff available to meet people's needs. Infection control measures were in place to protect people from potential infection risks.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

Some improvements were needed to ensure the environment promoted people's needs and independence.

People enjoyed the food and were supported with their nutritional needs. However, some improvements were needed to ensure that there were effective ways to promote people's informed choices at lunch.

People were supported to consent to their care and where systems were in place to ensure that decisions were made in people's best interests and in the least restrictive way.

People received support from staff who were sufficiently trained. People's health was monitored and health professionals input was sought where needed.

There were systems in place to ensure that people received consistent care from staff and external services.

Is the service caring?

Requires Improvement 

The service was not consistently caring.

Most people were supported to make choices in the way their

care was provided. However, some improvements were needed to ensure information was accessible to all people that used the service.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect.

Is the service responsive?

The service was not consistently responsive.

Some improvements were needed to ensure that people's preferences were taken into account for all aspects of their care. People's cultural and diverse needs were not fully assessed and considered to enable individualised care provision.

People's care was reviewed and updated to ensure they received care that met their changing needs.

There was a complaints procedure available for people and their relatives to access if required and complaints received were acted on to make improvements.

People were supported in a dignified, pain free and comfortable way at the end of their life by staff who were caring and compassionate.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider had implemented an improvement plan and had made some improvements to the care people received. The registered manager had taken immediate action to ensure that they were meeting the regulations as required. However, further improvements were required to ensure that all actions were implemented and systems were imbedded into the service.

People, relatives and staff felt able to approach the registered manager and the provider. People and their relatives had been asked for feedback and the provider had been open about the improvements needed at the service.

The registered manager worked in partnership with other agencies to make improvements to the way people received their care.

Requires Improvement ●

Goldenhill 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on Tuesday 7 November 2017 and Wednesday 8 November 2017 and was unannounced. . The inspection team consisted of an 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. The expert by experience had specific experience of care homes for people with dementia.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service in the key questions of safe, effective, caring, responsive and well led. We found that improvements had been made to these areas and to the quality of care provided. However, some further improvements were still needed to ensure that people received a consistently safe, effective and responsive service and that the improvements made to the systems in place to monitor and manage the service were sustained.

We used the information we held about the service to formulate our planning tool. This included information the provider sent us in the Provider Information Return. 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 other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service. We received information from local authority commissioners to gain their experiences of the service provided.

We spoke with eight people and four relatives. We also spoke with three care staff, one senior care staff member, one nurse, the deputy manager, the registered manager and two directors.

We observed how staff supported people throughout the day and how staff interacted with people who

used the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We viewed seven records about people's care and seven people's medicine records. We also viewed records that showed how the service was managed, which included quality assurance records, improvement plans and six staff recruitment and training records.

Is the service safe?

Our findings

At our last inspection, we found that people's risks were not managed and mitigated to keep them safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that some improvements had been made the provider was no longer in breach of the Regulation. However, some further improvements were still needed.

We found that the Medicine Administration Records (MARs) contained specific information about people's medicines such as frequency and dosage. We checked the MARs to ensure that people had received their medicines as prescribed. We found that oral medications had been signed for when administered. However, we found that some improvements were needed to ensure that staff recorded when people had been supported with their topical creams. We found that there were gaps in the recoding of these medicines. For example; one person needed to have their cream administered twice a day. The Topical Medicine Administration Records (TMARs) for a week period showed that this person had only received their topical cream once a day and on two days they had not received any topical cream. This person's records showed that they were at high risk of skin damage and needed their topical cream to ensure their skin remained intact. We checked and found that this person's skin remained intact and the person had not suffered any breakdown of their skin. However, this meant that this person was at potential risk of harm because they had not received their topical cream as prescribed. The registered manager showed us a supplementary chart they were due to implement to check that people were being supported by staff in line with their assessed care needs. The registered manager had included the checking of the TMARs, which had been implemented on the second day of the inspection in line with their improvement plans. We will check the effectiveness of this system at our next inspection.

We observed staff administering medicines to people who used the service in a dignified and caring way. For example; staff explained what the medicine was for and gave reassurance whilst they were supporting people with their medicines. We saw that there were protocols in place that gave staff guidance so they knew when to administer 'as required' medicines to people. Staff explained why people needed their 'as required' medicine and how they recognised when these medicines were required. Medicines were stored securely and systems were in place to ensure that temperatures of the medicine fridges were within the correct temperature range to store medicines safely.

We saw that people were supported with risks to their safety. One person said, "The staff help me when I walk as I can be a bit wobbly at times. They make sure I don't fall, but they know I like to be independent". We saw that people were able to move freely around the service and the environment was clear of any hazards that could be a risk to people such as trips and falls. Staff explained people's risks and how they supported people to remain safe from harm. For example; we saw where people had care plan and risk assessments in place to protect them from harm of pressure damage there was clear information for staff to follow. People who had been assessed as requiring specialist pressure cushions and chair sensors were seen with this equipment in place. We also saw that people who needed assistance to move around the service had detailed manual handling plans in place which gave staff guidance on how they needed to support people safely, which we saw staff following in practice. This meant people's risks were planned and

managed to keep people safe from potential harm.

We saw records of incidents that had occurred at the service. These included the actions taken by the registered manager to lower the risk of further incidents. The registered manager had reviewed incidents and we saw that the required actions had been taken to lower the risks of further occurrences. For example, one person had suffered falls at the service and their risk assessment had been reviewed. The person had been assessed as requiring a sensor mat by the bed to alert staff they were mobilising and we saw this was in place. Another person had lowered themselves onto the floor from their chair on a number of occasions. This person had been re-assessed and it was noted that the person liked to be near staff and this behaviour happened when staff were not nearby. This person's plan was updated to ensure that this person sat next to staff when they were in the lounge area. Staff told us and we saw that this had worked well and the number of incidents had decreased. This meant that the registered manager analysed incidents and took action to ensure people were safe.

At our last inspection, we found that there were not enough staff available to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the Regulation.

People told us they always received the support they needed when they needed it. One person said, "I think there is plenty of staff around". Another person said, "The staff are good there is always someone around to help me. They even come and check on me in the night". A relative we spoke with told us they visited regularly and there were always enough staff available for people. They said, "There has been a big improvement and there are always staff about to help people when they need it". We saw people were supported by staff in a timely manner throughout the inspection. Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. One member of staff said, "Things are so much better now we have enough staff. The registered manager listens to us [care staff] and if we feel we need more staff due to an increase in people's needs this is arranged". The registered manager had a system in place to assess the staffing levels against the dependency needs of people. They told us and we saw that changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe. This meant that people received care and support when they needed it because there were enough staff available.

We saw that the provider had a recruitment policy in place and checks were carried out on staff before they provided support to people. These checks included references from previous employers and criminal record checks which ensured staff were suitable to provide support to people who used the service.

At our last inspection, we found that staff were not always aware of their responsibilities to report and act on abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made the provider was no longer in breach of the Regulation.

People told us they felt safe when being supported by staff. One person said, "There is always a staff member about. I feel very safe here and the staff treat me well". Relatives we spoke with were happy with the way their relative was treated and felt assured that they were safe. We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. The registered manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified. This

meant that people were protected from the risk of harm because staff understood how to safeguard people from abuse.

People and relatives told us that the service was always clean. One person said, "It's lovely and clean here. The staff are always tidying around and making it look nice". A relative said, "It's always very clean here, there are no bad smells". We saw that the environment and equipment were all clean and there was a cleaning schedule in place. We saw domestic staff cleaning all areas of the service throughout the two days of the inspection. We saw documents for visitors to the service to explain the importance of infection control and how visitors were able to help prevent the spread of infection. The registered manager showed us how they assessed their infection control risks and the audit system in place to ensure that they prevented the risks of cross contamination. This meant people were protected from the risk of infection and cross contamination.

Staff told us that improvements had been made since our (CQC) last inspection. Staff felt that they had learnt from the errors made and that improvements had come from this learning. One staff member said, "It is so much better now. The inspection helped to ensure we understood what was wrong so we can put it right". The provider told us that they had also looked at their responsibilities and what went wrong. They said, "We have changed many things for the better, we have a good registered manager and all the staff want to provide good care. It has helped us focus". This meant the provider had acted on feedback received and made improvements to people's care.

Is the service effective?

Our findings

At our last inspection, we found staff did not have sufficient knowledge and skills to support people effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the Regulation.

People and relatives told us they felt that staff were trained well. One relative said, "The staff are trained well in my opinion, they move them safely and they know what they are doing". Staff told us that they had undertaken refresher training to help them carry out their role effectively. One staff member said, "We have received a lot of training in the past few months and it has really helped to refresh my mind. We are observed with manual handling by the trainer when we are unaware so that they can help us if we need further training". We found that staff knowledge of safeguarding and the Mental Capacity Act 2005 (MCA) had improved and they were able to explain their responsibilities to protect people. The registered manager told us and we saw that they had implemented regular discussions within supervisions on topics such as safeguarding and MCA to ensure staff had a good knowledge of their role and responsibilities. This meant people were supported by suitably skilled and trained staff.

The service had been redecorated recently and we saw that people had access to adaptations to help meet their needs such as a specialist bath and a specialist shower seat to enable people to safely have their personal care needs met. One staff member told us that the shower seat had made a big difference to people as everyone was able to either shower or bathe more easily. We saw that people were able to decorate their private rooms with their personal items. However, we found that some improvements were needed to the design of the service to meet their diverse needs and promote independence. For example; people living with dementia can become confused and unable to differentiate between walls and doors and contrasting colours can help people maintain their independence. We fed this back to the registered manager and provider who told us and we saw they had a plan to make environmental changes over the next 12 month period. The registered manager stated that they would include visual aids to meet people's diverse needs.

We observed breakfast and lunch and saw staff asked people what they wanted, people who were able to communicate and were able to understand the questions responded and staff acted on their wishes. However, improvements were needed to ensure that all people who used the service were given information in a way that promoted their understanding. For example; there were no visual aids to help people who had limited communication or understanding to make informed choices. There were no easy read menus available to people and the menu board and menus on the table were designed in small print which were not easy to read. This meant that the provider needed to make improvements to ensure that people were provided with information that was presented in a way that was accessible to them.

People told us they enjoyed the food at mealtimes. One person said, "The food is good". Another person said, "The food is very nice and we get plenty of drinks, you never go dry". We saw plans were in place that detailed the individual support people needed to ensure their nutritional needs were met. For example,

people who had been assessed as a high risk of malnutrition had a support plan in place that detailed the actions required by staff. We saw that people who were at risk of malnutrition were encouraged and assisted throughout mealtimes. Staff completed food and fluid intake charts to monitor the amount that people ate and drank which ensured people received sufficient amounts to meet their nutritional needs to keep them healthy.

People who told us that they consented to their care and staff asked their permission before they provided support. One person said, "Staff ask me what I need help with. I am quite independent so like to do something's for myself and they understand this" Another person said, "The staff always ask me what help I want". We observed staff talking with people in a patient manner and gained consent from people before they carried out support. For example; we saw a staff member gain the consent of a person before they supported them to move from the dining room table and asked them where they wanted to sit, this ensured that the person had control of where they wanted to sit. This meant consent was gained from people to make decisions about their care and treatment.

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. Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005. We saw mental capacity assessments had been carried out when people lacked capacity, which contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA and what it meant for people they supported.

We saw referrals had been made for Deprivation of Liberty Safeguards (DoLS), where people had restrictions in place to keep them safe. 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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of the restrictions in place and we saw staff support people to keep them safe from harm in line with their individual DoLS. This meant that people were supported in the least restrictive way and in line with the MCA.

People told us they were able to see health professionals when they needed to. One person said, "I can ask to see a doctor at any time and they call one for me". The records we viewed showed that people had accessed health professionals such as; dieticians, opticians, chiropodists and consultants. We also saw that guidance was sought from health professionals and this had been acted upon so that people were supported to maintain their health and wellbeing. For example, one person was at risk of choking and advice had been gained from the Speech and Language Team. The advice received had been documented in the person's care plan and we saw staff supported this person to keep them safe in line with the advice received. This meant that people were supported to access health professionals to maintain their health and wellbeing and advice sought was followed by staff.

Staff told us that they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. The handovers ensured that any risks were highlighted and any changes in people's needs. Staff also told us that they had staff meetings and supervision sessions where they could raise any concerns or make suggestions about improvements to people's care. We saw that a 'Care Home to Hospital' document was available in people's care records to

ensure that important information about people was available to hospital staff if they were unwell. This showed that the service ensured that people received consistent care within the service and across other services.

Is the service caring?

Our findings

At our last inspection, we found that people were not always treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the Regulation.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff treat me with respect". A relative said, "The staff are always very respectful. They are so good and treat my relative with the up most dignity". Another relative said, "Staff are always very dignified, they call my relative by name, are patient and never talk down to anyone". We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when asking people what they needed help with. People were supported with personal care in privacy and were able to access private bedrooms and quite areas when they wanted some time alone. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. One member of staff said, "It is so important to treat people with dignity and respect. It makes them feel good about themselves. I am a Dignity Champion which is a new thing we have introduced at the service. We are going to discuss each strand of dignity in staff meetings to ensure everyone understands". We saw that the noticeboard contained details of the Dignity in Care Champions and information for people and staff to read about the importance of dignity in care. This meant that people were treated with dignity and their right to privacy was upheld.

People told us that they were given choices in how and when their care was carried out. One person said, "I get up at 7am and go back to bed whenever I want to". Another person said, "Staff always ask what I want to do and if I am happy with them helping me". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. People responded well to the way staff interacted and staff had a good understanding of people's physical ways of communicating their needs. However, we found that some improvement was needed to ensure that information was accessible to people who had limited ability to communicate because of their condition. For example, one person was deaf and blind. We asked staff how they communicated with this person and how they ensured they had considered all options to make information accessible to them. Staff told us that they ensured this person knew they were in the room by gentle touch and they gently touched their lip when they assisted them to eat. However, staff were unsure whether this person was able to use Braille to help them communicate their views and enable them to access information such as their care plans. This meant that some improvements were needed to ensure that information was accessible to all people who used the service.

People told us that the staff were kind and caring towards them. One person said, "They look after me well". Another person said, "They do everything for you. Staff are very kind". Relatives we spoke with also told us that staff showed compassion towards their relatives. One relative said, "The staff are excellent and so very caring. It always feels friendly and homely and full of love". Another relative said, "The staff are so caring,

fabulous, nothing is too much trouble. My relative has settled in so well and this is because of the caring way staff are with them". We observed staff interaction with people and found that staff were caring and compassionate when they provided support. For example; one person was supported to move and staff took their time and said, "Take your time, no rush, when you are ready", and spoke in a caring tone. Another person had pulled their trousers up their legs which was noticed by staff who supported them to cover their legs and put their feet up. This person responded by saying, "Bless you, oh thank you love". Throughout the two days of the inspection we saw staff were given time to provide caring support for people which included chatting and having a laugh with people. Staff told us their aim was to ensure people were safe, warm and comfortable.

Is the service responsive?

Our findings

People told us that they participated in some activities such as; drawing, bingo, baking and external entertainment such as singers. During the inspection we saw some people were involved in flower arranging and baking. We also saw that a person from the church attended and sang with people who used the service. Although some people were happy with the activities on offer, some people told us they would like to do alternative things that met their preferences. For example; one person who used to regularly attend church services said, "I used to go to church of England and I would love to go to church. I can't go now they didn't ask me". Another person told us they were of catholic faith and said "I would like a service. I would love to go to chapel". This important information was not included in the person's care plan and they had not been supported to attend a service. Two people told us about daily living activities that they used to enjoy before they used the service. One person said, "I used to be a cleaner, I love cleaning up, but I don't do it here". Another person said, "I liked preparing and cooking the meals at home". This information had not been considered to enable people to be involved in the service by helping staff with daily living activities and enabling people to spend their time participating in activities that they enjoyed. This meant that improvements were needed to ensure that people's preferences were consistently met.

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One relative said, "I was fully involved with the planning of my relative's care. They were quite thorough and asked a lot of questions about them". We saw care plans contained individualised accounts of the person's needs and how staff needed to provide support in a way that suited the person. However, we found that people's diverse needs were not always being fully assessed before they started to use the service and this important information was not always available to staff. We saw that information had been gained from the person and their relatives about their past cultural and religious needs. However this information was brief and did not always state whether people's religion had been an important part of their lives. Staff we spoke with were not aware of this information and therefore there was a risk that people were not being fully supported to meet their cultural needs. We also found that other diverse needs such as sexuality had not been considered at the assessment stage and were not detailed in the care records. This meant that there was a risk that staff were unable to provide a fully personalised service that met people's diverse needs.

People's care was regularly reviewed and relatives told us that they were kept up to date with any changes in their relative's care needs. One relative said, "I am kept fully informed if my relative's health changes and I am asked to attend reviews of their care. There are also relative's meetings we can come to and there is lots of information about the home on the noticeboards". The records we viewed showed that monthly reviews were undertaken and people's care was also reviewed after there had been an incident or accident. For example; we saw that one person had suffered bruising and an investigation had been carried out which found that an item of clothing was too tight. Action was taken to ensure this person had the correct clothing available to them to ensure this did not re-occur. Another person had suffered a number of falls and we saw that action was taken after each fall to identify how this person needed to be supported to maintain their safety. We saw that risk assessments and care plan had been updated to include specific guidance for staff to follow to keep the person safe. This meant that people's care needs were regularly reviewed to take

account of their changing needs.

People and their relatives told us they knew how to complain if they needed to and if they had complained the registered manager had acted upon their concerns to make improvements. One person said, "I'm very happy but I would tell staff if I wasn't". A relative said, "I haven't needed to complain, but we were given this information when my relative started to live here. I would not hesitate to speak to [registered manager's name] as they are very approachable". The provider had a complaints policy in place and we saw that the registered manager had implemented a system to log any complaints received. We viewed three complaints that the service had received since their last inspection. We saw that an acknowledgement of the complaint had been sent to the complainant, and after a full investigation had been completed a response was forwarded to the complainant. This include the actions taken to make improvements where required.

People and their relatives were involved in the planning of end of life care. One relative told us how the staff had made sure they were involved and were extremely happy with the compassion and care that their relative had received at this difficult time. They said, "Staff showed great care, compassion and love. They held my relative's hand and kissed their head, which they took comfort from. All of the staff showed patience and took their time when they were providing support. We were always made to feel welcome and could visit anytime day or night. I cannot say enough about the care received, it's excellent". We saw that the plans of care contained important information to ensure that the person was supported with their hydration, nutrition and to ensure they were pain free and comfortable. Medicines were available at the service to ensure that the person's pain was relieved when required. The plan contained guidance for staff to follow which ensured the person received frequent reassurances and the plan for a member of staff to stay by the person's side during the later stages. This meant that people were supported to receive a pain free, dignified and comfortable death in line with their wishes.

Is the service well-led?

Our findings

At our last inspection, we found the provider did not have effective systems in place to manage and monitor the quality of the service to mitigate risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made to meet the Regulations. However some further improvements were needed.

We saw the provider had an improvement plan in place and some improvements had been made since our last inspection. However, there were still some areas that needed improvements, which needed to be implemented and sustained. For example; we found there were errors in the topical medication records and people had not received their medicines as prescribed. There was no current audit in place to check people's topical medication records. The registered manager showed us a supplementary chart that they were devising to pick up on areas where there had been no previous checks and they included the checking of topical medication records on this chart. We also saw that some further improvements were needed to ensure that the Equality Act was fully considered when assessing people's care and in ensuring that information is available and accessible to all people who used the service. The registered manager was aware of the improvements needed and said, "I have concentrated on ensuring people receive safe and effective care. I have plans to make further improvements but wanted to ensure that the first phases of improvement are imbedded with staff". This meant that improvements to the service were still in progress and we will assess these at our next inspection when they have been fully implemented.

We saw that there had been some improvements made in line with the improvement plan. For example; we saw that systems had been implemented to monitor the quality of the service and to mitigate risks to people. This included daily and monthly medicine audits. We saw that where issues were identified, there were actions in place to rectify the issues. There were audits of people's care records and wellbeing such as a weight tracker and a tracker of people's oral care. This ensured people were receiving the support they needed and identified areas of concern. Where areas of concern were identified professionals had been contacted to ensure that people maintained their health and wellbeing and their risks were mitigated. We saw that the registered manager and the directors had a clear oversight of the concerns and were regularly at the service to ensure that improvements were being made. This showed that the registered manager and provider were working towards ensuring people had an improved quality of care.

Staff told us and we saw records that showed staff performance was assessed. This included competency assessments of staff skills when providing support to people. These assessments were carried out without staff being aware to ensure that a true reflection of staff performance was gained. Staff told us these were helpful as it identified any areas they needed to improve on. The registered manager also carried out dining experience assessments to ensure that people received a pleasurable experience at mealtimes. The registered manager also told us that they carried out an unannounced visit at night to ensure that night staff were carrying out support as required. This meant that systems were in place to ensure that staff were performing in their roles as required.

People and their relatives told us that the manager was approachable. One relative said, "[Registered

Manager's name] is very good, I can go and see them about anything and I know it will get sorted". Another relative said, "The registered manager is always asking if everything is okay and if anything needs to be done differently". We saw that there was a residents and relatives meeting which had been held every six months. Relatives had requested that this be held more regularly and we saw that these were now scheduled to be held every three months. We also saw that residents and relatives had received a survey to provide feedback about the service. We saw the results of these surveys had been out on the noticeboard and contained the actions taken in response to feedback. For example; people were not always aware of how to complain. Each resident had been provided with an information folder to ensure that they understood the procedure to complain. This meant that action had been taken to ensure that feedback was gained from people and their relatives to inform service delivery.

Staff we spoke with told us that there had been improvements in the service and the registered manager was supportive and approachable. One member of staff said, "Things have improved so much. Staff morale is better and the support for people is better because the staffing levels have improved. The registered manager and Directors are all very approachable and supportive". Another member of staff said, "The registered manager is very approachable. They will tell you if you have done something wrong but in a respectful way. I look forward to coming to work now as we have a good staff team and most importantly people are happy". Staff also told us that the Directors provided the resources needed such as an increase in staffing. We were told by a staff member that the purchase of a shower chair had made a difference to people as they had been unable to use the bath and had to have a body wash before the shower chair had been purchased. Now people can have the enjoyment of a shower. This meant that improvements had been made to the way the service was managed.

We saw that the registered manager had contact with other agencies on a daily basis. This included health professionals such as G.P's, hospital staff and consultants. We saw that the registered manager arranged for social work visits when required to ensure that people's needs were met. The registered manager told us and we saw that the service was also involved in a pilot project with the local hospital which looked at improving the transition from a care home to hospital. The registered manager told us they felt this had worked well in providing an holistic view to care provision and they were waiting for an evaluation to be carried out by the pilot leads at the hospital. This meant that the registered manager worked in partnership with agencies to make improvements to people's care.

The registered manager understood their responsibilities of their registration with us (CQC). We saw that the rating of the last inspection was on display in the home for people and relative's to read. We had received notifications of incidents that had occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The meant that there was a culture of openness and transparency within the service.