

Michael Goss

The Friendly Inn

Inspection report

Gloucester Way
Chelmsley Wood
Birmingham
West Midlands
B37 5PE

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Website: www.friendlycare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 13 October 2016 and was unannounced. The Friendly Inn provides care and accommodation to a maximum of 30 older people. On the day of our inspection there were 29 people who lived at the home. A number of people who lived at the Friendly Inn lived with dementia and had physical care needs.

The service was last inspected on 4 and 11 May 2016. At that inspection we found there were four breaches in the legal requirements and Regulations associated with the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

These breaches were in relation to the safe care and treatment people received. There was not enough staff to meet people's needs, and staff were not deployed effectively. People had not been involved in planning their care and their care records were not accurate. People were not satisfied with the social activities provided. Systems and quality assurance processes were ineffective to monitor and improve the safety and quality of the services provided to people.

We rated the home as inadequate overall and it was placed into special measures. We wrote formally to the provider and made a decision to impose a condition on their registration. This meant that no one could move in to, or return from hospital to the home without our prior permission. We also met with the provider to give them the opportunity to assure us of the actions they were going to take.

The provider sent us an action plan to inform us of the improvements they planned to make.

At this inspection on 13 October 2016, we checked improvements had been made. We found sufficient action had been taken in response to the breaches in Regulations. However, there were some areas where further improvements were required and the provider had plans in place for on-going improvements to be made.

The home had a registered manager. 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.

The provider had increased their staffing levels and improvements to the way their staff were deployed. However, staffing levels in the afternoon were yet to meet the level identified by the provider's new staff dependency tool. An activities co-ordinator had been employed and the non-caring duties care staff were expected to complete, such as kitchen work had reduced since our last visit. This ensured care staff were available at times when people needed them.

Improvements had been made to the way the risks associated with people's care were managed. Where

risks were identified, for example where people were at risk of falls, detailed risk management plans had been implemented to minimise risks. Staff had received falls awareness training and risk assessments were reviewed monthly in-line with the provider's policy to ensure the information for staff to follow was correct. However, not all risks had been identified at the time of our visit. Risks relating to one person's mental health had not been identified and plans were not in place to minimise the person's anxieties or provide reassurance to others.

The recording and monitoring of accidents had improved. Analysis to identify patterns or trends had been completed to reduce the likelihood of them happening again. Regular quality audits of the home were conducted to monitor and improve the care provided by the service.

The provider had made improvements in how medicines were managed and administered. This meant people received their medicines when they needed them and people's medicines were mostly managed safely. Staff who administered medicines had received training and their competency had been assessed by the registered manager.

The provider had made improvements which ensured people received the food and fluids they required to maintain their health. Those people assessed as at risk of dehydration or malnutrition were provided with additional support and monitoring to meet their needs.

During our last inspection people and their relatives told us some staff were not always kind and caring. At this visit everyone we spoke with was positive about the care they received. We saw staff engaged well with people. Relatives and friends were able to visit the home at any time.

People had been involved in planning their care. Care plans had been improved since our last visit. They described how people wanted to receive their care and support and the choices they were able to make for themselves.

We saw staff were attentive to people's needs and people were supported to make daily choices. Staff asked people for their consent before providing assistance. The managers and staff understood their responsibilities and the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards. People and relatives told us the staff treated them with respect and dignity. People told us the staff encouraged them to be independent.

During our last inspection we found the provider had failed to notify us and the local safeguarding team when people had experienced multiple falls which had resulted in injuries. During this inspection improvements had been made. The managers had completed further training to develop their understanding of their responsibilities. Reporting procedures had been reviewed and improved. The provider's safeguarding policy had been reviewed and had been communicated to the staff.

People told us they attended healthcare appointments when they needed them. People's records showed how the home worked in partnership and maintained links with health professionals such as the district nurses. This meant people who lived at the home received the appropriate health care to meet their needs.

The mealtime was positive for people. The provider had made improvements since our last visit because people told us they enjoyed the food. The atmosphere in the dining room was calmer than when we last visited and a variety of different foods of people's choice had been added to the menu.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge

up to date. New staff members were provided with effective support when they first started work at The Friendly Inn. Staff told us they were encouraged by the provider to further develop their knowledge and skills.

During our last inspection people were not satisfied with the social activities that were provided to occupy their time. During this inspection improvements had been and there was more stimulation for people living with dementia.

During our last inspection people and their relatives did not have the opportunity to formally feedback any issues or concerns. Further improvement is required in this area because this opportunity remained unavailable.

Staff felt supported by the management team and told us they enjoyed working at the home. However, staff told us they did not have one-one meetings with their manager to discuss their individual training and development needs.

People and their relatives told us they knew how to make a complaint if they wished to do so. A system was in place to manage complaints received about the service. No complaints had been received within the last six months.

During our last visit we saw records containing people's personal information was accessible to others. During this visit we saw the provider had made improvements, and we were assured confidential information could not be seen by people unauthorised to see it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People told us they felt safe. Overall, there was enough staff on duty to maintain people's safety and meet their needs. Overall, risks associated with people's care were managed well. Staff did not always take prompt action to communicate with people to reduce their anxiety or to provide reassurance to others. Accidents and incidents were analysed to identify patterns and trends to reduce the likelihood of them happening again. Staff understood how to safeguard people and minimise the risks to people when providing care. Medicines were mostly managed safely.

Requires Improvement ●

Is the service effective?

The service was effective.

The managers and staff understood their responsibilities and the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards. People told us staff cared for them effectively. Most of their relatives were satisfied with the care provided. Staff completed training to keep their skills and knowledge up to date. New staff members were provided with effective support when they first started work at the home. People enjoyed the food and staff demonstrated good knowledge of people's dietary requirements. People had access to healthcare services when they needed them.

Good ●

Is the service caring?

The service was caring.

People and their relatives told us the staff was kind and caring. Staff knew people well and we saw positive interactions between people and the staff. People were encouraged to maintain relationships that were important to them. Staff promoted people's independence and treated them with respect and dignity.

Good ●

Is the service responsive?

Good ●

The service was responsive.

Staff were attentive to people's needs. People were involved in making decisions about their care. Care plans outlined how people wanted to receive their care and support and the choices they were able to make for themselves. People did not have the opportunity to formally feedback any issues or concerns. People and their relatives told us they knew how to make a complaint if they wished to do so. A system was in place to manage complaints received about the service.

Is the service well-led?

The service was not always well-led.

The registered manager and the deputy manager had worked hard to improve the quality of care provided to people. Quality assurance procedures had been implemented to assess and monitor the quality and safety of the service people received. However, not all actions identified by the provider for improvement had been completed. Staff felt supported by the management team. However, they did not have meetings to discuss their individual training and development needs. There had not been enough time between inspections to assess whether improvements could be sustained.

Requires Improvement 

The Friendly Inn

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 took place on 13 October 2016 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience in dementia care. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection we spoke to the local authority commissioning team who funded the care for a number of people. We asked if they had any information about the service.

We reviewed the information we held about the service and the statutory notifications that the registered manager had sent to us. A statutory notification is information about an important event which the provider is required to send us by law. These may be about any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

During the inspection we spoke with six people who lived at the home and four relatives. We also carried out a SOFI observation. SOFI is a 'Short Observational Framework for Inspection' tool that is used to capture the experiences of people who may not be able to tell us about the service they receive.

We spoke with 11 staff including the registered manager, the director, the cook and care workers. We reviewed six people's care plans, daily records and risk assessments to see how their support was planned and delivered.

We reviewed records of checks that staff and the management team made to assure themselves people received a quality service.

Is the service safe?

Our findings

At our previous inspection in May 2016, we found insufficient numbers of suitably qualified, skilled and experienced staff to meet the care and support needs of some of the people who lived at the home. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.

We took urgent action and asked the provider to make improvements to their staffing levels. In response they sent us an action plan outlining how they would make improvements. They told us they would employ more staff and they had reviewed the way their staff were deployed with immediate effect.

During this inspection we saw improvements had been made. This meant the provider was no longer in breach of the regulation. People who lived at the home told us there was now enough staff to care for them. One person told us they chose to spend a lot of time in their bedroom and staff were available when they needed them. They said, "When I buzz for help a member of staff always comes quickly, it makes me feel happy knowing they (staff) are not far away." Another person said there were, "Plenty of staff now, they are always around."

At our last inspection we found the provider's 'staff dependency tool' did not support the home in ensuring there were enough staff on duty to meet people's dependency needs. During this visit we found the provider used an improved dependency tool and the registered manager told us they had made a lot of changes to the hours staff worked and the duties they did. However further improvements were needed to staffing levels during the afternoon.

People's relatives told us over the last six months the number of staff on duty had increased but more staff were still needed to supervise people safely during the afternoon. One said, "Yes, things are better but another member of staff in the afternoon could make it even safer." Another said, "Staffing levels do dip a bit after lunch but people still need the same level of supervision." The registered manager confirmed that the dependency tool had identified an extra member of staff was required to support people in the afternoon. They were waiting for the provider to approve this addition, and hoped to have an extra member of staff working in the afternoon in the near future.

During our last inspection there were not enough staff to keep people safe at night time. Since then the registered manager had gathered and analysed information to identify the peak times people required assistance. A member of night staff now started work earlier to support people to get into bed and another member of staff started work at 5am each morning to provide the assistance people required to get up. This meant that there was an increased number of staff on duty at these peak times.

During our last inspection, care staff expressed concerns that their 'non caring' duties which took them away from providing care to people. During this inspection we found the provider had increased the hours the cook worked so care staff no longer completed catering duties and an extra domestic assistant had been employed to undertake laundry duties. Staff told us people were safer because they now had more time to care for people. Comments included, "I think people are safer here than they were six months ago."

Sometimes there are five (staff) on in the morning, there is someone in the lounge, it was four before." "I think people are safe here, it's better than it was," and, "There has been a big shake up here. There are more cleaners, more carers on shift. It's much better."

During our last inspection we found some senior care workers, responsible for leading the staff team, were not effectively deploying staff. This had placed people at unnecessary risk because staff were not always available at the times people needed them. During this visit we saw improvements had been made. For example, to ensure people received the care they required, we saw that senior staff delegated specific duties to care staff over the lunch time period and staff followed these instructions. At our last visit this did not happen. We discussed this with the deputy manager who explained senior care staff had previously not had the confidence to direct staff. They explained how they had supported senior care workers to improve their competencies. For example, further training had been provided to develop their knowledge to be effective in their role.

During our last inspection we identified safeguarding concerns had not been reported to us or the local authority as required. This meant potential abuse had not been appropriately investigated to protect people. This was a breach of Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2014 Safeguarding. The provider's action plan told us they would review their processes and make the required improvements.

During this inspection we found improvements had been made by the provider and they were no longer in breach of the regulation. The management team had completed further training to develop their understanding of their responsibilities, which included reporting their concerns to the local authority safeguarding team. The provider's safeguarding policy had been reviewed and had been communicated to the staff team. It included a flow chart outlining the responsibilities of the staff so they were aware of the procedure they needed to follow. From speaking with staff it was clear they had a good understanding of this.

Our discussions with people who lived at the home during this visit indicated they felt safe. Comments included, "Yes, I feel safe," "I have no worries," and "Things are better now."

Staff had completed training which supported them to gain an understanding of abuse and to know what signs to look for. One staff member said, "Abuse could be mental or physical or an incident between residents which I would report straight away." Another told us, "It could be leaving a resident in bed which would be neglecting them or leaving people to walk around unsupervised who are prone to falls." They explained they would speak with the manager if they were concerned about a person. If the managers did not take action they would phone the safeguarding team or speak to the Care Quality Commission (CQC).

The provider's whistle blowing policy (a whistle blower is a person who raises concerns about wrong doing in their workplace) was on display for staff. Staff confirmed they were confident to raise concerns if they witnessed poor practice.

During our last inspection we found people did not receive care and treatment in a safe way because the risks associated with their care was not always managed well. Some medicines were not administered accurately and records were not kept to make sure people were not placed at risk. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to take urgent action to make the necessary improvements to the way risks were managed and medicines were administered. The provider's action plan outlined how they would make the

improvements.

During our last inspection, risks to people's health and social care had been identified but people were not kept as safe as possible because information contained in the risk assessments for staff to follow was incorrect and lacked detail. Reviews of risks had not taken place in-line with the provider's procedure. For example, some people had experienced falls on numerous occasions and despite this their 'falls risk assessment's' had not been reviewed.

During this inspection we found some improvements had been made by the provider and they were no longer in breach of the regulation. More detailed information and guidance for staff to follow had been added to most risk assessments and they had been reviewed monthly in-line with the provider's policy to ensure the information for staff to follow was correct. Staff explained if new risks were identified the information was always updated. One member of staff said, "Risk assessments are so much better, they are detailed and all up to date now." Staff were knowledgeable about risks and confidently explained in detail how people's support needs varied according to their abilities and preferred routines.

During our last inspection we found the advice of health professionals to manage some people's behaviours was not always followed by the staff. During this inspection some improvements had been made. Staff told us they had completed training to manage people's behaviours and to use low arousal techniques (techniques which focus on the reduction of stress, fear and frustration) to distract and calm people. However, we found staff did not always support people with their anxiety. For example, we saw on two occasions where a person became agitated and this behaviour made other people who were near them become anxious. Staff present did not take prompt action to communicate with the person to reduce their anxiety or to provide reassurance and comfort to others. This person's care records did not provide information for staff on the triggers that might make the person anxious and what staff should do to calm the situation and support the person. We discussed this with the registered manager who told us they would immediately review the person's records to ensure detailed guidance was implemented.

Since our last inspection the recording and monitoring of accidents and incidents in the home had improved. Analysis of the incidents to identify patterns or trends had been completed monthly to reduce the likelihood of them happening again. For example, we saw the number of falls people had experienced had significantly reduced. In April 2016 25 falls had been recorded and this number had reduced to seven in September 2016. We saw preventative measures such as seeking medical advice and providing equipment which alerted staff the person was moving, had been implemented to reduce the risk of people falling again. Staff confirmed they had completed training to support them to manage people's falls more effectively. One said, "We had training so if someone falls we know how to help them and the information is in their records now. This has resulted in a lot less falls." A falls protocol was being developed by the registered manager which outlined the action staff needed to take when people fell.

At our last inspection we found prescription creams were not always administered correctly. Creams were not kept out of reach of people who lived with dementia and records of when the creams were applied were not kept. Medicine plans (protocols) were not in place to detail where or how often the cream needed to be applied. Therefore, we could not be sure creams were applied as prescribed to maintain people's health.

During this inspection we saw the provider had taken action and improvements had been made. Protocols were in place to inform staff where, when and why creams should be applied. Accurate records were kept of when creams had been applied. However, one person's relative told us creams were often not locked away which meant they remained accessible to their relative who lived with dementia. We discussed this with the deputy manager who told us they would remind all staff of the importance of creams being stored safely.

People received their medicines as prescribed. One person said, "I get my medicine. They (staff) always give me my tablet before I go to bed to help me to relax."

We saw medicines being administered and reviewed five people's medicine records to check medicines were being managed safely. Staff followed good practice in administering medicines to people. For example, they took medicines to people, provided them with a drink and watched them take their medicine before returning to sign the medicine administration record (MAR) to confirm they had taken it. When taking medicines to the person, the staff member locked the medicines trolley so there was no risk of people taking medicines from the trolley.

Staff who administered medicines had received training and their competency had been assessed by the registered manager. A series of effective checks and audits took place so if any issues or errors were identified prompt action could be taken. For example, no medication errors had occurred in the last six months and a recent checks of the fridge temperatures had highlighted the fridge used to store medicine was broken and a replacement had been ordered.

The provider's recruitment procedures minimised the risk to people's safety. Potential new staff members were subject to checks to ensure they were of good character and suitable to work at the home. Records confirmed these checks were in place before they started work. They included a Disclosure and Barring Service (DBS) check and written references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. A member of staff said, "Before I started (work) I had to give two references, have my DBS checks, I had to wait until they came through."

There were processes to keep people safe in the event of an emergency. We saw equipment that would be needed in an emergency situation was accessible to the staff team. People had personal fire evacuation plans so staff and the emergency services knew people's different mobility needs and what support and equipment they would require to evacuate the building safely. A service contingency procedure was in place. Therefore, if there was disruption within the home due to an unexpected event people received continuity of care.

Checks of the equipment in use at the home took place to ensure it was safe for people to use. For example, hoists which were used to move people had been serviced in July 2016. A maintenance person worked at the home to undertake general repairs and complete checks.

Is the service effective?

Our findings

We received positive feedback about how the home responded to people to ensure they received effective care. People told us staff had the skills and knowledge to care for them effectively. One person explained their feet sometimes felt sore and the staff followed the advice provided by a health professional to wash and dry their feet properly to ease their pain. They said, "I am confident the staff know what they are doing."

Most relatives told us they were satisfied with the care provided. Comments included, "It has improved here, the staff do seem remarkably good, you cannot fault them," And, "They seem to have gained some more skills from somewhere. I guess they have been on training."

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. Staff told us they felt confident and suitably trained to effectively support people. One member of staff said, "Training is good, it is mostly completed on a computer. Some staff don't like it but I don't mind it." A training schedule identified when staff had completed training and when it was next due. This helped the registered manager prioritise and plan training the staff needed.

New staff members were provided with effective support when they first started work at The Friendly Inn. They completed an induction and the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Staff told us they had spent time working alongside experienced colleagues to gain an understanding of how people liked their care to be provided. They had also read people's care records before they worked on their own.

Staff told us they were encouraged by the provider to further develop their knowledge and skills. We saw all care staff had completed, or were working towards level 2 or 3 qualifications in health and social care which meant they were developing their skills and knowledge to provide effective care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005(MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Act requires that where possible people make their own decisions and are helped to do so when needed. When people lack capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the provider was working within these principles and we saw improvements had been made since our last visit because staff demonstrated a good understanding of the key requirements of the MCA. For example, a member of staff said, "I have completed the training, people's mental capacity needs to be assessed we can't just presume they don't have it. It is about whether people have the ability to decide things like getting washed and dressed and whether they are safe to go out alone."

Where people lacked capacity they were assessed in accordance with the MCA. We saw where decisions needed to be made in the person's best interest; people's family and healthcare professionals had been

involved in the process. We saw one person tried to leave the home on several occasions during our visit. The registered manager informed us this person had a Deprivation of Liberty Safeguard in place. This meant the registered manager understood their responsibilities in relation to the MCA and DoLs.

We saw staff supported people to make daily choices, and we saw staff asked people for their consent before providing assistance. For example, one care worker discreetly asked someone, "Can I help you to use the toilet." This showed us they understood the principles of the MCA and knew they could only provide care and support to people who had given their consent. Staff told us if people frequently refused their help they would respect the person's decision and report it to the manager because the person may not understand the consequence of their refusal.

People received food and drink the way they liked it. The provider had made improvements since our last visit because people told us they now chose what meals they wanted, they had enough to eat, and they enjoyed the food. Comments included, "I find the food good here. They make my gravy nice and thick, just how I like it" "Food has improved here the cook does listen to you," and "I have noticed recently that the food has been better." One relative told us, "I have eaten lunch here, the food is fine." Another said, "People have limited choices for their tea. Sandwiches are made lunch time and then wrapped in cling film until teatime." We discussed this with the registered manager. They explained if sandwiches were prepared after lunch they were stored in the refrigerator to ensure they remained fresh until they were eaten.

The lunch time mealtime experience in the dining room was positive for people. The atmosphere was calmer than when we last visited and a variety of different foods had been added to the menu. People were discreetly encouraged to eat their meal. Staff provided support to those people who needed assistance by sitting with them and not rushing them. Two meal choices were available and both options were put on plates and shown to people to assist them in making their choice. This helped people who could not remember the name of a meal on a written menu, to know whether they might like it or not. People were provided with adapted cutlery and plate guards to help them eat their meals independently.

Where people were at risk of dehydration or malnutrition this was identified through the risk assessment process. Some people needed their food and fluid intake monitored by staff using a chart system. We looked at a selection of these records and we saw improvements had been made since our last inspection because the charts had been completed correctly. This showed us people had eaten and drank enough to maintain their health. Staff demonstrated a good understanding of people's nutritional needs. For example, the cook explained some people were at risk of losing weight and they added extra cream and butter to their meals to increase their calorie intake.

People told us they could see healthcare professionals when they needed them. One person said, "I am happy with my health, if I need the doctor they (staff) phone them." People's records showed how the home worked in partnership and maintained links with health professionals such as the district nurses and dieticians. This meant people who lived at the home received the appropriate health care to meet their needs. A message board reminded staff of people's upcoming appointments. The registered manager explained the message board had been implemented as a 'second check' to make sure staff knew when people needed to attend their appointments.

Is the service caring?

Our findings

During our last inspection people and their relatives told us some staff were not always kind and caring. We found the provider had made improvements because everyone we spoke with during our visit spoke positively about the care they received. Comments included, "I find the staff very kind, I have noticed improvements," and, "Very satisfied with how I am cared for." One relative told us, "Overall. It is good; the staff genuinely care for (Person)". Another said, "The last month or so it has been a lot better, staff seem to have more time to care for people, that's a good thing."

During our last inspection staff told us they did not always have enough time to sit and talk with people and we observed some staff did not always take the time to engage with people when they had the opportunity. Staff told us they now had the time they needed to spend with people. One said, "Staffing was a problem last time you came, we were running around, we just did not have enough time in the day. Now the pace is slower and it is better for everyone."

During this visit it was clear that staff had built up good relationships with people. People confidently approached staff for assistance when they needed it. This showed us they trusted the staff. Staff took time to engage with people and to get to know them which meant people were supported by staff who knew their abilities, support needs, habits, and preferred routines. Staff explained how important it was for them to make sure people were treated how they would expect to be treated themselves. One said, "A little kindness goes a long way. (Person) can be tearful at times. If I encourage them to sing and dance with me they will smile, that's how I know they are feeling happy."

People were encouraged to maintain relationships that were important to them. People told us their visitors were welcome at any time. One person said, "They (staff) welcome my family and friends. If it's your birthday you can have a party within the quiet lounge." Another said, "My visitors come all the time. I don't think there are any restrictions." A relative explained they visited most days and they always felt welcomed at the home.

People and relatives told us the staff treated them with respect and dignity. Comments included, "They (staff) respect my privacy. They always knock my door before coming in and always ask if they can sit on my bed before they sit down," and, "They shut the door and close the curtains if I am getting dressed or I am going in the shower."

People told us the staff encouraged them to be independent. One said, "They (staff) encourage me to do what I can for myself. I need to keep my skills and that suits me just fine." We saw staff were patient when walking alongside people. For example, we heard a member of staff say to someone, "No rush, take your time you can do it." The person responded well to this and smiled. Staff told us it was important to this person that they could walk around the home independently and they encouraged them to do this.

During our last visit we saw records containing people's personal information was accessible to others. During this visit we saw the provider had made improvements. People's personal information and records were kept in locked cabinets. Only authorised staff had access to the information and our discussions with

staff indicated they understood the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

During our last inspection staff were not always available when people needed them. People had not been involved in planning their care and their records did not document the care that they required. Guidance provided by health professionals to manage people's behaviours was not always being followed. People were not satisfied with the social activities provided, and people and their relative's did not have the opportunity to formally feedback any issues or concerns. This was a breach of Regulation 9 (Person centred care) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to take urgent action to make improvements. In response, their action plan outlined how the improvements would be made. During this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

We saw staff were attentive to people's needs. For example, one person became anxious and began to cry. A staff member offered the person reassurance and gave them a doll to hold as this was known to provide comfort to the person. We saw the person cuddled the doll with a positive effect. Another person told us they preferred to eat their meals in the lounge rather than in the dining room because it was quieter. At lunch time we saw this happened.

Staff had completed training to support them to provide personalised care to people. Staff told us this training had been helpful. Staff felt this, alongside the increase in staff on duty and the improved deployment of staff had made it possible for them to care for people in a more personalised way.

During our last visit, people had drinks at set times. At this visit, people told us they could have a drink whenever they wanted. A member of staff said, "People can help themselves to hot drinks if they want one. Tea and coffee making facilities are available .

During our last visit we saw people who needed to wear spectacles were not always wearing them, this was because sometimes they had been lost or misplaced and action to locate their spectacles had not been taken. This presented a risk because these people could not see clearly without them. During this visit, people who needed to wear spectacles were wearing them. The registered manager said, "We contacted an optician after your last visit. Every time someone has a new pair of glasses they are discreetly labelled. This means if someone misplaces their glasses they can easily be located."

People told us staff involved them in decisions about their care and staff knew the importance of people being involved in these decisions. For example, one person explained how staff always held up different items of clothing so they chose what they wanted to wear each day. Another said, "I make all my choices. I decide when I want a shower. They (staff) come and ask if I want a shower now or tonight." Staff supported people who lived with dementia in making decisions. For example, one staff member said, "I show people choices, such as, what is available to eat. I read their care plans or I speak to their relatives because they know people the best."

During our last inspection we found information within some people's care plans was incorrect and the level of detail recorded varied. During this inspection improvements had been made. The deputy manager told us they had worked really hard to improve care plans. They were now typed using a computer rather than writing them out by hand. This made it easier to add extra information and to check the information was correct. One member of staff told us they had received training to support them to write people's care plans. They said, "We had training a few weeks ago. It was really useful for me as I am a senior role. I now have a better understanding. I learned what to write and why it needs to be written."

Care plans outlined how people wanted to receive their care and support and the choices they were able to make for themselves. They included instructions for staff to follow, and useful information about people's lives and interests. Staff told us they now had time to read the care plans, and as a result of training they had received, the care plans were more detailed. We found they were well informed about people and the support they required. For example, one told us a person liked dogs and their relation often bought their pet dogs along when they visited. This happened during our visit and we saw the person spent time stroking and brushing the dogs. Care plans were reviewed monthly to ensure that people's changing needs were met at the home. Staff told us they were kept informed about people's changing care needs.

People told us they had been involved in planning their care. One person said, "My (relative) visits me they were involved with my care plan." The registered manager told us people's relatives were encouraged to read completed care plans to make sure the information recorded was accurate. Staff had also begun to complete 'This is me' books in an attempt to gather more information to make people's records more personalised so staff could provide care in-line with people's wishes. However, no one we spoke with had yet been asked to contribute.

During our last inspection people were not satisfied with the social activities provided to occupy their time. During this inspection improvements had been made and there was more stimulation for people who lived with dementia. A notice board displayed upcoming events which included gentle exercise and music sessions. An activities co-ordinator had been employed and people and their relatives spoke positively about the activities that were available to them. People told us they enjoyed singing along when the singer visited the home because it made them feel 'more alive'. They also told us they enjoyed having a foot spa and hand massages. They said the atmosphere in the home had changed for the better and commented that the activities co-ordinator was 'a natural' with people who lived with dementia.

We spoke with the activities co-ordinator and they told us how they had improved the social activities since our last visit. They said, "We play games and I spend a lot of my time with the people, holding their hands and talking to them." Some activities were specific for people with dementia and they told us they had arranged doll therapy for some people. They said, "I feel this works so well for the ladies ." (Doll therapy is used to provide stimulation and ease the anxieties of people living with dementia).

During our last inspection people and their relative's did not have the opportunity to formally feedback any issues or concerns. During this inspection most of the people and relatives we spoke with felt they could go to the managers with their concerns and that they would be acted upon. However, the registered manager told us further improvements were required because meetings for people and their families had not taken place since our last inspection due to other work commitments taking priority. The provider said, "We have really tried to involve more people, tried really hard to get family members involved." However, one relative told us they had requested a meeting with the provider but they were still waiting for one to be arranged.

We saw a monthly newsletter was available to people and it included information about what had been happening at the home. A Halloween party had also been arranged to take place a few weeks after our

inspection and people's family and friends had been invited to attend.

The provider's complaints policy was accessible to people because it was on display in communal areas of the home. People and their relatives told us they knew how to make a complaint if they wished to do so. Comments included "I am normally a very fussy person but I haven't had a complaint to make." And I have "No complaints at all." We looked at the complaints file and saw no complaints since had been received our last inspection in May 2016.

Is the service well-led?

Our findings

During our last inspection the provider did not have effective systems and quality assurance processes in place to monitor and improve the safety and quality of the services provided to people. Staff told us they would feel better supported by the provider if they had more staff. Staff were not always given opportunities to contribute to the running of the home and to discuss their training and development needs. There were ineffective systems to seek feedback from people about the service they received. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's action plan told us effective systems and quality assurance processes would be implemented. The process to review how people provided feedback on the services received would be improved. The deployment of staff and staffing levels would be reviewed and improved. They would ensure staff had one to one meetings with their manager. During this inspection we saw the provider had made most of the improvements and we removed the condition imposed on the registration. This meant the provider was no longer in breach of the regulation.

Systems for managing risks associated with people's care had improved, although not all risks had been identified and acted on. The recording, monitoring and analysis of accidents and incidents including falls had improved. This assured us lessons had been learnt and action had been taken to keep people as safe as possible. The number of falls people had experienced had significantly reduced. We saw the arrangements for checking the information within people's care plans had been improved. We saw monthly audits in-line with the provider's procedure had been completed.

A variety of other audits were completed by the managers to check the quality and safety of service people received. This included checks on the management of medicines, cleanliness of the premises and health and safety issues. Actions were taken in response to any shortfalls identified to ensure people received a good quality service. The registered manager updated the provider by completing a 'weekly manager's report' which included the number of falls people had and any shortfalls in staffing levels. This ensured the provider had an overview of how the home was being run.

Since our last inspection the provider had employed a consultant to support the registered manager, complete audits, improve processes, and drive forward improvements. They said, "We have external audits every quarter. This is an extra check to make sure things are done correctly." Records showed this had happened.

The provider's quality assurance manager visited the home every fortnight to complete quality checks and audit the checks the manager's had completed. As part of these visits, records showed the quality assurance manager spoke with staff and visitors and identified good practice and areas that required further development. These checks supported the home to run effectively and in line with the provider's procedures.

The registered manager also conducted daily 'walkabouts' of the home. We saw managers spent time in the communal areas during our visit. This approach along with the daily 'walk arounds' ensured managers had an overview of how staff were providing care and support to people and gave them the opportunity to speak with people and staff.

A staff communication book was in use to pass on messages to staff about people's needs, and staff 'handover' meetings took place at the beginning of each shift to ensure staff new on duty knew if people's needs had changed since their last shift. We observed the 'handover' meeting and found the welfare of only a few people who lived at the home was discussed. A senior care worker told us only people who they had concerns about were discussed. However, the deputy manager told us the welfare of all people should be discussed and they assured us they would remind staff of the correct procedure that needed to be followed.

More staff had been employed since our last visit and positive changes to the way staff were deployed had been made. This meant staff were available when people needed them. Staff had completed training, such as, falls awareness. They demonstrated their understanding about how to manage risks and how to keep people safe. A revised dependency tool was being used and the registered manager had identified that an extra member of staff was required during the afternoon. However, this request had just been made and was pending at the time of our visit.

We saw good team work and communication between the staff team and registered manager during the visit. For example, we saw staff confidently approached the registered manager who provided them with support and advice. Staff who worked at the home during our last visit now felt supported and enjoyed working at the home. They told us the managers were approachable and they 'chipped in' to help. Staff told us it was a happier place to work, and morale and team work had improved. One member of staff told us, "We are all seeing the positive changes now."

Whilst staff confirmed there had been improvements in the home. They still had not received individual meetings with their manager to discuss their individual training and development needs. This had already been identified during an audit which had been completed by the provider's quality assurance manager during October 2016. The registered manager acknowledged these meetings had not taken place because other work had taken priority. However, staff told us they had the opportunity to attend group staff meetings to contribute ideas to improve the running of the home to benefit people, and they told us they felt able to tell management informally of any ideas or concerns they had. Shortly following the visit the provider informed us individual meetings had taken place with staff.

During our last inspection people and their relative's did not have the opportunity to formally feedback any issues or concerns. Since then, the management team encouraged feedback from people, their relatives, visitors and staff. Annual quality questionnaire were sent out to gather people's views on the service. Completed questionnaires were analysed to assess if action was required to make improvements. Since our last inspection twenty six questionnaires had been sent to the staff. Ten responses had been received. Most of the responses were positive. Comments included, "Carers who are flexible should be rewarded." "We should have carer of the month to show us we are valued." The registered manager had planned to discuss this feedback with the provider shortly after our visit.

The provider's management team consisted of an experienced registered manager and a deputy manager. The registered manager said they were, "Proud of the staff team." They told us the last six months had been 'very challenging' but they had been determined to make the necessary improvements to make things better for the residents and the staff. We asked them if they felt supported in their role. They told us they received excellent support from the deputy manager and senior care staff. They told us the provider was

supportive. For example, they had requested a new computer. During our visit this was delivered to the home.

The deputy manager said, "I am committed to the people who live here. We have worked non - stop to improve things. We needed to make changes." They told us their biggest achievement since our last inspection had been improving and updating people's care plans and risk assessments. Their biggest challenge was sustaining the improvements.

The registered manager told us which notifications they were required to send to us so we were able to monitor any changes or issues within the home. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the home . However, our previous rating of the home was not displayed on the provider's website. We discussed this with the provider who assured us the rating would be made available following our visit. Shortly after our visit the provider informed us this had happened.

The provider and management team had made a number of improvements in a short space of time. This had improved the quality of care provided to people. However, further still improvements still needed to be made.