

Twilight Healthcare Limited

Rosehaven Residential Care Home

Inspection report

200/202 Whitegate Drive
Blackpool
Lancashire
FY3 9HJ

Tel: 01253764394
Website: www.twilighthealthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was unannounced.

At the last inspection in 20 and 30 June 2016 the registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and was rated as 'Inadequate'.

During the last inspection, we found multiple breaches of legal requirements. We rated the service as inadequate and placed it in Special Measures. At that inspection the provider failed to protect people from abuse and improper treatment. They had not always assessed risks to people's health and safety or done everything reasonable to mitigate risks. The provider had failed to ensure people received their medicines safely and when they needed these. They had failed to provide person-centred care that met people's needs and reflected their preferences. The provider had disregarded the needs of the person for care or treatment and had deprived people of their liberty unlawfully. Signed consent to care was not obtained. The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each person. They had not implemented effective systems to assess, monitor and improve the quality and safety of the service provided. There was not a thorough recruitment processes to safeguard those who lived at the home from the employment of unsuitable staff. Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed. The provider had failed to inform CQC of incidents affecting the health, safety and welfare of people who lived at the home.

We made a recommendation for the provider to further improve people's safety and welfare and to arrange advocacy support for people who had limited mental capacity to assist with decision making, where they had no one to advocate on their behalf.

As a result of our findings the service was placed in 'special measures' by CQC. This report only covers our findings in relation to the latest inspection. You can read the report from our last inspections on 20 and 30 June 2016 by selecting the 'all reports' link for Rosehaven on our website at: www.cqc.org.uk.

During this inspection on 21 February 2017, the service had demonstrated improvements and is no longer rated as inadequate for any of the five key questions. On this inspection we found improvements had been made and all breaches were met. However further work was required to embed the changes made to the care records and we made a recommendation about this. We also needed to ensure these improvements were sustained, as to do so requires consistent good practice over time.

Rosehaven residential care home is registered to provide accommodation for up to 24 older people. The home is situated close to Stanley Park and local community facilities. Communal accommodation consists of two lounges on the ground floor and a separate dining room. Bedroom accommodation is situated on the ground, first and second floors. An en-suite facility is provided in nine of the bedrooms. There is a passenger lift for ease of access throughout the building.

At the time of the inspection visit seven people lived at the home.

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

People told us they felt safe at Rosehaven. Procedures were in place and risk assessments completed to reduce the risks of abuse and unsafe care. People said there were enough staff to support them well and give them help when they wanted this. Staff had improved the care and attention they provided to people in the home. People told us staff were friendly and helpful. They told us they were treated with respect and valued.

We looked at how the home was staffed. We saw there were enough staff to provide safe care and supervision and social activities. We looked at the recruitment of three recently appointed members of staff. We found appropriate checks had been undertaken before they had commenced their employment. This reduced the risk of appointing unsuitable staff.

Staff had been trained and had the skills and knowledge to provide support to people they cared for. They received regular support and supervision from senior staff.

We looked at how medicines were managed. Staff managed medicines competently. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

People were complimentary about the meals and told us they enjoyed them. People were offered a choice of nutritious meals.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. The environment was clean and hygienic.

We saw action was taken when people had health care needs. However, although advice was sought, there were concerns that full documentation was not always completed.

We have made a recommendation about staff using report writing guidance when documenting information.

We observed staff providing support to people during the inspection visit. We saw they were kind and attentive and cared for people safely.

Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People said they knew how to complain if they needed to. They said any comments or complaints were listened to and action taken promptly.

People told us the registered manager was approachable and supportive and listened to their views.

We found systems and procedures were in place to monitor and assess the quality of their service. These included seeking views of people they support through informal discussions and satisfaction surveys.

Although the service had improved since the last inspection we need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve safety.

People said they felt safe and care was provided in a safe way using good practice guidance.

Staff were aware of safeguarding procedures and knew the action to take to protect people from the risk of abuse.

Appropriate arrangements for medicines management and practices were in place for storing, giving, recording and monitoring people's medicines.

Staffing levels were sufficient to support, monitor and supervise people safely and staff were appropriately deployed to provide safe care.

Recruitment procedures were safe and robust.

We found that action had been taken to improve safety and to meet the regulations breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve effectiveness

We recommend staff use report writing guidelines to complete documentation fully.

Procedures were in place to enable staff to assess peoples' mental capacity, where there were concerns about their ability to make decisions for themselves.

People had consented to care and were supported to manage their healthcare needs effectively.

People were offered a variety of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

Requires Improvement ●

People were supported by staff who were trained in care. This helped them to provide support in the way the person wanted. This helped them to provide support in the way people wanted.

We found that action had been taken to improve effectiveness and to meet the regulation breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

Is the service caring?

Good ●

We found that action had been taken to improve caring.

People we spoke with told us that staff were kind and caring and provided support and supervision as people needed.

People's privacy and dignity was respected by staff and people received a personalised service.

Staff took into account people's individual needs and choices when supporting them.

Is the service responsive?

Requires Improvement ●

We found that action had been taken to improve responsiveness

Staff had started to provide social and leisure activities but these had yet to be fully established.

Staff were welcoming to people's friends and relatives.

Care planning had improved. It was accurate and up to date and more personalised than previously.

People were aware of how to complain if they needed to. They said they felt concerns were being dealt with more proactively.

Although the service had improved since the last inspection we have rated this key area as requires improvement as we need to ensure the improvements will be sustained.

Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve the leadership at the home,

A range of quality assurance audits had commenced which highlighted issues and the registered manager acted on these.

People who lived in the home, their relatives and most staff said they were able to give their opinions on how the home was supporting people.

Most people felt the management team were approachable and willing to listen to them.

We found action had been taken to improve the governance of the home and to meet the regulation they had breached. However, we have rated this key area as requires improvement because the management team and staff need to demonstrate consistent good practice over time.

Rosehaven Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 21 February 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included three people who lived at the home, a relative, the registered manager and three members of staff on duty.

We looked round the home and observed staff interactions with people. We looked at care and the medicine records of three people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

At the last inspection of Rosehaven in June 2016, we found breaches in relation to the safety of people who lived at Rosehaven, to staff recruitment and to staffing levels. Care practice was not safe and people who had high care needs were not given enough support and supervision.

When we last inspected, people with behaviour that challenged were not supported safely. There was no meaningful engagement from staff and no management strategies, guidance or distraction techniques in place to assist staff in reducing the behaviour that challenged. There were no risk assessments identifying behaviours and identifying risks.

Although risk assessments for falls, moving and handling, nutrition and pressure care were completed, these were not personalised and did not show how the risks were to be reduced. People had been moved using unsafe moving and handling techniques and health issues were not always dealt with effectively.

At the last inspection medicines had not always been managed safely. People were not always given 'when necessary' pain medicines when showing signs of pain. Pain assessment tools were not used to assist staff to identify when a person who had limited verbal communication was in pain. There was insufficient information about foods that interacted with people's medicines which increased the risk of them having foods that could be harmful to them.

These were breaches of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

On this inspection people said they felt safe and comfortable at Rosehaven. One person said, "I have no concerns about my safety." Staff told us there had been changes 'for the better' in the home and care was safe and personalised. People said staff checked they were comfortable and responded to requests for assistance promptly. We saw they were relaxed and at ease with staff who interacted with people at regular intervals.

We looked at three care records out of the seven people who lived at Rosehaven when we inspected in February 2017 and found these all had risk assessments in place. The risk assessments had been developed to provide information about how to reduce risks. These provided guidance for staff. The registered manager had started to evaluate accidents or incidents, for lessons learnt to assist in reducing these. We talked to the registered manager and staff about the strategies in place for managing behaviour that challenged. They told us they had sufficient information to help them support people safely and reduce episodes of behaviour that challenged. We looked at the care records of a person who had behaviour that challenged on occasions. There was guidance to help staff provide consistent responses to behaviour that challenged. This included how to de-escalate behaviours that challenged.

When we carried out this inspection staff had recorded necessary information about people's medicines and 'when necessary' medicines were managed appropriately. We spoke with people about the management of

their medicines. They said they were given medicines as prescribed at the correct times and pain relief when they needed it. One person said, "They keep my pain tablets topped up." People with communication difficulties had pain assessment tool in place. We saw on medicine records staff provided pain relief to people who showed signs of pain. People were given pain relief when needed, pain assessment tools were in use and information about each person's medicines was recorded.

We observed staff giving medicines to people. We saw that the member of staff gave each person their medicines, made sure they had taken them as prescribed, then signed for that person's medicines. We saw medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Written guidance was in place for medicines prescribed as 'when required', to help ensure consistency in their use. This provided staff with information about under what circumstances 'when necessary' (PRN) medicines were to be given. This gave staff information so they were clear about the reasons people needed to take 'when necessary' medicines.

Senior staff regularly audited medicines administration and management to make sure staff were managing medicines safely. People received their medication as prescribed.

At our last inspection, we found the provider did not always safeguard people against abuse and improper treatment. This was because care was not always provided in a safe way and staff did not raise safeguarding issues as they should. We reported a number of safeguarding issues after the inspection and these were substantiated.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014b safeguarding service users from abuse and improper treatment.

On this inspection there had been one safeguarding concern raised by the home about other professionals and one safeguarding about care in the home. These were being investigated by the local authority safeguarding team when we inspected. We found staff had followed procedures to protect people from abuse and unsafe care. They were aware of how to deal with unsafe care or a suspicion of abuse and to raise a safeguarding concern. We saw staff had raised safeguarding concerns where these had occurred.

At the last inspection staff recruitment was unsafe as the home's recruitment procedure was not followed. Staff did not always have appropriate references and gaps in employment had not been checked. This was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper person's employed.

On this inspection we looked at two staff files and saw new staff appointed since the last inspection had all the necessary checks to reduce risks of appointing unsuitable staff. These included references and criminal record checks obtained from the Disclosure and Barring Service (DBS) and the registered manager had reviewed any gaps in employment so they were aware of the work history of potential members of staff. One recently appointed member of staff talked with us about their recruitment. They said it was thorough and they could not start work at Rosehaven before the checks were completed.

Staffing levels and deployment of staff were insufficient and unsafe at the last inspection. People who lived at Rosehaven and their relatives told us they often found they were not able to find staff around the home and they had to wait for support. In addition interaction with people was limited to basic care tasks. This was a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing

On this inspection we looked at how the home had been staffed. We talked with people who lived at the

home, relatives and staff, checked staff rotas and observed whether there were enough staff to provide safe care. Although there were only seven people in the home staffing had only been slightly reduced from the level of staff when 18 people were in the home. This had given staff the time to improve care practice and record keeping and involve people in social and leisure activities. During the inspection we saw staff had time to support people promptly and without rushing through their care. We observed staff in the lounge with people talking and interacting with them. We saw staff respond promptly when people asked for assistance. People told us staff responded quickly to any requests for assistance and spent time talking with them. We saw people had easy access to call bells in their bedrooms so they could summon help when required.

We saw records confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

A fire safety policy and procedure was in place, which outlined action to be taken in the event of a fire. People had personal evacuation plans in place. A fire safety risk assessment was in place. The fire alarm and fire doors had been regularly checked to confirm they were working so the risk of fire was reduced as far as possible.

We saw staff wore personal protective clothing when involved in personal care and at mealtimes, which assisted with reducing cross infection. The environment was well maintained, clean and hygienic.

Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service effective?

Our findings

At our last inspection of Rosehaven in June 2016, we saw people's written consent to care and treatment had not always been obtained. Where an individual did not have capacity, the provider did not acquire this from their relevant representative. There was no evidence available to demonstrate best interest meetings had been held on people's behalf.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent.

On this inspection documents we reviewed included people's recorded consent to care and treatment, photographs, care planning and where appropriate involvement of families in care plans. We saw staff involved and assisted people to make day-to-day decisions.

When we inspected in June 2016 staff did not always seek or follow the advice of health professionals. After a reported accident, unwitnessed by staff, one person had shown signs of injury, and complained of pain. Despite this the registered manager had not followed the advice of the GP to arrange checks and treatment for the person.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014b safeguarding service users from abuse and improper treatment.

On this inspection people told us health visits were quickly arranged when needed. They said they could see a doctor or health professional as they needed and staff monitored any health issues and supported them to have regular health checks. Care records seen reflected this.

One person told us, "[The registered manager] doesn't mess about if you are unwell. Gets straight onto the doctor." A health and social care professional told us that care had improved and staff generally listened to advice. We saw appointments were made where people needed attention. However, although advice was sought, there were concerns from health and social care professionals that in one instance information about an injury was limited and did not indicate the full extent of the injury. Although CQC received a Statutory Notification about this injury, the full extent of the injuries were not provided. Therefore relevant organisations did not have full information to make appropriate decisions.

We recommend using report writing guidance when documenting information.

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

At the last inspection in June 2016 the registered manager had not assessed people's mental capacity. Appropriate arrangements had not been made or records kept in regards to people's mental capacity. There

was no documentation where there were concerns about a person's ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

This was a breach of Regulation 13 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014b safeguarding service users from abuse and improper treatment.

On this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw staff determined and recorded people's capacity to make particular decisions.

People we spoke with who capacity had told us they could make decisions and choose what they wanted to do and staff accepted this. Staff knew what to do to make sure decisions were in people's best interests, where people did not have capacity to make a specific decision. We spoke with staff to check their understanding of these. They were aware of the action to take where there were concerns about their ability to make decisions for themselves. They were aware of the Mental Capacity Act and DoLS and how this influenced how they supported people. They demonstrated their knowledge by explaining that people may not be able to make some decisions but could still make other and they encouraged them to do so.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. On this inspection they had applied for a deprivation of liberty authorisation for people who did not have capacity and had restrictions placed on them for their own safety. Once received they had also informed CQC as required about any DoLS applications that had been authorised. This showed us staff were working within the law to support people who lacked capacity to make decisions and manage risk.

People told us they enjoyed the meals and they were varied. One person told us, "The food is quite good. I am having potato pie for lunch. The portions are good and we get plenty to eat." Another person said, "I always enjoy the food. We get plenty to eat." Staff were aware of who required special diets and those with allergies. They knew who were at risk of obesity or malnutrition and there was information about people's likes and dislikes.

We observed lunch. We saw the lunchtime meal was well presented. Staff did not rush people and made the mealtime a social occasion. We saw staff encouraging one person who was reluctant to have their meal to eat some of it. Drinks and snacks were offered to people at regular intervals, throughout the inspection.

We checked the kitchen and found it was clean and tidy, well organised and stocked with a variety of provisions. Staff had maintained records of food and appliances. We saw the cook made checks to ensure the effective management of food safety.

People told us they were confident that staff were well trained and knew what they were doing. Training was up to date for all staff. They told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. Other training included safeguarding vulnerable adults Mental Capacity Act and Deprivation of Liberties, dementia, fire safety, and infection control. We talked with staff and saw the training matrix which identified when training had been completed and when training needed renewing.

Staff told us they received supervision and appraisal and almost all felt supported by the management team. We saw from supervision records that this was in place. Supervision is where individual staff and those

concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed.

Is the service caring?

Our findings

At the last inspection in June 2016 we saw people were not always getting good care. Staff did not focus on the well-being of more dependent people. There were significant periods of time where people were left with no stimulation or activity, and were unsupervised and unsupported. Also at that inspection advocacy support had not been sought to assist one person who had no relatives and limited mental capacity for decision making. So the person had not been appropriately supported in choices made for them. We recommended that the provider arranged advocacy support for people who had limited mental capacity, where they had no one to represent their views or advocate on their behalf.

On this inspection Information was available to people about how to get support from independent advocates. We saw advocates also visited the home to provide information and assistance. This was particularly important so people had a 'voice' where there was no family involved. This meant they could be represented by someone independent of the home to act on their behalf if needed.

People we spoke with on this inspection told us staff were caring and attentive and they were pleased with their care. To help us observe the daily routines we spent time in the lounge and dining areas and observed care and support. One person said, "This is a very nice home. I wouldn't go anywhere else. I love it. The staff are very good and will do anything for me." Another person told us, "The staff are very helpful. They provide me with everything I need." A visitor told us people's needs were catered for and said, "It is a lovely home with brilliant and caring staff."

We saw positive interactions between staff and people they supported. We observed staff talking with people as they went about their duties and engaging them in conversation and activities. People appeared relaxed and comfortable in the company of staff.

Staff were aware of people's requirements in relation to their human rights. This included ensuring staff respected people's family, personal and sexual relationships and their diverse cultural, gender and spiritual needs. They understood the need to protect and respect people's human rights. They were aware that people could not be deprived of their liberty except under specific legal authorisation and could not be discriminated against for their gender, sexuality, age, nationality or religion.

Staff were familiar with people's care records which assisted them to meet people's preferences, preferred form of address, life history, likes, dislikes, care and support and needs and wishes. We saw their personal information was confidential but accessible to them.

People told us they felt staff were respectful of their privacy and dignity by knocking on bedroom doors before entering and shutting doors when they provided personal care. We saw staff talked to people in a friendly, polite manner and met people's individual needs around privacy and dignity. People told us staff assisted them promptly when they called for help and were polite and friendly.

Links with and support from health and social care services were in place. We had responses from external

agencies including the local authority contracts and commissioning team and health care professionals. Comments received from other professionals suggested that the service was starting to improve. These responses helped us to gain a balanced overview of what people experienced at Rosehaven.

Is the service responsive?

Our findings

At the last inspection in June 2016 people did not always get care that promoted their wellbeing or quality of life. Interaction was infrequent with few activities and people were socially isolated and unstimulated. On that inspection we looked at care plans and observed care and staff interactions with people who lived at the home. Staff were not following care plans or providing care that met people's needs. Neither were people who lived at Rosehaven or their representatives involved in planning and reviewing their care. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – person centred care

On this inspection we saw there was always the presence of at least one member of staff in the lounge. We observed staff interact with people, talking and laughing with them. Staff assisted people promptly and involved people in social and daily living activities. People told us staff spent more time with people than they had previously, which they enjoyed.

When we last inspected in June 2016 care records were inaccurate and information out of date, even when reviewed. Health issues were not always followed up and important information was not always recorded. This meant that people were not receiving the correct care and staff were not aware of changes in people's health and wellbeing.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance

On this inspection information was in place to assist with providing personalised care. We looked at the care records of three people. We saw they were informative and had been reviewed. Care plans were informative with details of people's care needs, likes and dislikes. Risk assessments including nutrition, falls and pressure area management had been completed. We saw people had been involved in care planning where they wanted to be. People said they and their relatives could be involved in care planning. One person said "They [the staff] let me know about what is happening [with care] and check if that is alright with me. I don't want to be bothered reading it all."

People said they knew how to complain. The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We asked people if any complaints were dealt with quickly and appropriately. People told us they had no complaints about the home and were happy there. One person said, "I have nothing to complain about here, nothing at all." Another person told us, "I have no issues or concerns I am very happy. The staff are great. I wouldn't stay if I wasn't happy."

People visiting the home said they could visit their family member or friend whenever they wanted. They told us there was a relaxed atmosphere and staff made them feel welcome. We asked people if there were restrictions on times family and friends could visit. People told us they could visit at any time. One person said, "My friends can just turn up when they want. They don't have to ask"

People told us there were usually activities if they wanted to join in. These included hand massage, DVD's, games, bingo, and visiting entertainers. We observed the people taking part seemed to be enjoying themselves. One person told us, "I join in activities if I am in the mood." A visitor informed us of a variety of activities in house and the local area that people were involved in. We saw people's spiritual needs could be met either by attending a church service or by the parishioners of local churches visiting people at the home.

Although the service had improved since the last inspection we have rated this key area as requires improvement as we need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At the last inspection in June 2016, the management of the home was not well led. The registered manager did not show all the necessary skills and knowledge to manage effectively. They did not improve practice where care was poor, ensure that care was safe and that staff were recruited safely or deployed effectively. They did not have appropriate knowledge in relation to the Mental Capacity Act 2005 and associated DoLS. They did not ensure good governance of the home.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

On this inspection the registered manager, management team and staff, had taken action on the issues raised at the last inspection. On this inspection there were improvements in both management and care. The registered manager had increased their knowledge of safe care practice, MCA and DoLS. They had recruited new staff robustly and safely and ensured staff were deployed more effectively. They were also monitoring care and involved in audits of the home.

When we inspected in June 2016 The registered manager had not always notified CQC about issues that affected the health, safety and welfare of people who lived at the home, which they were required to do. These included serious injuries and safeguarding concerns. This meant that CQC were not aware of incidents they should be informed about and did not have up to date relevant information in which to decide on regulatory action.

This was a breach of Regulation 18 care Quality Commission (Registration) Regulations 2009 – Notification of other incidents

On this inspection the registered manager had notified CQC of any incidents that affected the running of the home. However where they had informed us of a serious injury information was limited and did not provide sufficient information about the injury. Therefore we were unable to estimate how an incident would affect a person or know whether regulatory action was needed.

People told us the registered manager and staff team were helpful and approachable and willing to listen to their views. One person told us, "All the staff are good. They will do anything for me". Another person said of the registered manager, "She knows what she is doing and is great with me." A visitor had commented, "The staff team are brilliant." The atmosphere was calm and people approached the registered manager in a relaxed manner.

Surveys about people's experience of the home and any improvements they would like had been sought. Comments were positive about the way the home had improved. People told us the registered manager had regular informal 'chats' with them.

Staff felt the care had improved and was more personalised since the last inspection. One member of staff said, "[The registered manager] has led us all and made sure we give better care." And, "There has been a big change in care. We are more on the ball with care and record keeping." Another member of staff told us,

"The paperwork has got better and checks have increased so we know everything is done as it should be."

Quality audits were carried out in a way that identified issues. These included health and safety audits and audits of care, records, medication, infection control, incidents and accidents. Any issues found on audits had been acted upon and any lessons learnt to improve the service going forward.

Almost all staff said the management team supported staff and encouraged them to improve care. Although a member of staff said, "More reassurance and praise rather than blame when we got things right would help." Other staff felt supported. A member of staff said, "[The registered manager] and staff team are so supportive. I can go to them with any problem." Another member of staff told us, "The care has improved and we work together as a team now."

Staff meetings were held to inform, involve and consult staff. Most staff told us they were able to suggest ideas or give their opinions on issues. They also received staff supervision. The registered manager had started a memo file to make sure staff were aware of any changes in between meetings. staff signed these to show they had read them. This kept staff informed of any developments or changes.

It was positive that these actions to lead and support had started. However they needed to be consistently and rigorously carried on. Although the service had improved since the last inspection we still need to ensure the improvements will be sustained. This is because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.