

Westlands Care Home Limited

Westlands Retirement Home

Inspection report

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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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

The inspection took place on 01 and 02 August 2016 and was unannounced. Westlands Retirement Home is registered to provide accommodation and support without nursing for up to 51 people. The service expanded in June 2014, when an extension was added to the original building. The original building known as the 'green' wing accommodates 35 people whilst the extension known as the 'purple' wing accommodates a further 16 people. At the time of the inspection there were 48 people living there.

The service 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.

At our last inspection of this service on 13 and 14 July 2015 we found two breaches of legal requirements in relation to safe care and treatment and governance and record keeping. Following the inspection the providers wrote and told us they planned to meet the requirements of these regulations by the end of November 2015. At this inspection we found the requirements of these regulations had been met.

Risks to people had been assessed; staff had written guidance about how to manage identified risks to people. Risks to people from falling had been assessed and relevant action taken to manage these risks safely for people. People who had diabetes had a care plan to provide staff with written guidance about how to support them to manage their condition.

Various aspects of the service had been audited and action had been taken to improve the service for people. People's records were found to be accurate, reflected the care they had received and were stored securely.

The providers did not always follow procedures to ensure people's rights were upheld in line with the Mental Capacity Act (MCA) 2005. There was a lack of written evidence to demonstrate that either people had consented to the use of bed rails or that they had been assessed as lacking the capacity to consent to their use and a best interest decision had been made in consultation with relevant parties. Deprivation of Liberty Safeguard (DoLS) applications had been made on people's behalf. However, there was a lack of written evidence to demonstrate legal requirements had been met in relation to the requirements of the MCA prior to the applications being submitted. The providers had not carried out mental capacity assessments and best interest decisions where people's freedom of movement was restricted.

People were safe as staff understood their roles and responsibilities in relation to safeguarding. Safeguarding alerts had been made to the relevant authorities as required to ensure people were safeguarded against the risk of abuse.

People, their relatives, staff and professionals provided mixed feedback about staffing levels. Staffing levels

had been increased in response to staff feedback even though people's assessed needs had actually decreased. Records demonstrated that the registered manager regularly assessed and kept under review people's staffing requirements. Staff had been required to undertake appropriate pre-employment checks to ensure their suitability to work with people.

Staff who administered people's medicines had undergone appropriate training and had their competency assessed. Improvements were required to ensure staff administering medicines were not distracted for people's safety. The providers took measures during the inspection to ensure people's medicines were stored at a safe temperature. Processes were being introduced to improve record keeping in relation to people's topical creams. However, it will take time for these changes to become embedded within staff practice.

Staff received an induction to their role and were supported to undertake professional development. Not all staff felt fully supported in their role. The providers were taking action to address this for staff but it will take time to achieve the required improvement. The process for monitoring and supervising staff practice had not identified that not all care staff had maintained their competence in moving and handling people in accordance with best practice. Not all staff had received relevant training to meet people's care needs in relation to catheter or stoma care or had the opportunity to update their training. The providers were arranging this training for staff; however, these arrangements should have been made prior to people with these needs being accommodated.

Improvements had been made to people's lunchtime experience. Risks to people from malnutrition were assessed and managed effectively. Risks to people in relation to fluid intake had been identified and managed. We observed people had a pleasant lunchtime experience.

Staff arranged for people to be seen by a variety of health care professionals as required to maintain their health.

People and their relatives told us the staff were kind and caring. Staff were observed to interact in a kind and caring manner towards people. Staff were seen to be patient with people. Staff had documented people's preferences and acted to ensure these were met.

People's care plans and care needs summary provided guidance for staff about how to support them to make choices about their care. They also included guidance about how to promote effective communication with the person. Staff were observed to involve people in making choices about their care. Staff upheld people's dignity and privacy.

People's care needs were assessed prior to them being accommodated and relevant information was sought about them from other agencies. People and their relatives were consulted about the content of their care plans and they were involved in reviews of their care.

An activities co-ordinator had left the service. The providers had taken reasonable measures to recruit a replacement and a new activities co-ordinator was due to commence their post imminently. In the interim the providers had taken appropriate measures to ensure people's needs for social stimulation were met.

The providers' complaints policy and procedures were displayed in the communal areas for people and their relatives to access if required. The complaints file showed no complaints had been received by the providers since December 2015. Residents' and relatives meetings had been held to seek their feedback on the service.

Staff learnt about the providers values during their induction and applied them in their work. Overall staff feedback was that the service was a good place to work. There were opportunities for staff to raise any issues and their feedback had been acted upon to improve the service for people.

People and their relatives felt the service was well managed. The majority of staff felt the service was well managed. Since the last inspection the management structure of the service had been reviewed and strengthened for people by the providers.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the providers to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People were safeguarded from the risk of abuse.

Risks to people had been assessed and managed to ensure their safety.

Records demonstrated that people's staffing requirements were regularly assessed and had been increased.

Staff had been required to undertake appropriate pre-employment checks to ensure their suitability to work with people.

Some processes in relation to medicines management required improvement. Changes were planned but it will take time for them to be completed and to be embedded within staff practice.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The providers had not ensured that legal requirements were met when people lacked the capacity to consent to restrictions upon their freedom of movement.

Staff supervision processes had not identified that not all care staff had maintained their competence in moving and handling people. Staff had not always completed all relevant training or updated their training where required, this was being arranged for staff.

People were supported to eat and drink sufficient for their needs.

Staff supported people to access health care services as required.

Is the service caring?

Good ●

The service is caring.

Staff had formed positive caring relationships with people who used the service.

Staff supported people to express their views and to make decisions.

People's privacy and dignity were respected and promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People's care needs had been assessed prior to them being accommodated. People had care plans which they were involved in where possible and these were then reviewed with them or their relatives.

People were provided with opportunities for social stimulation.

Processes were in place to enable people or their relatives to make a complaint and to express any concerns and these were acted upon.

Is the service well-led?

Good ●

The service was well-led.

The service had been audited to identify areas for improvement and action had been taken to improve the service for people.

People's records were found to be accurate, reflected the care they had received and were stored securely.

The providers had worked to create a positive culture. There were opportunities for staff to provide their feedback on the service and their suggestions for improvements were acted upon for people.

There was a clear staffing structure to ensure people's needs were met and relevant information was shared between care staff and management.

Westlands Retirement Home

Detailed findings

Background to this inspection

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

The inspection took place on 01 and 02 August 2016 and was unannounced. The inspection was completed by two inspectors on 01 August 2016 and one inspector on 02 August 2016.

Before the inspection the providers completed a Provider Information Return (PIR). This is a form that asks providers to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which providers are required to tell us about by law.

Prior to the inspection we spoke with a commissioner of the service, a nurse and a representative of the ambulance service. During the inspection we spoke with six people, four people's relatives and a district nurse. As some people accommodated experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) to enable us to understand their experience of the care provided. We also spoke with seven care staff, the chef, the deputy manager, the registered manager and the providers. Following the inspection we spoke with a GP.

We reviewed records which included five people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

Is the service safe?

Our findings

At our inspection of 13 and 14 July 2015 we found risks to people had not always been assessed and mitigated. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection of 01 and 02 August 2016 we found this legal requirement had been met.

Risks to people had been assessed. Staff had guidance about how to manage identified risks to people both within their care plans and their care needs summary sheet. Three people required regular re-positioning to prevent the risk of them developing pressure ulcers, records demonstrated they were re-positioned when in bed as required. People had pressure relieving equipment if needed such as pressure cushions and air mattresses to manage this risk to them.

Where people had been assessed as at risk from falls, plans were in place to manage this risk. A person's relative told us "Staff understand risks" and said that staff informed them if their loved one fell. If people experienced a fall this was documented and a body map completed if required to show the site of the injury. An incident form was completed and if required post falls observations were undertaken to monitor the person's welfare. The person's GP was also informed of any falls they had experienced. When required measures were taken to reduce the risk of repetition for the person for example, through the use of an alarm mat and their care plan was updated. Risks to people from falling had been assessed and action taken to ensure people's safety.

There was guidance for staff about how many care staff people required to assist them and what equipment was needed to transfer them. A person confirmed to us that staff used the hoist as per their records to transfer them safely.

A person was observed to have to wait for 25 minutes on 1 August 2016 to be transferred to visit the bathroom as the service's one stand-aid was already in use. Records demonstrated this issue had been raised by the registered manager with the providers on 29 July 2016 and an order for an additional stand-aid was placed on 02 August 2016. Although this need was identified and was being addressed for people this should have been identified more promptly, as several people required the use of a stand aid in both wings of the service.

People's records demonstrated that where it had been identified they experienced difficulties swallowing they had been referred to the speech and language therapy (SALT) service as required. Where recommendations had been made, staff followed the SALT's guidance. It was documented in people's care plans if they required pureed food or if their drinks required thickener and these were provided. Risks to people from choking were managed safely.

Staff told us people who chose to stay in their bedrooms were checked upon regularly. Staff were observed to check on people's whereabouts on an hourly basis and to document these checks. Staff maintained regular checks upon people's location and welfare for their safety.

People who experienced diabetes had a care plan in place to provide staff with written guidance about how to support them in managing their condition. There was a diabetes policy and a programme of training was underway for staff. People's diabetes care was managed safely.

Staff told us they had undergone safeguarding training; records confirmed that most staff were up to date with this training or they had been booked to attend. Staff were able to describe the purpose of safeguarding, the signs which might indicate a person had been abused and their role and responsibilities to report any abuse. People were provided with information about safeguarding in their bedrooms. The providers told us staff had been provided with a 'pocket' guide to safeguarding which records confirmed. Records demonstrated the registered manager had correctly identified when safeguarding alerts should be sent to the local authority and taken the correct action to keep people safe.

People, their relatives, staff and professionals provided mixed feedback about staffing levels. Three people told us they felt staffing levels were not sufficient, one said they had to wait on occasions for their care and another said they felt there were not enough staff in the early evening. Most relatives felt there were enough staff.

Staff felt that although staffing had improved there were still not enough staff for the number and complexity of some people's needs. Two nurses and a GP told us the service accommodated quite a few complex people who had high care needs and therefore their care took staff longer to deliver.

The registered manager had a process to assess the staffing needs for the service. This identified if people had low, medium or high care needs. Records demonstrated that there had actually been a reduction in people's care needs on the green wing between 5 May 2016 and 13 July 2016. Although staffing requirements had reduced the number of care staff allocated to the weekday morning shift had been increased by one in response to staff feedback about staffing levels being too low. The registered manager told us there were now 10 care staff allocated for the weekday morning staff shift and nine at the weekends. The extra member of staff was rostered on the weekdays as there were more visits from health care professionals during the week. There were eight care staff rostered for the afternoon shift and four for the night shift. Records confirmed that apart from occasions when staff had rung in sick at the last minute and they had not been able to arrange agency staff this level of staffing had been provided. Although people, staff and professionals did not consistently report that staffing levels were good. Records showed that people's staffing requirements were regularly assessed and had been increased in response to staff feedback although people's assessed needs had decreased.

Staff told us and records confirmed they had undergone recruitment checks before working for the service. These included the provision of suitable references, employment history, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were cared for by staff who had undergone relevant pre-employment checks to ensure their suitability to work with people.

People told us they received their medicines as required. Senior staff who administered people's medicines told us they had completed on-line training and had their practical competency assessed, which records confirmed. A member of staff took the lead for the ordering and management of medicines within the service for people.

Medicines were stored securely. The room temperature of the clinical room on the green wing had exceeded 25 degrees on four days in July 2016. Guidance requires that the room temperature should remain below 25

degrees. The providers had already purchased a portable air conditioning unit to cool the medicines room to the correct temperature. Following the inspection the registered manager was able to provide written evidence to demonstrate the unit had been fitted and reduced the temperature of the room to a safe level for the storage of people's medicines.

Staff wore a tabard to ensure other staff were aware they were administering medicines and were not to be interrupted. However, they were still observed to be interrupted repeatedly by other care staff during the medicines round. This resulted in the medicine round taking longer and created a risk that they might have made a mistake due to being distracted. Improvements were required to ensure staff administering medicines were not disturbed for people's safety.

People received their topical medicines, which are creams applied directly to the skin as prescribed on their medicine administration record (MAR), however, at the time of the inspection there was no system for staff to sign to evidence this. People did not always have a body chart to indicate where on their body the topical cream should be applied. The medicines lead was in the process of introducing a system to ensure people had topical cream body charts in place to instruct staff what cream to apply and where and a signature chart to confirm their application. Although staff checked to see if people's aqueous creams, which moisturise the skin had been applied, there was a lack of a process for staff to sign to demonstrate this. Although processes were being introduced to improve record keeping in relation to people's creams, it will take time for these to become embedded within staff practice.

There were processes in place to monitor the level of medicines held by the service. However we checked the number of paracetamol tablets, which are used for the management of pain and they did not tally with the amount listed. The remainder of the medicines tallied with the stock inventory. The lead for medicines was made aware of this and told us they would address this for people to ensure processes for checking stocks of medicine were completed accurately.

Although the providers had a medicines policy, it had not been updated and made reference to the outdated Regulation 13 of the Health and Social Care Act 2008 (regulated activities) regulations 2010. The policy needed to be reviewed to ensure it reflected current legislation for staff's reference.

Is the service effective?

Our findings

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

Records showed most staff had either attended MCA training or were booked to do so. Staff who had undertaken this training were able to demonstrate their understanding of the principles of the Act and its application in their daily work with people.

Some people used bed rails to manage the risk of them falling out of bed. Although people's records demonstrated a risk assessment had been completed there was a lack of a written record to demonstrate whether the person had given their consent for their use. Where people were unable to consent an MCA assessment had not been completed and relevant people had not been consulted as part of a best interest decision that they required bed rails. Legal requirements had not been met in relation to the use of bed rails.

The registered manager had submitted DoLS applications for six people and a further two were in the process of being applied for. These applications had not been supported by a MCA assessment to demonstrate how the decision had been reached that the person lacked the capacity to consent to their care and treatment; that they were under constant supervision; or that relevant people had been consulted as part of the best interest decision to submit the application on their behalf. Legal requirements had not been met prior to the submission of DoLS applications for people.

The providers failure to follow the requirements of the MCA 2005 prior to making an application to deprive people of their liberty or when determining if the use of bed rails was in their best interests was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had completed an induction to their role, records demonstrated new staff had or were undertaking the care industry recognised induction programme. Staff told us they were undertaking professional development and records showed that 10 of the 32 care staff had either completed or were working towards a qualification in social care. Staff who were new to social care received an appropriate induction to their role and experienced staff were encouraged to undertake professional qualifications.

Five staff told us they felt well supported in their role and that they received sufficient supervision, however, two staff told us they did not feel they received sufficient support. The providers' supervision and appraisal

policy stated staff should receive supervision every eight to ten weeks; therefore staff should have received at least three supervisions during 2016 by the date of the inspection. Records demonstrated staff were receiving supervision but not as regularly as stated in the providers policy. Some staff had only received one or two supervisions during this period. The providers told us that as part of their review of the team leaders' role they were planning for them to undertake staff supervisions; which would enable the senior staff team to complete staff supervisions more regularly. Records confirmed this was discussed with the team leaders on 1 June 2016. It will take time for team leaders to be trained to undertake staff supervisions and for them to then commence these with staff.

We witnessed five incidents of staff, moving and handling people by lifting them incorrectly under their arm or by pulling them from the chair by their hands which had the potential to cause people physical harm. A nurse confirmed they had also identified issues with how some staff transferred people. Although staff had received moving and handling training which included both a theory and practical element. The process in place for monitoring and supervising staff practice was not effective. It had not been identified that not all care staff had maintained their competence in moving and handling people in accordance with best practice. This was brought to the attention of the deputy manager who was the providers' moving and handling trainer. They told us they would be taking immediate action to address this with staff for people's safety.

Certain people required catheter or stoma care; some of the senior staff had undertaken this training and felt confident to administer this care and to instruct other staff in providing this care under their supervision. However, these senior staff had not had the opportunity to update their training in these areas to ensure their knowledge remained up to date. The remaining staff had not yet completed this training themselves and were guided in their work by the trained senior staff. The providers told us they were arranging this training for staff, which records confirmed. However, they should have ensured staff had the opportunity to update or complete this prior to people with these needs being accommodated to ensure staff had completed up to date training in these areas.

A person's relative told us their relative ate well and that staff informed them if they did not. Another person and their relative told us the food was not great for vegetarians. There was a choice of two main meals at lunchtime. The deputy manager informed us they also ensured there were a range of options provided for vegetarians. At lunch we observed a vegetarian option was provided for people.

Following the last inspection the providers had completed work to improve peoples' dining experience. Tables were laid with a table cloth and condiments; music was playing for people to create a relaxed environment. When staff supported a person to lunch they were heard to ask them who they wanted to sit with. They replied that they wanted to sit with their friend and staff ensured they could. The two people were seen to enjoy chatting to each other over lunch. We observed people had a pleasant lunch time experience.

People were weighed monthly and their Malnutrition Universal Screening Tool (MUST) score was calculated. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. Where people were identified as at risk of malnutrition their food was fortified which is a way of increasing people's calorie intake. Where required people were placed on food charts to document their intake. Risks to people from malnutrition were assessed and managed effectively.

Where people were identified as at risk from dehydration fluid charts were maintained to record their input. These did not state what the person's daily objective should be to enable staff to readily identify if people had drunk sufficient for their needs. This was brought to the attention of the providers to enable them to source a tool to enable staff to calculate a fluid objective for people. Risks to people in relation to fluid

intake had been identified and managed; however, this could be further improved for people.

People's records showed they had seen psychiatric nurses, the speech and language therapy service (SALT), occupational therapists, district nurses, dentist, and the chiropodist. People's identified health care needs were met to ensure their welfare and health.

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. People's feedback was very positive and included comments such as "Staff have been very nice, they go out of their way" and "Carers are good." Relative's feedback included "I am happy with mum's care. The staff are good and caring" and "Carers are kind and caring. Mum can be sharp but staff are patient. Staff give her time." A nurse confirmed staff were kind and a member of staff told us "Staff care. We are getting staff now that care."

Staff checked with people how they were, expressed concern for them if the person was not happy and tried to resolve any issues for them. Staff were observed to interact with people in a kindly, caring manner. Staff although busy, did not rush people's care, they made time for people.

Some people were very anxious and frequently called for staff support. Staff were observed to be patient and responded to them, providing them with re-assurance. If staff could not attend to them immediately they told the person when they would be coming to them so that they knew when they would receive assistance. One person frequently got up from the table at lunch and staff were attentive to this person's behaviour and gently supported and guided the person back to their meal.

People's care plans and care needs summary provided staff with information about people's background, routine and preferences, such as when they liked to get up, whether they preferred a shower or a bath and how often and their food preferences. A relative told us staff had checked with them what their loved one preferred to eat when they moved in and had then gone out and purchased what they liked for breakfast. The deputy manager told us that when people moved in they obtained a range of information about the person's preferences such as whether they wanted to attend the hairdresser and ensured this was arranged. Staff had documented people's preferences and acted to ensure they were met.

A person told us they were able to exercise choice about where they spent their time. People's care plans and care needs summary provided guidance for staff about how to support them to make choices about their care for example, about what to wear. We observed staff giving people choices in relation to their daily care. Staff asked people about what they wanted, whether they wanted the windows open or the music on. Just before lunch staff brought 'show plates' around to people who experienced dementia in order to enable them to make their choice of meal. By doing this shortly before lunch it also supported people to make their decision at the time it needed to be made, so that people were more likely to recall what they had requested. This also acted as a prompt that lunch would be served shortly. People were supported by staff to express their views and to make decisions about their care.

People's care records contained guidance for staff about how to communicate effectively with them. Staff were heard to give people simple verbal instructions to support them. If people struggled to communicate verbally there was guidance for staff about how they communicated, for example, using gestures. Staff confirmed that this was how they communicated with a person who could not communicate verbally. Staff were observed to ensure they positioned themselves on people's level to communicate with them. Staff ensured they communicated with people in a manner which met their needs.

Staff were able to describe the measures they undertook to ensure people's privacy and dignity was maintained during the provision of their personal care by; closing the door, keeping people covered and using a privacy screen if people required support in a communal area. A person was observed during a couple of meals to become anxious about a cream they required. Staff were heard to speak with them discreetly and to reassure them that this would be applied in their bedroom once they had finished their meal. Staff had provided sensitive support whilst ensuring that the person's dignity would be upheld. Other staff were heard quietly speaking with people as they supported them to straighten their clothing having visited the bathroom. Those who wished to were able to have a keypad fitted to their bedroom door to ensure their privacy. Staff ensured people's rights to privacy were upheld.

Is the service responsive?

Our findings

Records demonstrated people's care needs had been assessed prior to their admission and copies of assessments completed by other agencies were sought for information where these were available. The pre-admission and care planning process had recently been reviewed by the deputy manager and simplified. The documentation provided a comprehensive pre-assessment of people's care needs. It covered people's personal history, communication, personal hygiene, skin care, mobility, diet, medical needs, interests and end of life arrangements. The deputy manager told us this was a 'living document' that would enable them to initially assess if they could meet the person's needs. It was then used as the basic care plan for the person which was added to once the person had been admitted and staff got to know them. People's care needs had been assessed and relevant information sought to determine the suitability of the service to meet peoples' needs.

A person's relative told us "Staff understand people's needs." There were processes in place such as the staff handover to inform staff about the needs of people newly admitted to the service. In addition staff had access to people's care plans and a care needs summary for each person of which there was a copy in people's bedrooms to ensure staff had ready access to this information.

Records showed people had been consulted about their care plans where they had the capacity to be involved. Records demonstrated staff reviewed and updated their records monthly or more often if there were changes to their care. People's relatives told us they had been involved in reviews of their loved ones care, which records confirmed. Processes were in place to involve people in their care planning and to review their care.

Records showed that when a person's care needs had become too high to be met in the service they had been transferred to nursing care. If peoples' needs became higher over time than could be met within residential care then staff recognised this and made arrangements to transfer them to a more suitable environment to meet their needs.

The providers had been participating in a pilot scheme with the local authority since April 2016 to facilitate people's discharge from hospital to home where people were medically fit for discharge but not yet ready to return to the community. Three beds were allocated to this project and since April 2016 five people had made use of them, three of whom had been discharged back to the community. The providers had worked with local commissioners to provide these beds in response to people's needs and to facilitate their move out of hospital and into suitable accommodation.

We observed at the staff handover staff were made aware of how people had been and what aspects of their care needed to be attended to on the next staff shift. For example, it was discussed that a person required a specific diet which had not been disclosed at the pre-admission assessment. Staff were responsive and immediately went to purchase foods to meet this need for the person.

One person and two relatives told us they would like to see more activities and another relative told us there

were enough. An activities co-ordinator had left the service on 24 March 2016. Since then two replacements had been recruited, one who failed to commence the role and the second who only stayed for a few days. The activities schedule showed activities had been planned for each day and a member of the care team was allocated to lead them. Other activities included; a Tuesday flower arranger, the weekly hairdresser, the weekly holistic and complementary therapist, the weekly pat dog and the monthly church service.

Several people were also supported on an individual basis to pursue their personal interests. Two people were taken into town regularly for shopping, another person was assisted by staff to shop on-line and people who wished to attend the church were supported to do so. Records showed that where people were able to they had been encouraged to participate in the daily chores within the service if they wanted to. Bird feeders were purchased to attract birds to the gardens for people to enjoy. The providers told us in addition an open day had been held on 17 June 2016. Further external entertainers had been booked to supplement the activity programme whilst an activities co-ordinator was recruited. Entertainment was booked for 26 April, 30 May, 8 June, 12 July, 14 August, 1 September and 27 September 2016. The providers told us during the inspection they had now appointed internally to the post and expected the new activities co-ordinator to take up their role imminently. The providers had taken the required action to recruit to the post of activities co-ordinator and had taken reasonable measures in the interim to meet people's need for social stimulation.

Since the last inspection a life skills kitchen had been fitted in the purple wing to support people's independence and to encourage them to make their own hot drinks and breakfast where it was safe to do so. A person was observed preparing their breakfast. People were supported to be independent where possible.

A person's relative told us they had not made any complaints for a long time and that when an issue had been raised previously it was addressed. The providers' complaints policy and procedures were displayed in the communal areas for people and their relatives to access if required. People were also provided with a copy of the complaints policy in their bedroom. Staff were clear about their responsibilities in relation to the management of people's concerns and complaints. The complaints file showed no complaints had been received by the providers since December 2015. The providers' complaints policy was made available to people as required.

The last relatives' meeting was held on 10 February 2016. It was attended by the registered manager and one of the providers to enable relatives to speak with them about any issues they wished to raise. Feedback was provided to relatives on the improvements made to the environment, actions taken to address the issues identified at the last Care Quality Commission inspection and the actions taken to address previous concerns raised in relation to people's laundry. The last residents' meeting was held on 11 May 2016 and was held to involve people in the planning of the forthcoming open day. Records demonstrated people's views were sought about what activities, entertainment and food people wished to be arranged. People wanted animals and photographs showed a mobile farm had been booked as per people's request. Processes were in place to seek people's feedback about the service and their feedback was acted upon.

Is the service well-led?

Our findings

At our inspection of 13 and 14 July 2015 we found there had been a failure to fully assess, monitor and improve the quality of the service for people. There had also been a failure to securely maintain accurate and complete records of people's care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At our inspection of 01 and 02 August 2016 we found this legal requirement had been met.

Various aspects of the service had been audited, including infection control which was audited on 22 June 2016. Accidents were audited by the registered manager monthly to identify the nature of the incident, location, time and actions taken. A sample of care plans were audited monthly and where required actions had been identified; they were completed and signed off. A staff file audit was completed on 15 July 2016. An audit of medicines was conducted by the providers' pharmacy on 6 July 2016. Following this a memo was sent to the senior staff team informing them of the actions they were required to take to address the issues identified which staff had then been required to read and sign. Regular audits of the service were completed in order to identify areas for improvement and required actions were completed.

The ambulance service and a nurse told us there had been a lot of falls within the service early in 2016, which records confirmed. The registered manager completed a monthly audit and analysis of people's falls. The audit identified who had fallen, how often and where. This enabled the registered manager to identify trends in falls and the actions taken or required to reduce the risk of repetition for people. The nurse told us they had completed work with the service on assessing people following falls. This had resulted in positive outcomes for people and records showed the number of falls people experienced had reduced significantly over the past few months. Processes were in place to monitor the falls people experienced and to ensure relevant actions were taken to minimise the risk of repetition.

Records demonstrated that following the last Care Quality Commission inspection the providers drew up a comprehensive service improvement plan to address the two breaches found and all of the areas for improvement that had been identified. This action plan had been completed and had driven improvements in the service for people.

A quality survey was completed in October 2015 by people's relatives. Feedback was sought about the registered manager, providers, staff, care and cleanliness of the service, the overall results were positive. It was evident people's comments had been acted upon in relation to people's laundry for example, to improve the service people received.

People's records were found to be stored securely throughout the inspection in keycoded cupboards to prevent unauthorised access. People's records were accurate and reflected the care they had received.

The providers' statement of purpose set out the aims and objectives of the service. These included: the provision of high quality, person centred care which respected people's rights, needs and values. Staff learnt about the providers values during their induction programme and applied them in their work with people.

Overall staff feedback was that the service was a good place to work. Staff feedback included "I love working here, it's got a lot better," "Yes it's a great place to work I am very happy" and "It's a good place to work." They also told us "You can take issues to management." A small minority of staff spoken with did not feel they were supported and listened to. The providers told us they were proactive at listening to and acting upon staff suggestions to improve the quality of the service provided and records confirmed this. The last general staff meeting was held on 26 April 2016 and there was a night staff meeting on 5 July 2016. These meetings provided staff with the opportunity to raise issues. In addition there was an 'open door' policy whereby staff could approach management and records demonstrated meetings had been held with staff to discuss issues they had raised. In response to staff feedback many changes had been made to the service for people including: staffing being increased, changes had been made to staff rostering and a new wet room had been fitted. Social events had also been arranged for staffs benefit. The providers had listened to and acted upon staff feedback about the service for people.

The providers told us that when staff had indicated they wished to leave the service they had met with them to gain an understanding of why and to review with them how they could retain them where appropriate. As a result of this staff had been involved in reviewing their roles and responsibilities within the service to ensure they were manageable and that they were receiving sufficient support. The providers told us and records confirmed that a meeting was held with the senior staff to discuss a plan to increase the role of the team leaders in relation to them completing people's reviews and staff supervisions. This will serve to empower the team leaders, share the workload more effectively across roles within the service and ensure all staff are adequately supported.

People and their relatives felt the service was well managed and provided positive feedback about the deputy manager. The majority of staff agreed the service was well managed. The registered manager and the deputy manager were both visible on the floor during the inspection and the providers visited the service and spoke with people and staff on a weekly basis.

Since the last inspection the management structure of the service had been reviewed and strengthened by the providers. In addition to the registered manager and the deputy manager the role of care co-coordinator had been introduced. This staff member had overall responsibility for the delivery of people's care on the floor and ensuring information about people's care was reported back to the registered manager through a daily handover. There were team leads and senior care staff to lead the staff shifts on each wing. Care staff were allocated work on each shift which was overseen by the team leads. There was now a clear organisational hierarchy linking staff on the floor to the management team. Staff had the opportunity for career progression within the new structure and the providers gave examples of staff who had been promoted internally. There was a clear staffing structure to ensure people's needs were met and relevant information was shared between care staff and management.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Regulation 13(4)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The providers had failed to meet the requirements of the Mental Capacity Act (MCA) 2005 in relation to the use of bed rails. The providers had made applications to deprive people of their liberty. They had failed to meet the requirements of the MCA 2005 when determining whether to make the applications.</p>