

Mrs Helen Burridge

Riddlesden Rest & Convalescent Home

Inspection report

Carr Lane
Riddlesden
Keighley
West Yorkshire
BD20 5HR

Tel: 01535604504

Date of inspection visit:
09 March 2017

Date of publication:
21 April 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out the inspection of Riddlesden Rest and Convalescent Home on 9 March 2017. At the time of our inspection, there were eight people using the service. This was an unannounced inspection.

Riddlesden Rest and Convalescent Home is situated on the outskirts of Keighley providing care without nursing to a maximum of ten people in single rooms. The home is a single storey adapted building. There is car parking to the front of the building and good wheelchair access. The home does not have any gardens but there is a patio area for people to use.

A registered manager was not required as the home was run by the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 25 August 2016 the service was rated Inadequate and in Special Measures. We asked the provider to take action to make improvements in a number of areas and this action had been completed.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. However the manager was aware they still had to improve on some areas identified on the day of inspection and show they can sustain the improvements made. For these reasons the service has been rated as Requires Improvement.

People using the service told us they felt safe and well cared for. They expressed a high level of satisfaction with the service provided and of the staff that supported them. They considered there were enough staff to support them when they needed any help.

The manager followed a robust recruitment procedure to ensure all new staff were suitable to work with vulnerable people.

The staff we spoke with knew how to recognise signs of abuse and were clear about their duty of care to report any concern they may have. They had been trained in safeguarding people and had policies and procedures regarding this.

Arrangements were in place to make sure staff were trained and supervised. Staff felt confident in their roles because they were well trained and very well supported by the manager. People using the service had confidence in the skill and knowledge of staff who cared for them.

Medicines were mostly managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely.

We found the premises to be clean and hygienic and appropriately maintained. Regular health and safety checks were completed on the environment and on equipment used within the service. Fire safety was managed well and people had a personal evacuation plan staff were familiar with.

Staff were motivated and expressed their commitment to provide a high quality of care. Staff understood the importance of gaining consent from people and the principles of best interest decisions.

The home provided a well maintained, pleasant and homely environment for people who had created their own 'home from home' with personal possessions they had brought with them. People told us they were very satisfied with the accommodation and facilities provided.

People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary needs. Fresh produce was used and meals were homemade. People told us they enjoyed their meals.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs changed.

People using the service had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Care plans were written with sensitivity to reflect and to ensure basic rights such as dignity, privacy, choice and rights were considered at all times.

People had their dignity respected most of the time. We found one example where we felt the service could do more to support the dignity of a person.

Activities were varied and appropriate to individual needs and people were supported to live full and active lives as possible.

People using the service and visitors told us they were confident to raise any issue of concern with the registered manager and that it would be taken seriously and the right action taken.

People using the service, relatives, health care professionals and staff considered the management of the service was very good and they had confidence in the manager. Results of quality monitoring surveys completed showed a high satisfaction with the service, the facilities, the staff and manager.

There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being. We found regular quality audits and checks were completed to ensure any improvements needed within the service were recognised and the right action to take was planned for.

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 always safe.

People told us they felt safe. They were cared for by staff that had been carefully recruited and were found to be of good character.

People's medicines were managed most of the time in accordance with safe procedures and staff who administered medicines had received appropriate training.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People were supported by staff that were trained and supervised in their work. Staff and management had an understanding of best interest decisions in line with the principles of the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care. The service looked to improve people's dignity.

Requires Improvement ●

People were able to make choices and were involved in decisions about their care.

Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided.

Is the service responsive?

The service was not always responsive.

Staff were very knowledgeable about people's needs and preferences and supported people to live their life to the full. People's care plans were centred on their wishes and needs and kept under review.

People were very well supported to keep in contact with relatives and friends and activities provided were varied and meaningful.

People felt able to raise concerns and had confidence in the manager to address their concerns appropriately.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People using the service, relatives and staff made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

The manager had taken steps to improve the service and remove the concerns we raised at the last inspection.

Requires Improvement ●

Riddlesden Rest & Convalescent 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.

The inspection took place on the 9 March 2017 and the inspection was unannounced. We last inspected Riddlesden Rest and Convalescent Home in August 2016. At that inspection we found the service was in multiple breach of Regulation and rated the service inadequate overall and placed it in special measures.

The inspection team consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This Expert by Experience was an expert in residential services and people with early stages of dementia.

Before the inspection we reviewed the information we held about the service. This included speaking with the local authority contracts and safeguarding teams and reviewing information received from the service, such as notifications. We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and three staff files. We spoke with seven people (one of whom struggled to communicate with us), the manager and two support workers. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Is the service safe?

Our findings

People spoken with told us they felt safe and secure in the home. One person said, "They look after me well, I have to tell them when I want to get up (out of the chair) so I don't fall. This is mine, (indicated walking aid at side of chair) I can get up if I want but I'm not supposed to." A relative of someone said, "He can sit where he wants but they have persuaded him to sit away from the fire place so that if he falls he won't hurt himself. They watch him like a hawk; if he tries to get up on his own they are straight over to help him."

We spoke with relatives and a health care professional visiting and asked them for their opinion on the quality of care people received and if they had any concerns. One relative told us they were very pleased with the level of care their relative was given. They said their family member was safe and well looked after. They had no concerns about their relative living in the home. Another relative told us they had no problems and said it was a lovely place to be. A health care professional we spoke with told us they had visited regularly and they were happy overall. They indicated things had improved and they had not seen a cause for concern.

We asked people using the service of their opinion regarding staffing levels. Their comments included, "It's only small so there is always people around," and, "There is always staff about." Relatives and a health care professional also told us there were always staff around to help people.

At the last inspection we found the service was in breach of Regulation 18 (Staffing) as we raised concerns about the service's ability to respond to people's needs. At this inspection we found improvements had been made. During the inspection we found there were sufficient staff on duty. Staff we spoke with told us they did not feel rushed when carrying out their daily duties. They told us they had time to spend with people. One staff member said, "It can get busy but we all try help one another so people aren't left waiting." Two visitors told us they visited frequently during the week and at different times. They said there was always staff around attending to people's needs. We noted the nurse call button was pulled a few times during the inspection and it never rang for more than 60 seconds. This showed us people were able to have their needs responded to by having sufficient numbers of staff on duty.

We looked at staff rotas. These were completed in advance to maintain consistent staffing arrangements. Staff absence was covered by existing staff. The rotas reflected the support people were receiving during the inspection. Some staff started later in the day in order to support people during the busier times of the day. The manager told us there was a core group of staff who were long serving and were therefore familiar with people's needs and had built up good relationships with people they cared for. The manager told us cover for sickness or annual leave was managed well. This meant there were sufficient numbers of suitable staff to keep people safe and meet their needs.

At the last inspection we found the service was in breach of Regulation 19 (Fit and proper persons employed) as we raised concerns about the service recruiting people who had not been properly checked before starting. At this inspection we found improvements had been made. We looked at records of three staff employed at the service to check safe recruitment procedures had been followed. We found checks had

been completed before staff began working for the service. These included an application form where any gaps in employment had been discussed, an identification check, at least two written references from previous employers, health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This meant staff were recruited in a safe way.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. There were policies and procedures in place for staff to reference relating to safeguarding people including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff we spoke with knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We also found the staff understood their role in safeguarding people from harm. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting their concerns to the manager and the local authority. Staff told us they had completed safeguarding training. We saw evidence in training files that staff had also received training on how to keep people safe which included moving and handling, fire safety, and basic life support.

At the last inspection we found the service was in breach of Regulation 12 (Safe care and treatment) as we raised concerns about the services ability to store, record and administer people's medicines in a safe way. At this inspection we found improvements had been made. We looked at how medicines were managed within the service and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines which helped minimise the risk of mishandling and misuse. However on the day of inspection we noted one person's medicines had been left out on the kitchen side for approximately 10 minutes. Although there was a constant staff presence the manager acknowledged they should not have been there and told us they had spoken with the staff member already. Assessment and care planning showed people's medicines had been confirmed on admission with relevant people and their medicines were being kept under review.

Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date. Handwritten entries had been countersigned to check for accuracy.

Where new medicines were prescribed, such as antibiotics, these were promptly started. Medicines for 'as required' or variable doses were also managed well. Where people had been prescribed topical creams body mapping was used to illustrate and show staff where the creams were to be applied.

Training records showed staff responsible for medicines had completed training in the safe handling of medicines. Names and signatures of staff were kept at the front of the medication records to clearly show who was authorised to administer medication. Medicines were regularly audited which reduced the risk of any errors going unnoticed and enabled staff to take the necessary action to rectify these.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, regular checks in relation to fire, health

and safety and infection control. Emergency evacuation plans were also in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe and contact numbers for utility services were kept at hand for staff to refer to in an emergency situation.

Risk assessments in relation to people's care and support were in place and recorded in their care plans. We found the standard of risk management plans to be good. They provided staff with guidance on how to manage risks in a consistent manner including moving and handling, tissue viability, nutrition and falls. Records showed risk assessments were being reviewed and updated in line with changing needs.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. People said, "It always looks clean here," and, "I help them do the dishes and clean up." A relative we spoke with told us they had never noticed anything dirty and were happy with the levels of cleanliness. All areas we looked at were clean and pleasant. The service had received the maximum five star rating from Environmental Health for food hygiene.

We saw confirmation infection control training was booked for all staff. We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were also available. This meant risks to people were mitigated by effective prevention and control of infection.

Is the service effective?

Our findings

We asked people if staff had the skills and abilities to meet their needs. One person told us, "They are very good at what they do." Another person told us, "They all know what they are doing and treat us like their family. We are looked after very well."

Relatives visiting told us staff were efficient and good at their job. They described staff as, "Being in the right job," and, "Good at what they do." One relative told us the thought staff were very friendly and professional. A visiting health professional told us staff were very good and followed any instructions they gave them about people's care and support.

At the last inspection we found the service was in breach of Regulation 18 (Staffing) as we raised concerns about the lack of training for some staff. At this inspection we found improvements had been made. We looked at how the service trained and supported their staff. We looked at the training matrix. This showed what training staff had attended and evidenced training planned for the near future. We discussed training with staff. They told us they had completed a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. The manager told us nearly all the staff employed had completed a nationally recognised qualification in care. Staff told us they were kept up to date with their mandatory training and said they had been informed some training was booked and that other training was planned. The variety of training offered meant staff were supported to have the correct knowledge to provide safe and effective care to people using the service.

We looked at the induction processes for new staff. Arrangements were in place for new staff to complete an initial in-house induction. This included an introduction to the service's policies and practice. The manager told us new staff induction was centred around shadowing experienced staff and spending time getting to know people living in the home. We noted staff new to the role had supervision at regular intervals during their probationary period. This helped the registered manager monitor staff performance and offer any additional support that was necessary.

Staff we spoke with told us they were provided with regular supervision and they were well supported by the manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. Staff also had an annual appraisal of their work performance planned in for June 2017. The manager told us they aimed for staff to have supervision every three months, although when we looked at supervision records some people had not received supervision in four months.

The Mental Capacity Act (MCA) 2005 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. Where people had been assessed as lacking capacity to make specific decisions about their care the provider had complied with the requirements of the MCA 2005.

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 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we found the service was in breach of Regulation 11 (Need for consent) as we raised concerns about the service unlawfully restricting people's liberty. At this inspection we found improvements had been made. We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, there had been five applications made to the local authority.

Training had been planned for staff to attend to understand the relevant requirements of the MCA 2005 and DoLS. Staff we spoke with understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members. We spoke with one person sitting in a chair and not at the dinner table at mealtimes. They told us, "I have my meal here (in the chair) I'm not that good on my feet so I don't go to the table." When asked if that was his choice he said, "I can if I want but I don't."

At the last inspection we found the service was in breach of Regulation 12 (Safe care and treatment) as we raised concerns about the services ability to support people with their healthcare needs. At this inspection we found improvements had been made. We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health. We saw evidence people were consulted over health needs and their wishes to receive or decline any intervention was respected. We spoke with a visiting health professional on the day of inspection who told us things had improved since the last inspection.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNACPR). We saw consent forms were in place and there was clear evidence discussion had taken place with the person the DNAR related to and/or their relatives and the person's GP. The person's wishes were documented clearly within their care plan and reviewed. On the day of inspection a resident was having new bed rails fitted. Staff told us this was the least restrictive option to mitigate the risk of the person falling out of bed. We saw this was included in the application for a DoLS.

From our discussions and review of people's records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged. A healthcare professional we spoke with told us the manager and the staff worked well with them in supporting people to keep healthy. A relative told us, "If he has any ailment they get the doctor out straight away."

We were shown around the whole building as part of the inspection. We saw the interior decoration was clean and bright and well maintained. The home was equipped to support people's diverse needs such as physical disability and provided a pleasant environment for people. People told us the home was, "Lovely",

"I like living here," and, "No complaints." People had arranged their rooms as they wished with personal possessions that they had brought with them.

We looked at how people living at the service were supported with eating and drinking. People told us they enjoyed the food and were given a choice of meals and drinks. Comments people made about the food included, "I had porridge (for breakfast) I just tell them what I want and they get it", "You get something different every day for dinner", "I asked for toast, I had four pieces", "I like the corned beef hash and we all like chips", "One of the carers makes a lovely carrot soup," and, "If you want, they will make you a drink of tea."

The manager told us there were no restrictions on what they could purchase for people to support their care needs. We noted the dining tables were set with table cloths, drinks, napkins and condiments. There was one lounge/dining area and people chose where they ate their meal. The meal served looked nutritious in content, appetising and portions served were plentiful. We sampled a portion of the food and found it hot, flavoursome and nutritionally balanced.

At the last inspection we found the service was in breach of Regulation 14 (Meeting nutritional and hydration needs) as we raised concerns about the service's ability to monitor people's nutritional and hydration needs. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. Totals of people's intake of food was recorded so it was easy to see what someone had consumed. Detailed descriptions of any nutritional concerns were documented as part of their nutritional care records. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. Food and fluid charts were available for staff to use should any risk be identified.

Is the service caring?

Our findings

People we spoke with told us staff were caring towards them. Comments included, "You could not be at a better place," and, "We are treated like family and we feel like family." We looked at the results of comments from a quality monitoring survey recently carried out. All the people who had replied to the survey had indicated they were very satisfied and staff were helpful and polite.

At the last inspection we found the service was in breach of Regulation 9 (Person centred care) as we raised concerns about the services ability to communicate effectively with people. At this inspection we found improvements had been made. The home had a friendly and welcoming atmosphere. We observed staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly. Staff communicated very well with people and addressed them by their preferred name. One person who wandered around the home and would not accept they were a resident was not distressed saying to us, "I don't live here but they are very nice to me." We observed the staff using distraction techniques to interact with this person. For example, they would collect post coming to the home and be thanked by the staff for helping and were also involved in small tasks around the home such as being asked to water flowers. At lunch time staff asked the person, "I know you don't live here but would you like to join us for lunch?" This showed us people were supported in a kind and caring manor.

We discussed people's care with staff. They had a good knowledge and understanding of the needs of all the people they cared for and a good understanding of people's personal preferences. Staff understood their role in providing people with person centred care and support. One staff member said, "I like working here, it's a small home. You get time to spend with residents and really get to know them." Another staff member told us, "I think we know everyone (all the people who lived in the home) really well."

At the last inspection we found the service was in breach of Regulation 10 (Dignity and respect) as we raised concerns about the service's ability to treat people and their belongings with respect. At this inspection we found improvements had been made. We considered how dignity was managed on a day to day basis. Care plans we looked at centred on people's views and wishes for their care and support. Attention to detail in care plans regarding what people wanted and needed meant staff were always sensitive to their needs. People had been involved in the planning of their care. They told us they lived their lives as they wanted. We observed people were well dressed and assistance with personal care was given behind closed doors. However on the day of inspection we observed a female staff member open the door from the lounge to the corridor leading to the shower room/toilet. She immediately closed the door saying, "Oh I'm sorry." On walking over to the door, we could see through the glass panel in the upper part of the door that a person was sitting on the toilet with the toilet door open. When the lounge door opened, it would have been possible for visitors or other residents to see the person sitting on the toilet. When we pointed this out to the manager they said, "[Residents name] won't let us close the door when [person] uses the toilet. We will have to put a blind on the (lounge) door and put a lock on it to stop anyone coming in (from the lounge) when [person] is on the toilet. This showed us the manager was aware of a specific problem with regards someone's dignity and were able to find a solution for this.

We observed staff knock before entering residents rooms, even when they were aware the resident was not present. We asked about how resident's rooms were decorated and furnished to a staff member. The staff member introduced me to a person and asked if it was ok for them to show me their room. Having received permission they escorted me to the room, knocking before entry.

People told us they were happy with their bedrooms which they had personalised with their own belongings and possessions. They said they had the choice to spend time alone if they wished.

Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Staff spoke about people in a respectful, confidential and friendly way. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. People's records were kept safe and secure. This meant people using the service could be confident their right to privacy was respected with their personal information kept confidential.

Visiting arrangements were very good and people told us staff made their relatives welcome. Relatives confirmed they were able to visit at any time, staff were courteous and friendly and they were offered refreshments during their visit.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. Everyone we spoke with were complementary about the staff regarding their willingness to help them. One person told us, "If I need anything I just ask and they are great." Another person commented, "They help me when I need it."

We asked people about their experience of coming to live at the home and how this was managed for them. People told us they had been involved in the assessment process before they moved into the home.

The manager explained how the admission procedure was followed. We were told where possible a visit would be arranged to speak with the person and/or their relatives and a full needs assessment would be completed. Based on this assessment a decision would be made whether to accept the person. We were told consideration would be given to people's known needs, staffing levels, and staff skills and expertise. Following the initial assessment an individual care plan record was drawn up detailing the care and support the person required. The assessment was discussed with staff which ensured they understood the level of personalised care people needed.

We looked at three care plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted supporting information from relatives and any professionals involved in people's care was also considered.

We found evidence in care records that people had been involved in setting up their care and support plan. People's needs were supported by a series of risk assessments to establish the level of support people needed and how this would be provided. The care plans were easy to follow and read and were being reviewed on a regular basis. The detail recorded provided staff with good insight into people's personal routines, preferences and likes, dislikes and interests and evidenced people were at the centre of their care. Staff were required to read and familiarise themselves with these. This helped to ensure people's care and support was maintained consistently and helped staff to monitor and respond to any changes in people's well-being.

Relatives we spoke with told they were always informed and kept up to date if their family member's needs changed or they experienced difficulties. One relative said, "When I visit they will update me with any changes. We have discussed care needs a lot. We always consider what they want."

Detailed daily records were kept of the care and support delivered. Charts were available for staff to use when people needed monitoring such as with nutritional intake, positional changes for pressure relief and personal care. We saw these charts were in use and accurately recorded. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care records. A health care professional we spoke with told us, "Staff are good at contacting us if they need anything and when we see them they explain to us what the concern

was." Staff also completed records of these visits which provided staff coming on duty with a more in depth report on the nature of the visit, the outcome and of any instructions that need to be followed.

We saw a programme of activities offered to people. Hobbies and social interests had been recorded in people's care plans. People told us they were satisfied with the activities provided in the home. We discussed personal choices for activities with several people in the lounge areas. People told us about jigsaws, puzzle books and music which had been sourced to meet individual resident's tastes and requirements. A staff member advised us that a specialised USB player had been sourced for one person with restricted vision. This allowed the resident to listen to talking books and music of their choice. The resident allowed the staff member to demonstrate the player to us. This demonstrated activities were responsive to people's needs and choices.

We spoke to a staff member who told us they had recently been made responsible for organising activities. The staff member informed us of plans to expand the range of activities for people who lived at the home. This included introducing memory therapy which the staff member had become interested in because of some of their training. They showed us some basic memory therapy material which had been sourced. The staff member told us they had held a raffle to help fund activities and had introduced a newsletter to keep residents family and friends informed of future activities. We were shown a copy of the news letter dated 14 February 2017. The content of the newsletter corroborated the information we had been given about plans for activity improvement. The staff member responsible for activities showed us some large print quiz papers which had been sourced to enable residents with restricted vision to join in the quiz sessions. The staff member stated, "The residents enjoy the quizzes we do but we got these because we don't all see and hear the same." This showed us that the staff were actively attempting to ensure activities were accessible to all residents.

At the last inspection we found the service was in breach of Regulation 17 (Good governance) as we raised concerns about the services ability to respond to people's complaints. At this inspection we found improvements had been made. We looked at how the service managed complaints. The service had a new policy and procedure for dealing with any complaints or concerns which included relevant time scales. We looked at the complaints records and noted there had been one formal complaint received since the last inspection. This was documented and replied to, noting changes that were to happen as a result of the complaint. A letter of apology was also sent to the complainant.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I have no complaints." Another person told us, "I would tell them if something was wrong." Visitors to the service told us they were confident issue of concern raised with the manager or staff would be dealt with satisfactorily. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

Is the service well-led?

Our findings

At the last inspection we found the service was in breach of Regulation 17 (Good governance) as we found the service in breach of eight regulations that the provider had not recognised or acted on. We rated the service inadequate and placed them in special measures. At this inspection we found significant improvements had been made. However we raised concerns with the manager about doing more to ensure people had their dignity respected and to make sure medicines were stored safely at all times. There was evidence of continually striving to improve the service. The provider monitored the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives in formal quality assurance questionnaires. Results of these surveys showed a very high satisfaction with the service, the facilities and with the staff and manager. Since the last inspection the provider had employed the services of a consultant who had supported the service in its improvements.

People, relatives, staff and a healthcare professional we spoke with told us they were very satisfied with the management arrangements. One person told us, "I think its run well," and, "I can't complain." Relatives told us the manager was always around.

People and their relatives were formally asked for their views on the service. This was achieved by means of meetings and quality monitoring satisfaction surveys. We looked at some of the responses from the latest survey that showed people were very satisfied in all domains surveyed. The service had held a meeting for relatives and friends of people who used the service but no relatives had attended. The manager told us they were going to try again at a future date.

The manager was competent and experienced to manage the service effectively. Throughout our discussions with them it was clear they had a thorough knowledge of people's needs and circumstances and showed a good commitment to promoting the principles of person centred care. They were able to describe the staff team's achievements in providing a home from home environment people could live in.

There was an 'open door' policy which meant that people using the service, their relatives, professionals visiting the service and members of staff were welcome to speak with the manager at any time. The manager told us they promoted a culture where everyone mattered and learned from the people they cared for on how they can improve. Members of staff we spoke with considered the manager was very supportive. One member of staff told us, "If I had any concerns I would have no hesitation speaking to [named manager] or [named senior carer]." They told us they were very happy in their work. There was a clear management structure and staff were aware of the lines of accountability and who to contact in the event of any emergency or of concerns. If the manager was not present there was always a senior member of staff on duty with designated responsibilities and on call arrangements were in place.

Communication was good with regular daily communication about what was happening, changes in people's needs were responded to and daily records were kept of what people did. When new staff came on shift, they were given a verbal handover of anything that had happened and what needed doing. A wide range of policies and procedures were in place at the service, which provided staff with clear information

about current legislation and good practice guidelines. These were reviewed regularly and updated to reflect any necessary changes. People were actively encouraged to be involved in the running of the home. We saw resident meetings were held and minutes of recent meetings showed a range of issues had been discussed.

There were systems in place to regularly assess and monitor the quality of the service. The manager told us they monitored key areas of care delivery such as medication, health and safety, staff training, care plans, the environment and catering requirements. This helped to make sure there was constant oversight of the service. Other audits included daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, firefighting and fire detection equipment and water temperature monitoring.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed the manager had appropriately submitted notifications to CQC.