Care Quality Commission

Larchwood Care Homes (North) Limited

Ravenstone

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was undertaken on 29 November 2018 and was unannounced.

Ravenstone is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The provider of Ravenstone is registered to provide accommodation and nursing care for up to 43 people who have nursing needs. At the time of this inspection 36 people lived at the home.

The provider had a registered manager in place who supported this inspection. 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.

Our last inspection took place on 28 and 29 June 201, we rated the service as 'Requires Improvement'. We identified five breaches of the regulations. These included the provider had not make sure risks to people from avoidable harm was reduced. The staffing arrangements did not reduce risks of people care needs being met in a safe and timely way. Staff did not respond to people's needs in a way which promoted care was centred on their needs and their dignity was respected to enhance their welfare. The provider did not effectively use their quality checks to bring about improvements in a timely way so people lived at a home where high-quality care was promoted.

As a result of the inspection, we asked the provider to send us a report explaining the actions they were going to take to improve the service.

At this inspection we found the registered provider's oversight and quality checks were more effective. These were used to drive through improvements to support people's needs in a timely way and safely, with people at the heart of all their care. The provider had now met legal requirements in these areas although further improvements required.

People's medicines were available to them as prescribed however the management of medicines needed strengthening to ensure risks to people continued to be reduced. Risks to people's safety from avoidable harm and injury in relation to some electrical items had not been assessed so actions to minimise identified risks completed. Staff practices in infection prevention and control was not effective in all areas of the home environment so the spread of infections continued to be reduced.

People's needs were responded to and met without any unreasonable delays which was an improvement made since our last inspection. Staff were knowledgeable about the subject of abuse and what actions to take if they had concerns. The provider had systems in place to support staff in reporting accidents and

incidents. The management and staff team used learning from accidents and incidents to inform their caring practices and continually improve.

Staff were supported to maintain and improve their skills through ongoing training and support from the registered manager and deputy manager. Checks were completed before staff started to work at the home to ensure they were of good character and safe to work with people living at the home.

People's individual needs were assessed when they came to live at the home and regularly reviewed. Staff worked well together to meet people's varied needs and where people would benefit from equipment this was provided. People were referred to healthcare professionals when needed and staff followed the guidance shared with them.

People were encouraged and supported to eat a nutritional diet which met their needs and recognised their choices. Risks to people's nutritional health had been assessed and when weight loss was identified, people were not offered extra calories in their meals or as snacks. Drinks were offered to people and support was given when needed including people having their drinks left within their reach.

People's needs were met by the adaptation, design and decoration of the home environment which had improved since our last inspection to provide colour and contrast with interesting things for people to see.

The provider had made improvements following our previous inspection to ensure people's rights under the Mental Capacity Act were understood and promoted by staff and management.

People had built caring relationships with staff who consistently respected their dignity. Staff knew people well and this had positive benefits of promoting personalised care. Care plans had been developed with people's involvement and accurately reflected their individual needs. People enjoyed the varied things to do for fun and interest so people did not feel socially isolated. The changes in staffing arrangements and culture had supported people in always receiving personalised care which was an improvement achieved since our last inspection.

People who lived at the home and relatives were supported in raising their concerns and complaints. shared concerns with staff and the registered manager. When concerns and complaints had been raised these were effectively responded and resolved to people's satisfaction.

People who lived at the home, relatives and staff were able to offer their views on the care provided through meetings and surveys. The provider and registered manager listened to their concerns and worked to resolve them.

The provider and registered manager had further improved the systems in place, since our last inspection so these were more effective in keeping checks on standards, develop the service and make improvements. During this inspection the registered manager took an open and responsive approach to the issues identified so action was taken to resolve these.

You can see what action we told the provider to take at the back of the full version of this 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 mostly safe.

People's needs were assessed with potential risks reduced however other risks within the home environment had not always been identified with actions taken to keep people as safe as possible.

People received their medicines as prescribed but the management of medicines required actions to be taken to ensure arrangements were as strong as they could be.

Staff practices were inconsistent in making sure risks to people from the spread of infections was reduced.

People's needs were met in a timely way due to the effectiveness of staffing arrangements and staff knew how to recognise signs of potential abuse and how to report any concerns.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

People were supported to make their own decisions wherever possible and staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

Food and drink were provided to a good standard and in line with people's eating and drinking guidelines.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people, knew them well and respected their dignity and privacy.

People were consulted about their care and enabled to express

their views.

Staff understood the importance of people's relationships and visitors were made welcome.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs and preferences.

People's social and recreational interests had been considered.

Complaints procedures were in place in formats to empower people in raising any concerns they had so these were responded to and addressed.

Is the service well-led?

Good

The service was well led.

People and their relatives were encouraged to voice their opinions and make suggestions for service improvement.

The registered manager showed an open, accountable leadership style and staff at all levels worked well together.

The provider's quality checking systems and the registered manager's passion to continually drive through improvements contributed to the improvements made so people received a good standard of care.

Care Quality Commission

Ravenstone

Detailed findings

Background to this inspection

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

This inspection took place on 29 November 2018 and was unannounced.

The inspection team consisted of one inspector, an inspection manager, specialist advisor who was knowledgeable and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was of older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and action plans we took this into account when we made the judgements in this report.

We considered the action plan we requested from the provider in response to the five breaches in regulations identified at the last inspection. We also looked at the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We sought information from the local authority and the clinical commissioning group to obtain their views about the quality of care provided at the home. The local authority and the clinical commissioning group have responsibilities for funding care and monitoring the quality of this. In addition, we contacted Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with 10 people who lived at the home and four relatives about their care experiences. In addition, we spent time with people looking at how staff provided care to help us better understand their experiences

of the care they received.

We also talked with the registered manager, deputy manager and regional manager. Additionally, we spoke with four members of the care staff team, one nurse, the housekeeper, maintenance person and activities co-ordinator. Following our inspection visit we spoke with a nurse practitioner by telephone. The advanced nurse practitioner regularly supports people with their healthcare needs and agreed for their views to be included in this report.

We looked at three people's care records to look at their specific needs and associated monitoring charts. We checked how medicines were managed and looked at 34 people's medicine administration records. In addition, we looked at how the provider and management team monitored the quality of the service to assure themselves people received a safe, effective quality service.

Following our inspection visit the registered manager sent us further information. This included a summary of surveys completed by people who lived at the home, relatives and staff, and risk assessments they had completed.

Requires Improvement

Is the service safe?

Our findings

On our last inspection, the key question of 'Safe' was rated as 'Requires Improvement'. At this inspection the rating remains 'Requires Improvement'.

At our last inspection, we found action had not always been taken to reduce the risks to people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan the registered manager and regional manager had completed, they confirmed the actions they would be taking to meet this regulation. This included increasing staff's awareness of people's identified risks through meetings and written guidance to promote safe care.

At this inspection we found the provider was meeting the requirements of Regulation 12. Staff could tell us about risks to people and how they managed people's care safely. We saw staff recognised the need to support people in line with their risk assessments at all times. For example, unlike our last inspection staff ensured people had footrests on their wheelchair when moving to reduce potential leg and feet injuries. A person who did not have footrests on their wheelchair told us they had chosen to take these off. The person's care records held information to show the person could make this decision.

The registered provider had maintenance procedures in place, and regular safety checks were carried out, to make sure the premises and equipment were suitable and safe for use. This included regular tests on the fire alarm system and visual checks on all equipment. In addition, since our last inspection attention had been paid to the flooring in the conservatory to reduce avoidable falls and injuries. However, we identified electrical items, a kettle and toaster were accessible to people which posed potential risks of harm or injury, but found risk management plans had not been completed. When we discussed the potential risks with the registered manager she agreed to formalise the risk assessment of these electrical items and these were sent to us.

People told us, and we saw, the provider took steps to protect people from the risk of infection. One person commented, "My room and everywhere is clean. They're [staff] very thorough with cleaning." Staff received infection control training, and made appropriate use of the personal protective equipment provided, such as disposable aprons and gloves. Hand sanitiser was available for use by staff and visitors. However, staff practices were not consistently robust in reducing the spread of infections. For example, items of personal toiletries were left in a bathroom, a pedal bin was broken and an area in a bathroom showed the cleaning had not been effective.

We looked at the management of people's medicines and found there were some areas which required strengthening to further reduce risks. For example, a person's chart for monitoring their blood glucose levels did not confirm the target range or the monitoring frequency. In addition, there were missing entries to show the person's blood glucose had been monitored by staff for the month of November 2018.

In another example we found two people were having pain relief patches applied to their bodies. We saw each person's records showed where the patch needed to be placed and when this was removed. However,

there were no documented daily checks to ensure these remained in place. Daily checks are important as the patch can be accidentally removed, this can result in people being in pain especially where they are unable to verbally express pain and discomfort. These practices had not impacted upon people's health needs but without monitoring documentation the risk to people's safety could increase.

People held positive views of how their medicine was available when they required this and how they were supported to take their medicines. One person told us they had received their, "Medication on time" and if they needed pain relief they received these. Another person said, "Trust nurse implicitly with medication". We saw part of a medicine round and found people were provided with the time to take their medicines. The staff member checked the medicine records for each person before administering people's medicines, so the risks of people not receiving the right medicines at the prescribed times was reduced.

Medicines were stored safely in medicine trolleys and there were arrangements in place to ensure the reordering of people's medicines were undertaken in a timely way. Controlled drugs [prescription medicines which are controlled under the Misuse of Drugs legislation] were stored as per legislation. We undertook a stock check and found the number of remaining tablets were correct. Staff who administered medicines had received the training they required to do this and their competencies were assessed.

At our last two inspections, we found the registered provider needed to make improvements to staffing arrangements. In particular, in consistently deploying staff to make people's needs were responded to in a planned way at each shift. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan the registered manager and regional manager sent us, they confirmed the actions they would be taking to meet this regulation. This included to continue to complete monthly staffing levels, placed a cap on new people with nursing needs coming to live at the home and monitoring call bell response times.

At this inspection we found the provider was meeting the requirements of Regulation 18. People who lived at the home told us, and we saw people's requests for support were met without unreasonable delays. One person said, 'I only have to ring the bell and someone [staff] is here". In addition, staff told us people's call bells were now responded to in a timelier way unlike our last inspection when this was not the case. We saw staff supported people so their safety was not compromised. For example, when people required staff to assist them this was provided so risks were reduced to their welfare. In addition, staff did not rush people when providing care and support which suggested the staffing arrangements had a positive impact on people's safety and welfare.

The registered manager told us in the Provider Information Request [PIR], "Our recruitment and deployment of staff is based on the dependency assessments of our residents [people who lived at the home] to ensure that staffing levels are adequate to meet the needs of our residents at all times". During discussions with the registered manager they also informed us they continually reviewed staffing arrangements so there were sufficient numbers of staff deployed to cover days and nights. Since our last inspection the registered manager had reduced the need to use agency staff. However, the registered manager explained they would agency staff if required to cover shortfalls so people's needs continued to be met. This included during times of unplanned staff absences.

In the PIR the registered manager confirmed, 'We have robust recruitment and induction processes and we ensure that relevant checks and documentation are in date and stored securely.' Staff told us pre-employment checks had been completed. These checks helped the provider make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People told us they felt safe living at the home. One person told us, "I know the doors are locked and staff are on hand if I need anything which makes me feel secure and comfortable so I have no worries". Another person said, "I have this to press (call alarm) if I need them (staff) which is very reassuring".

Staff could describe the different types of harm people could experience. They could identify that changes in people's personalities or communications with other people may indicate there was something wrong. Staff told us they would always raise any concerns with the registered manager. They said the registered manager was supportive and could be relied upon to raise a concern with the appropriate external organisation. We saw the registered manager reported incidents of abuse to the local authority and notified the Care Quality Commission [CQC] as required by law. In addition, staff could also approach external agencies and their contact numbers were displayed and available for staff, relatives and other visitors.

Staff had also received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. There were evacuation plans for each person which gave instructions on people's needs in the event of a fire.

The registered provider had systems in place to analyse accidents or incidents which had occurred and steps had been taken to help prevent them from happening again. For example, when people had been identified to be at risk of falling arrangements had been made for staff to more frequently ask them if they needed assistance. This had been done to enable staff to more readily check the person was safe and quickly ensure they had all the assistance they needed if they wanted to move around their home.

Good

Is the service effective?

Our findings

At our last inspection the key question of 'Effective' was rated as 'Requires Improvement'. At this inspection improvements had been made which had benefitted people due to staff's effective practices. We have changed the rating to 'Good'.

People told us they had confidence in staff in meeting their needs. One person said, "They [staff] know exactly how to help me, I expect that's because of their training, but for me their care is spot on". Another person told us, "Staff are trained to help me move". Relatives were equally positive about how staff's knowledge in meeting their family member's needs.

Staff told us when they had started work at the home they received an induction which helped people who lived at the home to become familiar with them. Shadowing experienced staff was also part of the induction along with the completion of the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. One staff member said their induction alongside the training they received assisted them to learn about their roles and responsibilities.

Staff received training that was specific to the needs of the people they supported. They told us their training helped them to understand and support people in meeting their particular needs. Staff felt supported in their roles and told us they had opportunities to discuss their practice which helped them to improve the quality of care they gave to people. One staff member talked about how training in dementia care had helped them to expand their knowledge so they are more effective in supporting people's needs. Additionally, we saw and heard examples of how staff had used their communication skills to support people in meeting their needs which was not always the case at the last inspection.

People were supported to have enough to eat and drink and maintain a healthy diet. Since our last inspection a new head chef had been recruited and people expressed how they enjoyed their food. One person confirmed this by stating, "I really enjoy my food" and "I like the choices on offer". We saw people eating meals which they had chosen. Staff provided the support people needed and chatted whilst people ate their meals making the meal time a social occasion which was not always the case at our last inspection. We also saw tables were nicely laid with tablecloths and flowers and people had drinks of their choice.

Staff knew people's dietary requirements and the risks associated with each person at the home. We saw people's weights were monitored alongside the amounts of food they ate and staff put their knowledge of people's eating needs into practice. For example, a person was provided with support from a staff member who followed the advice of a GP and dietician so the person's changing needs were met. Staff assisted the person with their meal slowly and with a teaspoon so the person could eat their meal. The chef was also able to tell us how they catered for people's individual nutritional needs and how everybody had the same opportunities to enjoy varying food options. For example, people were provided with opportunities to try different foods as confirmed by the registered manager in the PIR, "We have monthly themed around the world menu days which also include; sampling foods from the country of the month".

Prior to people moving into the home, the registered manager and or senior staff met with the person, their relatives and the community professionals involved in their care to assess their individual needs and requirements. This enabled them to develop effective care plans to achieve positive outcomes for people and avoid any form of discrimination in the care and support provided. Appropriate use was made of technology to enhance people's health, wellbeing and independence. People were supported with various equipment that included sensor mats to ensure people's needs were met effectively and safely. One relative was appreciative of how staff had supported their family member to reduce the risks of injuries. They explained, "They [family member] have an alarm attached to their collar which goes off if they tried to stand and staff come".

Staff and management recognised the need to work jointly with external professionals to ensure people received coordinated care and support. For example, a person was experiencing some difficulties with their wheelchair. The registered manager told us the person's difficulties with their wheelchair had been reviewed. however, following our inspection visit the registered manager informed us they had requested a reassessment of the person's wheelchair. The advanced nurse practitioner spoke positively about their working relationships with staff and management, which promoted joined-up care.

We consistently heard from people who lived at the home and relatives how staff supported people with their healthcare needs. One person told us, "If I need a doctor they [staff] will organise this for me". The person went on to confirm an optician, dentist and chiropodist regularly visited. Another person said, "If any problems they [staff] get the doctor". A relative explained how they were impressed as whenever their family member has a hospital appointment staff, "Deal with it, organises transport there and back"; and it's never late". Staff showed a detailed knowledge of the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly.

The overall design and adaptation of the premises enabled staff to meet people's individual needs safely and effectively. The registered manager told us there were ongoing improvements being made to the home environment which included windows being replaced and handrails in the corridor area. During our inspection we saw a window in a bathroom area had a small crack. The registered manager took immediate action to ensure the window was made safe in the interim period whilst windows were being replaced. Since our last inspection the staff and management team had involved people in decisions about changes in the décor. For example, people had chosen wallpaper and the use of pictures, colour and contrast in different areas of the home environment. Some people had chosen to have additional information about themselves on the wall outside their own rooms.

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 an assessment shows a person lacks 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 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. We looked at how the provider had ensured people's freedom was not restricted. We found applications had been made to the local authority to ensure any restriction was lawful.

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People's records confirmed decision specific capacity assessments had been completed and best interests

had been made where people did not have capacity. There were no people receiving their medicines covertly [disguised in food or drink] however, the provider had guidance for staff to follow should this be required which followed the principles of the MCA. A staff member was able to confirm who was required to be involved in best interest's decision which included the pharmacist. The staff member could explain the importance of consulting a pharmacist in the decision processes when considering meeting a person's needs by covertly providing their medicines.

Good

Is the service caring?

Our findings

On our last inspection the 'Caring' key question was rated as 'Requires Improvement'. At this inspection improvements had been made. To reflect this, we have changed the rating to 'Good'.

At our last inspection, we found people were not treated with dignity and respect and people's privacy was not always maintained. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan the registered manager sent us, they confirmed the actions they would be taking to meet this regulation. This included staff completing dignity and respect training from the care certificate and monitor staff practices whilst undertaking their daily walk around the home environment.

At this inspection we found the provider was meeting the requirements of Regulation 10. People spoke positively about staff and felt they were caring and supported people to maintain their dignity. One person said, "If they [staff] are helping me, they shut the door; they do it as I like; they're quite good here". Another person told us, "They [staff] always show they have good manners, they are polite and check to make sure my clothes are clean as that's important as I should be very unhappy if this was not the case". A relative explained their family member was very well looked after by staff who cared.

We saw people were at ease in the presence of staff, and freely approached them to chat or request help. Staff addressed people in a warm and polite manner, taking interest in what they had to say and prioritising their needs and requests. They showed their concern for people's comfort and wellbeing. For example, staff checked with one person whether they were comfortable as they sat on a sofa. The staff member provided reassurance to the person that they were able to have their meal wherever they felt more comfortable. The person commented to us staff helped them to feel less awkward about their difficulties.

The registered manager held an inclusive management style and had strong values around people being at the heart of all continuous improvements. The registered manager's aims and values alongside the ongoing training staff received had clearly been absorbed and were put into action by staff. We saw staff valued people as individuals and their approaches were caring and thoughtful where emphasis was placed on celebrating what people could achieve. This was an improvement to what we saw at our last inspection where staff practices were not always caring and or thoughtful.

Throughout our inspection we saw people received their visitors. We saw staff spoke in a warm and friendly way to visitors which was valued by people we spoke with. One person commented, "My family visits regularly and it's so good to see the children who bring fun and laughter". The person went on to say staff always checked whether their visitors would like a drink which was always welcomed. Another person said, "There are no restrictions on visitors here, it's all very relaxed".

People were supported to have as much choice and control as possible in their everyday lives. One person said, "I'm involved in planning and making decisions about my care". Relatives informed us they had been involved in their relatives care and this was had been reflected in the care documentation we looked at. We

saw staff gave people gentle encouragement to be involved in the daily life at the home, and provided care to people in ways which recognised people's preferences and decisions. One person chose to have their desert sitting on a sofa and staff supported their decision. Another person explained how they had been involved in deciding how they wanted their personal items displayed in their room. The person told us their room felt homely and, "Full of everything I like and need". People were supported to have access to an advocacy service to make sure people had opportunities to voice their views as they chose to. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

The provider had initiative's which supported people to be involved in their care. One example was how people had wanted an inter quiz team with another local home. Additionally, people were encouraged to take lead roles and share their interests. For instance, a person took the lead on running the bingo sessions where there was a large participation from other people who showed a friendly competitive nature.

People's right to independence was promoted as staff enabled them to be as independent as they could be. For example, at lunchtime people ate their meals with their preferences considered and the aids they required.

In many aspects of care the registered manager showed they led by example. For instance, the registered manager called people by their preferred names and knocked on doors to private areas before they entered. Reflecting on respecting people's privacy one person told us, "Any discussions are held with the door closed". In addition, people's personal information was securely stored and staff shared information during meetings where doors were closed.

Good

Is the service responsive?

Our findings

At our last inspection the 'Responsive' key question was rated as ''Requires Improvement'. At this inspection, we found the provider had made improvements to ensure people received personalised care which reflected their needs. The rating for this key question is now 'Good'.

At our last inspection, we found the provider's systems, lack of consistent records and staff practices were not responsive to people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan the registered manager sent us, they confirmed the actions they would be taking to meet this regulation. This included staff receiving training in person centred care, staff practices monitored alongside staffing levels being reviewed monthly and call bell responses monitored to promote responsive care.

At this inspection, we found the provider was meeting the requirements of Regulation 9. People we spoke with told us the staff supported them in a way which was responsive to their particular needs. One person told us, "I really like it; people are friendly; we play lovely games; the food is wonderful; the staff are very nice". The person went on to say they felt there were enough staff and they were trained to respond to their needs at the times they required help. Another person said, the staff were, "Wonderful; you could not fault them. They are "helpful". We saw a staff member checked the person's pain levels with them. The person told us staff were very good at supporting them to manage their pain.

People and their relatives were encouraged to participate in assessments, care planning and reviews, including meetings held. People's care plans were individual to them and covered a range of needs, including their physical, social and communication needs. They took into account people's protected characteristics under the Equality Act 2010. For example, a person required support to ensure they could eat their meals which was clearly outlined in their care records. Another person requested a specific gender of staff to support them with their personal care. People were supported to follow their religious needs with a range of services people could attend.

Alongside guidance for staff on how to meet people's individual needs, care plans included key information about people's personal history, interests and preferences. Staff told us they referred to people's care plans to understand how to support them safely and effectively. Care plans were kept under monthly review by staff, to ensure they remained accurate and up to date. We did identify one person's care records needed to be developed further so they provided specific guidance to staff. For example, how to support a person with their emotional wellbeing following a significant life event. The registered manager agreed to take action to rectify this.

Staff we spoke with were knowledgeable about people's individual needs and provided us with examples of how through the care and support provided by staff people's needs were effectively responded to. One example shared with us was how a person's specific needs had been responded to by staff assisting the person to drink thickened fluids to meet their needs. Another example, showed staff had, on a daily basis monitored a person's pulse before their medicine was administered. This is important as the person's

medicine should not be administered if the person's pulse rate falls below 60 beats a minute.

We saw staff kept daily records of the care they provided and how people responded to care so they could monitor if their needs changed. Staff told us they knew when people's needs changed because they regularly supported them and verbally shared information between the staff team, such as, at handover meetings. The registered manager was present at the handover meeting and told us she sat in on these meetings whenever she was in the home. The registered manager also used other daily meetings with heads of departments and 'resident of the day' arrangements as a further way of monitoring the care and support people received. This was to see if it was meeting people's expectations.

People had access to a range of leisure activities, developed around their known interests and preferences. This included seasonal events and celebrations, fun exercise classes, pamper sessions, bingo and visiting entertainers. One person told us of their appreciation at the recent event they attended to celebrate remembrance Sunday. The person showed us photographs of this event and explained what it meant to them. Another person told us, "I normally go to activities. I enjoy bingo the most". During our inspection visit, we saw people enjoying bingo, craft and art, karaoke and training for the quiz which was being arranged with people from another local home.

Where people were unable or unwilling to participate in group events, the activity coordinator and care staff had conversations with people and supported people with individual things to do for fun and interest. The activities coordinator described this to us, "I take the animals round [which we saw], read to them [people who lived at the home], do sensory work, poetry or music. Whatever they wish. They often just like a chat or I do crosswords with them". People we spoke with who remained in their rooms told us they never felt isolated or lonely in their rooms due to the support they received from staff. For example, one person told us how the activity co-ordinator painted their nails and brought the guinea pigs to their room. Another person said, "I'm in my room a lot – I like it. I do word puzzles and watch TV". We saw the activities coordinator brought the guinea pig to see the person which the person liked. A further person described how the activities co-ordinator assisted them to go into town to the shops which they appreciated. Two further people described things they would like to do such as, one person would like to see the trams and the other person wanted to see what their former home looked like now. The registered manager agreed to take these forward for both people.

The activities coordinator was passionate about their role and had supported people to have several pets, such as gerbils, stick insects and chickens. The activities co-ordinator told us how they supported people, "I take the animals round [which I saw], read to them, do sensory work, poetry or music. Whatever they wish. They often just like a chat or I do crosswords with them". In addition, we noted the activities coordinator supported people to have fun and interest using a range of imaginative techniques. For example, the activity organiser was following through a quiz event with another local home and they were developing links with the community. We saw a board showing all the events held at the home which was placed outside so people could choose to join in as a way of further developing people's opportunities of meeting new people. Additionally, people had pen pals with a school where letters were shared. One person described, "There's always a very happy atmosphere in the lounge with relatives visiting, staff chatting with people and generally things being lively".

People who lived at the home had been supported to state their choices and wishes for their end of life care. Where people lacked the capacity to do this their representatives had been involved in the decision making this was in line with the MCA. End of life plans had been developed to show how the person wished to be supported at this important stage of their life. Staff told us they could support people to spend their final days at the home, if it was their wish to do so. Arrangements could be made for anticipatory medicines to be

available to help manage pain relief and staff worked in partnership with other health professionals to support people to have a pain free and dignified death.

The provider had complaints procedures and these could be made accessible in different formats such as larger print to meet people's different needs. The information about how to complain and how complaints would be managed was in the documents provided to people when they came to live at the home. These documents were also displayed at the home. The management team investigated all complaints they were made aware of, whether they were formal written complaints, or verbal concerns people who lived at the home and relatives had shared. The complaints were investigated in line with the provider's complaints procedure and the outcome of the complaint communicated to the person who had shared their concerns. In addition, the registered manager used complaints as a way of making continual improvements such as, reminding staff about need for prompt communication with relatives when any changes occur to their family member's needs.

People who lived at the home and relatives we spoke knew how to raise complaints if they needed to. One person told us the registered manager was visible in the home and if they had any concerns they would feel comfortable in raising these with the registered manager. A person told us, "I would speak with the manager if I had any complaints. I have not had any though as I am very satisfied with everything here."

Good

Is the service well-led?

Our findings

At our last inspection the key question of 'Well-led' was rated as 'Inadequate'. The registered provider had made significant improvements which included ensuring they had effective management and systems to assure themselves people received a safe and effective quality service. At this inspection we have changed the rating to 'Good'.

At our last inspection, we found the provider's oversight and quality monitoring checks were inconsistent in driving through improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In the action plan the registered manager and regional manager sent us, they confirmed the actions they would be taking to meet this regulation. This included ensuring there was a strong auditing system in place with actions identified and implemented.

At this inspection, we found the provider was meeting the requirements of Regulation 17. People we spoke with told us they were happy with how the home was managed. One person told us, "Since the new manager has come she has been making improvements. I notice how the staff are happier in their work and nothing is too much trouble. It's a nicer place to live now". Relative were equally positive about the management of the home. One relative described how they had seen significant improvements. The relative described the staff have being, "Helpful, courteous and they show concern. I commend the staff. We used to wait hours before when my [family member] needed assistance, now staff attend as promptly as they can. I'm so grateful that [registered manager] came it was very difficult previously. It was the most distressing time of my life. Leadership is much better now". Another relative said, "The staff are brilliant" and there are enough of them. "The [registered] manager and deputy manager are fantastic; they make the families welcome".

Since our last inspection the provider had recruited to the post of home manager who had registered with the Care Quality Commission [CQC]. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by the deputy manager and regional manager. During the discussions we had with the regional manager they told us how they had made regular visits to the home to support the registered manager in taking the actions to drive through improvements. The management team were knowledgeable about their roles and responsibilities which including display the provider's current inspection ratings so people were able to consider this information when making their judgments about standards of care.

There had been inconsistencies in the manager position. However, we found the registered manager had brought more stability and based upon the outcomes of our last inspection, the registered manager had implemented actions to drive through improvements in a timely way. For example, daily meetings were held and staff were encouraged to further develop their practices with lead roles in various subjects such as, nutrition and hydration. We saw there were colourful information boards where lead staff shared useful information for people to read. The effectiveness of these practices was evident in the improvements made

in the service following our last inspection as reported on throughout this report. Staff and the advanced nurse practitioner commented on some of these improvements, including positive changes in the home's culture and improved communication and teamwork between staff. The advanced nurse practitioner told us they now had, "Really good strong relationships with staff and management, we worked together to get things better". The registered manager also echoed this by stating in the PIR, "Strong positive relationship developed with MDT members [group of health and social care professionals] following honest and transparent communications in the last year, which were guided by the residents' [people who lived at the home] best interest and a person centred approach to their needs".

At our last inspection we found quality monitoring checks had not always been effective in identifying and generating improvements in a timely way. During this inspection visit we found this had improved. There was now an effective quality assurance system in place to monitor key areas such as care documentation, accidents, incidents and medicines administration. Regular quality checks carried out by the registered manager and provider led to action plans with completion dates where necessary. Although the issues we found regarding some environmental risk assessments and medicine management had not been identified, the registered manager acted immediately to rectify these. As staff knew people's needs well, the risks these issues posed to people who lived at the home were reduced to a manageable level. Additionally, throughout our inspection visit the registered manager took immediate action when we identified areas which required strengthening and or improving.

Staff told us there was an open and positive culture at the home and they enjoyed working there. Staff told us they felt supported by the registered manager and could raise issues at any time. One staff member said, "The [registered] manager is a nurse- we are very lucky. This company is so much better, the working environment has improved, the atmosphere is much better and team working has improved". Another staff member told us, "Morale has gone up, staff are happier, the [registered] manager is really supportive and I feel listened too. I love my job and coming to work, I even come in on my days off to take some residents [people who lived at the home] out for coffee, just because I enjoy spending one to one time with them".

Staff meetings were held regularly. Minutes of staff meetings were available to all staff so staff who could not attend could read them later. Records of discussions held and actions needed were clearly captured. Staff told us they had enough opportunities to provide feedback about the service. Staff also knew about the provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about aspects of people's quality of care, which could not be addressed internally.

People's feedback was sought regularly via residents' meetings, care planning reviews and surveys. A survey had recently been conducted, the results of which had been collated with positive outcomes. There were different methods whereby people could share their ideas and suggestions, such as the 'You said, we did' board. We saw examples of where people's suggestions had been acted upon. For example, people had suggested drinks of wine and beer with meals. At lunchtime people were provided with their drink of choice and some people had a glass of beer.

There were good community links which included a local school and churches so people who lived at the home had opportunities to be an integral part of the community. People told us how much they valued this community involvement.