

County Healthcare Limited

St Mary's Care Home

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

This inspection took place on 11 June 2018 and was unannounced.

St Marys Care Home was last inspected in September and October 2017 and was rated as Requires Improvement. We rated the key question of 'Well led' as Inadequate. At that inspection, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action to impose positive conditions. This meant the provider had to submit records to the Care Quality Commission (CQC), monthly, to demonstrate they were taking actions to rectify and improve the quality of care at the service. The CQC had already issued a warning notice, and placed a condition to restrict admissions to the service at a previous inspection in February 2017. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well Led to at least Good.

St Mary's 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. St Mary's Care Home provides personal care for up to 44 people over one floor. At the time of our inspection, there were 21 people living there. St Mary's provides personal care to people living with a range of health conditions, including physical disabilities and people living with dementia.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met all the outstanding legal requirements from the last inspection and is now rated as Good. The key question of Safe continues to be rated as Requires Improvement as although we found improvements had been made, there were still shortfalls in the safe management of medicines.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff knew how to keep people safe from abuse. Staff were confident that if they had any concerns they would be addressed quickly by the registered manager. Risks to people had been assessed and regularly reviewed. Actions had been taken to mitigate these where necessary. Checks had been made on the environment to ensure the service was safe. Equipment to support people with their mobility, such as hoists had been checked to ensure people were safe.

The management of people's medicines had improved, however, audits carried out by staff and by the providers quality assurance team had not identified errors in these records. Records of when people had topical medicines applied were not always completed.

There were enough staff to ensure people were safe and had their needs met in a timely way. Staff had the skills and knowledge to carry out their roles and were supported by a system of induction, relevant training, one-to-one supervision and appraisals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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. Staff understood their responsibilities under MCA, people's capacity had been assessed and when required best interest's meetings had been held and recorded.

People told us that they enjoyed the food. People had a choice of meals and were supported to maintain a healthy diet in line with their choices, preferences and any healthcare needs. People's health was assessed and monitored. Staff took prompt action when they noticed any changes or decline in health. Staff worked closely with health professionals and followed guidance given to them to ensure people received safe and effective care.

Staff encouraged people to make decisions about their day-to-day care and remain as independent as possible. People's dignity and privacy was maintained by staff. People told us staff were kind and caring. Staff maintained people's dignity and encouraged choice. Staff supported people to maintain friendships and relationships. People's friends and family could visit when they wanted with no restriction to this.

There was a programme of activities available for people to enjoy. Care records were personalised to the individual and detailed how people wished to be supported. They provided clear information to enable staff to provide appropriate and effective care and support. Risks were clearly identified and included guidance for staff on the actions they should take to minimise any risk of harm.

Information about how to complain was on display in the service. People and relatives knew how to complain and were confident that any concerns they had would be listened to and acted on.

Audits were in place to monitor the quality of the service people received but did not always identify when improvements needed to be made. The registered manager reviewed the recorded accident and incidents. These were analysed to identify any patterns or trends and plans were put in place to reduce the risk of them happening again in the future.

People and their relatives were able to complete surveys to enable them to voice their opinions of the service and these were acted on. Staff and relative's meetings were held regularly. Staff told us that they felt supported by the registered manager and that the service was a good place to work.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risk to people had been assessed. There was clear guidance for staff to follow to reduce the risk, ensure people were independent and made safe choices. Accident and incident were recorded and action was taken to reduce the risk of a reoccurrence.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns.

Improvements had been made towards the safe management of medicines. However, audits had not identified when errors in records had occurred so that action could be taken to address this. Records relating to the application of people's topical creams were not always completed.

Requires Improvement 

Is the service effective?

The service was effective.

People were supported to access healthcare support. People's individual needs were met by the adaptations made at the home.

Staff had the relevant skills and knowledge to deliver care and support to people they supported. Training was provided regularly.

People were supported to eat and drink enough to maintain a balanced diet.

Good 

Is the service caring?

The service was caring.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance

Good 

discretely when it was needed. Staff supported people in a way that promoted their independence.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and were included in decisions about their care and support. Care plans detailed the information that staff needed to support people and identified their preferences.

A complaints policy and procedure was in place and available to people. Feedback from people was sought and their views were listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The registered manager had implemented widespread changes to the culture and practices within the service which had driven up the quality of the provision of care. People living at the home and staff working there had found there to be significant improvements.

People, relatives and staff were asked their views on the service provided.

There was an open and transparent culture. People, relatives and staff were encouraged to make suggestions to improve the service.

Notifications had been submitted to the Care Quality Commission in line with guidance.

St Mary's Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 11 June 2018 and was carried out by two inspectors, a medicines inspector, an assistant inspector and an expert by experience. An expert by experience is someone who has experience of using or supporting someone who uses this type of service.

Before our inspection, we looked at information we held about the service including notifications. A notification is information about important events, which the provider is required to tell us about by law.

Before the inspection, the provider completed 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 spoke with professionals from the local authority and clinical commissioning groups who had regular contact with the service.

During the inspection, we spoke with three people living in the service and three relatives. We also spoke with the registered manager, a senior carer, a carer, the activities co-ordinator and the cook. As well as speaking to staff employed to work at the service, we also spoke with the providers managing director, and resident experience manager, who had been providing support to and carrying out checks of the quality of the service.

We also observed the interactions between staff and people living at the home. We looked at five people's care records, quality assurance surveys completed by staff and people who used the service, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as health and safety audits and staff recruitment and training records.

Is the service safe?

Our findings

At our previous comprehensive inspection on 27 September and 2 October 2017, we found shortfalls in the provision of good and safe care. The provider was in breach of three regulations relating to this key question. These breaches related to safe care and treatment, safeguarding service users and the safe recruitment of staff. We rated this key question as 'requires improvement'. We also took enforcement action and placed conditions on the provider, and required them to provide a written report of checks that had been carried out in relation to the safe management of medicines. At this inspection, we found that improvements had been made and the provider is no longer in breach of those regulations. However, we did find that although improvements had been made in the management of medicines, some errors in records had still occurred and had not been identified through the providers audit process. Therefore, we have again rated this key question as, 'requires improvement'.

At our last inspection, we found that a number of incidents relating to safeguarding concerns, had not been reported to the local authority safeguarding team as is required. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

The registered manager had reported any incidents of alleged abuse to the local authority safeguarding team, and had notified the Care Quality Commission (CQC). Staff we spoke with knew how to keep people safe and were aware of their roles and responsibilities in reporting any concerns or incidents. They told us this could be to their manager or to external safeguarding agencies such as the police or the local safeguarding authority. Staff had undertaken training in the safeguarding of adults, and could tell us how to recognise indicators of abuse. Minutes of staff meetings showed that safeguarding of people was discussed as a regular agenda item. We were therefore satisfied that the provider had systems in place to help protect people from the risk of abuse.

At our last inspection we found shortfalls in the assessment and management of risks to people. That inspection had been the fourth consecutive inspection where we had found the provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

People's risks were assessed and these were managed to reduce the level of risk where possible. This included people's risks of falling, poor eating and drinking and developing pressure areas. Clinical risk assessments for people living at the service were concise and clearly written. People who were identified as being at risk of skin breakdown or falls had documentation in place to guide staff in supporting them to manage their condition. Some of the risk assessments we viewed contained detailed information with regards to how to mitigate risk. For example, 'ensure person has their pressure mattress set on the correct setting of xxx'.

Staff had a good understanding of risks to people and took actions to reduce these, for example reminding

people to use their walking frames when appropriate. The service used a paper based records system to store and input information about the care people needed, and their well-being. We saw this information was updated regularly, and reviews took place following an incident or a change in a person's needs. Significant incidents such as a fall, or an injury were entered into an electronic records system which the registered manager used to monitor people's welfare. This system and information was also used by the provider as part of their monitoring and oversight of the quality and safety of the home. This meant that we were confident that there were systems in place to manage people's risks.

We saw that risks associated with the premises were well managed. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely whenever there was a need to evacuate the premises. Records of fire safety checks, water temperatures, refrigerator and food temperature checks had been completed. This helped ensure that the service was a safe place to live, visit and work in.

At our last inspection we found shortfalls in the checks made on potential new workers in the home. This included not obtaining all the required information from the Disclosure and Barring Service, and fully exploring applicants full working history. These checks help to reduce the risks of unsuitable staff being employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff we spoke with told us that their recruitment had been dealt with effectively and that they had supplied all requested recruitment documents. These documents included completing an application form, a criminal records check and references. A review of the personnel records showed all checks were completed before staff commenced working in the service. This meant that only staff that were checked as being suitable were employed to work at the service.

People and their relatives that we spoke with told us they felt that there were enough staff to meet their needs. One person told us, "If I need a member of staff, there's always one around." We saw that requests for assistance from people, either verbally or by using a call bell, were responded to in a timely way. People said that this made them feel safe. The registered manager told us that the service was fully staffed. Gaps in the care staff rota due to annual leave or ill health were covered by the service's own staff. The staff rota records we checked confirmed that the assessed levels of staffing were provided on all occasions.

A member of the Care Quality Commission's medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. Medicines were stored securely for the protection of people who used the service and at correct temperatures. Members of staff giving people their medicines had received training and had their competence regularly checked.

However, records did not always confirm people living at the service received their medicines as prescribed. This included some oral medicines and some medicines prescribed for external application such as creams and ointments. Whilst there were regular audits in place to monitor and account for oral medicines, we found these were not always completed by staff and so ineffective at highlighting and resolving the issues we identified. In addition, we found that reports from medicine audits undertaken by teams within the organisation were not promptly provided to the registered manager to ensure they were able to take timely remedial action.

Supporting information was available to staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. However, there was a lack of information on people's preferences about having their medicines given to them. For people prescribed medicines for external application, there were body maps indicating the areas to which they should be applied but some body maps available for staff to refer to were for external medicines that were no longer prescribed.

When people were prescribed medicines on a when required basis, there was written information to show staff how and when to give them to people, however, more details was needed for medicines prescribed on this basis to manage people's psychological agitation and for more complex pain-relief strategies when more than one pain-relief medicine was prescribed. This is to ensure they were given to people consistently and appropriately by staff. For people who were unable to tell staff about their pain levels there were no means by which staff could assess their pain consistently and to know when their pain-relief medicines should be considered for use.

Medicines that had limited lives once their containers were opened such as containers of eye drops and tubes of creams and ointments, were sometimes but not always labelled to show their dates of expiry to ensure they were still safe for use. In addition, we found some containers of cream prescribed for external application that were still in use following their expiry dates.

People living at the service told us they received their medicines on time and were able to take them how they wanted to. One person told us, "My medication is usually on time and they stand there and watch while I take it." A relative told us that staff regularly asked their family member if they required any pain relief.

People we spoke with told us that they felt safe. One person told us, "Yes I do feel safe, the main thing is that we have good night staff, and there are staff here all day long, and of course we have our bells to ring." Another person told us, "Oh yes, I feel safe because there's always the staff, and if I have a problem, I just press this bell and they come." A relative we spoke to told us that improvements had been made and that their family members was safer than before. They said, "Safe? Now she is but she wasn't before, its better now because the staff come and respond to her needs."

We checked the process for preventing the spread of infection in the service. Staff were aware of infection control procedures and had access to personal protective equipment to reduce the risk of cross contamination and the spread of infection. Training records showed staff had received training in infection control. The service was odour free, clean and pleasant. Sluice rooms were kept locked when not in use and staff wore personal protective equipment (PPE) such as aprons and gloves when supporting people with personal care. One person told us, "Everyday my room and bathroom are cleaned very well, I think the cleanliness is fine." A relative told us, "The cleanliness everywhere is very good."

The registered manager carried out audits of accidents and incidents in the service to assess if actions could be taken to prevent future occurrences. For example, staff had referred people to the falls team when required.

Is the service effective?

Our findings

At our previous comprehensive inspection on 27 September and 2 October 2017, we found that improvements needed to be made to ensure adherence to the Mental Capacity Act 2005 (MCA). We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and have rated this key question as 'Good'.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

All staff we spoke with demonstrated they understood the MCA and worked within its' principles when providing people with care. They were able to describe to us how people's capacity was assessed, and the process for making decisions in people's best interests where they lacked the capacity to do so. We noted that where required, people had a decision specific mental capacity assessment and where any issues had been identified a best interests meeting had been held. This was to ensure that any decisions made about a person's care, was done so by the appropriate people, and was to the benefit of the person. The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. This ensured that people were not unlawfully restricted.

People living at the service told us that staff asked them for permission before providing them with support. Our observations confirmed this. For example, when people needed support to move in their wheelchair, staff checked with people beforehand to see if they were happy with this. Staff confirmed they asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. This demonstrated to us that staff understood the need for people to agree to the support they offered.

People's needs and choices were assessed prior to moving into the service. This helped ensure people's needs and expectations could be met. Staff were knowledgeable about the people living at the service and had the skills to meet their needs. People and their relatives told us they were confident that staff knew people well and understood how to support them.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The registered manager told us that staff undertook training in

recognising diversity and that the services assessment process identified where people had protected characteristics under the Equality Act.

People and their relatives told us that they felt staff were well trained and knew how to support people. One person told us, "I've seen no reason to believe they don't have enough training." All staff we spoke with told us they received regular training and records we saw confirmed this. Recently recruited staff shadowed staff that were more experienced so that they could confidently carry out care tasks. There was an induction programme in place, which included completion of the care certificate. The care certificate is a nationally recognised qualification for staff new to working in care. We saw that training sessions had been arranged for staff to update their skills. Examples of training included; manual handling, infection control, safeguarding adults, fire safety and health and safety. Identification of their training needs and the provision of effective training meant that they remained knowledgeable and skilled in the areas they required for their work. The registered manager also told us that the registered provider was supportive and encouraging to them in developing their skills and knowledge since starting in post.

Staff's competency to perform their role had also been checked. Staff told us that they had regular supervision and an annual appraisal. They said that these sessions were supportive and helpful in developing their skills.

People told us that they enjoyed the food and that they had a choice of meal. One person we spoke with said, "The food is good and there's plenty of it. If I didn't like what was on the menu, I'm sure they would find me something else." A relative with spoke with said, "It's just good wholesome food and there is a good variety." People were assisted with eating their meal by staff where required and suitable equipment was available to aid this, such as plate guards and adapted cutlery. People who needed support to eat their meal were supported discreetly. Staff gave people time to eat at their own pace, and chatted to them during the meal.

Weekly menus were planned and rotated every four weeks. The daily menu was displayed on a menu board in the entrance to the dining area. People could choose where they wished to eat; some ate in their rooms, others in the dining areas. We observed lunch and saw that the dining tables were set with place settings and condiments. The meals looked appetising, and all meals were prepared daily from fresh ingredients. We observed that refreshments and snacks were offered throughout the day. These consisted of hot and cold drinks and a variety of pastries, cakes and biscuits.

People's eating and drinking support needs had been assessed. We spoke with the cook who told us that they worked closely with care staff to implement any changes required to a person's diet. We saw that they kept detailed records of specific individual needs, and that all catering staff could access this when needed. People's dietary needs were monitored, and nutritional assessments were completed, reviewed and people's monthly weight records recorded. The registered manager told us that, if any concerns were identified, advice from the person's GP and a dietician were sought where necessary. This demonstrated to us that the staff monitored and understood how maintain people's dietary needs. Staff ensured that people were supported to drink enough. People were offered drinks frequently or provided with the items needed to do this for themselves. A relative told us, "There's always a jug or orange cordial in [family members] room, and a choice of soft drinks at the table at lunchtime. The drinks trolley comes around during the day."

People using the service and their relatives confirmed that health care from health professionals, such as the GP or dentist could be accessed as and when required. One person told us, "The dentist, optician and chiropodist are all arranged by the home." Records showed people were registered with a GP and received care and support from other professionals, such as the district nursing team, as necessary. People and their

relatives told us that the registered manager and staff kept them up to date about any health issues. We spoke with a visiting healthcare professional who told us that they found staff to be welcoming, organised and knowledgeable about the people they supported.

The design, layout and decoration of the service met people's individual needs. Toilets and bathrooms were clearly marked to encourage independent use and help people who might have difficulties orientating around the premises. There were also specialist and contrasting handrails fitted to corridor walls to aid people to walk safely. The home had undergone a major refurbishment of communal and most bedroom areas. This had made the service very comfortable pleasant. People had been involved in the choice of furnishings and fabrics used within the home. They were also given the choice of whether they wanted to move to a newly refurbished room. The furnishings used were specialist in that there were no sharp edges that could cause injury to a falling person. They had easy to use handles which also allowed people to see into the drawer or cupboard and identify what was contained within. This helped people living with dementia who may have found remembering this difficult.

Is the service caring?

Our findings

At our previous comprehensive inspection on 27 September and 2 October 2018, we found that not all people living at St Mary's care home were treated with dignity and respect. Staff did not always ensure they maintained people's confidentiality, and promote people's independence. We rated this key question as 'requires improvement'. At this inspection, we found that improvements have been made and we have now rated this key question as 'Good'.

People we spoke with all told us they felt well cared for and that staff were kind and caring. One person told us, "The staff are very, very good, they're nice people. They are caring and friendly, I have no complaints at all. It's completely changed to what it was. I can't get over the difference."

Throughout our inspection, we saw positive interactions between the staff and the people using the service. Staff responded to people in a calm and reassuring manner. A relative told us, "You can ask them [staff] anything. If anyone is having a bad day, the staff look after them to try to cheer them up. The staff are very nice and very friendly, very cheerful."

People told us that they felt comfortable asking for support because staff always responded to them so positively. We saw that people's requests for support were quickly responded to. Staff asked people how they could help in a polite respectful manner and reassured them that nothing was too much trouble. We observed that staff approached people in a warm and friendly manner, greeting people and asking them how they were.

We saw that some people had been involved in the planning of their care. For example, people's preferences about their likes or dislikes were included in care plans. One person said to us, "Oh yes, the staff know me as a person, and they know what I like and don't like." People's choices about what time they got up or went to bed had been discussed with them. Where people were not able to participate in those conversations, we could see that their relatives had been asked on their behalf. One relative told us, "They have a book where they record what she likes and dislikes, and the staff have prepared a book of her favourite things for her."

Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. They confirmed that staff were very good at keeping them updated on their relative's health and care and support needs.

Staff could tell us how they supported people to maintain their independence and knew about people's individual preferences. We observed during the lunchtime meal that staff encouraged people to be independent with gentle prompts and reminders. We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner. Staff engaged meaningfully with people. For example, they participated and helped with an activity in a communal lounge and helped shape a group conversation in which people were animated, laughing and smiling.

Staff knocked on people's bedroom and bathroom doors and waited for a reply before entering. Relatives

that we spoke with were very positive about the care their family member received. We observed staff treating people with respect and being discreet in relation to their personal care needs. One person told us, "The staff have always treated me with respect." People were appropriately dressed, assisted, and prompted with any personal care they needed in private. Staff positively engaged with people throughout the day and enquired whether they had everything they needed. People and their relatives said they were able to visit the service without any restrictions.

Is the service responsive?

Our findings

At our previous comprehensive inspection on 27 September and 2 October 2018, we found that not all people living at St Mary's care home received care that met their needs or reflected their preferences. Improvements needed to be made to the provision of activities and how people were able to spend their time. We rated this key question as 'requires improvement'. At this inspection, we found that improvements had been made and have rated this key question as 'Good'.

People told us that an initial assessment of their care and support needs was carried out prior to them coming to live at the service. This ensured as much as possible, that the service had identified what the person needed, and planned how to meet these needs. People said that they felt they were treated as individuals. Relatives we spoke to were positive about how their family members needs were assessed and met.

The care records that we viewed were sufficiently detailed to instruct staff and contained person-centred information. 'Person centred' means care which is based around the needs of the individual. Examples included assistance with mobility, personal care, day and night time routines, nutrition and pressure area care. Care plans included information about people's preferences, including how they wanted to be addressed and what was important to them. Also included was the persons family history, life history and medical history. This helped staff to get to know the person and provide individualised care which was responsive to the person's needs. Guidelines were in place for staff regarding assisting and prompting people with their personal care needs along with details of people's daily routines. Daily records showed that people made choices about their care to ensure that their care and support needs were met. We saw that people were receiving the care and support which was right for them and specific to their assessed needs. For example, in relation to any weight loss, or their skin integrity. Plans were in place for staff to fully meet these needs.

People said the planned activities in the service were good, varied and that they were supported to take part in interests that were important to them throughout the day. We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished. People told us that they were free to choose whether they wanted to be involved in activities or not. One person said, "Two of us like the quizzes but we don't join in everything in the lounge. I can help with some of the odd jobs around the home." A relative told us, "There's lots of activities in the lounge in the mornings and afternoons."

There was member of staff responsible for organising the activities in the service. They produced a calendar of events so that people would know about forthcoming events. We saw these displayed around the service. We observed this member of staff gather people around a table for a drink and encourage people to engage in the planning of activities for the forthcoming week. They explained to people which activities were fixed in their timing, such as when a performing musical duo had been booked. They suggested to people a wide range of other activities, such as baking, making paper hedgehogs, then facilitated a discussion where people chose when they would like to do the activity. They then created a weekly planner to be put on display for all to see. This meant that people who lived at the home, rather than staff, were able to plan how

and when they would spend their free time.

The complaints policy was displayed in the front hall, and a copy of this was given to people when they moved into the service. The policy included timescales and the response they should expect. For example, it described how their complaint would be acknowledged and what would happen next. People and relatives we spoke with told us that the registered manager and staff at the service dealt with any concerns they had raised to their satisfaction. One person told us, "I've never had to make a complaint but if I wanted to, I would speak directly to the management." Relatives we spoke with confirmed that if they had ever needed to raise an issue or a concern the staff and the registered manager always promptly dealt with it.

At the time of our inspection, no one living at the home was receiving end of life care. Emergency health care plans were documented in people's care files. Where a person or their relatives and other professionals had judged it was in the best interests for a person not to be resuscitated the necessary documents were in place and up to date. People had been asked about the care they wanted at the end of their life and we saw this was documented in their care plans.

Is the service well-led?

Our findings

At our previous comprehensive inspection on 27 September and 2 October 2018, we found that systems to monitor and ensure the quality of the service were not effective. Improvements had not been made and the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, for the fourth consecutive inspection. The provider was also in breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. They had failed to notify us of a number of significant events, which they are required to do so by law. We rated this key question as 'Inadequate'. At this inspection, we found that improvements had been made and the service was no longer in breach of either of these regulations. We have now rated this key question as 'Good'.

The service now had a manager that was registered with the Care Quality Commission (CQC). They had implemented the providers systems to monitor and mitigate the risks relating to the health and welfare of people. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. Audits were carried out both weekly and monthly in areas such as medicines, care plans, health and safety, infection control, fire safety, and equipment.

People and their relatives told us that they felt that the service was well managed. One person living at the service told us, "The manager is very approachable." A relative told us, "The manager is very approachable and I can discuss anything with her. There's been a big improvement since the present manager came." Another relative told us, "Its good all round now, the best staff and a lovely manager, I would recommend here 100%."

Staff told us that the registered manager was supportive and approachable. Staff we spoke with said that morale was good and they worked well as a team. The registered manager was visible at the service. They had an 'open door' policy, people and relatives were comfortable to go into the office and chat about anything that was of concern to them. Relatives knew the registered manager by name.

The provider's regional operations manager visited the service regularly to assess the quality of care. Their role was to visit the service to review all aspects of the care provision, and identify any areas for improvement. In addition to this, the service received support from the providers quality assurance team. This included delivering training, conducting spot checks and audits of the quality of provision.

The regional operations manager had compiled a service improvement plan which they monitored progress of with the registered manager. They worked jointly with them to develop a plan for the implementation of these improvements. This included areas such as redecoration and refurbishment, new equipment, staff development and staff recruitment. The registered manager told us that there was a focus on ensure the development of the service would ensure that improvements in quality were sustainable. We spoke with the providers managing director, they told us that a cautious approach would be implemented in increasing the population of the home in the future. They were also clear that the additional support that had been provided to the home to improve quality, would remain in place until it had been assessed that stability had

been achieved.

Staff recorded accidents and incidents within the service. Each event had been analysed and measures were in place to reduce the risk of re-occurrence, this helped to ensure the wellbeing of each person. The registered manager reviewed this information to look for any trends or patterns, for example, what time of day the event happened or if it took place in a particular location. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals, for example the falls team. If required, the registered manager had notified the CQC.

Maintenance checks were completed regularly by staff and records kept. There were cleaning schedules to help make sure the premises and equipment were clean and safe to use. The registered provider carried out their own annual internal quality audits, including health and safety audits, in line with their own policies and procedures. The registered manager monitored these checks, and took actions to address any shortfalls.

Regular staff meetings were held to give staff an opportunity to raise any issues with the service. Staff told us that the management team listened and acted on what they said. Records showed that all aspects of the service were discussed at the meetings. Staff told us that communication was good and they worked well as a team to ensure that people received the care they needed. Our observations and discussions with people, staff, and relatives, showed that there was an open and positive culture between people, staff and managers.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. The provider had installed computer tablets in the service on which people and their visitors could provide feedback on. The reviewed the results of this feedback for May 2018 and found that they feedback was very positive. Staff were also able to use this system to provide feedback on. We reviewed the results of this and again saw that all the feedback was positive.

Staff told us they had been provided with information about whistleblowing. Whistleblowing is a way in which staff can raise any concerns to the management or recognised bodies, such as the CQC. All the staff we spoke with were confident if they raised a concern it would be investigated appropriately by the manager in line with the provider's procedure.

The registered manager told us that staff were encouraged to discuss any areas of concern or their developmental needs during supervision. Where required, feedback was given to staff in a constructive and motivating manner. This ensured staff were aware of the action they needed to take.

The registered manager understood their responsibilities in recording and notifying incidents to the local authority and the CQC. All services that provide health and social care to people are required to inform CQC of events that happen in the service so we can check appropriate action was taken. The registered manager notified CQC in line with guidance.

It is a legal requirement of all services that have been inspected by CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We saw that the previously awarded rating was displayed.

