Yara Enterprises Limited

Hazelgrove Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

We carried out an unannounced comprehensive inspection at Hazelgrove Nursing Home on 26 and 27 November 2014. Breaches of legal requirements were found and as a result we undertook a focused inspection on 2 June 2015, to follow up on whether the required actions had been taken to address the previous breaches identified, and to see if the required improvements had been made.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection of 26 and 27 November 2014

Hazelgrove Nursing Home is registered to provide care to people with nursing needs, many of whom were living with dementia. The home is purpose built, with a lounge/dining areas and a further two lounges arranged over one floor. The service can provide care and support for up to 37 people. There were 17 people living at the home during our inspection.

An interim manager was in post, as there was no registered manager. The home has been without a registered manager for over five months. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At the last inspection in August 2014, we asked the provider to make improvements in respect to supporting workers and quality assurance. An action plan was received from the provider and we found that improvements had been made regarding supporting workers. However, although the provider now carried out regular audit and monitoring activity to assess the quality of the service and make improvements, not all recognised improvements had been met or followed. We also identified further concerns in many other areas.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at did not always reflect the positive comments some people had made.

People's safety was being compromised in a number of areas. Care plans and risk assessments did not routinely reflect people's assessed level of care needs. People's medicines were stored safely and in line with legal regulations and people received their medication on time. However, there were numerous errors and omissions in the recording of administration of medicines, PRN medication (as required) and controlled drugs (CD).

Hazelgrove Nursing Home was not meeting the requirements of the Mental Capacity Act 2005 (MCA). Mental capacity assessments were not routinely completed, or in line with legal requirements.

Care plans lacked sufficient information on people's likes, dislikes and individual choice. Information was not readily available on people's life history and there was no evidence that people were regularly involved in their care planning. The opportunity for social activity and recreational outings were extremely limited. No regular meaningful group or individual activities took place or were planned for people.

Everyone we spoke with was happy with the food provided and people were supported to eat and drink enough to meet their nutrition and hydration needs. However, we found people ate their lunch either in their rooms or sitting in armchairs in the lounge/dining area, and the communal table dining experience was not made available.

Staff felt supported by management, said they were well trained and understood what was expected of them. However, there was insufficient day to day management cover to supervise care staff and care delivery. The current management staffing structure at the home did not provide consistent leadership or direction for staff.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapports with people and people responded well to staff.

Feedback was regularly sought from people, relatives and staff. Residents' and staff meetings were held on a regular basis, which provided a forum for people to raise concerns and discuss ideas. However, we identified concerns in respect to communication within the home. Incidents and accidents were recorded and acted upon.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Focused Inspection on 2 June 2015.

After our inspection of 26 and 27 November 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to person centred care, consent to care and treatment, quality assurance, and the management of medicines.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found significant improvements had been made, but we continue to have concerns with the recording and systems in place at the service in respect to the management of medicines. There were 29 people living at the home during our inspection.

People's medicines were stored safely and in line with legal regulations and people received their medication on time. However, there were errors and omissions in the recording of administration of medicines and PRN

Summary of findings

medication (as required). We have identified this as an area of practice that continues to cause concern, and have asked the provider to make improvements in this area.

There was a manager employed who had been in post for approximately six months. However, in this time an application to register the manager with CQC had not been made. We have identified this as an area of practice that requires improvement.

Despite the above concerns, the provider had taken action to improve the safety and delivery of care people received. Risks had been appropriately identified and robustly addressed both in relation to people's specific needs and in relation to the service as a whole. Staff were aware of people's individual risk assessments and knew how to mitigate the risks. There was constant monitoring and reassessment of risks which ensured that staff took actions to protect people.

The delivery of care was suited to the person and not task based, and people and visiting relatives spoke highly of staff and the quality of care provided. People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. A relative told us, "I can honestly say there isn't one member of staff here who doesn't care". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People could choose how to spend their day and they took part in activities. People told us they enjoyed the activities, which included arts and crafts, exercises and themed events, such as visits from entertainers. One person told us, "I enjoy the activities. I'm painting today, there's always something to do". A relative said, "I barely see my husband now when I visit, he's always doing activities".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

People were supported to eat and drink well. There was a varied choice of food and drink available and mealtimes were a pleasurable and sociable experience for people and staff. People were encouraged to be independent and supported to be involved in a communal meal, or to stay in their rooms as they wished.

Staff felt well supported and listened to, and had clear lines of management and communication available to them.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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

Hazelgrove Nursing Home was not consistently safe. Improvements had been made from the last inspection, and based on the evidence seen we have revised the rating for this key question to 'Requires Improvement'.

Medicines were stored appropriately, but records used to show medicines people had taken contained gaps and omissions, and had not been routinely checked.

Risk assessments were undertaken to establish any risks present for people, which helped to protect them. People told us they felt safe living at Hazelgrove Nursing Home and staff demonstrated a strong commitment to providing care in a safe and secure environment.

Is the service effective?

Good

Hazelgrove Nursing Home was providing effective care and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

Mental Capacity Assessments had been completed in line with best practice guidelines. Staff had a good understanding of peoples care and mental health needs. Staff understood the principles of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were given choice about what they wanted to eat and drink. They were supported to enjoy communal and pleasurable mealtimes, and adaptations had been made to support people's independence at these times.

Is the service caring?

Good

Hazelgrove Nursing Home was caring and based on the evidence seen we have revised the rating for this key question to 'Good'.

People were encouraged to increase their independence and to make decisions about their care.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Is the service responsive?

Good

Hazelgrove Nursing Home was responsive and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences.

Summary of findings

People had been involved in developing their own care plans. Care plans were reviewed on a monthly basis with input from the person and their relatives. Information on people's life history was detailed in their care plans, as were their preferences, wishes or aspirations.

Is the service well-led?

Requires improvement

Hazelgrove Nursing Home was not consistently well-led. Improvements had been made from the last inspection, and was now meeting the legal requirements that were previously in breach. However, based on the evidence seen we have revised the rating for this key question to 'Requires Improvement'.

There was a manager employed who had been in post for approximately six months. However, in this time no application to register the manager with CQC had been made.

The service had additionally employed a deputy manager and several permanent registered nursing staff. The provider was also directly involved with the home and supporting the staff team. The management staffing structure provided consistent leadership and direction for staff, and communication within the home had significantly improved.

A robust quality assurance framework was now in place.

Hazelgrove Nursing Home

Detailed findings

Background to this inspection

This inspection report includes the findings of the focused inspection. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

We carried out a comprehensive inspection of all aspects of the home on the 26 and 27 November 2014. The comprehensive inspection identified numerous breaches of regulations. We undertook an unannounced focused inspection of Hazelgrove Nursing Home on 2 June 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection on the 26 and 27 November 2014 had been made.

This visit was unannounced, which meant the provider and staff did not know we were coming. The inspection team consisted of two inspectors. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided in the service.

During the inspection we spoke with three people who lived at the service, six visiting relatives, the manager, the deputy manager, the provider, an activities co-ordinator and three care workers.

We looked at areas of the building, including people's bedrooms, bathrooms, the dining room and both lounges. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed records of the service, which included quality assurance audits, staff training schedules and policies and procedures. We looked at six care plans and the risk assessments included within the care plans, along with other relevant documentation to support our findings.

We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires improvement

Is the service safe?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008. This was because risk assessments lacked sufficient guidance and detail to enable staff to provide safe care. People were also not protected against the risks associated with medicines, this was because the provider did not have appropriate arrangements in place in relation to the recording and checking of medicines.

Due to the concerns found at the last inspection, we found people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 2 May 2015. Significant improvements had been made and the provider is now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 regarding risk assessments. However, we found the provider was still in breach of Regulation 12 of the Health and Social Care Act 2008 regarding medicines. Some improvements had been made, however we found further areas requiring improvement to the management of medicines.

People told us they felt safe living at Hazelgrove Nursing Home. One person told us, "I feel safe here and this is a very homely home". A relative said, "I feel Mum is safe and well cared for". A further relative added, "I feel that he is safe here now. So much so that I've actually booked a holiday". Staff expressed a strong commitment to providing care in a safe and secure environment. Although people told us they felt safe, we found examples of care practice which were not safe.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). MAR charts are the formal record of administration of medicine within a care setting. We saw several MAR's contained omissions, or had been filled out incorrectly. For example, we looked at the MAR's of 10 people. For the recording of medicines administered on 25 May 2015, we saw a total of 14 omissions for prescribed medication. Several of the drugs prescribed helped people to prevent conditions such as seizures and panic attacks, anxiety and depression, diabetes and hypothyroidism (low thyroid hormone). There was no record as to whether these medications had been given to people.

People were at risk of not receiving PRN medicine (which is medicine taken as required) due to lack of accurate recording. PRN medication should only be offered when symptoms are exhibited and clear recording should state for example whether PRN was required or not, or whether it was offered or refused. In the 10 MAR's we looked at, we saw a cumulative total of 20 omissions or errors in the recording of PRN medication on the 25, 26, 29 and 30 May 2015. The Hazelgrove Nursing Home medication policy states that in respect to the recording of PRN medication, that staff should 'always record reason for giving or not giving'.

Inaccurate medicines recording places people at risk as they may not get the medicines they need, which may be vital to their health and wellbeing. Alternatively, staff may give the wrong medicine in error if there are gaps in the information. Clear records help to prevent drug errors. Everyone involved in looking after medicines for other people is responsible for keeping good records.

Audits of medication procedures had taken place in March and May 2015. Action points from these audits was to ensure that daily checking of the MAR sheets take place, to ensure accurate recording of administered medicines. In light of the number of omissions in the recording of administered medicines, it was clear these checks had not been taking place.

Medication errors can be reduced by means of proactive tools, such as medication audits. Audits are also an educational activity, which promotes high-quality care and should be carried out regularly. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of individuals and systems.

We raised these issues with a registered nurse carrying out the medication round, they told us, "As things stand, the MAR charts are supposed to be checked at the end of each day and then signed to say the checks have happened. This is not routinely happening at the moment". Additionally we

Requires improvement

Is the service safe?

were told that medication audits were not routinely being carried out, and that the service was looking to implement a more robust system of medication audits by the end of June 2015.

The above issues around medicines record keeping are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulations 2014). We have identified this as an area of practice that requires improvement.

Despite the above concerns, people told us they received their medicines safely and on time. A relative told us, "I've got no concerns around medication". Another added said, "I'm a nurse and I have no concerns". We observed staff administering medicines to people. They were polite and made sure that people were comfortable and ready, and told people what they were taking.

Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Care documentation had improved since the last inspection and individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. The manager told us, "Risk assessments are all up to date. We review them monthly or when people's care needs change". Each person's care plan had a number of risk assessments which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. Risk assessments identified the specific risk, the control measures to minimise risk and the level of risk. These covered a range of possible risks, for example nutritional risk, choking, skin integrity, falls and mobility. Where the risk of a person was high, clear measures were in place along with input from relevant healthcare professionals.

Good

Is the service effective?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008. This was because Mental Capacity assessments were not completed in line with legal requirements.

The concerns identified at the last inspection found significant failings and the delivery of care was not effective. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 2 May 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 11 of the Health and Social Care Act 2008. Based on the evidence seen we have revised the rating for this key question to 'Good'.

People spoke positively about the home. One person told us, "I like the staff they look after me". Another person said, "Staff are fantastic, they are all very good". A relative added, "The staff treat Dad like family. They always encourage him and give him the care he needs".

The Mental Capacity Act (MCA) 2005 was designed to protect and restore power to those vulnerable people who lack capacity and are unable to make specific decisions for themselves. Staff we spoke with understood the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff understood the importance of gaining consent from people before providing care, they were able to tell us how they did this whilst respecting people's right to refuse consent.

Consent to care and treatment had been documented in people's care plans, and MCA assessments had taken place and were recorded in line with legal requirements. The manager told us that MCA assessments were up to date and reviewed regularly and we saw that this was the case. There were procedures in place to access professional assistance, should this be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests, and information was displayed around the service to guide staff.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

The provider was meeting the requirements of DoLS. The manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty. 27 people living at the home were currently subject to a DoLS. The manager told us, "We review decisions regularly and liaise with the DoLS team at the local authority".

At the last inspection, we found lunchtime to be chaotic and the communal dining experience was not made available to people. Staff lacked oversight of how to assist people with their meals and promote independence. Significant improvements had been made.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas. People were offered the choice of eating in the dining room, their bedroom or the communal lounge. People could choose where they wished to eat and this decision was respected by staff. Dining tables were set up in the dining areas with table clothes and condiments to hand. Refreshments were available and the atmosphere was sociable and relaxed with music playing softly in the background. People were offered a choice of food and were given time to enjoy their food, with staff ensuring that they were happy with their meals. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. Adapted cutlery and plate guards were available if people required them, and people ate at their own pace. We saw that one person wished to change their meal choice once they had been given their food and this was respected. After the meal some stayed at the tables and talked with others, enjoying the company and conversation.

People were complimentary about the meals served. One person told us, "This is nice". Another said, "We have new types of food which is nice". A relative added, "The food has improved so much. It's all fresh now and it's good". We saw people were offered drinks and snacks throughout the day. People told us they could have a choice of drinks at any time and staff always made them a drink on request.

Good

Is the service caring?

Our findings

At the last inspection in November 2014, the provider was required to make improvements. This was because people were not consulted with and encouraged to make decisions about their care. People's privacy and dignity was also not consistently upheld, and the delivery of care was centred on staff routine rather than individual preference and choice.

The concerns identified at the last inspection found Hazelgrove Nursing Home was not consistently caring. Improvements had been made and based on the evidence seen, we have revised the rating for this key question to 'Good'.

People spoke highly of the care received. One person told us, "The staff are welcoming and kind, and always happy". One person told us, "What's important for me is the warmth of the people, and the home was so welcoming. I've got a nice room that looks over the courtyard". A relative said, "It's a miracle what they've done here. They really care, they should be patted on the back".

At the last inspection, we raised concerns that people were not consulted with and encouraged to make decisions about their care. Improvements had been made.

We saw examples in people's care plans where people had been given choice and had made decisions about their care. For example, one person had decided they often wished to remain alone in their room, as they had lived alone for many years and this was what they were used to. They also requested that staff always ask them if they wanted to socialise with other people, in case they felt they wanted to. Another person had detailed that they wished staff to take their time and speak slowly to them, so that they could understand. A member of staff said, "We make sure the residents have involvement in all we do, we offer choices and help and support". Another member of staff added, "We let the residents choose what they would like to do. Get them involved in making decisions and let them take control". We saw examples of people choosing their own clothes to wear and which hairbrush they would like to use. A relative told us, "Dad treats this place as his home, he does what he wants and comes and goes as he pleases".

People's privacy and dignity has not always been upheld at Hazelgrove Nursing Home. For example, at the last inspection care plans were not stored securely when not in use and were easily accessible through a hatch to the nurse's office. Additionally confidential documents were left unsecured in public areas of the home. Improvements had been made. The hatch in the nurses' station had been boarded up and one of the bedrooms of the home had been turned into a permanent office for staff to use and for documents to be stored confidentially. Care plans and other confidential documentation had been locked away securely. The manager told us that staff were aware of their responsibilities in respect to confidentiality and privacy and we saw that staff had received training in this area.

Interactions between people and staff were positive and respectful. The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms, the communal lounges or dining area. Staff were regularly checking on people ensuring they were comfortable. A relative told us, "The lounges are a hive of activity now". Throughout the inspection, we saw staff sitting and interacting with people and checking on their well-being. People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed and groomed and wore jewellery. A relative told us, "We are pretty happy, he is always washed, dressed and shaved".

Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. The manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits. We saw that at lunchtime a person became agitated with the person sitting next to them. A member of staff intervened and spoke softly and calmly to the person and quickly reassured them that everything was ok. The person sat down calmly and became relaxed and the member of staff sat with them and chatted about the music that was playing. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better.

Staff supported people and encouraged people, where they were able, to be as independent as possible. A relative told us, "It's so nice that they encourage people out of their rooms now to go to the dining room and lounges to eat. It keeps them mobile and involved". We saw that people were encouraged to assist with laying tables and folding

Good

Is the service caring?

napkins, which enabled them to maintain their day to day life skills and promote a sense of self-worth. We also saw that one person wished to phone their friends regularly, so the manager ensured that they had access to a phone. A relative told us, “They encourage [my relative] to walk to the dining room for meals. Sometimes he can’t do it and needs help, but they always encourage him and if he makes it to the bedroom door, then he makes it all the way to the dining room”. The manager told us, “We promote independence all the time. We want people to be involved in the home and give them a sense of self-worth”. A relative added, “Mum’s independence has improved so much recently, she seems brighter and more alert. She’s really getting involved”.

Good

Is the service responsive?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008. This was because there was no evidence people were actively involved in their care planning. Care plans did not reflect the person's current wishes, aspirations or goals, or what aspect of their care delivery was important to them. There was also a lack of meaningful activities and appropriate arrangements in place to meet people's social and recreational needs.

The concerns identified at the last inspection found significant failings and the delivery of care was inadequate. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 2 May 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008. Based on the evidence seen we have revised the rating for this key question to 'Good'.

The opportunity to take part in activities that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. At the last inspection, we found concerns with the lack of opportunities for social engagement and activities for people. Significant improvements had been made.

There was regular involvement in activities and the service employed two activity co-ordinators. Activities were organised in line with people's personal preferences, for example one person living with dementia used to be an accountant. The manager invited this person to their office and would give them sheets of figures to study. This person would create accountancy charts from them and present them to the manager. This enabled this person to feel they were contributing to meaningful work and provided a stimulating activity. Additionally the service had provided this person with a selection of coins. They had then counted the coins, cleaned them and had decorated a table with them, which was displayed in the service. Several people wished to continue with their faith and we saw that they had been visited by representatives from local churches.

We saw a varied range of activities on offer, which included singing, exercises, arts and crafts and films. On the day of the inspection, we saw activities taking place for people. We saw people engaged in arts and crafts. People appeared to enjoy the stimulation and the activities enabled people to spark conversations with one another. One person told us, "I enjoy the activities". Another said, "I'm painting today, there's always something to do". The service displayed much of the artwork that people made, such as decorative clocks, plates, mirrors and furniture. We saw a member of staff playing catch with a balloon with several people in the lounge. People were laughing and smiling and there was a feeling of enjoyment.

The manager told us, "Everybody is given a choice around activities. We have activities in the morning and in the afternoon, and we get people's feedback to see what they like. The visiting harpist is the favourite at the moment". The activities co-ordinator's recorded the activities that people attended and gained their feedback, to assist with planning future activities that were relevant and popular. A relative said, "Dad was never an activities guy, but now he loves it". Another relative added, "The new activities staff are amazing. There's so much interaction with everyone". A further relative said, "I barely see my husband now when I visit, he's always doing activities".

The home ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff spent one to one time in people's rooms. One to one activities included painting people's nails, massage and reading to them. The manager told us about a person who had remained in their room for a long time. Through one to one involvement with staff over a period of time, this person had gained confidence and now spent time in the communal areas and involved themselves in group activities. We saw that this person was involved in a group activity, and had decorated a clock with toy soldiers and made a trinket box for their daughter.

At the last inspection, we found the planning and the delivery of care was not personal to the individual. Person centred care planning provides a way of helping a person plan all aspects of their life, thus ensuring that the individual remains central to the creation of any plan which

Good

Is the service responsive?

will affect them. At the last inspection, we found care plans contained little information on the person's background, likes, dislikes, important memories, what was important to them and their cultural needs.

During this inspection, we found care plans were detailed and were reviewed on a monthly basis with input from people and their relatives. The manager told us, "All the care plans are up to date and in the new person centred format". Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. Visiting relatives confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Relatives commented they felt happy in being able to contribute to their loved ones care plan. People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories.

Care plans showed people's preferences and histories. The staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life. Care plans incorporated information about people's past's, hobbies, activities and their personality traits which enabled staff to provide person centred care and engage with people about their history.

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, activities plan, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs. A profile was available which included an overview of the person's care, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual.

Requires improvement

Is the service well-led?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008. This was because actions that were identified within quality assurance processes, such as audits were not being acted upon to drive improvement. Concerns were also identified, as the management staffing structure at the service did not provide consistent leadership or direction for staff, and communication was not good.

The concerns identified at the last inspection found significant failings and the delivery of care was inadequate. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 2 May 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008. However, we have continued concerns as the service still does not have a registered manager in post. Based on the evidence seen we have revised the rating for this key question to 'Requires Improvement'.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The role of the registered manager had been recruited to in January 2015, however no application to register the manager with CQC had been made. This meant that the service had been without a registered manager since July 2014. We raised this with the manager and provider who confirmed that this was the case, and that they would submit the application to register the manager. The Health and Social Care Act 2008 requires as a condition of their registration, that all residential care homes have a registered manager. Although it may not present a direct risk to the safety of people, care homes without a registered manager may be less able to identify potential concerns and address them quickly. We have identified this as an area of practice that requires improvement.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and not following up on concerns identified. For example, audits of care plans had identified that care plans were not fit for purpose and were out of date. However, agreed action points from these audits had not been followed or implemented. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Systems of quality monitoring were now robust, as was other audit activity around areas such as health and safety, infection control, care plans, complaints and accidents and incidents. For example, one audit identified that the hatch at the front of the nursing station needed to be boarded up as this was a fire risk, and this had been done.

Concerns were raised at the last inspection, as the management staffing structure at the service did not provide consistent leadership or direction for staff, and communication was not good. Improvements had been made. The service had employed a manager, a deputy manager and several full time registered nurses. One staff member told us, "I can speak with the manager about anything. She is approachable and very responsive. We have a great team now and help each other out". "Another said, "Happy staff makes a happy home. We all smile and care because of the improvements. This is a whole different home, it's a pleasure to come to work". A relative added, "The manager is lovely and welcoming. I feel Mum is in safe hands and well cared for".

At the previous inspection staff did not have a good understanding of the culture and vision of the service and were not involved in its development. Improvements had been made. One staff member told us, "We provide good care and great service. We involve the residents in everything. We have so many good ideas now and fun is always being had". Another said, "Involvement for the residents in all we do, offer choices, help and support". Other comments included, "We want to involve everyone in the home including the staff. We always offer ideas and we're listened to. I changed the dining area to make it more inviting" and, "The residents are at the heart of all we do. We care and meet their needs. Staff are now listened to and they respect our ideas. Every day is ongoing improvement".

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Visiting relatives commented that improvements had been noted and felt they had no concerns with how care was being delivered. One relative told us, "There have been so many improvements at the home". Another said, "It's definitely better here, I do feel a lot happier, The manager is good and listens to us". Staff added, "The

Requires improvement

Is the service well-led?

manager has changed so much for the better here" and, "The manager is great and has changed so much. If we ask for something now, then we get it". The manager was open and responsive to the concerns identified and had already identified the areas of practice that required improvement. It was clear the provider, manager, deputy manager and staff were committed to the continued ongoing improvement of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not protect service users against the risks associated with the unsafe use and management of medicines. Regulation 12(2)(g)**