

HC-One Limited

# Ash Grange Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this unannounced inspection on 21 and 23 February 2018. Ash Grange is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Ash Grange provides care and support for up to 42 people some of whom are living with dementia. On the day of the inspection 29 people were living at the home.

At our last inspection in August 2017 we identified significant improvements were needed throughout the service. We judged the home as 'Inadequate' in all five of our key questions and identified 8 breaches of the Health and Social Care Act 2008 and one breach of the Care Quality Commission (Registration) 2009. We identified a number of concerns under each of the key questions we inspect. We found under the key question is the service 'safe' there were not enough staff to meet people's needs safely. We also found people's needs had not been assessed or managed to reduce the risk of avoidable harm; and people did not receive their medicines as prescribed. Under the key question is the service 'effective' we found staff did not always have the skills and knowledge to meet people's health and support needs. We found people did not have their rights upheld in line with the Mental Capacity Act (MCA). We also could not be assured people were getting sufficient to eat and drink and their health needs were not monitored effectively. Under the key question is the service 'caring' we found people did not always receive their support in a caring way and their privacy and dignity was not respected. Under the key question is the service 'responsive' we found people did not receive care that was responsive to their needs. We also found the complaints system was not effective to investigate concerns or complaints raised. Under the key question is the service 'well led' we found the systems and processes to monitor the safety and quality of care people received was not effective. We found little evidence of feedback being sought from people to drive forward improvements. We also found the provider had failed to notify us of incidents as required by the law.

Following our August 2017 inspection we placed the home in special measures and met with the provider and asked them to complete an action plan to show us what they would do and when by to improve all the key question(s) to at least "good." Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Since our last inspection the registered manager and deputy have left the home and the home is currently being managed by an interim manager and team. This meant the home does not currently have a registered manager in post. 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.

During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We found the service was now meeting the regulations.

People told us they felt safe and staff knew how to report concerns and escalate risks about people's safety. Risks to people's health and care needs were assessed and effectively managed. There were sufficient numbers of staff available to meet people's needs. People received their medicines as prescribed.

Lessons were learnt following incidents and effective infection control procedures were followed.

Staff had the skills and knowledge to meet people's needs. Staff sought people's consent before providing care. People's capacity to make specific decisions had been assessed and care records reflected how decisions were made in a person's best interest. People received sufficient amounts of food and drink and staff made referrals to healthcare professionals to support people's health needs when required.

People's dignity and privacy was not always maintained. People were supported by staff that were kind and caring. People were supported to maintain their independence. People sat for periods of time without stimulation and activities were not person centred. People and their relatives had been involved in the assessment and review of their care. People and their relatives knew who to contact if they were concerned about any aspect of their care and were confident issues would be dealt with appropriately.

Systems and processes to monitor the quality of the service were effective at improving and identifying concerns. People, their relatives and staff were encouraged to express their views about all aspects of the home. The provider had notified us of events as required by law.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and risks to people health and care needs had been assessed and were managed. Staffing levels were adequate to meet people's needs. People received their medicines as prescribed. Infection control procedures were followed to reduce the risk of infection.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff that had the skills and knowledge to meet people's needs. Staff were aware of the MCA and ensured people who may lack the mental capacity to agree to their care were supported in their best interests. People were supported to have sufficient to eat and drink to maintain their health. Staff monitored and responded to people's health needs when required. The building and environment met the needs of the people who lived at the home.

### Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People did not have their privacy and dignity always respected. People received support from caring and kind staff. People were supported to express their views about the care they received. People were supported by staff who promoted their independence.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not always supported to take part in activities relevant to their individual needs and interests. People received care that was responsive to their needs. People said the management team were approachable and were responsive to any concerns or complaints made.

## Is the service well-led?

The service was not consistently well-led.

There was not a registered manager in post. An action plan had been developed which had resulted in an improvement in the quality and safety of the service. Auditing processes had been reviewed and developed to ensure people consistently received good and safe care. Systems had been developed to gain feedback from people and their relatives to drive forward improvements. Staff felt supported and listened to by the provider.

**Requires Improvement** 

# Ash Grange Nursing 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 inspection was prompted because the service was in special measures and services that are in Special Measures are kept under review and inspected again within six months. The inspection took place on 21 and 23 February 2018 and was unannounced.

On the first day of the inspection the inspection team consisted of two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a qualified nurse and the expert by experience was a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection the team consisted of two inspectors. As part of the inspection we looked at the information we held about the service. This included the action plan we had received from the service and statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and clinical commissioning group for information they held about the service. This helped us plan our inspection.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided to people who were unable to speak with us. We spoke with five people who lived in the home, four relatives, ten staff members, the deputy and the interim management team. We also spoke with one visiting healthcare professional. We looked at 12 records about people's care and support, four staff files, six medicine records and systems used for monitoring the quality of care provided including accidents and incidents.

# Is the service safe?

## Our findings

At our inspection in August 2017 we found the service was not safe and we rated the provider as 'Inadequate' in this key question. We found there were insufficient staff to keep people safe and to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks to people's health and safety were not safely managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found one person was subject to restrictions of their liberty without the legal safeguards in place. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection the provider produced an action plan detailing how they were going to improve the safety and quality of service provided to people.

At this inspection we found improvements had been made and the service was now meeting the requirements of the above regulations.. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

At our last inspection on 16 and 19 August 2017 we found there was a lack of sufficient staff to meet people's needs safely. People told us there were not enough staff and they had to wait in excess of 20 minutes for staff to be available to meet their health and care needs. Staff we spoke with said they did not feel adequate numbers of staff were available to meet people's needs in a timely manner. During our last inspection we discussed our concerns in relation to staffing numbers with the provider and requested they took immediate action to ensure people's needs were met and they received safe care. The provider responded to our request and additional staffing resources were made available.

At this inspection people and their relatives told us they could see an improvement in staffing levels. One person said, "It's so much better now there are enough staff and they come when you need them." Another person said, "I think there is enough staff." Relatives told us they thought staffing levels had improved and were happy that their family members were now getting the care they needed. One relative said, "[Staffing] has improved there seems to be more staff about the home."

Staff confirmed since our last inspection staffing levels had been increased which resulted in them being able to respond to people's needs in a timely manner. One member of staff said, "There are enough staff to meet people's needs. We don't have so many people living here at the moment but the staffing levels are sufficient to meet their needs." At our last inspection we saw staff were not available in the communal areas of the home to respond to people's requests for help. As a result we saw one person who was at risk of falls, mobilising independently therefore increasing their risk of falling and sustaining an injury. We also saw people calling out for help on numerous occasions and saw there were insufficient staff to respond to these requests and people became anxious or distressed. At this inspection staff were available in the communal areas of the home at all times. We saw staff also had the time to spend with people when they required support or reassurance. For example, we saw one person who was upset. We saw a member of staff sitting with the person offering reassurance and supporting them with their request to go to their room.

The interim manager showed us they had used a tool to look at people's individual dependency levels and these had been assessed and updated since our last inspection. As result staff numbers had increased to ensure people's needs were appropriately met. We found staffing numbers were improved and there were sufficient numbers of staff available to meet people's needs.

During our previous inspection we found people were not receiving safe care. We had received information about a number of serious incidents which had occurred at the service. We found people were at risk of harm as staff did not understand people's individual risks and how to manage them safely. For example, some people required food and medicines to be administered directly into their stomach through a tube. We observed care was not provided in a safe way and as a result people were at risk of increased harm. We also found the provider had not ensured appropriate levels of clinical staff were available to meet people's health needs which meant people were at a risk of harm through lack of timely care.

Since our last inspection the provider had taken steps to improve the process of identifying and assessing people's risks. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation. People told us staff understood their needs and managed their risks appropriately. One person said, "Staff look after me well. They know what I can and can't do and help me when needed." Relatives were also able to give us examples of how staff managed risks to their family members connected with their nutritional and mobility needs. Staff we spoke with described people's individual risks and how they kept them safe from harm. For example, staff could describe how they kept people safe when they mobilised, they told us where people had been assessed as requiring equipment to keep them safe this was in place and available. We saw throughout the inspection staff supported people to move safely.

At our last inspection we saw some people were at a high risk of choking and required their fluids to be thickened to a specific consistency to reduce this risk. At this inspection we saw staff prepare drinks to the correct consistency for those people who were at risk of choking. At our last inspection we identified some people's risks around hydration and nutrition were not being assessed or managed appropriately to ensure their safety. We saw one person did not have support to have sufficient fluids for over six hours; we saw staff had not responded appropriately to the person's poor fluid intake which meant the person was at increased risk of dehydration. At this inspection staff were aware of people's individual needs in relation to their fluid and nutrition intake. For example, we looked at one person's fluid and nutrition intake and saw it corresponded to the amounts advised to maintain their health. We saw where fluid or nutritional intake did not correspond to the amounts advised staff had requested advice from healthcare professionals in order to meet people's nutritional needs.

Since our last inspection the provider had ensured risks to people's health and safety were assessed and guidance was in place for staff to follow. We found up to date information and guidance was available in people's care records and shared at staff shift handover in relation to people's specific risks; such as with their skin integrity, the potential risk of falls, weight loss and the use of bed rails. We also saw where incidents had occurred action had been taken to reduce the likelihood of repeat occurrences. For example, one person told us, "I slipped. I think it was because I had new slippers." They told us staff had noticed and had requested another pair of slippers to reduce the likelihood of it happening again. We found risks associated with people's care were monitored and managed effectively.

We looked at fire safety practices within the home. We found fire risk assessments were completed and staff we spoke with were aware of their roles and responsibilities in the event of a fire. People had Personal Emergency Evacuation Plans (PEEPs) in place and these were up to date and reflected people's needs in the event of an emergency. Safety checks of the building were completed which included checks of the fire alarm system and mobility equipment. The provider had ensured regular checks had been completed to

ensure the home was a safe place for people to live in.

The regulation states people should not be deprived of their liberty for the purpose of receiving care or treatment without lawful authority. At our last inspection we saw one person was subject to restrictions of their liberty without the legal safeguards in place. This person did not receive their medicines when required because staff did not respect their right to fair and just treatment. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

People told us they felt safe. "One person said, "I feel very safe because people are around me all the while." Another person said, "Oh yes very safe they are nice people." We saw people were relaxed in the company of staff and felt confident to speak with them and ask for help when needed. Staff told us they understood their responsibilities in recognising and reporting suspected harm or abuse. They explained the actions they would take if they thought someone was at risk of harm; they said they would inform their manager and other external agencies if necessary. One member of staff said, "I would report it straight away to my manager, they would raise a safeguarding. If I was not happy with the response I would go higher in the organisation or outside to safeguarding or CQC." Staff told us they had received training in safeguarding and demonstrated awareness about the different types of potential abuse. Records we looked at showed that when safeguarding incidents had occurred, the manager had reported these to the relevant safeguarding authority for investigation and notified us as is required by law. This meant people were protected from the risk of harm or abuse.

We looked at the recruitment process in place to check the suitability of the staff to work with people who lived at the home. We looked at four staff recruitment records and saw the provider had completed appropriate recruitment checks prior to staff starting work at the service. We saw reference checks, identity verification and Disclosure and Barring Service (DBS) checks had been completed. DBS checks helps providers reduce the risk of employing unsuitable staff. We also saw the provider completed checks of nursing staff registration to ensure this was current. This showed the provider had adequate systems in place to ensure staff were suitable to work within a care service.

People and their relatives told us they felt their medicines were managed safely. One person told us, "I take medicines three times a day, they seem on time. They always wait while I take them." Another person said, "I get my medicines always on time." We looked at six people's Medicines Administration Records (MAR); we spoke to staff and observed how medicines were administered to people. One person's records we looked at indicated they required their medicine to be given covertly. Covert medicine's means disguising medicines in either food or drink. We saw the provider had ensured this process had been carried out in the person's best interests. We saw a covert medicine checklist was being used and guidance was available for staff on how and when to consider the use of covert medicines. We also saw written information was available in relation to people who required medicines 'as required' in order for them to receive their medicines consistently.

Medicines were administered to people by nursing or nursing assistant staff. Staff told us they felt confident supporting people with their medicines. They told us they had completed training and had their competency to administer medicines checked by their manager to ensure their practice of administering medicines was safe. We saw the medicines were stored and disposed of safely and MAR charts were completed appropriately. The administration of medicines was also regularly checked by the management team through audit processes to ensure people were receiving their medicines safely and as prescribed.

People were protected from the risk of infection by staff who maintained effective cleanliness and hygiene standards within the home. People and their relatives told us the home was clean. One person said, "They

clean my room every day." A relative commented, "Always nice and clean here." Staff told us they had sufficient amounts of Personal Protective Equipment (PPE) provided and we saw staff wore gloves and aprons when supporting people with personal care or serving food. Toilets and bathrooms were clean and contained suitable hand washing facilities and information about the spread of infection. Regular checks were also completed by the provider to ensure standards were maintained across the home.

We found many improvements had been implemented and lessons learnt since our last inspection. Particularly around the delivery of care and the quality of service provided to people. The provider and management team have worked with other professionals such as the clinical commissioning group to improve staff practice. For example around pressure ulcer management. We found the improvements identified at our last inspection had been incorporated in the provider's improvement plan and had been addressed.

## Is the service effective?

### Our findings

At our inspection in August 2017 we found the service was not effective and we rated the provider as 'Inadequate' in this key question. We found people did not receive support from staff with the skills and knowledge to meet their health and support needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found people did not always have their rights upheld in line with the Mental Capacity Act (MCA). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider produced an action plan following this inspection detailing how they were going to improve the skills and knowledge of staff in order to meet people's needs. At this inspection we found improvements had been made and the service was now meeting the requirements of the above regulations. However these improvements need to be embedded into practice. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

People living at the home had varying needs such as dementia and risks associated with their nutritional requirements. At our last inspection we had mixed views from people about whether staff had the skills and knowledge to meet their needs. At this inspection people we spoke with, observations we made and the records we looked at demonstrated that staff had the knowledge and skills to meet people's needs. One person told us, "I would say they know what they are doing." A relative commented, "They know what to do. I have no complaints." Since our last inspection staff we spoke with told us they had received and completed a number of different training activities; they said they felt confident in their roles and knew what was expected of them. Staff told us they had received support and guidance from the new interim management team; one member of staff said, "They have spent time with us explaining why and how you should do things properly." Another member of staff said, "All the managers have helped us to improve our practice." Staff also said they had received support and training from a visiting professional from the clinical commissioning group who had helped them with their understanding of pressure care and supporting people with fragile skin. A third member of staff told us, "We have the opportunity to do end of life care training. The management asked if we wanted to do it." All the staff we spoke with told us morale within the home had improved greatly since the last inspection because they received the support they required and had opportunity to complete various training sessions in order to do their jobs well.

Staff starting work at the home received an induction which included the opportunity to shadow more experienced members. During the inspection the new deputy manager was completing their induction programme and explained to us that they were working alongside other members of staff to understand their role and said they were also given the opportunity to spend time getting to know people living at the home. Staff that were new to care also completed a nationally recognised induction programme called the Care Certificate and we were told the provider's induction programme was aligned to this. The Care Certificate is a set of standards that health and social care workers cover as part of their induction training that will equip them with the knowledge and basic skills to care for people safely.

A requirement of the Nursing and Midwifery Council (NMC) is that registered nurses are obliged to undertake continuous professional development to ensure they maintain current, best practice knowledge. Nurses we

spoke with confirmed the provider supported them with training that would help them meet this requirement as well as support their revalidation when required.

Staff told us and records demonstrated that the interim management team offered support to staff through regular team and one to one meetings. Staff told us they felt confident to raise any issues they might have within these meetings and said their concerns would be addressed. Staff told us since the last inspection the interim management team have spent time with staff and implemented a number of changes such as changing the staff rota so that it was fair and offered a better work/life balance.

At the last inspection we found people's consent was not always sought by staff and assessments had not always been completed to ascertain whether people had the mental capacity to make specific decisions for themselves. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At this inspection we checked whether the service was working within the principles of the MCA, and whether any condition on authorisations to deprive a person of their liberty were being met. The management team and the staff had an understanding of MCA and we found staff were able to tell us about people's individual capacity to consent to the care they were receiving and said that people were cared for in the least restrictive way. For example, One member of staff explained how they had to act in a person's best interests by giving their medicine covertly. Another member explained if a person refused personal care they might try to, "Encourage the person but if they continued to say no I would leave them and try again later along with letting other staff know."

We saw capacity assessments had been carried out and best interests decisions completed with people, relatives, staff and healthcare professionals where required. Where people had been deemed as not having capacity; applications to deprive a person of the liberty had been completed and sent to the local authority for authorisation. The interim manager told us although no DoLS had been authorised they had submitted 22 applications to the local authority. We saw a system to monitor the progress of the applications and to keep additional information such as any conditions and expiry dates had been established in order to ensure people continued to receive the support they required and to maintain an accurate record.

People and their relatives told us an assessment of their needs had been completed and they confirmed they were involved in developing their care record. Care records we looked at showed an assessment of a number of areas including personal care, medical history and dietary needs had been considered when developing these records. However some areas required strengthening such as recognising diverse needs. The interim management team and staff we spoke with explained that people's care records were being reviewed to ensure people's specific needs were being supported appropriately. For example, dementia care. Staff told us they had received training in supporting people with dementia and other more complex needs and care records were being updated to provide clear and comprehensive guidance to staff in order to support people's needs.

At our previous inspection we found some people's nutritional needs were not being met. At this inspection we found improvements had been made and people were supported to have a healthy diet. Throughout the inspection we saw people were offered a variety of food and drinks to choose from. One person told us,

"They always ask me at breakfast what I would like for lunch. We have two choices if you don't like something they have got me something else." A relative commented, "I would say the food is excellent, I have tried it. You get a choice and you see the menu." Staff we spoke with were able to explain people's individual dietary needs and whether people required support with eating or drinking. During mealtimes we observed some people were being supported by staff to eat or drink. We saw staff sitting alongside people and engaging them in conversation or offering encouragement to eat and drink sufficient amounts. This showed people were supported to eat and drink enough to maintain a balanced diet.

At our last inspection we found risks in relation to people's nutrition and hydration needs were not being properly assessed or managed. At this inspection we found staff were aware of people's individual risks in relation to food and fluids and were following advice from healthcare professionals. For example, some people required their food and fluid intake to be monitored to ensure those people who were at risk of dehydration or malnutrition received enough to eat and drink. We saw staff recorded people's fluid and food intake and when needed concerns were reported to the doctor. Staff also told us and records we looked at showed some people's weights were being monitored and we saw referrals were made to dieticians where concerns had been identified; for example in relation to swallowing difficulties or weight loss. Conversations we had with the cook confirmed they were aware of people's individual needs, preferred foods and how to prepare healthy meals in line with people's specific dietary requirements. For example, some people required the texture of their food to be softened so they could eat it safely. We saw the food was presented well and attractive to eat. This ensured people were nourished and hydrated and enjoyed the meals prepared for them.

At our previous inspection we found some people were not receiving safe care as their health needs were not being met. At this inspection we found improvements had been made. One person said, "The doctor came yesterday and today a dentist is due. The chiropodist also comes quite regularly." A relative commented, "All [person's name] healthcare is fine. Doctor comes and the chiropodist." Conversations with staff and records we looked at confirmed where people required input from doctors, nurses or Speech and Language Therapy (SALT) advice was sought and being followed by staff. For example, one person required their weight to be monitored and we saw a 'temporary' care record had been implemented to address their weight loss. We also saw the person was weighed weekly and their meals were fortified and additional snacks were offered between meals along with full fat milkshakes. Some people living at the home also required their blood glucose to be monitored because they were living with diabetes. Staff were aware of how and when a person's blood should be tested and we saw staff were following the guidance provided to them. Staff also told us and we saw from the records we looked at that additional random blood glucose monitoring occurred to ensure people's needs were being met appropriately.

The building met the needs of the people who lived at the home. We saw the environment was pleasantly decorated and was free from clutter, bright and odour free. Since our last inspection the provider had invested in new signage for people who had dementia which supported them to orientate themselves around the building and we saw a programme of re-decoration had commenced within the home.

## Is the service caring?

### Our findings

At our inspection in August 2017 we found the service was not caring and we rated the provider as 'Inadequate' in this key question. We found people's dignity and privacy was not maintained and people had to wait a long time for their care needs to be met. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider produced an action plan following this inspection detailing how they were going to ensure people's dignity and privacy was respected and their needs met in a timely manner. At this inspection we found the service was now meeting the requirements of the above regulation. However people's rights to dignity and privacy were not always promoted and further improvements were still required.

At our inspection of August 2017 people told us they had to wait for long periods of time for their care needs to be met. This often resulted in people being left in an undignified state. At this inspection although people told us staff respected their dignity and privacy we found occasions where these were not always respected. For example, we saw on numerous occasions staff did not knock on people's doors or ask for their permission before they entered into their rooms. This included an occasion when a person was spending time with a visitor. We also saw occasions where people's doors were left open so staff could monitor them. However, we saw people were not appropriately dressed for example one person's lower body was exposed. We discussed this with the provider and interim management team who said they would address this straight away to ensure people's dignity and privacy were appropriately maintained.

People's right to independence was promoted. We observed staff encouraged people to maintain their independence such as with their mobility. For example, we saw one member of staff encourage a person to walk independently to their bedroom by offering them verbal support and being close by should they need help. People told us staff involved them in day to day decisions about their care; for example, choosing whether they would like to have a shower or wash, what clothes they would like to wear, where they would like to sit and whether they wanted to take part in any group activities on offer. People also told us they felt listened to. One person said, "Staff have time and they listen to what you say." Staff we spoke with knew people well and knew their likes and dislikes. One member of staff said, "I have got to know people well and what they like and don't like." This showed people's choices were listened to and they were involved in everyday decisions about their care.

At our last inspection people had mixed views whether staff were kind and caring. We saw staff were busy and focussed on completing tasks and did not have enough time to engage with people and promote social interaction. At this inspection people and relatives we spoke with told us staff had more time and interactions were friendly, kind and caring. One person told us, "I get on great with [staff] they are very caring." Another person commented, "They are very good very caring." We saw staff interacting with people with compassion and kindness. Staff could explain people's specific communication needs and we saw staff had the time to engage in conversation with them. For example, one person's whose first language was not English had staff assigned to them who could converse with them in their own language. Another person required information to be written down in order for them to communicate effectively and this was done. Since the last inspection staff said they had been given the time to develop relationships with people and

had the opportunity for social interaction with people which meant they could engage in meaningful conversations and care for people in a compassionate way.

## Is the service responsive?

### Our findings

At our inspection in August 2017 we found the service was not responsive and we rated the provider as 'Inadequate' in this key question. We found people did not get their needs met in the way they preferred or that was responsive to their needs. People told us staff were task focussed and they were not asked about their preferences. People were not supported to take part in activities or hobbies that interested them and care records were not reflected of people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found although people knew how to complain; systems were not operated effectively to record and respond to people's concerns. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider produced an action plan following this inspection detailing how they were going to improve the care people received and also ensure complaints were dealt with effectively and in accordance with the provider's complaints policy. At this inspection we found improvements had been made and the service was now meeting the requirements of the above regulations. However improvement was still required in relation to supporting people to take part in activities or hobbies that interested them.

At our last inspection we found people were not supported to take part in hobbies or interests. At this inspection people continued to have mixed views about the activities on offer within the home. One person said, "I'm happy just watching TV in the lounge. We have had a singer come in and we played bingo." Another person said, "I don't like singing, there is nothing else to do." Two people we spoke with commented they would like more individual interaction with staff; one person said, "They don't ever sit with me and talk."

The majority of people relied on staff support to take part in activities that interested them. However we saw few occasions where staff offered people individual activities to take part in. We observed throughout our inspection there were long periods of time where no activities or engagement from staff took place and we saw people spent time sitting and sleeping with little or no interaction. On the second day of our inspection we saw an entertainer was in the home; and we saw the majority of people took part in this activity. We discussed activities and the lack of stimulation with the interim management team who told us this was an area they were aware of and were working to improve in order to meet people's varying interests.

People and relatives told us there were no restrictions on visiting times and said they felt welcomed by staff at the home. Comments included "There are no restrictions on my visitors." And "I can come and go as I like." We observed visitors were at the home throughout our inspection and we saw were very welcomed by staff.

At the last inspection people told us staff were focussed on tasks and said they did not always have their needs met in the way they would prefer. At this inspection people told us they were asked about their preferences for care and support and staff respected their decisions when delivering their care. Most of the people we spoke with were not able to tell us if they had been involved in the development of their care plan because of their needs. However three relatives we spoke with recalled discussing their family member's needs with staff as part of a review of their care plan. One relative commented, "We have just had a care plan

review. It was informal just a chat with the senior nurse. We had formal reviews when [person's name] came into the home." Relatives we spoke with also informed us that staff contacted them if there were any concerns or if there had been any changes to a person's health. Staff we spoke with explained and understood people's needs and preferences and said as a result were able to support people appropriately when providing their care. For example, staff gave consistent information about risks to people around falling, eating, drinking and their mobility. One person had been referred to a skin specialist; staff we spoke with were able to explain how they supported this person with their care.

At our last inspection we found care records did not contain up to date information about people's needs and preferences. At this inspection we found care records had been reviewed and staff had the correct written guidance available to them to ensure people received the right care or support.

One member of staff said, "It was one of our issues last time but we are getting there now; we know what we have got to do and how to do it it's a lot easier we got a lot more support." At our last inspection information shared about people's changing needs at shift handover was not always actioned and as a result put people at an increased risk of harm. At this inspection staff explained information continued to be shared at handover but said staff had time to complete checks of people. One member of staff explained how they would tell the nurse in charge if they noticed any change to a person's needs so that action could be taken straight away. This showed people received care that was responsive to their individual needs and which reflected their choices and preferences.

At our previous inspection we found people's complaints had not been listened to and acted upon. At this inspection we found improvements had been made. People and their relatives told us they felt the new interim management team were approachable. They said they dealt with any concerns that arose straight away. One relative said, "Concerns are managed reasonably well now." A member of staff commented, "When you put complaints in now, they are being looked at in a more official way things are being dealt with properly. Previously people wouldn't feel they could report it but now it is open and transparent." Everyone we spoke with felt comfortable sharing their views with the staff or the interim manager and they were confident that any issues would be addressed. People and their relatives were given the opportunity to feedback or raise complaints within meetings that took place within the home or through a computer tablet or feedback forms which were accessible to people in the reception area of the home. At the last inspection although the provider had a clear policy and procedure for managing complaints we found the system for recording and responding to complaints had not been used effectively. At this inspection we found concerns raised by people or their families had been addressed by the provider. We saw the provider had investigated concerns that arose and responded appropriately to the complainant. This showed the provider listened to people's feedback, concerns and complaints.

At the time of our inspection there was no one receiving end of life care. However we saw there were processes in place to ensure people would receive appropriate care at the end of their lives. Care records we looked at reflected people's choices and preferences regarding whether they wanted to be resuscitated and also contained other information about people's end of life wishes. Staff told us they had completed training in relation to end of life care and explained what this might involve in relation to administering specific medicines and providing care to people to meet their individual preferences such as cultural or religious requirements.

## Is the service well-led?

### Our findings

At the last inspection in August 2017 we found the service was not well-led and we rated the provider as 'Inadequate' in this key question. We found systems to monitor the quality of care people received were not effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider had not notified us of incidents of potential abuse as required by the law. This was a breach of Regulation 18 Care Quality Commission (Registration) 2009. At this inspection we found improvements had been made and the service was now meeting the requirements of the above regulations.

Following our last inspection the provider had produced an action plan to drive forward the required improvements as well as review systems to monitor the quality of the service people received. This included monthly audits that addressed areas such as falls, medication, care planning and infection control along with daily walk rounds, both clinical and general care. When equipment was put in place to keep people safe, sufficient checks had been completed to ensure it was used effectively. We saw pressure relieving mattresses and bed rails being used appropriately.

At our last inspection we found communication systems used within the home were not effective. As a result some people did not receive care that was reflective of their needs. At this inspection we found improvements had been made to ensure staff knew people's current care needs and preferences. Handover procedures had been reviewed to ensure some staff remained on the floor to meet people's needs during this time. The provider had also implemented daily flash meetings to discuss any updates or changes in people's needs and to inform staff of the 'resident of the day.' Staff we spoke with told us communication had greatly improved within the home and that staff were working as a team. One member of staff we spoke with said, "Communication is getting a lot better, there used to be a divide between carers and nurses but now we are working as a team." Another staff member told us, "We have two handovers so we know about any changes or updates."

The regulation states, providers should maintain accurate and complete records in respect of each person using their service. At the last inspection, we found care records were not reflective of people's needs. At this inspection, care records were being reviewed and rewritten to ensure they were reflective of people's needs. One staff member told us, "[Care plans] were one of our issues last time a lot of them have been rewritten; now we know what we've got to do." Care records that we sampled, reflected people's needs and were updated regularly with guidance from health professionals such as speech and language therapists, dieticians and doctors. Staff we spoke with were knowledgeable about people's needs, their risks and how to manage them.

At our last inspection we found people's feedback was not regularly sought to improve the quality of service they received. At this inspection we found feedback was being used to improve the quality of the service delivered to people. We saw monthly meetings for staff, relatives and residents had been scheduled. We looked at the minutes from these meetings and saw ideas raised by staff and relatives had been looked at and acted upon. For example, one relative had suggested a board showing which staff members were on

shift, we saw this had been implemented and was displayed in the corridor. Staff we spoke with said they felt listened to and involved, one staff member told us, "We are able to give ideas and are listened to, we asked for the fluid charts to be put in a separate folder so they were easier to access and complete and this has been done."

At this inspection we found the provider worked closely with other agencies. For example, the Clinical Commissioning Group (CCG). We saw action had been taken to address different areas of concern and develop action plans. This included reducing the amount of people that had pressure sores by looking at the cause of this and implementing ways to reduce them.

At the last inspection, the provider was in breach of Regulation 18 Care Quality Commission (Registration) 2009. At this inspection, we saw that they had correctly notified us of any significant incidents and events that had taken place. All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. The current management had ensured this was on display within the home and on their website. This showed that the provider was aware of their legal responsibilities.

Since our last inspection, the registered and deputy manager had left and a 'turnaround' manager had been appointed to develop and improve the service. The management team consisted of the 'turnaround' manager and a newly appointed deputy manager who was completing their first week of induction. The 'turnaround' manager informed us she would be applying to register with CQC. People had responded well to the turnaround manager. People we spoke with said they knew who the manager was and would feel they could approach them if they had concerns. One person said, "If I had an issue I would speak to the lady who runs the home" and one relative said, "Its run very well, she [the manager] is available to talk to." Staff had also responded well and recognised improvements and changes. Staff informed they knew who the turnaround manager was and felt they were approachable. One staff member told us, "It's been nice having everyone from the company help and know you've got them backing us but will be great when we have a set manager." Another staff member said, "All the managers have helped us to improve and make changes that have worked." Staff also demonstrated their understanding and awareness of the provider's whistleblowing procedures and felt confident in raising any concerns. This showed staff felt supported in their roles.