Ashton Lodge Limited

Ashton Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Ashton Lodge is a two-storey purpose built nursing home which provides respite and long term residential and nursing care for up to 100 people who may be physically or mentally ill or living with dementia. At the time of our inspection 92 people were living at the home.

This was an unannounced inspection that took place on 28 November 2016.

The home had a registered manager. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

We last inspected this home in August 2015 where we identified six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to a lack of staffing, management of medicines and failing to follow legal requirements in relation to restrictions. They also related to a lack of dignity and respect shown to people, people not always receiving care in response to their needs and a lack of robust quality assurance processes. We asked the provider to submit to us an action plan outlining how they planned to meet these regulations. We reviewed the action plan during this inspection against what we observed, to see whether or not the provider had taken appropriate action.

Staff understood the principals of the Mental Capacity Act 2005 (MCA). The registered manager was aware of when people may be restricted and it was appropriate to submit applications to the supervisory body in relation to this.

There were sufficient staff in the home to help ensure people received the care and support they required. However, we have made a recommendation to the provider to consider reviewing staff deployment during peak times, such as lunch time. Robust recruitment processes were in place to ensure that those staff who were providing the care were suitable to be working at the home.

There was a kind, caring and relaxed atmosphere in the home where people and staff interacted together well. People and relatives were very happy with the care provided and relatives were made to feel welcome when they visited. Staff supported people to take part in activities and staff were attentive to people and knew them well. However, we have made a recommendation to the provider to continue working on developing appropriate activities for people who may be living with dementia.

People were provided with a choice of meals each day and those who had dietary requirements received appropriate foods. Staff followed the guidance of healthcare professionals where appropriate.

Staff followed correct procedures in administering medicines and medicines were stored safely. Care was

provided to people by staff who were trained and received relevant support from their manager. Staff told us they felt supported by the registered manager and enjoyed working in the home. There was a positive culture within the home.

Staff understood their role in safeguarding people. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence. In the event of an emergency there was a contingency plan in place to help ensure people's care would continue uninterrupted. Accidents and incidents were monitored and action taken to prevent reoccurrence.

Care plans contained information to guide staff on how someone wished to be cared for. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans.

Quality assurance checks were carried out to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. People and relatives were given the opportunity to provide feedback on the care they received through residents meetings.

People knew how to make a complaint if they felt the need to. Suggestions raised by people were responded to by management. People and relatives felt the home was well-managed and told us the new registered manager had had a positive impact on the home.

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 mostly safe.

There were enough staff on duty to meet people's needs however deployment of staff could be better organised at times. The provider carried out appropriate checks when employing new staff.

People's risks were assessed and action taken to reduce risks to people. Accidents and incidents were recorded and monitored for trends.

Staff were trained in safeguarding adults and knew how to report any concerns.

Good medicines management procedures were followed.

There was a plan in place should the home have to be evacuated.

Is the service effective?

Good

The service was effective.

Staff had an understanding of the Deprivation of Liberty Safeguards and the legal requirements in relation to the Mental Capacity Act.

People were provided with food and drink which supported any dietary needs they had.

Staff were trained to ensure they could deliver care based on best practices. Staff had the opportunity to meet with their line manager on a one to one basis.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring

People were treated with kindness and attentive care, respect and dignity.

Staff supported people to be independent and make their own choices.

People were treated as though they mattered.

Relatives were made to feel welcome in the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported to take part in daily activities, although these were not always appropriate for people who may be living with dementia.

People knew how to make a complaint, however the registered manager could have done more to address some complaints.

Care plans contained relevant and detailed information about the care people required. People were aware that they had a care plan.

Is the service well-led?

Good

The service was well-led.

The registered manager was responsive and looking for ways to improve the service.

Quality assurance audits were carried out to help ensure a high quality of care within the home.

Staff felt supported and valued by the registered manager.

Everyone was involved in the running of the home and feedback obtained was used to improve the service.

Ashton Lodge 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 28 November 2016. The inspection team consisted of three inspectors, an expert by experience and a specialist. An expert by experience is someone who has had experience of caring or living with someone who would use this type of service. The specialist who accompanied us on our inspection had a clinical background.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with ten people, the registered manager, deputy manager, seven staff and six relatives. We observed staff carrying out their duties, such as assisting people when they required it and helping people with food and drink.

We reviewed a variety of documents which included five people's care plans, five staff files, training information, medicines records, quality assurance records and policies and procedures in relation to the running of the home.

We last inspected Ashton Lodge on 18 August 2015 where we identified six breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good

Is the service safe?

Our findings

At our inspection in August 2015 we found a breach of regulation in relation to staffing as there was a lack of staff deployed to meet people's needs. At this inspection we found improvements had been made and on the whole people's needs were being attended to when they required it. A relative told us, "There are enough staff around and staff respond to the call bell."

The registered manager told us they used a dependency tool to determine the number of staff on duty each day. They said they were currently using a number of agency staff but that they endeavoured to use the same agency staff for consistency. This was confirmed to us by an agency member of staff who told us they worked at the home regularly.

People were supported by a sufficient number of staff to meet their individual needs, however at certain times during the day we found that deployment of staff could have been better organised. For example, at lunch time. At lunch time we noted that some people waited for over 25 minutes for their lunch, whilst one person in particular did not receive the support they needed to eat their lunch because staff were busy. This meant this person did not eat much of their food.

We recommend the registered provider ensures that staff are deployed appropriately throughout the day to ensure people's needs are met in a timely manner.

We asked people and their relatives in they felt Ashton Lodge was a safe place to live. One person told us, "I am bedridden. With all the staff around me it makes me feel safe." Another person said, "I do feel safe because I am comfortable." A relative told us, "I feel she (family member) is safe. There is always someone around and staff never just leave her." Another relative told us, "I feel very confident when I go on holiday." A third relative said, "She's safe because staff know her needs."

During the remainder of the day we found that people did not have to wait for attention or support from staff and staff appeared to have the time and resources to care for people safely. One person told us, "I have the alarm bell system, I do press it if I need anything." Another said, "There are enough staff, when I require assistance someone does come pretty quickly." A third person told us, "When I press my alarm bell staff do turn up pretty quickly." A relative said, "Always visible staff." A second relative told us, "There are always enough staff on duty and they are quick to respond." Staff we spoke to told us they felt there was a sufficient number of them and they had time to undertake all of their tasks as well as spend time with people.

At our inspection in August 2015 we found a breach of regulation in relation to assessing and acting on risks to people. At this inspection we found that people's risks had been assessed and guidance was in place to help mitigate these risks.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We read were people were at risk of pressure sores, they had been provided with pressure relieving equipment. Those at high risk of falls had risk assessments and guidance for staff in place to remind them to be vigilant.

For example, to check people wore appropriate shoes when walking around. A staff member said, "I would always make sure that there was nothing in the way so people could move around safely."

At our inspection in August 2015 we found a breach of regulation in relation to medicines. We found medicines were not being stored correctly and medicines records held were not robust. We found during this inspection improvements had been made.

Peoples' medicines were managed and administered safely and we found the administration of medicines followed best practice. Medicines were not left unattended at any time and staff did not sign people's medicine administration record (MAR) until medicines had been taken by the person. MARs contained relevant information about the administration of certain medicines such as if they needed to be given at specific time and we observed staff follow this guidance. Medicines were labelled with directions for use and contained the date of receipt, expiry and date of opening. One person told us, "Staff give me my medication and it's from the doctor." Another said, "Staff do give me my medication at night." A third person told us, "Staff give me what my doctor has prescribed."

Each floor had its own treatment room which had a lockable medicines cabinet and medicines fridge. Temperatures of the room and fridge were recorded to help ensure medicines were kept in line with instructions.

People were kept free from the possibility of abuse because staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff knew of the procedures they should follow if they suspected any abuse was taking place. They were also able to tell us who they could contact in the event they wished to report concerns outside of the home, such as the local authority or CQC. One staff member said, "I would go straight to the manager or the outside authorities." Another told us, "I would go to the nurse on duty, then management, then the higher authorities."

People were helped to stay safe and free from risk as staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. We read in the provider's PIR that, 'monthly audit's take place for any accidents and incidents and trigger factors are identified and eliminated'. We found this to be the case. When people had accidents, incidents or near misses these were recorded and monitored. Appropriate action was taken in the event that people had recurrent accidents, such as providing people with mobility aids. One person's bed had been lowered and a sensor mat put in place following a series of falls.

People were kept safe from the risk of emergencies in the home. There was a contingency plan in place and regular fire drills were carried out. Each person had their own personal evacuation plan which informed staff of the support the person required should the home have to be evacuated. Staff had received fire training so they would know what to do and we noted appropriate fire safety and evacuation equipment was available. Fire alarms were tested weekly and doors and equipment regularly checked and maintained. If the home became uninhabitable people would be transferred to a local nursing home so their care could continue.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work in the home. Records confirmed that staff members were entitled to work in the UK and clinical staff were registered with their professional body.

The provider undertook audits to ensure the safe and effective management of medicines which included ensuring stock levels were sufficient. Staff told us they received regular training and updates. All staff

dispensing medicines underwent a process, conducted by the registered manager, of regularly checking their competency to do so.

Good

Is the service effective?

Our findings

At our previous inspection in August 2015 we found a breach of regulation in relation to restrictions to people as staff had not followed the correct processes. At this inspection we found that improvements had been made by the provider to address our concerns in relation to following the legal requirements of the Mental Capacity Act 2005 (MCA).

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. However people's rights were not always protected because staff had not acted in accordance with the MCA. 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.

Mental capacity assessments were undertaken for specific decisions, such as in the case of people who were on covert medicines (medicines disguised in food), people who had safety rails on their beds and people who had lap straps fitted when they were in their wheelchair. We found that an 'all encompassing' MCA was completed for people however, there was evidence of some best interest discussions around decisions for people. Following our inspection the provider told us that they referred people to the local authority's specialist psychiatrists and best interest assessors to carry out these assessments and best interests decisions as part of the process of applying for a DoLS authorisation. They explained that families were involved in these discussions as required where people did not have capacity to consent to care and treatment.

Staff were able to describe to us the principals of the MCA. One staff member told us it was about people's capacity to make decisions. Another said it was where people were unable to make decisions for themselves and that people had to act in their best interests. A third told us, "If people can't make their own decisions we take steps to make sure they are safe and secure and decisions are made in their best interests." A staff member told us how they gained people's consent. They said, "When I approach people I ask for permission for what I'm going to do and explain. If they can't speak I look for prompts but would then respect their decision."

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).The registered manager recognised when they believed people were being deprived of their liberty and as such had made DoLS applications to the supervisory body. This was particularly in relation to the locked doors as these meant people could not come and go as they pleased.

We asked people for their views on the food they received at Ashton Lodge. One person told us, "The food and drink is fine. It is of good quality and we have plenty." Another said, "I have plenty to drink anytime of the day. I do not want any snacks, I just like breakfast, lunch and supper." A third told us, "There is a lot of

choice. I don't think I've even tried everything yet." A relative told us, "Food is excellent and more than enough."

The provider's PIR stated, 'On the dementia floor in two lounges visual plating is done'. We saw this happen on the day. People were offered a visual choice and where people required support to eat this was done nicely with staff sitting next to people.

People were offered a choice of meals each day and menus showed a good range of food was provided to people. The chef told us they developed the menu based on the feedback received at resident's meetings. They told us people could always have a different choice of meal and should they require a snack or hot drink during the night these were available for people. A relative told us, "If we're out late staff will keep a meal for her to eat when she returns."

People's dietary requirements, likes and dislikes were known by the chef and staff and where people were at risk of malnutrition staff had monitoring processes in place. One person's records stated which foods they liked and their daily notes showed that this person was provided with their favourite foods regularly. We read in the provider's PIR, 'if residents are observed to be losing weight, they are referred to the GP. If their food needs to be fortified the same is done and the chef informed'. We found staff followed this. One person had not been eating well and we noted in their care plan it stated, 'weigh weekly'. We noted from this person's weights that their weight had increased because staff had been encouraging their food intake. Another person did not always eat their meals in full and staff had noted some weight loss. A referral had been made to the doctor and staff provided them with nutritional drinks to fortify their food. Some people were on a soft diet, for example pureed food because of a risk of choking and we saw they were provided with appropriate food. A staff member told us, "Any changes in people's eating guidelines are communicated to the kitchen and discussed in handover."

People received effective care from staff. A relative told us that their family member moved into the home unable to walk properly, but due to staff patience and encouragement they were now walking short distances.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. Health professionals were visiting the home during our inspection and we read in people's care plans that they had received health care from professionals such as the GP, optician, dentist, physiotherapist and district nurse. One person was noted as having a cough by a staff member and we read in their care plan that the following day the GP had been asked to check them. Another person had developed a rash and their relative told us the nurse dealt with it but called and informed them that they had sought medical input for it. One person told us, "If I need a doctor the staff would get in touch with one for me, they are very good like that." Another said, "I do see a doctor whenever needed." A relative told us, "The doctor sees mum once a week."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us they had received recent, formal supervision. One staff member said, "It makes me feel valued because I am asked how I am feeling and they (management) take an interest." Another told us, "I'm supervised by a nurse. They are really supporting." Where staff made suggestions or gave feedback during supervision discussions this was acted on. One staff member had raised concerns regarding some information in care plans and a full review of care plans was undertaken.

New staff were supported to complete an induction programme before working on their own. They said they had the opportunity to shadow more experienced members of staff. One staff member said, "I was new to

the role so I did shadowing so I knew what to do." Another told us, "The induction prepared me for the role." A third said, "I had some training when I started, then worked with experienced staff. I was eased into the role and left to get on with things when I was confident."

People received individualised care from staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff had access to a wide range of training which included, dementia training, health and safety, moving and handling and food hygiene. One person told us, "Some staff are better skilled than others but I could not be in a better place – the staff do their best." A relative said, "Staff have skills and always keep in contact with me. They manage my mum and distract her behaviour." A staff member told us they had done dementia training and said, "It covered all the different types and aspects. We try to come up with ideas and talk to people to distract them during personal care to keep them calm." Another said, "All training is kept up to date. It refreshes your mind and reminds you of the little things."

Good

Is the service caring?

Our findings

We asked people if they were happy living at Ashton Lodge. One person told us, "Staff here are good, caring and understanding. I am happy they are around." Another said, "Some carers are amazing and go the extra mile and I'm happy." A third told us, "The people here are very good they take care of me and I have a joke with them."

Relatives were happy with the home. One told us, "She (family member) always tells us she's happy. When she first came in staff tried to 'pair' her with another person who they felt had similar interests." Another relative said, "She's settled in really well. A third relative told us, "I'm very happy. I wouldn't change anything. She's happy here and the staff are caring and they have a great sense of humour." A further relative said, "The carers are very caring, very friendly. Compared to another care home this knocks spots off it."

At our inspection in August 2015 we found that people were not always treated with respect and dignity by staff. We found at this inspection staff showed a more caring attitude towards people.

The service was caring as a whole as we observed and heard numerous occasions of good care and people were treated with kindness and attention from staff. When staff spoke with people they knelt or sat by the side of them making eye contact. Throughout the day staff were asking people how they were feeling or how they had slept. One person was being transferred by a hoist and they appeared quite nervous. Staff spent time talking with them, discussing their family visit and plans for the afternoon to put the person at ease. Where people required support to eat staff provided this in a patient way, waiting until people indicated they were ready for their next mouthful before giving it to them. As staff supported people to eat we heard them ask them if they were happy with the food. A relative said, "She is a slow eater, staff know this and don't rush her." There was good interaction between people and staff. We observed sit and talk to people about general topics, such as the weather or Christmas and heard people and staff laughing at things they had been discussing.

People were treated with respect and dignity. We observed staff ensure people were covered appropriately when they were being transferred between chairs and when necessary a blanket was used to cover a person's legs. People were appropriately dressed and men were seen to have been shaved. A relative told us, "She's always up, washed, dressed and looking smart when we come." Staff said they would always call someone by their first name and one staff member said, "I always put a smile on my face and nod along as people are talking to me to show I'm listening. I must always knock on someone's door and tell them what I going to do before I do it." Another staff member said, "When I'm washing people I keep them covered and cover them completely if someone knocks at the door." One person told us, "Carers do respect my privacy and dignity. Any time I am changing or showering carers close my door." Another said, "My privacy is respected by staff by closing my bedroom door and curtains."

People were cared for by staff who knew them. We asked staff about people, their health needs, why they were living in the home and any individual characteristics they had. Staff were knowledgeable and able to answer our questions and they were able to provide us with a good overall picture of a person. One person

liked spending time one to one with staff as they did not like group activities. Their records stated they liked talking about their family and their old flat. One staff member said, "(Person) often just wants to chat. We talk about family or the place she used to live." A staff member told us, "I love interacting with the residents, they always have a story to tell and its really interesting talking to their families and learning about them."

People were made to feel as though they mattered. We heard staff continually addressing people by their first name and being attentive to them when supporting them. One staff member was transferring a person to their wheelchair to take them to the dining area. Throughout they were telling the person what they were doing and checking they were okay. We heard them use endearments when they addressed them. On another occasion we observed a staff member sitting beside someone singing to them, encouraging the person to join in. A staff member told us, "I always talk to people. They are people after all." A relative told us, "Carers are attentive. If anything happens they ring me." One person told us, "Staff are pretty good, they show me concern."

People were supported to be independent and make their own choices. We saw people accessing their rooms throughout the day and walking freely around the home. We observed a staff member walking beside someone. They were attentive and supportive but encouraging the person to walk themselves. The staff member regularly said, "You're doing really well." We regularly heard staff ask people where they would like to sit or what they would like to do. One person told us, "I am kept independent. I can go use the bathroom and have a shower in my room." Another said, "I am independent. I use the toilet myself and brush my own teeth." A relative told us, "Mum is supported to be independent. Carers do not cut her food, choose her clothes or take her to the toilet."

People were supported to maintain relationships with people close to them. We read in the provider's PIR, 'we have an open door policy where friends and family are welcome to visit their loved ones' and we found this to be the case. Throughout the day we saw relatives and friends visit the home. Relatives told us they could visit at any time and were always made to feel welcome. Some relatives stayed for the majority of the day and we saw staff respected their wish to do so. One relative told us, "The staff are lovely and I have a good relationship with them."

Advanced care planning was in place for people and their preferences noted. Such as one person who had stated they did not wish to go to hospital. Their care plan also recorded the music they would like played.

Requires Improvement

Is the service responsive?

Our findings

We asked people if there was enough going on for them within the home. One person told us, "The activities lady is very good and we do lots of things here." Another person who stayed in their room told us, "I don't do much outside of my room, but I have done quizzes." A third person said, "Occasionally I go for a walk on my own." A fourth person told us, "My only activity by choice is watching telly."

A relative told us, "Whenever I come in there's always something going on. I worry sometimes that I'm interrupting things as I know she likes to join in on the activities." Another told us, "She loves the cooking lessons and joins in on that." A third relative said, "She was up dancing the other day because staff know she likes music and dancing."

At our inspection in August 2015 we found a lack of individualised, meaningful activities for people, particularly those who spent time in their room. At this inspection we found improvements had been made, however we have made a recommendation to the registered provider to continue to improve in this area.

We found the activities on the upper floor of the home were not always conducive to people who may be living with dementia. During the morning we noted in two lounge areas that the television was on with the sound turned down and subtitles showing. In the meantime, music was playing quite loudly. At one point a staff member attempted to undertake an activity with people. There were so much going on it may have been over-stimulating for people. One person was heard to say to staff, "This is ridiculous, where's the music coming from and how can you work out what they are saying on the television. It's got to be one thing or another."

We heard staff members were singing Christmas songs and carols with people on the upper floor during the morning. In the afternoon a 'men's club' was held in one of the lounge areas. Although we noted that this consisted of both men and women. Staff members were heard to ask people if they would like to watch a film to which they agreed, however we noted that within a short period of time most of the men were seen to be dozing.

We discussed what we had observed with the registered manager at the end of the inspection who accepted our comments and told us they would take our observations on board. They added that they had been reviewing activities on a regular basis with a view to improving them and specialist training had been provided to the activities co-ordinators.

We recommend the registered provider continues to work on developing appropriate activities for people who may be living with dementia.

The activities that took place on the ground floor were more appropriate and allowed people to engage more. The staff member took time to involve and encourage people to participate and there was a positive atmosphere in the lounge area. Where people preferred to sit quietly there was a separate lounge area where they could watch television or look through magazines. There was evidence of activities having taken

part displayed around the home and we could see from this that a variety of activities took place. A staff member told us, "Some people in their rooms don't have a lot (of activities) so I try and spend time with them talking or doing things like dancing with their hands. Activities in the lounge are good, dancing, baking, enjoying music and DVDs." One person who chose to be cared for in bed said that staff came and spent time with them. They told us, "Yes, they (staff) are lovely. They come in here."

People and their relatives were aware of how to make a complaint or raise a concern or issue however no one we spoke with told us they had a reason to complain. One person told us, "If I had a complaint I would tell the staff. I cannot recall having made a complaint and anything serious I would go straight to the top." One relative told us, "We are confident to raise a complaint if necessary." Another said, "I would speak to the registered manager, deputy manager of any of the nurses. I am always told the door is open and I can talk to them." They told us they had felt their family member would benefit from having a frame around their toilet. They told us, "I mentioned it and within two days it was done. It was a brand new frame that the home had purchased for my mum."

We read six complaints had been received in the last 12 months and noted that in most cases the registered manager had responded appropriately to them. The providers PIR stated, 'all complaints are recorded and investigated. Whether proven or not, an apology is offered face to face for the fact that they felt a complaint had to be made. Then the concern is investigated, corrective actions are put in place and fed back to the person who made the complaint either in writing or face to face is given'. However, we noted in relation to some complaints the action taken by the registered manager was not always apparent and we found that the registered manager could have been more pro-active in relation to these complaints in order to ensure that the complainant was satisfied with how seriously they had been listened to.

We recommend the registered provider ensures all complaints, whether formal or otherwise, are listened to and responded to.

People's care needs were assessed before they moved in to the home. This was to ensure that staff could meet the needs of that individual. We found that pre-assessments did not always contain a large amount of information for staff, however the care plans that had been developed as a result were informative and encompassed all the necessary information.

Care plans for people were detailed and contained some good guidance for staff. They included information about a person's mobility, personal care, nutrition, skin integrity and communication. Information was individualised to people, such as how they communicated, whether they had any allergies and specific information in relation to their care needs. One person was at risk of pressure sores and a repositioning regime had been introduced. We read this person had been repositioned in line with their care plan. This same person had a limited understanding of English and guidance was available for staff on how to communicate with this person. Staff told us that some staff spoke their home language and where possible they would attend to this person to help ensure they could meet their needs and preferences.

At our inspection in August 2015, we found people's needs were not always responded to in line with their care plan. We found during this inspection improvements had been made.

People received care responsive to their needs and wishes. One person had recently moved into the home and was taking a while to settle. We read from this person's care plan that staff had taken time to try different ways of helping them to feel at home, which included putting a television in their room or playing music. We noted in this person's daily notes that during the few weeks they had been in the home they had become much calmer. One person was at risk of pressure sores and a repositioning regime had been

introduced. We noted that staff repositioned this person in line with their care plan. We also noted that the person had a pillow placed under their legs as recommended in their care plan. Another person's care plan stated they needed staff to feed them with a small spoon and be allowed time between mouthfuls to swallow properly and we observed staff following this practice at meal times. A fourth person's records stated they liked to have personal care after their breakfast and we saw staff had respected this. A relative told us that staff were skilled at calming their family member. They told us, "When she gets agitated the staff can get her to calm down." Where people were at risk of urinary infections, clear guidance was in place to remind staff of the signs to look out for.

Care plans were reviewed and updated regularly by staff to help ensure that any new staff would have access to the most up to date information about a person. One relative told us they were involved in their family member's care plan and if there were any changes needed before a full review of the care plan a nurse would discuss it with them. A second relative said, "I am aware of her care plan and have no concerns around that." One person said, "I don't know about a care plan but I do know that carers do what I need." A staff member said, I will look through care plans for information. When we have new residents we're given a run through of their needs."

Good

Is the service well-led?

Our findings

At our previous inspection in August 2015 we found a breach of regulation in relation to record keeping. At this inspection we found the provider had addressed our concerns and records held in relation to people had improved.

Most records were up to date and held consistent information. However we did find some information that differed from what staff had told us. One person's care plan recorded they were on a soft diet, however on speaking with staff and the chef we were told this was not the case. This same person had moved into the home with a pressure sore and although staff told us it was healing, we found the records in relation to this were not up to date. We read in the person's care plan, 'take photos (of the pressure sore) at least every two weeks. However the last photograph was dated 20 days previously. Despite this however, we found staff were knowledgeable about people and they demonstrated people had received the care and foods that they required.

At our inspection in August 2015 we found a lack of good quality assurance systems in place. This meant that the registered manager and provider could not ensure themselves that they were provided a good level of care or listening to people's feedback. At this inspection we found audits had been introduced and the quality assurance system as a whole was robust.

Audits were in place to assure the quality of care provided. Following an increase in pressure sores, management had introduced a pressure ulcer audits. This ensured that charts were in place and relevant healthcare professionals got the updates they needed to improve people's care. A recent care plan audit identified that one person's name had been spelt differently throughout their notes. The audit stated, 'how would you feel if you were called a different name?' Staff went through the care plan and ensured this person's name was correct. A health and safety audit identified that accident and incident forms were not completed with enough details. The forms observed on the day of the inspection were detailed.

The registered manager had good management oversight of the home and was keen to keep improving the quality of the service provided. They had undertaken a significant amount of work since our last inspection to help ensure actions had been taken in response to our concerns. The registered manager was knowledgeable about people and it was evident she knew the service well. One relative said, "The manager keeps a close eye on the carers and how things are being done. She is hands on and I do like her." Another told us, "I recommend this place to friends."

People and relative's felt the home was well managed. One person told us, "The care home is well led especially since new management. The new manager had had an impact and is working well." One relative said, "The home is well managed and spot checks by the manager ensure ownership of the service." Another told us, "Previously this service was not well led but since the manager's promotion it has definitely had a positive impact. We do know her name and we are able to speak to her and she listens."

There was a good management structure in place which helped ensure that staff, from the top down, felt

supported. The registered manager told us that they had discovered they had a lot of work to do when they first arrived at the home and at times the role had been challenging. However, they told us, "I have been very supported by senior management. I wouldn't still be here if I hadn't been."

In turn staff told us they felt supported by the registered manager and that she had a positive impact on the home. One staff member said, "I feel more supported than I was, the registered manager has done that." Another staff member told us, "I feel supported. The registered manager has a listening ear. She knows what she's doing and is focused." A third told us, "What she says, she does. She praises you if you've done well."

Staff felt they worked well together as a team. One staff member said, "We all support each other and try to cheer each other up if were having a bad day." Another told us, "When we bring something up, something will be done about it." A third said, "We work well together and help each other out."

The registered manager was aware of their statutory requirements in relation to notifying the Care Quality Commission (CQC) of accidents and incidents and safeguarding concerns. Notifications and safeguarding concerns had been received in line with requirements.

People were involved in the running of the home. We read in the provider's PIR that, 'quarterly residents and relatives meeting are held and their views /suggestions are taken into consideration'. People had requested changes to the menu and at a recent meeting had fed back that, 'they love the new menu'. Relatives told us they felt they could make suggestions and they were listened to. One relative told us they had suggested introducing cooking sessions and this was done. One person told us, "We do have residents meetings to be asked our views, air our concerns or share compliments."

The registered manager had sought people's feedback through surveys. A recent survey had identified that people wanted to see more fruit on the afternoon tea trollies. This was now in place. They had also asked for more activities for people living with dementia. Following this, the activity co-ordinators had set up clubs and were working with people on the upper floor to identify activities that would be meaningful to them.

Staff were given the opportunity to give feedback and staff meeting used to identify improvements. Regular staff meetings were held which covered a range of topics in relation the home. A nurses meeting had discussed hospital transport as a person had missed their appointment as staff had overlooked booking transport. To prevent this happening again all nurses checked the diary and the letters folder a week ahead to ensure transport was booked where needed and there had not been a similar incident since. One staff member said, "It's an open place where we can air our views." Another told us, "A lot of things have changed since the manager started and she asks us what we think."