Gastank Limited

Ailwyn Hall

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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 17 and 18 September 2018. The first day was unannounced.

Ailwyn Hall is a 'care home'. 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.

Ailwyn Hall is registered to accommodate up to 39 people. Care is provided over two floors. There are communal areas that people can reside in along with space for dining on the ground floor. At the time of our inspection visit, 18 people were living in the home.

A registered manager worked in the home. 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.

At the last inspection of Ailwyn Hall in February 2018, we rated the home overall as Inadequate. This was because: risks to people's safety had not been adequately managed; systems to protect people from the risk of abuse were not robust; consent had not been sought from people in line with the relevant legislation; some areas of the premises and equipment people used was unclean; staffing levels were not consistently adequate and staff had not received appropriate training to provide effective care; the governance processes in place were not robust at identifying issues or improving the quality of care provided to people and the provider had not ensured they had notified the Care Quality Commission (CQC) of notifiable events as is required by law. This resulted in six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the CQC registration regulations 2009.

Following that inspection visit, we took urgent action to protect people from the risk of harm. This was in the form of placing a condition on the provider's registration. This condition prevented them from admitting people into the home and told them they must send us a weekly report detailing how they were managing specific risks to people's safety. We also placed the home in special measures. Services that are in special measures are kept under review and inspected again within six months from the publication of the report. We expect services to make significant improvements within this timeframe.

The provider had complied with the additional condition we had placed on their registration and at this inspection we found that significant improvements had been made. The provider was no longer in breach of any regulations. The overall rating of the home has changed from Inadequate to Good. Due to this, the home has been taken out of special measures. However, although systems were in place to monitor the quality of care provided to people and any areas for improvement that had been identified had been acted upon, the provider has not consistently met and therefore maintained the required standard of care to ensure that people consistently receive a good level of care. This is why we have rated well-led as requiring

further improvement.

Risks to people's individual safety had been assessed and managed well. Staff had acted to mitigate the risk of people experiencing harm as much as possible.

Systems were in place to reduce the risk of people experiencing abuse. Where incidents or accidents had occurred, these had been thoroughly investigated to try to prevent them from re-occurring.

People received their medicines when they needed them and there were enough staff to keep people safe and to meet their needs. The home was visibly clean as was most of the equipment that people used.

The staff had received appropriate training and supervision to provide people with safe and effective care. The staff were kind, caring and compassionate towards people and treated them with dignity and respect.

People received enough to eat and drink to meet their needs and they were seen by healthcare professionals quickly if they needed to. This was to help them maintain their health.

People were treated as individuals and were involved in making decisions about their own care. Where people lacked capacity to make their own decisions, staff acted in line with the relevant legislation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staffing levels had been planned to enable staff to spend time with people and to engage them in activities and stimulation to enhance their wellbeing.

The registered manager had instilled an open culture within the home where people were treated as individuals and were valued. The staff were happy working in the home and demonstrated good teamwork and organisation.

The registered manager was keen to continually improve the quality of care people received and had many ideas they were exploring using best practice and guidance.

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.

Systems were in place to protect people from the risk of abuse and avoidable harm.

Sufficient staff were in place to keep people safe.

People received their medicines when they needed them and the home was clean.

Incidents and accidents were investigated and action taken to reduce the risk of them re-occurring.

Is the service effective?

Good

The service was effective.

Staff had received sufficient training and supervision to provide people with effective care.

People received enough to eat and drink to meet their needs and were supported to maintain their health.

The staff worked well as a team and with outside agencies to provide people with effective care.

The premises had been adapted and designed to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and treated people with dignity and respect. They upheld people's privacy.

People were involved in making decisions about their own care and their independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received care based on their individual needs, wishes and preferences, this included at the end of their life.

There was sufficient activities and stimulation to enhance people's wellbeing.

Complaints and concerns were listened to and fully investigated.

Is the service well-led?

Requires Improvement

The service has not been consistently well-led.

Systems were in place to monitor and improve the quality of care that people received however, this has not consistently been the case and a period of sustainability is required before this area can be rated as good.

There was a person-centred and open culture within the home where the people living there and staff were treated with respect and as individuals.

Staff understood their roles and responsibilities and worked well as a team.

Ailwyn Hall

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 18 September 2018. The first day was unannounced.

The inspection team consisted of three inspectors, one of whom specialised in the management of medicines. An expert by experience also attended the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed the information we held about the service. This included important events the service must tell us about by law, previous inspection reports, any information we received from the public about the service and the Provider Information Return (PIR). The PIR is a document completed by the provider that tells us what they feel they do well and what improvements they plan to make to the service.

Most of the people living in Ailwyn Hall were unable to tell us about the care they received. Therefore, we spent time observing how staff interacted with them so we could judge the quality of care provided. We spoke with two people who lived in the home and three relatives. We also spoke with seven staff which included care, kitchen and maintenance staff as well as the deputy and registered manager and a visiting healthcare professional.

The records we viewed included four people's care records, five people's medicine records, three staff training and recruitment records and other information in relation to how the provider and registered manager monitored the quality of care people received.

Good

Is the service safe?

Our findings

Following our last inspection of this area in February 2018, we rated safe as inadequate. At this inspection we have rated safe as good.

At our last inspection in February 2018, we found that the provider was in breach of regulations 12, 13, 15 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had: not taken appropriate action to manage risks to people's safety; did not have robust systems in place to protect people from the risk of abuse; not ensured all areas of the premises and equipment that people used was clean and had not ensured there were consistently enough staff available to meet people needs. At this inspection we found the required improvements had been made. Therefore, the provider was no longer in breach of these regulations.

Risks in relation to people's personal safety had been assessed and managed well. This included areas such as falls, malnutrition, dehydration and developing a pressure ulcer. Records showed that where people had fallen, their risk of this had been re-assessed and actions taken to reduce the risk as much as possible. For example, one person had fallen out of bed on several occasions. Therefore, a low bed had been put in place and a crash mat by their bed at night to reduce the risk of injury. Staff ensured that people had the necessary walking aids near them, for example a walking frame, to help people remember to use them whilst walking. This would help reduce the risk of them falling.

Where people were at risk of developing a pressure ulcer, equipment was being used to help reduce this risk such as specialist equipment and mattresses. Some people were being supported to move regularly to release the pressure on vulnerable areas.

Some people on occasions became upset and distressed. The staff understood what might trigger this and told us of some of the strategies they used to calm people to make them and others living in the home feel safe. This information was documented within people's care records so that staff could use the same approach and we saw staff putting this into practice. On one occasion a person became upset and started shouting at the staff. A member of staff quickly de-escalated this and offered to take the person outside for a walk. This calmed the person and we saw them enjoying a walk within the garden.

Risks to the premises had been managed well. This included risks in relation to fire, burns from hot surfaces and gas safety. The fire exits were kept clear in case of the need for evacuation and staff could explain to us what action they would take to keep people safe in the event of a fire. Lifting equipment such as hoists and slings had been serviced in line with relevant legislation to ensure they were safe to use.

The people we spoke with told us they felt safe living in the home. One person told us, "Yes I feel safe living here." Another person said, "I feel safe because the staff are always around and they often pop in to see how I am." A relative told us, "Yes, she feels safe here because she is so comfortable."

The staff we spoke with were knowledgeable about safeguarding and were clear what types of abuse they

would need to look out for and how to report these if needed. This included to external organisations such as CQC. The registered manager had reported any issues to the relevant authorities and worked with them to reduce the risk of any similar incidents from re-occurring in the future.

Both people we spoke with told us there were enough staff available when they needed them. The relatives we spoke with agreed with this. One relative told us, "Yes, there are enough staff for his needs." Another said, "There's adequate staff now for her needs."

The staff felt there were sufficient numbers of them working on each shift to keep people safe and to meet their needs. Our observations confirmed this during the inspection. People's request for assistance were met quickly and staff were not rushed. They had time to spend with people, making sure they were comfortable and safe. The registered manager told us the number of staff working at any one time had been calculated based on people's individual needs and the layout of the building. They confirmed they reviewed the staffing levels each month to ensure they were sufficient.

People and relatives felt that the home was clean. One person told us, "The cleanliness is okay, it's always been nice and clean." A relative said, "I've not seen any problems with cleanliness and mum's room is always fine."

People's rooms, communal areas, the kitchen and most equipment that people used was clean. One person's commode had not been cleaned which made their room smell of urine. When we spoke to the registered manager about this they told us this had been an oversight and that staff should have cleaned it. They arranged for this to be done immediately.

Staff were observed to use good practice to reduce the risk of infection. This included wearing aprons and gloves. When we spoke to the staff, they demonstrated the importance of doing this as well as washing their hands regularly, for the protection of people living in the home.

At the last inspection, we asked the provider to improve their recruitment checks to ensure all the required information had been assessed. This was so they could be confident the staff they were employing were of good character and safe to work with the people living in Ailwyn Hall. We found the necessary improvements had been made. Checks such as the staff member's identification, past work history and references from previous employers had been sought. A Disclosure and Barring Check had also been completed to make sure the staff member was safe to work with older adults.

Records showed that people had received their medicines when they needed them. Medicines were kept secure and in line with the relevant legislation for the safety of people living in the home. There was clear information in place to guide staff on when they should offer people PRN 'as and when' medicines. For example, what actions they should take before giving someone a sedative medicine. This helped to ensure that sedatives were not overused to control people when they became upset or distressed.

People told us they received their medicines when they needed them. One person told us, "The staff administer my medication. They always make sure I take the medication." People's medicines had been regularly reviewed to make sure they were appropriate for them to take. The registered manager told us how they had asked one person's GP to review their medicines following some falls. This has been done with changes made to the medicines the person received which had resulted in the number of falls the person had experienced being reduced.

Staff had received training in how to give people their medicines safely and their competency to do this

correctly had been assessed.

Staff understood the need for them to report any incidents including medicine errors and accidents such as falls. These were reported to senior staff and the registered manager. Records showed that the registered manager had then investigated them and where appropriate, acted to reduce the risk of the incident from re-occurring. The registered manager carried out a regular analysis of all incidents to learn lessons from them. For example, falls were analysed regularly and various equipment had been put in place such as pressure call mats, to help protect people from the risk of injury.

Good

Is the service effective?

Our findings

Following our last inspection of this area in February 2018, we rated effective as requires improvement. At this inspection we have rated effective as good.

At our last inspection in February 2018, we found that the provider was in breach of regulations 11 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because they had not obtained consent from people in line with the relevant legislation and had not made sure that staff had the necessary knowledge and skills to perform their roles effectively. At this inspection we found the required improvements had been made. Therefore, the provider was no longer in breach of these regulations.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The staff we spoke with understood the principles of the MCA and we saw these in practice during the inspection. Staff consistently asked for people's consent before completing a task, offered people choice and supported them to make a choice when needed. Records showed that people's ability to consent to their care had been considered and there was clear information in people's care records to guide staff on how to support people in line with the MCA if required.

The registered manager had considered when people may have been being deprived of their liberty and had made applications to the local authority for authorisation to do this. The local authority had not yet contacted the registered manager to confirm whether any of these applications had been granted. Therefore, in the interim the registered manager ensured that they were depriving these people of their liberty in the least restrictive way possible.

The people we spoke with and relatives were happy with the staff skills and knowledge. One relative told us, "They all appear to have had very good training." Another said, "I have not seen anything to cause me to criticise staff skills and capability."

All the staff told us they felt the training they received was good and gave them the skills they needed to provide people with effective care. Since our last inspection, the provider had sought training from an outside company to deliver some face to face training. The staff told us this training had been good and helped them to improve their practice.

Records showed that most staff training was up to date and current. The provider's mandatory subjects included but was not limited to; moving and handling, infection control, safeguarding adults and dementia care. Some staff had received training in other subjects. For example, on the day of the inspection two staff had completed training in diabetes and epilepsy. The registered manager told us that these staff would spent time coaching other staff within the home on these subjects. Other training such as equality and diversity and continence care was due to take place shortly.

The staff who supported people to take insulin had received the relevant training from a specialist healthcare professional who had deemed them safe to perform this task. All the staff working within the home were completing a qualification within Health and Social Care. This included new staff completing the Care Certificate which is a recognised training programme for staff who are new to care.

Staff told us they felt supported in their role and that they received regular supervisions. They advised that senior staff and the registered manager regularly monitored their care practice and fed back any areas for improvement or what they did well. We observed staff using good practice throughout our inspection visit.

At our last inspection in February 2018, we asked the provider to make some improvements to the premises for people's comfort. At this inspection we found that improvements had been made.

People and relatives told us they were happy with the layout of the building and its accessibility. One person told us, "I can get around the building and go anywhere. I can go out into the garden." A relative said, "I don't have any problems with the general layout of the home."

Some areas of the home had been re-decorated and looked fresh and bright. The old dining room had been converted into a quiet room where people could go and relax. The registered manager told us that relatives liked to spend time in this room with their family member when they came to visit. Effort had been made to make the room homely with comfortable chairs and good quality furnishings. A lounge area had been converted into a dining room which was now much more spacious, bright and welcoming.

People's rooms were nicely decorated. There was safe access to a pleasant outside garden which was now enclosed for people's safety. The registered manager told us that plans were in place to turn part of the garden into a sensory area for people which would contain various smells and items for people to look at and touch.

Clear signage was in place around the home to help people find their way to communal areas. People's names were written on their doors to also help them with this. The home could benefit from the installation of memory boxes outside people's rooms which may enhance some people's ability to recognise their room. There were pictures on the walls that people could look at and some that could be touched to provide sensory stimulation. An aviary was outside containing many birds that people could watch and enjoy.

People's needs had been holistically assessed. Their care records showed that staff had based their assessments on people's strengths and what they could do themselves. This included an assessment of their needs, personal preferences and wishes.

Technology was being used to improve the quality of care people received and to help staff deliver effective care. This included the recent introduction of a new care planning system where staff used hand held devices to record what care and support people had received. This guided staff when people needed to receive certain types of support and care. For example, such as a snack or a drink which helped the registered manager monitor that this had taken place.

Everyone thought the food was good. One person told us, "I've no grumbles about the food whatsoever. If I tell them I fancy a salad, they will do one." Another person said, "There's a choice of main course at lunch. They bring a tray to the table with the two meals on and you choose which one you want." A relative told us, "There's always plenty of food on his plate. There's plenty of choice but there's always an alternative."

Throughout the inspection, people were offered plenty of drink and regular snacks which included fresh fruit. People who were of low weight were offered second helpings of snacks. On one occasion a person finished their cup of tea declaring that it had been 'lovely'. A staff member quickly asked them if they wanted another cup.

We observed the lunchtime meal. This looked to be nutritious and plentiful and people were observed to enjoy the food. To facilitate choice, people were shown two different meals that they could choose from. If they did not like either of the meals, an alternative was made for them or certain vegetables were removed or replaced. Where people needed assistance, or prompting to eat and drink this was received.

Referrals had been made to the relevant healthcare professionals when staff had been concerned about people not eating and drinking enough. This included to GPs, Speech and Language Therapists (SALT) and Dieticians. Any guidance these healthcare professionals had given had been followed. For example, SALT had deemed that one person required a soft diet due to their difficulty swallowing and we saw they received this. Other people received regular supplements and/or build up drinks to help them maintain or put on weight where this was required.

All the staff told us they worked well as team. They were knowledgeable about people's healthcare needs and told us about the healthcare professionals they worked with to meet these needs. The visiting healthcare professional we spoke with was complimentary about the staff and management within the home. They told us the quality of care had very much improved and that staff were quick to report to them any concerns they had about people's health. They also said that staff always followed their instructions when given, for the benefit of people living in the home.

Records showed that people's health care needs had been assessed and were being met. People had their eyes tested when required and some had seen the dentist for a check-up. On the day of the inspection, a physiotherapist visited to provide a person with support in relation to their walking.

Good

Is the service caring?

Our findings

Following our last inspection of this area in February 2018, we rated caring as requires improvement. At this inspection we have rated caring as good.

At our last inspection in February 2018, we asked the provider to make improvements to ensure that staff were consistently kind and caring, treated people with dignity and respect and involved them in making decisions about their care. At this inspection we found that the necessary improvements had been made.

Everyone we spoke with had high praise for the staff. One person told us, "The staff are alright. They are very caring and most of them are very patient. At night they pop in a couple of times before I go to sleep and ask if I'm alright." Another person said, "Oh yes, the staff are always kind to me." A relative told us, "The staff are lovely, they call me by my first name just as they do mum." Another relative said, "The staff are very caring. If I am worried about anything I can speak to them in confidence."

Conversations with staff demonstrated they knew people well. Some could tell us about people's past life history which had been captured in most people's care records. Staff were observed to be kind, caring and compassionate. At one time, a staff member gave a person a hug when they had become upset. When staff interacted with people who were seated, they always got down to their eye level, spoke to them in quiet tones to protect their privacy and offered support when needed.

For most of the inspection, people were observed to be happy and smiled at us when we engaged with them. Staff listened to people, did not rush them and were extremely patient and showed empathy. When people got distressed or upset and repeatedly shouted out, staff never failed to acknowledge them and check that they were okay. One person became anxious when they were being supported to move in a hoist. The staff were calm and spoke to them reassuringly throughout the process, explaining what they were doing at each step. When another person entered the communal lounge, they were welcomed with an enthusiastic 'Good morning [person's name]' from the staff who enquired how they were feeling. When they person said they had some pain they ensured the person had received some painkillers if they wished to have these.

The registered manager told us how one person, when they moved into the home, had told them of some ornaments that were important to them. They had had to leave these at their former residence. Therefore, the staff and registered manager had bought the person some duplicate ornaments which they kept in their room which provided them with comfort.

People and their relatives were actively involved in making decisions about their or their family member's care. Regular reviews of people's care had been held to ensure they were receiving the care in the way they wished. Staff were observed to involve people in making day to day decisions by offering them choice such as where they wanted to reside within the home, what to eat and drink or if they wanted to participate in activities. At one point, a staff member showed people different CDs so they could choose the music they wanted to listen to. The registered manager told us that for another person, they had shown them four

different rooms so they could choose the one they felt most comfortable in.

The staff treated people with dignity and respect and their privacy was upheld. One person told us, "The staff always treat me with respect." The staff we spoke with demonstrated they understood how to respect people's dignity. We observed this knowledge in practice. For example, staff knocked on people's doors before entering their room. When supporting people to move with a hoist, they ensured that people's clothing was placed appropriately to preserve their dignity.

Staff respected people's independence. One person who was not eating their meal was asked if they wanted some assistance. They said no and the staff respected this and left the person to eat their meal in their own time. People were encouraged to walk to the dining room if they could to help them improve their walking. Staff explained how they supported people to do what they could for themselves during personal care. One relative told us how their family member had been shown by the staff how to use the lift. This meant the person could come and go from their room into the communal areas independently. The relative told us, "Mum can use the new lift on her own, she has now learnt a new skill."

Good

Is the service responsive?

Our findings

Following our last inspection of this area in February 2018, we rated responsive as requires improvement. At this inspection we have rated responsive as good.

At our last inspection in February 2018, we asked the provider to make improvements to ensure that people consistently received care based on their individual needs and preferences and that people's care records accurately reflected these areas. Also, we asked them to improve activity provision for people to provide them with stimulation to enhance their wellbeing. At this inspection we found that improvements had been made.

Staff understood people's individual preferences and how they wished to be cared for. Preferences in relation to gender of carer, bathing and the times people liked to get up and go to bed had been assessed and staff told us these were respected. One person preferred to lock their door at night and not have any night checks and this was respected. Records showed that people had received a shower in line with their preference. One person liked to know what the day was and therefore, staff had made sure they had a portable calendar that went with them when they sat within a communal area to help them with this.

Staff were observed to be responsive to people's needs. One person was supported by a staff member to walk in the garden which they enjoyed. When another person started coughing, staff quickly went over to them to check they were well and offered them a tissue.

Activities were in place for those that wished to participate. Each day this included a 'coffee and chat' session. A senior member of staff had created a folder containing different topics that people could choose to discuss. Also, people were encouraged to participate in 'movement to music'. In the afternoon, singing and other musical events were held. People were seen to enjoy these activities, smiling and tapping their feet to the music. One person got up and danced with a staff member. They were smiling and laughing during this activity. The registered manager told us they had implemented these activities with the help of staff after reading that music was beneficial to people who were living with dementia.

One person was seen knitting. They told us they were making a jumper for a doll the registered manager had brought into the home. Other residents enjoyed using dolls as a form of therapy which is known to reduce anxiety in people living with dementia. A mobile library visited so people could choose a book to read. There were also books and magazines available for people to look through and we saw three people having an in-depth conversation about the cover of one magazine. Staff were often seen chatting and reminiscing with people about the past or talking to people about things they were interested in. Where the person was living with dementia and talked about historical subjects, the staff went to that time and joined in with them. This is good practice in dementia care.

Other group activities were also on offer including bingo and an outside singer also attended the home regularly. Prizes were on offer for the bingo. The registered manager told us these had been chosen in line with what they knew people would like. For example, wool, magazines or other items.

Some people undertook individual activities that they enjoyed. A room had specifically been put aside for one person who enjoyed painting. Another person enjoyed watering and looking after plants within the home. One person told us how they liked to look after the birds in the aviary. In the garden, vegetables such as tomatoes and runner beans had been planted by some people who enjoyed gardening.

Where they were able, people had contributed to the planning of their own care. There was clear information within people's care records to guide staff on how to provide people with the care they wished to receive. People's communication needs had been assessed. Staff told us how they recognised if people who could not verbally tell them if they were in pain or discomfort. One staff member said they knew from a person's facial expression or how they walked that they were distressed and so could act. This matched the information within the person's care record, which was clear and concise.

People and relatives told us they did not have any complaints but felt comfortable raising concerns and were confident these would be dealt with. One relative told us, "I would complain straight to the manager if needed, she is very approachable." Another relative said, "I would complain direct to [registered manager] and would have no concerns in doing so and I know I would be listened to."

Records showed that any complaints or concerns that had been raised with the registered manager or provider had been responded to in a timely way and fully investigated. Complaints had been used to improve the quality of care people received. For example, some complaints had been received about people's clothing being lost or washed incorrectly. Therefore, the registered manager had put a new process in place where people's clothing was washed separately and not mixed altogether. This had reduced the number of complaints received about this topic.

The registered manager demonstrated to us they understood people's individual wishes regarding how they would like to receive care at the end of their life. They had gathered this information by either speaking to the person or those close to them. They also described how they worked with healthcare professionals such as the GP and district nursing team to ensure the person was pain free at that time.

Some people had clear care plans in place to guide staff on how to provide care to the person at that time. These had been put together with the individual and/or their relative and a healthcare professional. However, one person whose care we looked at did not have a care plan in place but we were satisfied the registered manager understood their wishes. The registered manager agreed to immediately put a plan of care in place for staff to refer to.

Requires Improvement

Is the service well-led?

Our findings

Following our last inspection of this area in February 2018, we rated well led as inadequate. At this inspection we found improvements. However, the provider has not been able to deliver good quality care on a consistent basis. Therefore, we have rated well-led as requires improvement.

At our last inspection in February 2018, we found that the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This had resulted in some people experiencing poor care. They had also failed to maintain an accurate and complete record in respect of each person who used the service. This had resulted in a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Furthermore, they had failed to notify CQC of specific incidents that are notifiable by law. This had resulted in a breach of Regulation 18 of the Care Quality Commission 2008 (Registration) Regulations 2009. At this inspection we found the necessary improvements had been made. Therefore, the provider was no longer in breach of these regulations.

The people and relatives we spoke with told us they were happy with the care provided and felt the home was managed well. One person told us, "I'm happy living here, you're very well looked after. This is a good home." A relative said, "Yes, he is happy here and yes, I would recommend it to others." Another relative told us, "Yes, I would say she's happy here and I would recommend this place."

During our last inspection, the manager at the time had also been managing another of the provider's services. Following that inspection, the provider acted and decided that the manager should only manage Ailwyn Hall to provide the staff and people living there with some stability. This was put in place and that manager subsequently registered with us to manage the home. The provider also sought the expertise of an external consultant to support the registered manager and themselves, to improve the quality of care provided. The consultant had been effective at helping the provider and registered manager to make the necessary improvements which now need to be sustained.

We found the governance system in place were now effective at monitoring and improving the quality of care provided. The registered manager completed regular audits in all areas of care for example, in medicines management, staffing levels and infection control. These were checked by the external consultant and the provider. Where improvements were required, action had been taken. For example, the registered manager had identified the laundry room was not fit for purpose and that the process for handling people's laundry did not promote good infection control. Therefore, this had been refurbished with new washing machines and space to ensure there was a flow of laundry from dirty to clean, thus reducing the risk of the spread of infection.

The registered manager walked around the home daily to conduct a formal audit in relation to areas such as infection control, staff practice and health and safety. A meeting was then held with staff representing care, maintenance, domestic and kitchen staff where their findings were discussed and action taken to correct any shortfalls. We found this to be an effective way to monitor the quality of care being delivered.

The provider had invested in a new care planning system since our last inspection. The registered manager showed us how this enabled them to monitor many areas of care that people received. For example, where people were at risk of dehydration staff entered onto their handheld devices how much fluid had been offered to people and how much they had drank. This information was automatically totalled each day which enabled the registered manager to monitor if people received enough. The same process was used in relation to personal care, oral care, re-positioning and the meeting of people's preferences for example, their bathing preferences. The registered manager also explained they could easily see if a person had not received any interaction for some time, and could discuss this with staff.

The staff were positive about this new system and told us it had enabled them to spend more time with people. Therefore, the introduction of this new system had helped improve the quality of care people received. Plans were in place to transfer people's written care records on to this system to help staff have an accurate picture of people's care needs and wishes.

Any incidents that needed to be referred to CQC had been received in line with our legislation. The provider had complied with the additional conditions that had been added to their registration following our inspection in February 2018.

All the people, relatives and staff we spoke with told us the registered manager was approachable, open, listened to them and dealt with any concerns they raised. We observed the registered manager regularly engaging with people living in the home in a kind and compassionate way. They were visible to staff and provided guidance and leadership when needed. It was obvious from our conversations with the registered manager that they knew people well and were passionate about ensuring people received good quality care.

Relatives told us they were kept informed about their family member's health and were included in any discussions or investigations when things had gone wrong. This meant the provider and registered manager were working within our duty of candour regulations.

Staff told us they felt valued and supported and that everyone pulled together to work as a team. A culture of providing people with care based on their individual needs and preferences had been instilled by the registered manager. Staff understood their individual roles and responsibilities.

Staff had been involved in improving the quality of care people received. One staff member had suggested that the activity of 'movement to music' be introduced in line with best practice and recent research in dementia care. This had been put in place. The registered manager told us they felt this had improved people's strength and mobility and that a reduction in falls had been noted.

Some community links were in place. The registered manager told us they were discussing with the local vicar to attend the home to provide a church service and so people living in the home could participate in local festivals. For example, the local harvest festival.

The provider and registered manager had worked with other services for the benefit of people living in the home. This included the local authority safeguarding team and local healthcare professionals.

The registered manager told us they were in the process of setting up a support group for the relatives of the people living in the home. This was to be run by a volunteer and the aim was to provide guidance and information to relatives about dementia to help them understand the condition. A 'wishing line' was also being considered where people could record an activity they would like to participate in that would be

meaningful to them.