

Lillibet Court Limited

Lillibet Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Lillibet Manor is comprised of 34 single occupancy studio apartments within one converted building. The service provides an Assured Shorthold Tenancy provision and a choice of assisted living support options, or full residential care with accommodation and personal care, for adults of all ages who may have a range of needs. These include mental health, learning disabilities, physical disabilities, sensory impairments and dementia.

There were 23 people using the service at the time of this inspection, 12 of whom received a full residential care service whilst the remaining people had assisted living packages in place. The majority of the people receiving an assisted living package did not receive personal care, as regulated by us, the Care Quality Commission (CQC). Therefore information relating to them was not included in this report.

We originally carried out an unannounced comprehensive inspection of this service on 27 July 2016, and found that eight legal regulations had been breached.

The arrangements to manage and mitigate identified risks to people living at the service, were inadequate, and meant that people were being exposed to unnecessary risks. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

There were insufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Recruitment procedures were not sufficiently robust enough to ensure new staff were safe to work at the service. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Care and support was not always provided with the consent of people using the service. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered person had not taken steps to meet people's nutritional and hydration needs, which was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered person had failed to ensure that people consistently received care and support that met their individual preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered person had failed to operate systems to ensure records were managed safely and effectively. Systems were inadequate in terms of assessing, monitoring and improving the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

We found that some statutory notifications were not being submitted to CQC as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following this comprehensive inspection, we gave this location an overall rating of 'inadequate', and placed them into special measures.

We then carried out a focused inspection on 1 September 2016, to check progress with the proposed improvements in three of the most urgent areas requiring improvement; safe care and risk management, staff training and skill mix and quality assurance and governance systems. Although we found that improvements had been made during this inspection, it was clear that more time was needed to fully implement and embed the changes being introduced by the manager. At this time the service still remained in special measures.

The provider had submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have met them by. We carried out this inspection on 22 February 2017, to see if the provider had made the necessary improvements to meet these breaches of regulations, and to see whether or not they should remain in special measures. We found that the provider had implemented systems to meet these regulations and, as such, the service is no longer in special measures.

During this inspection, we found that people felt safe at the service and were cared for by staff who were trained in safeguarding principles. Staff were knowledgeable about abuse and were prepared to raise any concerns they had. There were systems in place to assess and manage risks, and risk assessments were updated on a regular basis, to ensure they were accurate. The registered manager and consultant acknowledged that there was still further room for improvement in this area to ensure that their systems in place were fully robust. Staffing levels had improved and the provider had carried out recruitment to improve continuity of care. Systems for the administration of medication had been improved to ensure that this could be done safely; although we found that the electronic system in place could be utilised more effectively to ensure that stock levels of medication reconciled with what was in the service.

Staff training had improved and we saw that staff members now received regular training and refresher sessions, to ensure that their skills were up-to-date. Staff also received support from the registered manager, including regular supervision and appraisal meetings. People's consent to their care was sought, and systems for the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had been developed. People had access to sufficient food and drink and were supported to see healthcare professionals when necessary.

Staff treated people with kindness and compassion and promoted their privacy and dignity. They spent time engaging with people in conversation and exchanging jokes. People were provided with information about their care, and there were plans in place to improve the recording of people's involvement in their care.

People's care plans were reviewed regularly, to ensure they were an accurate reflection of people's needs and wishes. The provider was in the early stages of using a new electronic care planning system, which would ensure that people were able to confirm their involvement in the care planning process. The activities programme was enjoyed by people, who were able to participate in a range of activities and there were plans to extend this further in the future. Policies and procedures for feedback from people and their family members were in place, and the registered manager sought out people's views to help develop the service provided.

There was clear leadership at the service. Staff and people were aware of who the registered manager was and were positive about the impact that they had at the service. The registered manager was aware of the requirement to send notifications to the CQC, and had done so where necessary. They had also implemented a number of checks and audits to ensure there were more effective quality assurance systems at the service.

At the last comprehensive inspection this provider was placed into special measures by CQC. Although we identified a number of areas during this inspection that still required improvement, we were satisfied with the progress that had been made and determined that the provider was no longer in breach of the Regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 (Part 3) and the Care Quality Commission (Registration) Regulations 2009. The overall rating for this service is 'Requires Improvement'. This means that the service no longer requires to be in 'Special measures'.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe however improvements had been made since our last inspection.

Risk assessments had been carried out and were regularly reviewed. The registered manager however acknowledged that they did not always show what action had been taken, as a result of the assessment.

Staff had an understanding of the principles of abuse and safeguarding, as well as their responsibilities in these areas.

Staffing levels were sufficient to meet people's needs and recruitment had taken place, to help improve the continuity of care that people received.

Medication management systems had improved, meaning that people received their medicines in a safe way. Recording systems had also been developed.

Requires Improvement 

Is the service effective?

The service was effective.

Staff gained people's consent before providing care and their knowledge and understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had improved. Systems for recording consent and use of the MCA had improved.

Staff received induction, training and supervision, to help ensure they had the skills they needed to perform their roles.

People were supported to have sufficient food and drink and had a range of options at meal times. Drinks were available throughout the day and people's specific nutritional needs were catered for.

People's health needs were being met and they were supported to see the health care professionals they needed to.

Good 

Is the service caring?

Good 

The service was caring.

We saw that staff interacted with people who used the service in a kind and sensitive manner. Staff were motivated to make sure people had good quality care that improved their well-being and their lives.

Staff had a good understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

Is the service responsive?

Good 

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a range of activities on offer at the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Requires Improvement 

The service was not consistently well-led however improvements had been made since our last inspection.

Quality monitoring and control systems had been introduced, to ensure quality care was being delivered. Action plans were produced, based on the outcome of these systems. However further areas requiring improvement were identified during this inspection which showed the actions taken to date had not had time to fully embed, to improve the quality of the service provided.

The registered manager was aware of the requirement to notify the Care Quality Commission of certain incidents or events, and did so when necessary.

The registered manager had a visible presence at the service and had worked to improve the service and introduce a number of changes to the care people received.

Staff were supportive of the improvements that had been introduced by the registered manager and were motivated to provide people with quality care. As a result, there had been a general improvement in the staff culture, as well as the care that people received.

Lillibet Manor

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 22 February 2017 and was unannounced. The inspection was undertaken by a team of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience used for this inspection had experience of a family member using this type of service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service, how people were supported during meal times and also during individual tasks and activities.

We spoke with four people living at the service and two relatives. In addition we spoke with the registered manager, the deputy manager, four care staff, and a member of catering staff. We also spoke with a consultant who had been bought in to the service to work on making improvements following the last inspection.

We looked at six people's care records to see if they were up to date and reflected their care needs. We also looked at other records relating to the management of the service, including staff recruitment, medication charts and quality audit records.

Is the service safe?

Our findings

During our last comprehensive inspection on 27 July 2016, we found that risk associated with people's care and support was not always managed positively. Risk assessments in place to protect and promote people's safety needed to be strengthened to ensure that risks were managed effectively to keep people safe. We saw that risk assessments did not always detail the control measures or actions to be taken to address the identified risk. We found concerns with the systems in place to ensure the premises and equipment was managed and maintained in a way that ensured the safety of people, staff and visitors. This meant that risks were not always managed in such a way as to keep people safe. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that some improvements had been made to the way in which risk was managed. Staff told us the risk assessment process had been reviewed and changed as a consequence of our last inspection. They acknowledged there were still further improvements to be made to make the systems more robust. They said that the information contained within risk assessments offered them more guidance as to the care people needed to remain safe. One staff member said, "Risks are highlighted so we are aware of what is needed and we put things in place." Another staff member told us in relation to people with a risk of falls, "We have to supervise two service users closely to make sure they are okay and they are given their frames to reduce the risk." Staff better understood how to apply the risk assessment process to maintain people's safety.

The registered manager told us that since the last inspection, risk assessments for people had been updated. We looked at people's care plans and saw they contained risk assessments which provided staff with guidance on how to support people whilst reducing the levels of risk that they faced. We saw people had risk assessments in relation to moving and handling, falls, nutrition and pressure damage. Where people were at risk of poor nutrition, advice had been sought from appropriate professionals and was detailed within the risk assessments. People, who required the use of a hoist to assist with transfers, were assisted by two staff members to ensure their safety was promoted.

However, we saw that some risk assessments lacked sufficient guidance for staff to enable them to act to manage risk effectively. For example, we saw that one person's care plan recorded that they had type two diabetes, and that staff should monitor how much sugar intake they had. The care plan did not state whether there was a danger of the person having too much or too little sugar in their diet, or what action staff should take in either instance. This demonstrated that, although risks were highlighted in people's care plans, they did not always provide staff with specific details of the risk to people or how to manage them.

Monitoring tools, such as Malnutrition Universal Screening Tools (MUST) were in place and reviewed on a monthly basis. The deputy manager was able to describe various interventions that had been implemented for individual people, such as using mobility equipment, as a result of these assessments. However, it was not always obvious from reviewing the assessments what action had been taken. For example, where someone was indicated as being a high risk for pressure wounds, it was not always clear as to the action required by staff or of the impact that the high risk status had for that person and their care needs. We spoke

with the registered manager and consultant about this and they acknowledged that there were still further improvements to be made. They hoped that once they had introduced the new electronic care planning system, that this would enable them to have a robust process in place to improve the risk assessment process.

Personal Emergency Evacuation Plans (PEEPs) had also been updated and contained key information about how people and the help they would need to evacuate the building, in the event of an emergency. However, we identified that these would benefit from having a photograph of the person concerned, to aid the emergency services in the event of an incident. We found that environmental checks were undertaken of the service. Where areas were identified to be in need of attention, an action plan had been put in place and we saw that concerns had been addressed. All areas identified as needing attention at the previous inspection had been addressed. For example, service certificates for the gas system were all up to date.

A record of all incidents and accidents was also held, with evidence that the registered manager had reviewed them and taken appropriate action to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these, so they continued to have care that met their assessed needs.

During our last comprehensive inspection on 27 July 2016, we found that there was insufficient staff on shift to meet people's needs. Some people had reported concerns about the length of time it took staff to respond to their call bells. Staff also confirmed that they left people waiting for assistance, particularly where two staff were required for moving and handling transfers. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that action had been taken to make improvements. People told us that there was enough staff on duty. One relative told us, "There are always plenty of staff on." Staff felt also that there was enough staff on shift to meet people's needs and to spend time with them throughout the day. One staff member said, "There are enough staff on. We used to have agency in the past but not now." They also told us that recruitment had taken place, which had increased the numbers of permanent staff within the service.

The registered manager confirmed that they had filled their staff vacancies which had reduced the service's reliance on agency staffing, and provided better continuity of care for people. The registered manager explained that staffing numbers were sufficient to ensure that staff were able to meet people's care needs, and to spend time talking to, and engaging with people. During our visit we saw members of staff supporting people. There was a visible staff presence throughout the service and call bells were answered in a timely fashion.

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. We also spoke with the registered manager and consultant about the introduction of an electronic dependency tool which would help to ensure that as numbers of people in the service increased, that this would take into account their specific needs and hours of required care. This would then be balanced against the requisite number of staff required per shift. At the time of our inspection we deemed staffing levels across the service to be sufficient to meet people's needs.

During our last comprehensive inspection on 27 July 2016, we found that ineffective recruitment processes had been followed which meant that people were not always protected from the risk of being supported by inappropriate staff. In some instances, legally required checks had not always been carried out prior to new

staff working at the service. We found evidence of a number of staff starting work prior to them receiving a DBS check, or an interim check called an Adult First Check. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we found that robust improvements had been made to the systems in place for recruitment. Safe recruitment practices were now followed and we found that staff had been recruited safely into the service. New staff members explained to us that the service carried out a number of checks, such as the Disclosure and Barring Service (DBS) criminal record check, before they were able to start working at the service.

We looked at staff recruitment files and saw that the provider had carried out the necessary checks, to ensure staff were of good character and suitable for their roles. Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the DBS before staff commenced employment. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used the service. There were also copies of other relevant documentation, including employment history, two references and job descriptions to show that staff were suitable to work with vulnerable people.

People felt safe living at the service. One person said, "It gives me assurances living here that I am safe as there are people around. I was unsafe living at home, but I can keep going for as long as I can by moving here." Relatives also told us that they felt their family members were safe with staff. One relative commented, "She [Name of Relative] is safe in here as there are always people here."

Staff told us they had been provided with safeguarding training which enabled them to keep people safe. They were able to explain how they would recognise and report abuse. One staff member explained, "If I was concerned about anybody or anything I would report it straight away." We saw evidence that staff had been provided with safeguarding training. The registered manager told us that safeguarding was discussed at staff meetings and during one to one supervision and records confirmed this. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required, the service submitted safeguarding alerts to the local safeguarding team to be investigated. There was also evidence that learning took place following incidents and was shared amongst the staff team to reduce the chances of further incidents taking place.

People received their medication in accordance with their prescribed regime. One relative said, "It is all fine as far as she [Name of Person] and we are concerned." Medication was stored securely with appropriate facilities for temperature sensitive medication. Records demonstrated staff had received medication training and that medication audits were taking place, to monitor the systems in place and identify any areas requiring improvement.

We spoke with the deputy manager about the improved systems that had been implemented around medication administration since the last inspection. All staff spoke positively about the use of the electronic medication system and felt that it went a long way to reducing possible medication errors. One staff member told us, "I like the new system we have. There are alerts for everything. You are able to record anybody that declines medication. The data is transferred from the iPad to the computer. If a medication error was believed to have occurred, the manager would be the point of call for staff to work out how best to rectify the situation." Staff felt satisfied that the system in place enabled them to keep people safe.

We observed staff preparing and administering people's medicines. We saw that people's medication was

prepared one at a time, and they were given time and encouragement to take their medicines before staff signed their Medication Administration Record (MAR) chart. In one instance, we observed that the staff member went to the person and sat down next to them and spoke quietly. They also asked if the person would prefer the medication to be put on a spoon to make it easier to swallow which they agreed to.

We also looked at electronic MAR charts for four people. We saw that they were completed in full and appropriate codes were used to record missed or refused doses. MAR charts had medication profiles for each person to show what they were prescribed, why and any allergies they may have. In addition, a photo of each person was attached to their MAR chart, so that staff members administering medication were able to confirm that they were giving it to the right person. We found that staff had recorded when 'as required' (PRN) medication was given, or if a medication dosage was refused, and that this was added by the system to the reverse of the MAR chart to accurately record the reasons for this.

However, we found that when we tried to reconcile one person's medication, the electronic system showed that they had more in stock than they actually did. We spoke with the registered manager and deputy manager about this and found that it was due to the local pharmacy inputting the next cycle of medication prior to it arriving in the service. It therefore appeared as though people had more medication in stock than they actually did. The registered manager and consultant advised they would look into this matter as a matter of urgency so that it could be rectified.

Is the service effective?

Our findings

During our last comprehensive inspection on 27 July 2016, people provided mixed feedback about whether the staff had the right skills and knowledge to do their job. We found that there was no clear overview of training already completed by staff, and training still required; in order to meet the assessed needs of the people living at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that improvements had been made in this area. People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. Staff told us they were well supported and had completed a range of training since our last inspection which was relevant to meet people's specific needs. All the staff we spoke with felt that the training they received was useful as it enabled them to fully understand how to manage a wide variety of needs. One staff member said, "I have all the training I need to carry out the job." Staff felt that management within the service were very thorough with regards to training, supervision and support.

We found that the induction programme for new staff had also been improved. One staff member told us, "The induction included shadowing of three different members of staff before supervision. That lasted two weeks until I felt comfortable with the job." The registered manager told us that they ensured that new staff to the service would work closely with a more senior staff member until they were deemed competent. We looked at the training records and found that an induction programme was in place and that all staff had received on-going training that was appropriate to their roles and the people they were supporting. The induction programme also showed that new staff were enrolled on the Care Certificate, to help ensure they developed the essential skills required for their roles. This enabled staff to obtain the necessary knowledge and skills to look after people appropriately.

Staff told us they received regular supervision, and an annual appraisal of their performance. One staff member commented, "I have the supervision so I can see how I am getting on, if I am okay with everything and if I need anything else. The manager listens to you and is approachable if you want to discuss things." The registered manager confirmed that each staff member received supervisions and an annual appraisal. Any areas of concern identified during daily practice were discussed in supervisions and goals set to address the issues. We saw evidence in the staff's files we examined to confirm this.

During our last comprehensive inspection on 27 July 2016, we found that although systems were in place to assess people's capacity, the assessments were not time or decision specific. This meant that assessments did not demonstrate when people were able to make their own decisions, and when they needed more help. Staff did not have a good understanding of the Mental Capacity Act 2005 (MCA) and some were also unsure about assessing people's capacity and when to initiate best interests' decision processes. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made in light of our previous findings. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the

mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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.

We checked whether the service was working within the principles of the MCA. Staff had received training in this area and were aware of their responsibilities. We saw that the service had carried out assessments of people's mental capacity, however the decision making process had not always been fully recorded to show each step that had been taken or who had been involved in the process. This meant that there was not a robust record of exactly how decisions had been made on people's behalf.

We saw evidence within a person's care plan that a Do Not Attempt Pulmonary Resuscitation (DNACPR) order was in place. The decision made had been carried out in line with the current legislation and best practice guidelines. For example, the GP involved staff and family members in the decision making process. This ensured that the person's human and legal rights were respected.

However; in another person's care plan, we saw that the same process had not been followed as robustly. There was a DNACPR in place which was signed by the person's doctor and stated that the person had mental capacity and did not want to receive CPR. The person's care plan stated, "The family have now agreed to put a DNR (another way of recording DNACPR) on [Name of person]" This suggested that the service had not consulted the person in question regarding this matter, despite a document signed by a doctor to state that they were able to make their own decision in this area. This showed that there were still some improvements required in documenting arrangements for people's care and treatment and ensuring they were in accord with their wishes and preferences.

We spoke with the registered manager and consultant about this and they told us that they hoped the new care planning system would enable such decisions to be better documented. Once this system was implemented they would use this opportunity to thoroughly review mental capacity assessments, including those associated with the DNACPR process, and ensure that they were carried out in full.

We found that applications had been made to the local authority under DoLS, where it had been assessed that people needed to be deprived of their liberty. The registered manager hoped to implement a system to monitor the progress of people's DoLS applications, including their expiry dates, to ensure that people's DoLS did not lapse.

People's consent was gained before assisting them with care and support. One staff member said, "We ask people their choice on care, food, activities. Where they are unable to communicate, we refer to the care plan for guidance." We observed staff during the inspection asking people for their consent before providing them with support and treatment. Where people struggled to understand complex information, staff used simple language and simplified choices for them, to help them to make their own choices. They told us that they used these to help people to understand their options and to always make choices based on their own wishes.

During our last comprehensive inspection on 27 July 2016, we found that people gave mixed reviews

regarding the choice and quality of food that they were served. Staff were not always clear about the importance of nutrition and hydration for those people the service was responsible for supporting with maintaining a healthy, balanced diet. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that action had been taken to make significant improvements in this area. People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person told us, "The menu is very varied which I like. There is always plenty to eat, they give you a lot." A relative also said, "The food is very good, she [Name of Person] really enjoys the food." We observed that the menu was displayed in the communal areas and there were two choices provided that people could choose from for lunch and tea. We found that the chef was aware of people's food preferences and ensured that people were provided with high calorie meals and drinks when this was appropriate.

We found that the lunch time activity was flexible, relaxed and unrushed. Lunch was presented in an attractive manner to stimulate appetite; colours within pureed food remained bright and appetising. People with special dietary needs such as soft diets were catered for. Prompting and assistance was offered by staff in a dignified manner.

People who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. We saw a record was maintained of what they ate and drank. People's weights and body mass index levels were monitored monthly to ensure they were within the appropriate range. If needed, the community dietician provided regular support and advice to the staff team.

People were supported to maintain good health and to access healthcare facilities. Staff told us that people were registered with a GP who visited the service when required. One staff member said, "I would call the GP if needed. It's better to be on the safe side." Another told us, "People can keep their own GP when they move here, although most join the one nearby. With all the GPs involved, we have built up relationships with quite a few now." A record of visits to and from external health care professionals was maintained for each person, when the service called upon local community healthcare professionals, such as the district nursing team to provide specialist care and support. If people had difficulties with swallowing, behavioural and mobility, specialist treatment would be obtained via the GP or appropriate professional.

Is the service caring?

Our findings

During our last comprehensive inspection on 27 July 2016, we found that people provided mixed responses about whether staff treated them with kindness and compassion. People told us that staff listened to them whilst providing care and support, but otherwise they did not have time to spend with them. We also identified some cultural concerns in respect of how staff treated people, because staff were not always aware that they needed to spend time with people to be caring and have concern for their wellbeing. This task orientated approach was not conducive to an environment which promoted positive care interactions.

During this inspection, we found that staff were well motivated to provide good quality care and that improvements had been made to ensure that people consistently received kind and compassionate care. When asked what the best thing about the service was; one staff member replied, "The people that live here."

People and their relatives spoke positively about the care and support they received. One person told us, "You would imagine staff not bothering with some people but staff here ensure no one is written off and give everyone a chance to have a good life." Another person said, "They are very nice to me, they come and see me." A relative commented, "She absolutely loves it here, she would be mortified if we suggested that she had to move." People and their relatives told us that they had no concerns about the care they received from staff and felt they were treated well.

People were supported in a caring manner, and we found that people were relaxed in the presence of staff. We saw lots of positive interaction between staff and people who used the service; there was friendly conversation during the activity session and we heard lots of laughter. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for assistance. In the communal area, we observed a staff member sit next to a person and they held their hand and had a conversation with them. The person appeared to be very happy with this; the staff member also assisted with reapplying make up and during this process the person was noted to be calm and relaxed.

People confirmed that they were treated with dignity and respect by staff and we observed this in practice, with staff being discreet in relation to people's personal care needs. Staff told us that ensuring people felt comfortable and respected was important to them. When people received support with personal care they told us that staff always made sure that doors were closed or that they were covered to protect their dignity.

We observed that when staff entered the lounge area, they would enquire after people and make sure they had everything they needed. Before entering a person's room, they would knock and wait to be given consent to enter. It was evident from our observations that staff strived to deliver care that was respectful towards people.

People told us that staff listened to them and that they felt involved in their care. They said that their care was made individual because they had been involved in decisions which affected them. Staff told us that they strived to make people as independent as possible and for those people living with dementia, always

took time to acknowledge what they had to say. We observed some positive examples of this. For example, we saw one person who was finding it difficult to express what they wanted to tell staff. Staff gave the person time to express themselves, in a calm and relaxed manner and sat with them until they were able to tell staff what they needed.

People were able to make daily decisions about their own care and, during our observation we saw that people chose how to spend their time. People we spoke with told us they were able to choose what time to get up and how to spend their day. One person said they preferred to remain in their room but that they were not disadvantaged by this because staff checked on them and respected those times they wanted to participate in activities or to come to the communal areas.

Visitors were welcomed throughout our visit and told us they could visit at any time and were always made to feel welcome. Staff knew relatives by name and we observed that they took time to engage with them and update them about any changes that had occurred. We observed that visitors were made to feel at home and given the opportunity to meet with their loved one where they wanted.

Is the service responsive?

Our findings

During the last comprehensive inspection on 27 July 2016, we found that a variety of people with different needs were living at the service. This included people living with mental health conditions, learning disabilities and dementia, with a wide variety of ages. It was clear during the inspection that the mix of needs being catered for was an issue for some people, and highlighted concerns about people's compatibility. People told us they had not been involved in the assessment and planning of their care and care plans did not demonstrate the involvement of the person they related to and some were less personalised than others. Additional records maintained to record the care and support provided to people on a daily basis were often very basic in content and task orientated. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made to address the previous concerns and to ensure that the mix of needs supported within the service was no longer an issue for people. The registered manager and deputy manager informed us that they had reviewed people's care plans with the aim of ensuring that the service could appropriately meet people's individual needs. This process was also completed with the intention of ensuring that they were person-centred and better reflected people's needs and wishes accurately.

We reviewed people's care plans and saw that the pre-admission assessments had been used to help record people's preferences, and as a basis for the rest of their care plans. Within these there was consideration of whether people were appropriate for the service. People had a number of individual care plans in place, which were specific to their own needs, wishes and abilities. Things that people could do for themselves were recorded, as well as areas where people needed some support. There was also evidence that care plans were reviewed on a regular basis, to ensure they were up-to-date and reflective of people's current needs.

The registered manager and deputy manager showed us an example of the new style of electronic care plan. It was evident that once this had been fully implemented there would be a more robust assessment of people's needs. Each stage of the assessment worked on identifying key words that could be incorporated into a robust risk assessment and detailed care plan. People had the opportunity to have their say on the care they received and to sign to say they were in agreement with each aspect of the care.

Staff told us that they had worked hard to build their relationships with people, as well as their understanding of the care that they required. They told us that there were communication systems in place, such as a diary and a communication book, to pass on any changes to the next shift, to ensure people received the right care. We saw that these systems were in place and used at handover times when the next shift came into the service.

Throughout our inspection we observed that staff attended to people's needs and knew their likes and dislikes, needs and preferences. Staff were able to explain to us what people's care needs were and through our discussions, demonstrated a good understanding of people's preferences for activities and information

about their life history. They told us that they had spent time with people and their relatives, discussing what their assessed needs were. Staff knew what people wanted because people had been able to contribute towards their care and support planning.

People told us they enjoyed the range of activities on offer. A relative said, "She [Name of Person] spends the majority of her time in bed due to her health conditions but staff are always popping in." Both they and the person appreciated this as they were unable to join in with the activities. Staff told us that there had been improvements made to activities at the service, to ensure that people were stimulated and had the opportunity to engage with others throughout the day. One staff member told us, "We could do better with the activities. I have given the manager a list of dementia friendly and more appropriate games that I think we need to buy. This has been well received and we should be getting them." When we spoke with the registered manager about this, they confirmed that these purchases were forthcoming.

During our inspection we saw that people were engaged in activities, in the communal areas of the service. On the day of our visit, four people were sat with a staff member joining in with a game of pinball. People were having a very enjoyable time and were also engaged in a positive conversation. In the afternoon, one person sat with their colouring books independently completing a picture. There was a rolling of programme of activities, so that people could choose what they wanted to do. We also heard people listening to music and watching television in their rooms and saw that staff went round regularly to check on people and make sure they were okay. More independent people were able to come and go as they pleased.

One person who was very independent had taken themselves into town during the morning. On their return, they discussed their enjoyable trip and confirmed with staff that they were expecting a delivery of items purchased while out. They asked if this was okay as they would then be able to organise their bedroom into a tidy state. Staff were very obliging to this request. The person acknowledged how independent this made them feel and stated that they could continue with their life as they would have done at home because of the care and support they received.

People's experiences, concerns and complaints were listened to and acted upon. People told us that they were aware of how to make a complaint, if they were not happy with the care that they received. One person told us, "I would be happy to raise any complaint; everyone is very approachable and there is always someone to talk to." They also spoke of receiving questionnaires to complete. One person said, "They seem to act and make changes due to the responses given."

We spoke to the registered manager about feedback they received from people and their families regarding their care. They told us that they had sent out satisfaction surveys to people and their families. They showed us that they had compiled the responses that they received, and analysed them to identify areas for future development. They had also received verbal feedback from people and their families, and were planning to implement a logging and tracking system for future complaints and compliments. We saw that there were systems in place to receive feedback and complaints, as well as policies to guide the services response to them.

Is the service well-led?

Our findings

During our last comprehensive inspection on 27 July 2016, we found that quality monitoring systems and assurance processes had failed to identify a number of shortfalls in the service provided. This resulted in people not receiving a high quality, person centred service, with some people also being placed at risk of harm as a result. People's care plans and risk assessments were not always accurate, or had not been updated to reflect people's current needs for example, when someone was at risk of falling or had received medical intervention. This meant that some people continued to be placed at risk of harm, and further demonstrated the systems and processes in place to identify and assess risks to the health, safety and welfare of people, were ineffective.

We also found that risks to people's health, safety and well-being were not appropriately mitigated, because staff had not been equipped with the necessary skills and training to effectively carry out their roles. People were not always protected against the risk of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to regularly assess and monitor the quality of the service. The provider had also failed to ensure that staff records were appropriately maintained and did not have sufficient oversight of whether staff had the right knowledge and were competent to apply learning gained at the service. This meant that quality assurance procedures failed to ensure people's health, safety and welfare was protected and promoted. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that some improvements had been made to the systems and processes in place to monitor the quality of the service provision. However, further time was still required to fully embed these systems so that they worked robustly. Although we found that systems had been implemented to assess, monitor and improve the quality of care being provided by the service, these had not always identified the issues we found during the inspection. Checks and audit systems had been completed and were being used to identify areas in need of improvement or plan how improvements would take place but care plan audits had not identified that some information was not fully documented within people's care records or that decisions relating to consent were not fully recorded within people's care records.

We did however see that medicines audits occurred weekly and that safeguarding referrals were audited. We saw that records were maintained of these audits; areas of concern had been identified and acted upon. We saw that the person centred aspect of care plans had improved as a result of regular auditing. This demonstrated that managerial oversight to monitor the checks being carried out was more effective in driving improvements but still required additional time to fully embed.

Staff told us that the registered manager worked openly with them and was receptive to their comments or concerns. One member of staff commented, "The home is very well managed as they listen and respond to you." They told us there was an open-door approach so that staff could approach them to share any ideas or issues they may have.

Staff told us that the culture and atmosphere at the service had improved. We were told that regular staff

meetings took place. One staff member said, "Staff meetings and senior meetings are held on a monthly basis and include positives as well as areas of improvement. Its important to acknowledge the hard work and what staff do well." Staff morale was high and it was apparent that staff thought a lot of each other. One staff member said, "We are like a family here, we all support each other." Another staff member told us, "We work very well together, we rely on each other and we trust each other which makes for a good morale amongst us."

Staff we spoke with confirmed that they understood their rights to share any concerns about the care at the service and told us if they had any issues they could raise them and felt they would be listened to. All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

We found that improvements had been made to staff support and staff training; and that all staff had completed essential training. In addition staff new to the service had been provided with induction training. Staff told us they received regular supervision and the staffing structure had been reviewed to ensure the skill mix of staff was appropriate to meet people's needs. We also found that regular staff meetings took place and suggestions made by staff were acted on.

During the inspection we observed people and staff approaching the registered manager for a chat and she was available to give them the time they needed to talk. Relatives were pleased that another inspection was taking place as, "We were very disappointed by the last report. It didn't reflect the home that we see."

The registered manager told us that accidents and incidents were recorded and analysed for identified trends. We found that systems had been introduced to ensure people using the service were consulted about the delivery of care and treatment. In addition we found that a newsletter had been produced to inform people about upcoming events at the service, an introduction to new staff and any other information of importance. This was displayed in the reception area of the service.

The registered manager, consultant and staff told us they were committed to the continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. They acknowledged that in some areas the systems in place required additional time to embed and become more robust, but felt they were moving in the right direction.

During our last comprehensive inspection on 27 July 2016, the information CQC held showed that we had not always received all required notifications. We had not received statutory notifications when a Deprivation of Liberty Safeguard (DoLS) application had been approved. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

During this inspection, we found that the registered manager had taken action to make improvements in this area. They had gained in awareness as to what notifications needed to be submitted in order to comply with their statutory obligations. We had received all required notifications and safeguarding's. No DoLS authorisations had been granted so the registered manager had not had cause to notify us about these; however they informed us that they would do this for all future authorisations.