

Symphony Care Limited

Symphony House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 1 and 3 August 2018. The first day of the inspection was unannounced, we carried out an announced visit on the second day.

Symphony House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Symphony House Nursing Home is registered to provide accommodation and personal care to up to 25 people in one adapted building. At the time of the inspection there were 22 people living in the home.

At our last inspection on the 16 June 2017, this service was rated overall as "Requires improvement". At this inspection, although some improvements had been made there were areas that needed further improvement. The service remains rated overall as "Requires improvement".

There was a registered manager in post at the time of our inspection. 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.

Appropriate systems and processes were not in place to assess, monitor and improve the quality and safety of the service. Quality assurance processes were not always effective at identifying shortfalls and where shortfalls were identified these were not always addressed in a timely manner to minimise the impact on people.

The way in which staff had been deployed had not always been effective in ensuring people's needs were met in a timely manner.

There were elements of environmental safety that needed to be addressed to ensure that the environment people lived in was safe.

The policies and systems in the service had not resulted in applications being made under the Deprivation of Liberty Safeguards when needed. However, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care plans were written in a person-centred approach and detailed how people wished to be supported. Staff discussed people's care needs with them and supported them to make decisions about how their care would be provided. However, people did not always feel fully consulted and involved with their care plans.

People were supported and encouraged to eat well and maintain a balanced diet. People were supported to maintain good health. Staff had the knowledge and skills to support them and there was prompt access to

healthcare services when needed.

Staff were aware of the importance of managing complaints promptly in line with the provider's policy. People living in the home were confident that any issues would be addressed and that if they had concerns they would be listened to.

Recruitment procedures protected people from receiving unsafe care from care staff that were unsuitable to work at the service. People felt safe in the home and received care and support from staff that had a good understanding of their role in safeguarding people.

Staff were committed to the work they did and had good relationships with the people who lived in the home. People interacted in a relaxed way with staff, and enjoyed the time they spent with them.

At this inspection we found the service to be in breach of one regulation of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. The actions we have taken are detailed at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff deployment had not always been effective in ensuring people's needs were met in a timely manner.

People were not always protected from environmental risks, as measures in place to identify and reduce these risks were not always sufficient.

There were systems in place to manage medicines in a safe way.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Systems were not implemented to ensure that the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were consistently adhered to.

People were supported to access appropriate health and social care professionals to ensure they received the care, support and treatment that they needed.

Staff received training to ensure they had the skills and knowledge to support people appropriately.

People received the support they required to ensure that their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

Staff maintained people's dignity and there were measures in place to ensure that people's confidentiality was protected.

People's cultural needs and equality and diversity were respected and promoted.

Is the service responsive?

The service was not always responsive.

The systems in place had not supported people's understanding of how they could contribute to their care planning if they chose.

People's care was personalised and responsive to their needs and choices.

People using the service and their relatives knew how to raise a concern or make a complaint and a system for managing complaints was in place.

The provider had suitable policies in place to ensure that people received appropriate care at the end of their life.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People were not assured of a good quality service as there were insufficient systems and processes in place to effectively monitor the quality of people's care.

A registered manager was in post and they were supported by the provider. The culture of the home was open and inclusive.

Staff were aware of the vision and values of the service and worked hard to achieve these.

Requires Improvement ●

Symphony House Nursing Home

Detailed findings

Background to this inspection

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

This second comprehensive inspection took place on the 1 and 3 August 2018. The first day of the inspection was unannounced, we carried out an announced visit on the second day.

The inspection was undertaken by two inspectors and one 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 for this inspection had experience of co-ordinating care services for relatives.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed the information we held about the service, including information sent to us by other agencies, including the local authority, who commission services from the provider. We also received information from Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection, we spoke with eight people who used the service and three relatives. We also spoke with the provider of the service and seven members of staff including care staff, nursing staff, housekeeping and catering staff and the registered manager. We spoke with a lecturer in health and social care who was visiting the home. They were there to meet with a student who was on placement at the home as part of a foundation degree in health and social care. We looked at five records relating to people's care needs and

four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys that had been carried out by the registered manager, training information for staff and arrangements in place for managing complaints.

Is the service safe?

Our findings

At the previous inspection in June 2017, we rated 'Safe' as 'Requires Improvement'. At this inspection, 'Safe' continues to be rated 'Requires Improvement'.

During our inspection in June 2017, we found that the arrangements in place for the deployment of staff were in need of strengthening. People told us that their care sometimes felt rushed. Staff felt that they did have time to meet people's care and support needs, but that this depended on the way in which they were deployed and worked as a team.

At this inspection people and their relatives told us that they sometimes had to wait for staff to provide the support they needed. Seven people told us that they had to wait too long if they rang their call bell for support early in the morning. One person's relative said, "There's not always enough staff, sometimes they seem very stretched." Some people said that they had to wait for support to be assisted to the toilet at times. All the people we spoke with said that there seemed to be less staff available at weekends.

We discussed these concerns with the registered manager. They had recognised that the handover meeting in the morning between night and day staff had affected the availability of care staff to answer people's call bells and had adjusted this to minimise the amount of time care staff were in handover. They also assured us that care staff levels were consistent throughout the week and weekend; rotas that we viewed reflected this. At the time of inspection, the provider was installing a new call bell system that would allow them to audit the amount of time staff took to answer people's call bells and adjust staffing levels if people were waiting too long. Following the inspection, the registered manager provided the first audit of the call bell answer times and this demonstrated that staff did answer people's call bells in a timely way. However, this did not confirm whether the support people required was provided at the time the call bell was answered. We also reviewed the findings of a recent quality assurance survey where the majority of people had said that the timing of staff response to call bells was acceptable.

The staff that we spoke with said that they felt there were enough of them available to provide people's support when they needed it. One member of staff said, "We've had some new starters [new staff], we also use agency, but it seems to work well."

We viewed the staffing rotas and saw that staffing levels were consistent with the number of staff the registered manager had identified as necessary across all shifts. Although, there was no recognised dependency tool in use to assess the number of staff required. Where there were shortfalls in the number of permanent staff available, staff from and agency had been sourced to ensure that the required number of staff were on duty.

People told us that use of agency staff sometimes affected the quality of the care they received. One person explained that whilst the regular staff were conscientious and worked hard, the agency staff were less effective at providing their care. In total four people said that the agency staff did not always seem clear about what they needed to do to support people.

We discussed these comments with the registered manager, they told us that there had been some concerns with the suitability of staff provided by one agency. Once this had been identified the provider had stopped using this agency. The service was now using one agency that was providing them with regular staff. The provider had recently worked two night shifts with staff supplied by the new agency and had been impressed with the quality of their work.

During our inspection in June 2017, we found that people were protected against the risks associated with the appointment of new staff. However, the provider had not assured themselves of the on-going suitability of staff, as they had not carried out a risk assessment to determine whether criminal records checks should be updated at regular intervals for staff who had worked in the home for a number of years. In response to the inspection findings the registered manager had reviewed the recruitment policy and had taken steps to update the criminal records checks of long serving staff; this process was ongoing.

At this inspection we found that there were appropriate recruitment practices in place for new staff, taking into account staff's previous experience and employment histories. Records showed that staff had the appropriate checks and references in place.

People could not be assured that the environment they lived in was always safe. On the day of inspection, we found that a number of fire doors were being manually wedged open. These doors had not been fitted with automatic closures that would be activated when the fire alarm sounded. We discussed our concerns with the local fire authority, who informed us that they would advise against this practice due to the risk of the doors remaining open in a fire. The registered manager and provider recognised the risks involved and arranged for automatic door closers to be fitted to these doors.

We also found some doors leading to areas that could pose a risk to people's safety such as steep stairs leading to a cellar area were unlocked. The registered manager explained that there was currently no one in residence at the home who would be at risk of trying to access this area. However, no risk assessment was in place to demonstrate that all potential hazards had been considered. The registered manager arranged for key coded locks to be fitted to all doors leading to hazardous areas.

There was no risk assessment in place for legionella and the safety checks in place to manage legionella risks were not recorded. The provider explained that this was due to the findings of a water regulations inspection which had deemed the property to be low risk of legionella. However current guidance for care homes states that all properties must have a legionella risk assessment no matter how low the risk. This was discussed with the registered manager and provider and they have implemented a risk assessment for legionella.

Other environmental risk assessments and health and safety checks were in place. A set of regularly reviewed environmental risk assessments were in place which covered the majority of areas where hazards may be present in the home. Maintenance staff carried out regular safety checks covering equipment such as wheelchairs, bed rails and hot water temperatures. Care staff recorded regular checks of people's comfort and safety, such as whether their call bell was accessible to them and any bed rails were in the correct position. Regular servicing was carried out by external contractors as required; for example, on equipment used to lift people and fire safety equipment.

There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety. For example, people identified as being at risk of damage to their skin due to pressure or who were at nutritional risk had been assessed; appropriate controls had been put in place to reduce and manage the risks. Records showed that the care specified had been provided for

example people were supported to change their position regularly and had their food and fluid intake monitored to ensure their well-being. People's fluid intake was monitored by nursing staff who completed an evaluation at the end of every shift. We recommend that where there are concerns about people's fluid intake the amount consumed is totalled as part of this evaluation and measured against a target amount. This will ensure concerns regarding people's fluid intake are promptly and accurately identified.

Nursing staff also monitored people's physical observations, such as blood pressure and pulse on a regular basis. Over the last two months we saw that there were gaps in the paper records of these checks. This was discussed with the registered manager and they told us that the service was transitioning to computerised recording of care and the observations were not consistently being recorded in one place. We checked the computerised records for people and saw that observations were recorded here. The registered manager recognised the need to ensure that this information was recorded consistently in one place.

Sufficient measures were in place to mitigate the risk of falls to people. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. People's care plans and risk assessments provided clear instructions to staff on how to mitigate risks associated with people's risk of falls. The registered manager monitored people's falls and described how they analysed the circumstances of each fall and looked for patterns such as the time of day or area of the home where the fall had occurred. Actions could then be implemented to minimise the risk of people experiencing further falls.

People and their relatives told us that people were safe in the home, with the staff who provided their care and support. One person's relative said, "I have no concerns about the care [family member] gets. If I did have they wouldn't be here."

The staff team were aware of their responsibilities for keeping people safe from harm. Staff had received training in the safeguarding of adults and a safeguarding policy was in place. Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm and the action they would take if they were concerned about someone. One staff member explained, "I would report first to the nurse and then to [registered manager] I know that they would deal with it. Outside of the home I could go to CQC."

People received their medicines, as prescribed, in line with the home's policy and procedure. We observed that staff spent time with people explaining their medicines and ensuring they had taken their medicines. Staff also checked whether people required any medicines that were prescribed on an as required basis such as pain relief. Where people preferred their medicines to be administered in a certain way, staff were aware of this and followed their wishes. We also saw that nursing staff carried out health checks that were required to assess whether a medicine should be administered; for example, taking a person's pulse before administering certain medicines.

The medicines policy covered receipt, storage, administration and disposal of medicines and people's medicines were stored securely. Medicines records were up to date and showed people had had their medicines as prescribed. Medicine stocks were checked regularly to make sure they were correct and in line with the medicine administration records. Medicines audits were carried out by the registered manager and we saw that any issues were addressed. However, audits would benefit from being completed more regularly to ensure that any actions required are taken in a timely manner.

The home was clean and fresh throughout. Staff understood how to work in a hygienic way. Housekeeping staff described how they used a system of colour coding to ensure that laundry that was an infection control risk was washed correctly and separately from other laundry. We saw that staff had attended training in infection control, washed their hands regularly and wore personal protective clothing when required. A

cleaning schedule was in place and the provider had systems in place to monitor infection control.

Improvements were made when incidents had occurred or things had gone wrong. We saw that through resident and team meetings and staff supervision, issues were discussed and actions implemented to learn from mistakes and improve practice. For example, the registered manager had recognised that certain areas of people's care and support required increased oversight. They had met with nursing staff to discuss different ways of working that would ensure these responsibilities were delegated to specific nursing staff.

Is the service effective?

Our findings

At the previous inspection in June 2017, we rated 'Effective' as 'Requires Improvement'. At this inspection, 'Effective' continues to be rated 'Requires Improvement'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During our inspection in June 2017, we found that mental capacity assessments were not in place for all aspects of people's care and support needs and staff had not consistently received training in mental capacity. We also found that the registered manager had not applied for DoLS for some people as required.

At this inspection we found that people did have mental capacity assessments in place. Staff had received the required training and had a good understanding of people's rights regarding choice. People were encouraged to make decisions about their care and their day-to-day routines and preferences. We observed people being supported to move around the home and outside areas as they chose and spending time in different communal areas and in their bedrooms. Staff recorded that they had obtained consent from people to provide their support in people's care records.

However, the registered manager had not implemented the necessary systems to ensure that they met the requirements of the MCA and DoLS. Follow up applications had not been made as required under DoLS; two people had previously authorised DoLS that had now expired. This meant that people may be being unlawfully deprived of their liberty. We discussed these concerns with the registered manager who has now made the appropriate applications.

During our inspection in June 2017, we found that the arrangements in place for formal supervision and appraisal required strengthening to ensure that staff had access to regular supervision and appraisal meetings. At this inspection we found that staff were receiving supervision and appraisal on a more regular basis. The registered manager was working towards ensuring all staff received supervision in line with the timeframes stated in the provider's supervision policy. These meetings gave staff the opportunity to discuss their performance and personal development. Staff said they were well supported and that they could approach the registered manager at any time for guidance and advice. One member of staff said, "If I had a problem, I would ask [registered manager] for a one to one. He would accommodate and take the time to talk to me. I can always talk to him as needed."

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment

included the person's health and medical background as well as their emotional and social support needs. The information gathered was used to produce a plan of care that was reviewed and updated as staff got to know the person.

Staff had received the training they required to fulfil their job role safely and competently. All the people we spoke with were confident that the staff had received the training they required. Staff were provided with an induction into their job role, which was overseen by the registered manager. This included shadowing experienced staff and undertaking formal training. The induction incorporated the Care Certificate, which covers the fundamental standards expected of staff working in care.

We saw that staff demonstrated good knowledge and practice as they provided people's support. One member of staff said, "I've recently had fire and manual handling training, a trainer came in to the home. We do regular refreshers of training." A lecturer from a local learning provider was visiting a student on placement in the home during the inspection. They were a regular visitor to the home and told us that they were impressed with the way staff provided people's support and supported the students' learning. They said, "The students that come here all say they learn a lot about how to deliver people's personal care with a focus on being person centred."

Training specific to the needs of the people living in the home had been provided. For example, care staff had received training in dementia. Nursing staff had received training that equipped them with the specialist knowledge and skills they required to meet people's needs. For example, a programme of training was in place for nursing staff that included training in tracheostomy care. (A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help the person breathe), and urinary catheterisation training (A urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag).

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to dietitians and speech and language therapists had been made when required and advice followed. Where people received their nutrition by a percutaneous endoscopic gastroscopy (PEG) tube, staff followed the advice of appropriate health professionals. Nursing staff received training in the care of PEG tubes and the procedures and protocols to be followed to ensure safe administration of food and fluid. Catering staff had a good knowledge of people's dietary needs and were able to describe how they met different people's dietary requirements.

There was a choice of meals each day and an alternative was available should anyone not wish to have any of the choices. There were snacks and drinks available throughout the day. Most people told us that they enjoyed the food. One person said, "Oh, they [the meals] are lovely."

We spent time observing people over lunchtime. People were not rushed and there was plenty of support for those people who needed it. The food was cooked from fresh and there was a quiet relaxed atmosphere.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services and mental health support. We saw information recorded in people's care plans regarding advice that had been provided by other professionals to ensure people were receiving support in the best way to meet their needs.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health.

All the people we spoke with were confident that staff would access medical help for them should they need it. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's diverse needs were met by the adaptation, design and decoration of premises. There was a range of communal areas indoors and outside available for people to spend time in and we saw that people moved freely around the home. During the inspection, we saw people and their families enjoying sitting together in the well-maintained courtyard areas, enjoying the plants and flowers that were displayed. People's rooms were comfortable and personalised and any equipment they required to meet their needs was readily available; for example, equipment to support them to move.

Is the service caring?

Our findings

At the previous inspection in June 2017, we rated 'Caring' as 'Good'. At this inspection, 'Caring' continues to be rated 'Good'.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. One person described staff as, "very friendly." Another person's relative said, "The staff are nice, it seems a friendly home."

People's individuality was respected and staff responded to people by their chosen name. In conversations with staff, it was clear they knew people well and understood their individual needs. They spoke fondly of people and were able to explain people's likes and dislikes to us. One member of staff said, "I really enjoy interacting with the residents." Another member of staff explained how one person was experiencing a period of anxiety and required lots of reassurance to ensure they felt comfortable during personal care.

People were valued and encouraged to express their views and to make choices. We saw that people were asked what they wanted to do and staff assisted people to move if they chose to sit in a different area of the home. One person told us that the registered manager had supported them to move rooms recently as they wanted a room with a view of the garden. They told us that they were much happier and settled in their new room. People were supported to be as independent as they were able to be; staff encouraged people to do as much as they could by themselves.

We observed positive interactions between people and staff. We observed one member of staff supporting a person with their meal, they were talking with the person and encouraging them to eat. We observed another member of staff checking whether people were comfortable where they were sitting and supporting them to adjust their seating position where necessary. When staff communicated with people they ensured that they were level with them to maintain eye contact and encourage communication.

Care plans contained detailed information to inform staff of people's past history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, and their cultural background. Visitors were made welcome and some relatives of past residents continued to visit the home and volunteer to support activities. Throughout the day of the inspection we observed family and friends welcomed as they visited their family members. Relatives and friends could visit at any time and stay for as long as they wished. There was an area set aside in the lounge where visitors could make drinks for themselves and their family member.

Staff spoke politely to people and protected people's dignity; staff knocked on people's doors before entering. When staff supported people with personal care they ensured that this was done in private and doors were closed.

If people were unable to make decisions for themselves and had no relatives to support them, the registered manager would source an advocate. An advocate is an independent person who can help people to understand their rights and choices and make their own decisions.

Staff spoke politely to people and protected people's dignity; staff knocked on people's doors before entering. When staff supported people with personal care they ensured that this was done in private and doors were closed. Staff understood the importance of confidentiality, one member of staff said, "We don't discuss people's private business with others. I've never heard other staff talking in a way they shouldn't. If I did I would speak to [registered manager]."

Is the service responsive?

Our findings

At the previous inspection in June 2017, we rated 'Responsive' as 'Good'. At this inspection, 'Responsive' is rated 'Requires Improvement'.

The majority of people and their relatives told us that they had not, or did not remember being involved in developing their care plan. We discussed this with the registered manager who told us that people or their relatives as appropriate were involved in the initial assessment of their needs. We saw records of assessments that reflected people's involvement in this assessment and their views were reflected. The registered manager told us that nursing staff then reviewed the care plans and checked that people were still happy with how their care was being provided. This involved spending time with people on a regular basis to discuss their care needs and any required changes to their care plan. The registered manager needed to ensure that people understood this process in order to contribute as much as they wished to their care planning.

We saw from records that most people's care plans had been reviewed regularly. However, two people's care plans had not been reviewed as regularly as required by the provider's policies. This was discussed with the registered manager who arranged for the care plans to be reviewed during the inspection; no changes were required and the care plans were still accurate.

People and relatives said that they were happy with how staff supported them. One person said, "I would say it was very good." Another person said, "It is very good, I couldn't wish for better."

People had individualised care plans that detailed the care and support people needed; this ensured that staff had the information they required to provide consistent support for people.

Care plans were person centred and gave good descriptions of how people should be supported. Staff were provided with clear information regarding how they should respond to people in particular situations. For example, where people required support with personal care, their care plans provided staff with clear guidance on how to do this. Where people required support with their emotional needs or mental health, staff were provided with detailed information about how best to communicate and support them.

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required.

Activities suited people's individual likes and dislikes and were tailored to their capabilities and preferences. People told us that they enjoyed taking part in the activities provided. One person said, "The entertainment is very good, plenty to do and pleasant gardens to sit in." The emphasis on activities was about providing people with social stimulation they enjoyed. Planned activities were displayed in communal areas. Past activities had included a trip to Delapre Abbey and themed restaurant nights that people told us they had enjoyed.

We saw that staff understood the need to meet people's social and cultural diversities, values and beliefs. For example, people told us that staff knew about their religious beliefs and offered to support them to attend religious services.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. Care plans contained detailed information regarding people's communication needs; staff knew people well and were knowledgeable regarding the best way to support them with access to information.

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. There was a clear complaints policy and procedure in place and complaints had been logged and responded to appropriately.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. No one currently living at the home was receiving end of life care but staff spoke knowledgeably about the support they had previously provided to people. They described liaising with palliative care services to ensure that all necessary measures were in place to ensure the person was kept as comfortable as possible. When people reached the end of their life their care plan would reflect this as well as the action that needed to be taken by staff to provide appropriate support.

Is the service well-led?

Our findings

At the previous inspection in June 2017, we rated 'Well led' as 'Requires Improvement'. At this inspection, although some improvements have been made, 'Well led' continues to be rated 'Requires Improvement'.

At the inspection in June 2017, the provider was in breach of Regulation 17 (1). We found the providers' governance; quality monitoring systems and review processes needed strengthening. The registered manager was working excessive hours and unable to maintain sufficient oversight of the service. We found that requirements were needed to ensure the appropriate implementation of the Mental Capacity Act (MCA) 2005 and that records of training and supervision were incomplete.

At this inspection, although some improvements had been made, we found that the provider had not taken sufficient action to meet the breach in regulation. The provider had not deployed appropriate systems or processes to assess, monitor and improve the quality and safety of the care people received.

The provider did not have robust systems in place to ensure that they were fully meeting the requirements of the MCA. The registered manager did not have oversight of the expiry dates of applications made under DoLS and as a result people's DoLS had expired without the registered manager being aware. We discussed our concerns with the registered manager and documentation to track DoLS applications has now been introduced.

The systems in place had not resolved issues with staffing deployment in a timely manner. The feedback that people provided about staffing levels during the inspection indicated that they were frustrated about the amount of time they sometimes had to wait for staff support. Although the provider had now implemented improvements and systems to monitor this, people's experience of care had been negatively affected.

The registered manager and provider were carrying out regular checks of the environment. However, these had not resulted in the improvements that were required to environmental safety.

These concerns constitute a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

Audits of other areas of the service were in place and these had resulted in issues being identified and action plans being raised to make the required improvements. For example, audits of housekeeping and infection control and kitchen safety and food hygiene. Some audits would benefit from increased frequency of auditing, such as audits of medicines.

The registered manager had recognised that they needed to delegate specific areas of responsibility to nursing staff to support the smooth running of the home and their development. These new responsibilities had been discussed and explained during supervision meetings, with key staff taking responsibility for areas such as MCA and DoLS.

During this inspection we found that the provider was making regular recorded visits during which they had meetings with the registered manager and checked the quality of different aspects of the service. For example, we saw records of monthly visits where they spoke with people, relatives and staff, and monitored the environment, food, complaints and activities. These visits reflected that action was taken when concerns were identified and that people were providing positive feedback. The provider had also worked alongside staff to monitor people's experience of care. This process was an improvement on our findings of the previous inspection but would benefit from a formalised system and scheduling of the areas to be checked.

The provider looked at ways they could improve the service and had invested in a new call bell system and computerised care planning system to improve people's experience of care. The registered manager told us that the new care planning systems enabled staff to record care information at the time support was provided on portable tablet devices. This improved staff efficiency and the accuracy of information.

Staff understood the management structure of the home and felt supported by the registered manager and provider. One member of staff said, "[Registered manager] is brilliant, any problems or if we need showing anything, he is always there." A member of catering staff told us that the provider was involved in menu planning and sometimes worked with them in the kitchen to try new recipes.

The culture and atmosphere of the service was open and friendly, which led to a transparent and supportive culture. Staff were positive about working in the home. One member of staff said, "People get very good care here, it's a very supportive team, I can't fault it."

People and their families were asked for their feedback through surveys and meetings. We saw the findings of the most recent survey reflected that where people had made comments on the service they received these had been followed up and action taken. We saw minutes of a recent residents and relatives meeting, where discussions had taken place about activities, the new call bell system and the findings of external inspections of the home.

During staff meetings, staff had the opportunity to discuss people's care needs and future plans for the home. We saw meeting minutes which recorded discussions about documentation, staff duties and the new computerised care planning system.

The provider continued to run an annual awards ceremony where staff members were chosen by people, relatives and other staff because of their individual qualities and contribution to the home. One staff member told us that they were proud to have won an award.

Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equalities, diversity and human rights. The supervision process and training programme in place for staff ensured that staff received the level of support they needed and kept their knowledge and skills up to date. The manager had a plan in place for training and provided and was in the process of updating the training matrix at the time of inspection.

The service worked in partnership with other organisations to improve people's experiences of care. The provider regularly accepted students studying for a foundation degree in health and social care to undertake placements in the home. The learning provider who regularly visited the home to support students provided positive feedback, saying, "The students who come here are very well supported, particularly by [registered manager]...[registered manager] is very kind and supportive and facilitates their learning."

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating on their web site and in the home as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have sufficient systems in place to maintain the quality and safety of the service.
Treatment of disease, disorder or injury	