Ablegrange Severn Heights Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 8 January 2018 and was unannounced.

Ablegrange Severn Heights is a 'care home' with nursing. 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.

Ablegrange Severn Heights accommodates 30 people in one adapted building. On the day of our inspection visit 22 people were living at the home. People's bedrooms are situated over two floors. People have access to communal areas within the home and access to the home's gardens.

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. A registered manager was in post and supported the inspection process on the day of the inspection.

At our last inspection on 17 December 2015, we gave the service an overall rating of Good. At this inspection, we have rated the key questions Responsive and Well-led as Requires Improvement which has meant the overall rating has changed to Requires Improvement.

The registered provider had failed to display their current inspection ratings which is a legal requirement to show people had access to the ratings to inform their judgments about services.

People were supported with their individual needs however care documentation was incomplete. This had the potential to result in people's needs not being responded to in a consistently personalised way.

The systems in place to assess and monitor the quality of the service required strengthening so the focus remained on continuous improvement in care documentation and consistent personalised care practices. The registered manager was progressing through redecoration of the home environment to support people to live in a pleasant home and continuous improvements to support people with their pastimes and interests.

People we spoke with told us they felt safe at the home. Risks to people were managed well in practice without placing undue restrictions upon them. Staff were trained in recognising and understanding how to report potential abuse. Staffing arrangements supported people's safety.

People were supported to receive their medicines and were happy with the arrangements in place for staff to support them with their medicines. People we spoke with told us staff responded to their health needs. People were supported to eat and drink enough and had a choice as to where to eat their meals.

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

Staff had developed positive, respectful relationships with people and were kind in their approach. People's privacy and dignity were respected and they were supported to be as independent as possible. Some information was in accessible formats and the registered manager was aware of broadening this out to further support the individual needs of people who lived at the home.

Staff felt supported by the registered manager and registered provider and spoke positively of working at the home. They felt able to share issues and ideas to make improvements for the benefit of people who lived at the home. Staff received on-going training and support they needed to assist people effectively. Staff knew how to reduce the risks of infections.

The registered manager had a candid and responsive management style to the aspects of care which required improving and was eager to undertake the work to achieve these.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's safety was promoted by staff who knew how to keep people safe from the risk of harm and abuse. Staff recruitment, deployment and emergency planning measures, together with infection prevention and control, helped to ensure this. Staff understood the risks associated with people's care despite the shortfalls in care documentation. Learning from incidents was identified to assist in preventing similar occurrences from happening again. People's medicines were available as prescribed with measures in place so risks of people not receiving their medicines were reduced.

Is the service effective?

Good

The service was effective.

Staff had received an induction and the training they needed and knew how to care for people in the right way. People were asked for their consent and where appropriate decisions were taken in people's best interests so care was provided in a lawful way. Staff assisted people to eat and drink enough, and people enjoyed their meals. People had been supported with their individual needs and where equipment would benefit people this was sought. Staff supported people to receive all the healthcare they required. People were encouraged to personalise and adapt their own rooms to their individual likes and needs. There were ongoing plans for redecoration of the home environment.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, respectful and reassuring towards people's individual needs. Staff were aware of their responsibilities in supporting people with their care needs in a dignified manner with their privacy maintained. People were encouraged to retain relationships which were important to them. Staff knew how to protect people's right to confidentiality.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff knew people's needs however there was a potential risk of people receiving inconsistent care which was not responsive to their personalised needs due to shortfalls in care documentation. Work was in progress to drive through improvements to ensure people were given a range of opportunities for fun and interest to enhance their wellbeing. Staff supported people at the end of their lives so people had the care required and were assisted to continue to live at their home. People felt able to raise concerns and complaints and felt they would be listened to and acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not displayed their current inspection ratings at the home which they are required to do by law. Quality checks needed to be developed further which the registered manager recognised to assist them in driving through the improvements to care documentation. People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

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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 8 January 2018 and was unannounced.

The inspection was carried out by one inspector, a specialist advisor who is a qualified nurse with experience and knowledge in a range of care and health settings 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 service.

Before the inspection visit, the provider completed 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. We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We asked various organisations who funded and monitored the care people received, such as the local authority and clinical commissioning group. The local authority and the clinical commissioning group have undertaken visits. At the time of this inspection the local authority had set an agreement with the provider about how many new admissions to the home. In addition, we sought information from Healthwatch who is an independent consumer champion who promotes the views and experiences of people who use health and social care. Healthwatch had no information to share with us.

We used a number of different methods to help us understand the experiences of people who lived at the home and their relatives. We spoke with 12 people who lived at the home and three relatives on the day of our inspection and a further four relatives by telephone. We spent time with people and saw the care and support provided by the staff team at different parts of the day. We met and spoke with the registered manager, deputy manager, three care staff, the administrator, the cook and the new activities coordinator about what it was like to work at the home.

We sampled six people's care plans and we also viewed other care documentation such as people's daily records of care, medicine records and staff duty rotas to see how their care and treatment was planned and provided. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We looked at the results of the quality checking and monitoring arrangements the provider and registered manager had in place. This was to see what actions were taken and planned to improve the quality of the services provided. This included the recording of complaints, thank you cards, checks of different aspects of care and meetings with people who lived at the home, relatives and staff.

Following this inspection the registered manager sent us documentation to reflect the action they had taken which included progressing the improvements required to care documentation.

Good

Is the service safe?

Our findings

At this inspection people continued to be supported with their particular needs so risks to their safety were reduced and staff were knowledgeable about how to protect people from abuse. The rating continues to be Good.

People who lived at the home and their relatives told us they felt safe living at the home and when staff assisted them with their particular needs. One person said, "I feel safe and confident to share my feelings with staff and they always help me to stay safe." Another person told us they felt safe because, "The bed is good, they [staff] put the side up at night, which I'm glad about." One relative said, "I have nothing but good to say about the care; staff are excellent; I know [family member] is in safe hands." We saw people were relaxed and smiled back in response to staff chatting with them, which indicated people felt safe and comfortable with staff.

The provider's arrangements helped to keep people safe from harm and abuse. Information was routinely provided for people about how to raise any concerns they may have about their own or other people's care and safety. Staff we spoke with had a good understanding of their responsibilities to keep people safe. They understood whom they would report any concerns to and were confident that any allegations of abuse would be investigated by the registered manager. Staff also knew they could raise concerns to external organisations, such as, the local authority and the Care Quality Commission. Staff told us they had received training in how to keep people safe from abuse and there were policies and procedures in place to guide staff practices.

Recognised recruitment procedures were followed, which helped to ensure staff were safe and suitable to work with people who lived at the home. The provider's records and discussions with staff showed that required employment checks were made before staff provided people's care. This included obtaining references and completing a Disclosure and Barring Service (DBS) check. The DBS is a national agency that keeps records of criminal convictions. New staff completed application and interview processes so the registered manager could check their skills and experience.

Staff we spoke with could identify the risks to individual people's safety and the actions they needed to take to manage these risks despite the shortfalls in care documentation. Staff knew people well and told us the daily information communicated between the management and nurse team assisted them to manage risks. We saw examples of how staff supported people with their safety in mind. For example, people with reduced physical needs were assisted by staff from their chairs to wheelchairs. People at risk of developing skin damage had equipment in place to help relieve the pressure on their skin when sitting or lying for any length of time. We discussed with the deputy manager a person's mattress. This would be checked by the deputy manager to ensure it was the correct one to meet their current needs.

Personal Emergency Evacuation Plans (PEEPs) were available for each person in the home. These provided information about people's individual needs in the event of a fire and the emergency services would know what support people required to evacuate the building safely. Staff were aware of what to do to keep people

safe if the fire alarm should sound and where to meet outside of the home.

We talked with people who lived at the home and relatives about how the staffing arrangements assisted people to keep as safe as possible. One person told us, "I haven't got to worry about anything because they [staff] do everything; I'm scared to stand up for falling but you ring your bell and they come." Another person told us they were concerned there was not enough staff but commented, "If I need anything, I hit the 'go button' and they [staff] come running if they're not busy with someone else. They'll do anything for me." Although relatives held positive views about the assistance staff provided so people had the care they required at the right time and in the right way we did hear from one relative who commented, "The staff are under extreme pressure so residents [people who lived at the home] don't get attended to perhaps as quickly as they should."

The registered manager confirmed to us how they assessed how many staff were required in the Provider Information Request (PIR). The PIR read, 'There are sufficient numbers of staff on duty at all times to ensure people's needs are met, staff are available in the lounge to care for people and to give them reassurance. If staff are on annual leave or away for any reason then agency staff are deployed to take their place.' The registered manager told us they had an oversight of people's care needs. This assisted the registered manager to identify how many people needed support with everyday living such as dressing, walking and eating, and whether people needed support from one or two staff.

Staff we spoke with said people's individual needs were met and their safety was not compromised by inadequate staffing arrangements. Staff told us agency staff would be sought if there were unplanned staff absences. We saw people received the support they needed whether they spent time in the communal areas or alone in their rooms. For example, where people required the assistance of two staff to support their physical needs we saw this happened so risks to people's safety were reduced.

People we spoke with confirmed they were happy for staff to administer their medicines. One person told us, "I get all the help I need with my medicines and if I need anything for pain I just ask them (staff)." We saw staff supported people with their medicines in line with good practice and national guidance. Staff responsible for administering people's medicines checked each medicine and checked people had taken it prior to signing the records. We looked at the medicine administration record (MAR) for some people who lived at the home with the deputy manager. We found the amount of two medicines for two people did not match what was on the medicine records. This was immediately looked at and the error was a recording one as both people had received their medicines.

Where people had been prescribed medicines 'as required' such as pain relief tablets, staff had recorded the amount given so the person was not given in excess of the advised safe amount. We also saw there were effective arrangements in place for the ordering, recording, storing and disposing of medicines. There were a number of safety precautions in place to make sure medicines were managed safely. These included regular training for staff who administered people's medicines and regular audits of people's medicines.

People who lived at the home told us staff took action to ensure the risk of spreading infections was reduced. One person said, "They [staff] always wear gloves and aprons when needed." Staff knew what actions to take to reduce the risk of possible infection. This included the principles of effective hand washing. In addition, we saw the registered manager had arrangements in place to check staff practices in the prevention and control of infections. This included checks to make sure staff followed the cleaning schedules for the home environment and any areas for improvements identified so action could be taken. We noticed there were on-going plans in place to deep clean areas of the home which included the furniture. We did talk with the registered manager about slings used for equipment were stored in a

communal area. The registered manager gave us assurances they would remind about the storage of slings so staff's practices did not put people at risk of infections.

The provider and registered manager had arrangements in place to manage and support people's safety. The provider and registered manager checked on incidents or events at the home to see if any trends were forming. We heard examples of how learning from incidents had been communicated to staff so these could be applied to practices to reduce further risks.

Good

Is the service effective?

Our findings

At this inspection we found people continued to be provided with care and support which met their health and wellbeing needs. The rating continues to be Good.

People told us that the staff were skilled in meeting their needs. One person said, "They care for us well. I couldn't wish for better." Another person said, "Very happy" with the management of their medication. "They [staff] come round when the tablets are due so far, I haven't missed any doses. I have a wound that is dressed periodically…..I'm being watched every 6 to 8 hours day and night." Another person told us, "The staff are good and know exactly how to help me. One relative spoke about their confidence in staff and said, "[Person's name] is well cared for and eats well. Proper cared for rather than ticking boxes." Another relative told us, "The care is very good and therefore the staff must receive training."

We saw people were supported with their individual needs and where staff required guidance in meeting people's particular needs this was sourced with people's full involvement. Staff provided us with examples of how they supported people to use the equipment available to them, so they would remain as independent as possible. This included use of call alarms and walking aids. One person told us how they had their call alarm to hand and were reminded by staff to use this if they required assistance. Another person said they liked to sit in their wheelchair to have their lunch and felt their decisions were respected by staff even though staff checked whether they wanted to sit in another chair.

One staff member described how their induction had supported them in becoming familiar with people's preferred styles of communication and their different personalities. They also said having an opportunity to shadow established colleagues was important as it had, "Helped me to feel more confident and for people to get to know me." Another staff member commented they had completed the care certificate as part of their induction and this had supported them in their role. The care certificate is a set of standards that social care and health workers must adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff had received training which was relevant to their roles and this was kept updated. We saw examples of how staff understood people's individual needs and how this was reflected in the care they offered people. An example of this was staff knowing how to correctly assist people who had reduced physical abilities including people who needed to be helped using individual pieces of equipment. One staff member told us, "We are trained to use the hoist as soon as we start work here. Staff all know how to use the hoist and I have never seen it used inappropriately."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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. Staff understood the principles of the MCA and assumed people had capacity to make everyday decisions. We saw staff sought people's permission as to whether people wanted assistance before they supported them. Staff recognised seeking consent from everybody was important and we saw staff obtained people decisions, such as, where to sit, what to do and what to eat and drink. One staff member said the MCA is, "To do with people's best interests. When they can't make decisions for themselves we make sure their wishes are respected, and somebody is there to make the right choices for them."

The registered manager understood their responsibilities in ensuring where people's liberty was restricted they had made applications to the funding authority. Staff were aware their care practices needed to be the least restrictive and we saw they were mindful of this whilst providing people with support.

People we spoke with liked the food and comments received confirmed people were happy with the quality, choice and availability of food provided. One person told us, "It's nice food, nice and tender." Another person said, "The food is excellent, I haven't had a meal yet that hasn't been good." Relatives we spoke with were also complimentary about the food provided. One relative told us, "The food's good." Another relative commented their family member "Has put on weight since they've been here." We saw people were assisted where needed with their meals at lunchtime and had options of where they wanted to sit together with how much they wanted to eat.

The cook and care staff we spoke with had a good understanding of people's dietary needs and their preferences. For example, people had a range of choices for breakfast. Staff shared up to date information about people's dietary needs and any risks; we saw that specific diets were catered for on the menu. We saw people had been given a choice of food and noted throughout the day people were offered and supported with snacks. In addition, staff told us if people had a reduced appetite or difficulty eating and drinking this would be identified with action taken to support people with their nutrition and hydration needs.

People and their relatives told us they were able to see other health services when they needed them. A person told us they had regular visits from their doctor, chiropodist and optician. People's health was monitored by staff, with referrals made to other services when they needed them. One person spoke about how staff assisted them in they needed to see the dentist. Another person said practice nurses from the local surgery visit the home every week to check on people's health needs. A further person confirmed this, "Two ladies come in and I've seen them a couple of times. They're very nice." One relative confirmed to us staff had worked with their family member's doctor to review their medicine and health needs. People were supported to attend hospital appointments by their family members or staff if this was required.
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People's bedrooms were adapted and personalised to ensure they supported each individual person's preferences and abilities. This was considered to be the person's private space and reflected their personalities accordingly with furniture people had chosen to bring in to the home with them. One person told us they were very pleased as the maintenance staff member had hung their photographs on the wall. Another person had a refrigerator to keep a person's drink cold. We saw how people had their call bells in places they could reach. One person told us "I really like my room, it feels like home." The registered manager is aware furniture and décor requires attention to make sure people were supported to live in an environment which enhances their wellbeing.

Good

Is the service caring?

Our findings

At this inspection people continued to be supported by staff who were kind and caring. The rating continues to be Good.

People told us staff were caring and they were happy living at the home. One person told us, "They're (staff) quite attentive." Another person said, "I like them (staff) all, they are kind." People who lived at the home and their relatives told us visitors were made welcome. One relative told us, "The staff are very friendly and I can visit whenever I like." Another relative said, "[Family member] is well cared for, the carers [staff] are very friendly and open. Positive conversations were held between staff and people who lived at the home although at times these were centred on tasks and people were relaxed with staff, and confident to approach them for support.

People who lived at the home and their relatives told us visitors were made welcome and we saw they were. One person told us, "Families can visit whenever they want" and if they wished could have a meal. Talking about this the person commented when their relatives visited in the summer they had picnics in the garden where their grandchildren could play. Important days such as people's birthdays were celebrated with staff assisting in arranging a party with food which was confirmed further in the PIR which read, 'Each person's birthday is celebrated with a cake, card and a present.' Another person told us how they could choose where they received their visitors which was fully respected by staff.

Staff showed they had the knowledge and skills they needed to effectively communicate with people to make sure people felt understood. The warmth of touch was used by staff where they recognised it was appropriate for each person. For example, one person had a hug with a staff member and smiled in acknowledgement. This showed how the person's wellbeing was enhanced by this gesture. Staff also supported people with reassurance to help some people feel well.

People told us they felt involved in their own care. One person told us, "They [staff] talk with me about what I need help with." Another person said, "Yes they asked me questions so that they knew [person's name] and their routines." One relative told us, "You feel that you're involved. Staff talk to [family member], not at them, they always ask before doing anything and explain things, they are careful not to do things against [family member's] wishes". Staff told us and we saw they gave people choices and involved them in making decisions about their care.

Staff had the knowledge to meet people's needs whilst ensuring people had every opportunity to remain as independent as possible. One person told us, "I do something's by myself." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave the person gentle support, and encouraged them to do as much as possible without assistance. This was also the case at meal times as people's independence was promoted by staff making sure people had assistance where required but also respected other people were able to eat their meals without support. One staff member told us it was important people were encouraged to retain as much independence and control as possible, for instance by having the opportunity to wash themselves where able and brush their

own hair.

Staff we spoke with were able to provide us with examples of how they responded to people's needs in a way which was centred on each person. For example, they told us how one person liked to sleep with their pillows placed in a certain way which made them feel comfortable. They told us how one person liked to have a call bell on their side table when in the lounge. Some people preferred to be in their rooms and some liked the company of other people. Staff told us they fully respected people's wishes on how they wanted to spend their day and who with.

People told us that care staff were polite and respectful towards them. One person told us, "They [staff] are never impatient or shout; they're always pleasant even when they are rushed." Another person said staff did respect them, "Very much so, I've no complaints at all." We saw staff closed people doors when they assisted them with their personal care needs so people's dignity was maintained.

People showed their appreciation of the care provided by sending thank you cards. One person's comments read, 'You've all been so friendly and supportive, we really do appreciate it." Another person had written, "The care, compassion and dignity she received from all of you in her last few weeks of life was second to none. We could not have wished for her to be looked after in a better nursing home."

Staff told us and we saw when people invited us into their personal rooms they had photographs of family and/or older photographs of themselves at a younger age. This gave staff a point of reference for conversation and gave people a sense of identity. We heard staff spoke with a person who lived at the home about an important person in their life which showed staff valued people's own beliefs and identity. Regular services were held in the home to help people to maintain their diverse religious and spiritual needs. One person told us, "I like the services." and told us they were supported to attend religious services.

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely and computer documents were password protected when necessary. The registered manager and staff conducted the daily sharing of information where people's care and treatment needs were discussed in private to make sure people's right to confidentiality was maintained. Staff had access to local advocacy services and would use this to support people if they required independent assistance to express their wishes. Lay advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection we found there were arrangements in place to support staff in providing care which centred on people's particular needs and was rated as Good. At this inspection the rating has changed to Requires improvement. This was because the care documentation did not always provide all of the information to support people to receive consistently personalised care. In addition, staff practices in always keeping care centred on each person required strengthening.

People told us staff met their needs in the way they wanted them to and at the times they needed support. One person said, "Staff know about me and help me when I need it which is all that matters to me." Another person told us staff assisted them to eat their meals and they were appreciative of how staff did this with patience so they were able to enjoy their food. A further person explained how staff made sure they were comfortable in their armchair and would assist them in the way they preferred with personal care. One relative commented, "[Family member] gets all the support she needs from the staff who know her very well."

However, one person told us they did not always feel they had the options of when they wanted assistance to get up in the mornings. Another person spoke about how they had a shower on a certain day and would sometimes like a bath. Additionally, staff practices seen were at times centred on tasks. For example, staff were seen providing reassurance to people when using equipment and assisted people to eat their meals but there were missed opportunities to promote conversation away from tasks. Although when staff spoke with people they were focused on each person and showed they enjoyed caring for people.

We spoke with the registered manager about the improvements required to ensure people's needs were responded to whilst keeping people at the heart of all their care. The registered manager told us they would continue to support their staff team with their care practices to eliminate task centred approaches.

Since our previous inspection the provider had implemented new electronic care documentation. We found although staff knew people's individual needs well and responded to these, care documentation continued to need further improvement work. For example, the information in one person's care records did not clearly reflect how staff were evaluating the effectiveness of their actions in relieving and managing the person's pain. Although we saw the shortfalls in the care documentation had not impacted upon the person receiving pain relief there was a risk the person might not receive consistent personalised care.

In another person's care documentation there were no clear directions or outcomes to provide a clear oversight of all the support the person was receiving to meet their skin needs. For example, how often the person should be supported to move to reduce pressure on areas of their skin. The person's health or care needs had not been impacted on due to the shortfalls in the care documentation but there was a risk of the person receiving inconsistent care.

These examples were not in keeping with good practice as staff should be able to rely on people's care documentation as a guide of how to care for people and to effectively respond to their individual needs. The

registered manager and deputy manager told us the electronic care planning continued to be work in progress as it was introduced in December 2017. The registered manager told us they would be checking people's electronic care documentation and would now make this a priority. Following our inspection the registered manager sent us details of their action plans to support the improvements required in care documentation.

Staff we spoke with told us they worked as a team to respond to people's needs and had regular daily information sharing and nurses kept them up to date with changes to people's needs. Although there was initially some confusion about the sheet used to share daily information we were informed this provided an effective reference point for all staff. One staff member confirmed this, "Information from handover gives us a good insight into any changes in residents [people who lived at the home] needs and helps us to support them in the right way." One example provided by staff was how the handover information assisted them to follow through people's health needs, such as contacted with healthcare professionals. Our discussions with staff and practices seen showed staff provided consistent care for people despite the shortfalls in people's care records.

People we spoke with told us of their enthusiasm for bingo and therapy dogs. Whilst people were waiting for the bingo session to begin, the new activities organiser encouraged people in conversation prompted by a book about the 1940's and 1950's. People looked happy and were eager to join in. Whilst there were some social activities provided at the home such as making cakes and a "sing-along", this was an area which the registered manager acknowledged required to be improved. The registered manager had taken action to recruit a new activities organiser to assist in broadening the range of fun and interesting things for people to do. The activities organiser talked passionately about their new role and the plans they had which included establishing improved community links to support people's needs.

We looked at whether the provider was following the Accessible Information Standard. This standard informs publicly funded organisations how they should ensure people who use services, and their relatives, can access and understand the information they are provided. We saw the guide to the service and complaints procedure could all be provided in alternative formats. For example, in large print to meet people's individual needs.

The provider had a complaints procedure which was available to anyone who wished to make a complaint. People who lived at the home and relatives told us they knew how to complain and would feel comfortable approaching the management and staff team if ever they needed to. One person said, "If I had a complaint I know the staff would listen and sort it out for me." One relative told us, "I would feel very comfortable in approaching the manager or staff if I ever had any concerns." There was a process for when complaints were received to capture these and they would use these as part of the learning and development of the care.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found the provider had effective systems in place to assess, monitor and improve the quality of care and manage risks to people's health and wellbeing. The rating was Good. At this inspection the registered provider had not ensured they were meeting their regulatory responsibilities. This was because their current inspection ratings were not displayed and their quality checks needed strengthening in care documentation.

We found the provider had not displayed at the home the most current inspection ratings. The registered manager acknowledged the ratings were not displayed. It is a legal requirement that a provider's latest CQC inspection report is conspicuously displayed where a rating has been given, no later than 21 days after the report has been published on the CQC website. This is so people, visitors and those seeking information about the service can be informed of our judgments.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action by displaying their current inspection ratings.

In the Provider Information Return [PIR] the registered manager confirmed. 'Quality assurance systems are in place to monitor the quality of service being delivered and the running of the home. The registered manager carries out regular audits and the findings are documented and actions are taken to improve the service. The audits carried out by the manager include medicines, infection control, health and safety, care records and staffing.'

Records showed that a number of quality checks were being completed in the right way. These included the completion of recruitment checks, medicine practices and health and safety checks. The registered manager collated the information and shared this with the registered provider's nominated individual who also undertook their own checks. The registered manager analysed the quality checks to look for trends and ensure appropriate actions had been taken. Despite these arrangements there were still some areas where quality checks needed to be further developed and strengthened in the auditing of the electronic care documentation. The registered manager was aware of this and had plans to undertake reviews of the care documentation as one way of addressing the shortfalls we had identified. Following our inspection visit we received information from the registered manager which told us about the actions that would be taken to drive through the improvements to care documentation.

We spoke with the registered manager about the investment plans to drive through improvements to the home environment as they acknowledged the décor and some furniture looked tired. The registered manager spoke about the on-going actions to update the décor and flooring so people had a pleasant place to live. For example, new windows and stair carpet had been fitted. One relative told us they had seen windows had been replaced and test pots of paints to refresh the home environment. In addition, there had been investment in various items of equipment, such as new washing machines, tumble dryer and specialist

beds had been purchased. The registered manager assured us the work to maintain the home environment would continue with action plans implemented.

The registered manager was supported by the deputy manager and the provider's nominated individual. As a management team the registered manager told us they worked well together. The management team had incorporated learning from external professionals to support people to benefit from staff acting upon good practice guidance. The registered provider had invited a person to undertake a quality checking visit to provide another method of assisting the management team in driving through improvements. Another example was how the management team had taken the learning from the commissioner's recent visit to improve care documentation to support staff in providing personalised and consistent care. As reported above electronic care documentation continued to need further improvement work so we were unable to assess the sustainability of the care documentation due to the infancy of the system.

People who lived at the home and relatives told us that they considered the service to be well managed. We consistently heard there was a positive and friendly culture in the home where people felt at ease with staff. One person said, "I think that the place is well run because I get all of the help I need." Another person told us, "Everybody's (all the care staff) so kind, they love the residents….it's caring for people who've been here a long time, it's like family." One relative remarked, "Everything seems to operate smoothly. [Family member] is happy and that counts for a lot."

People said that they were asked for their views about their home as part of everyday life. One person remarked, "I like having a chat with the staff about anything I want really." In addition, records showed that people who lived at the home and relatives had been invited to attend regular meetings. One relative commented the meetings provided everyone with the opportunity to suggest improvements to the running of the service. An example provided was the improvement of activities which the registered manager was acting on so people were provided with a range of opportunities to undertake things to do for fun and interest.

The registered manager had good knowledge of her staff team's abilities and people's individual care needs and preferences. This was because they worked alongside staff and was supportive to both people who lived at the home and staff. This helped her to oversee the service provided to people was effective and leadership was provided to staff. We saw there were clear management arrangements so staff knew who to speak with if they had any issues or concerns.

Staff worked well together and shared a good working relationship with the registered manager. One staff member told us, "(Registered manager) has always been very caring with the residents, she always puts them first. Another staff member talked about the registered manager always trying to the best for people who lived at the home and commented, "I feel the manager is very understanding and supportive." Staff told us the nominated individual regularly visited the home to carry out quality checks, speak with staff and make sure the home was running effectively.