

Diginew Limited

Amber Lodge 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

At the last inspection in May 2018 we found that there were breaches in providing person centred care, dignity, adequate infection control, medicines, safeguarding people from abuse and governance in that effective systems were not in place to assess and monitor the quality of care.

This inspection took place on 1 and 4 November 2018, the both days were unannounced.

Amber Lodge 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.

Amber Lodge Nursing Home provides accommodation for up to 40 people in one adapted building. The service specialises in caring for people with physical disabilities and older people including those living with dementia. At the time of our inspection 34 people were in residence.

A registered manager was in post. 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. We will continue to monitor this.

We found there had been improvements with the infection control where cleaning schedules and practices had been improved and upgrades to the fabric of the building were ongoing. The provider had improved the depth and frequency of audits and quality monitoring checks. These are supported by the consultant managers and home's staff and are now recorded and overseen to ensure shortfalls are picked up and improvements made. The provider had developed opportunities for people to express their views about the service. These included the views and suggestions from people using the service and their relatives by questionnaires.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005.

People were provided with a choice of meals that met their dietary needs. Staff were aware of people's dietary requirements and any restrictions on what food people could be offered. People's opinions were sought about the menu choices in order to meet their individual dietary needs and preferences. Most people were offered fluids that supported their wellbeing. However, some people did not have free access to drinks and some of the recording in the daily records was not accurate.

Activities were now planned well in advance and there were personalised to people's individual needs and capabilities. Staff had access to care plan information and a good understanding of people's care needs. However, inconsistencies in some care plans and recording of information by staff detracted from the

overall improvement in care provision. People were able to maintain contact with family and friends and visitors were welcome without undue restrictions.

People who used the service and their relatives gave us positive comments about the changes since our last inspection and the care offered to them. Some people were involved in the review of their care plan, and when appropriate their relatives were included. Staff had access to people's care plans and most received regular updates about people's care needs. Care plans included changes to people's care and treatment and people were offered and attended routine health checks.

Staff were subject to a thorough recruitment procedure that ensured staff were qualified and suitable to work at the home. They received induction and on-going training for their specific job role and were able to explain how they kept people safe from abuse. Staff were aware of whistleblowing and what external assistance there was to follow up and report suspected abuse.

Staff were aware of the reporting procedure for faults and repairs and had access to the contact details of maintenance contractors to manage any emergency repairs. The provider had a clear management structure within the home, which meant that the staff were aware who to contact out of hours if an equipment repair was necessary.

We received feedback from the commissioners who funded people's care packages with regard to the care and services offered to people at Amber Lodge Nursing Home. They had assisted in directing the improvements in the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

There had been improvements in infection control procedures and administration of medicines, however, some issues have yet to be dealt with in these areas to make the provider fully compliant. Recording in daily records was variable with some entries being missed.

Staff were employed in sufficient numbers to protect people and understood their responsibility to report any observed or suspected abuse. Concerns about people's safety and lifestyle choices were discussed to ensure their views were supported.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff training and dietary knowledge had improved and met people's needs. People were offered a balanced diet that met their nutritional needs, but the availability of drinks was variable. Staffs knowledge of people's dietary needs was good. Staff supervision is still irregular for some staff.

People received regular access to health care services and staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent to care before it was provided.

Is the service caring?

Good ●

The service was caring.

People were cared for by caring and kind staff. People had been involved in planning their care. People were treated with dignity and respect, and staff ensured their privacy was maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People's care records were more person centred however the accuracy of some records was still inconsistent. Activities were

now person centred and recorded on a regular and individual basis. Staff recorded people's preferences, likes and dislikes and how they wanted to spend their time in a newly developing recording system.

People were confident to raise concerns or make a formal complaint where necessary.

Is the service well-led?

The service was not consistently well led.

The provider has developed effective systems of audits and governance which was now required to be embedded in the day to day running of the home.

There was a registered manager in post. People using the service, their relatives and staff had opportunities to share their views and influence the development of the service.

Requires Improvement 

Amber Lodge Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 and 4 November 2018. Both days of the inspection were unannounced and were carried out by one inspector. A nurse specialist adviser and expert by experience accompanied the inspector on the first inspection day. Our specialist adviser and expert by experience's area of expertise was the care of older people and those living with dementia.

Before the inspection visit we looked at the information we held about Amber Lodge Nursing Home including any concerns or compliments. We looked at the statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the home.

The registered manager, consultant employed by the provider and two nurses assisted us on the inspection. We asked them to supply us with information that showed how they managed the service, and the improvements made regarding management checks and governance of the home following our last inspection visit. We also received information from them following this inspection visit. The consultant is a registered nurse and was employed to assist the provider in improving the quality of care and environment in the home.

Some of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. Therefore, we used the short observational framework tool (SOFI) to help assess whether people's needs were appropriately met and identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with four people and four visiting relatives to gain their experiences of living at, and visiting, Amber Lodge Nursing Home. We also spoke with the registered manager, consultant, four nurses, four care staff, a

housekeeper, laundry staff, two cooks and two maintenance personnel.

We looked at seven people's care plans and records to see how they were cared for and supported. We looked at other records related to people's care such as risk assessments, medicine records and notes of day to day care provided to people. We also looked at staff recruitment and training records, quality audits, records of complaints, incidents and accidents and safety records. Some of the information we looked at was sent following the inspection.

Is the service safe?

Our findings

At our previous inspection in May 2018 the provider was in multiple breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities). The breaches were evidenced in regulation 12, safe care and treatment because the systems in place for the management of medicines was not adequate. Infection control procedures were not sufficient and there was a risk of cross contamination which put people using the service at risk. The environment had not been suitably maintained which put people at risk of unsafe care and treatment. At this inspection we found improvements had been made in these areas. The provider sent us an action plan that they would be compliant by May 2018.

There was now adequate arrangements for keeping most of the service clean and ensure that people were protected from acquired infections. The environment was in the process of being improved to ensure it protected people from the risk of cross infection and cross contamination. There had been improvements in the laundry, visitors' toilet and first floor lounge. Flooring had been replaced in three bath / shower areas. However, the seams in one of the anti-slip floors and small holes in one bathroom were yet to be completed. That meant there were still areas of the home that could not be cleaned or disinfected properly

Seating that we found was perforated and split had been replaced. There were no offensive odours anywhere in the home and there was a schedule in place for cleaning of equipment. Foot operated bins now had liners inserted.

The provider had now produced cleaning schedules which meant staff had adequate instruction for them to clean and disinfect the home. We saw there have been regular 'environment checks' and an infection control report had been completed. These highlighted potential infection control risks and now identified areas that were required to be improved.

Medicines administration had improved and people received their medicines safely. One person said to us, "They [nurses] always give your tablets and medication on time."

We observed how staff administered medicines to people, and saw staff encouraged them to take their medicines, and stayed with them to ensure they were taken. However, the recording of medicines storage temperatures was irregular, and there were some days where there was no record completed. The document used to record storage temperatures did not inform staff what to do in the event of temperatures exceeding the safe limits. That meant that medicines may have been stored inappropriately and may not have remained potent which placed people at risk.

The storage of medicines was now better organised, and medicines stored in the fridge were at a temperature so they would remain active. Medicines were disposed of safely.

Competency assessments had recently been undertaken by the registered manager and consultant. The registered manager said competence checks for nurses were now completed regularly. That meant best practice guidance was now being followed for the review and assessment of nurses' competence in

medicines management. The provider could now demonstrate they had completed regular audits on the medicines system to ensure it was operated safely. Any errors revealed by these checks were recorded and followed up to ensure people's safety had not been compromised.

People told us that they felt safe and staff cared for them safely. One person told us, "I feel safe using the hoist because the staff talk through what they are doing." A second person told us, "If something happened to me there's someone here to help me. If I fall someone will help me, I like that very much." A visiting relative said, "[Named] is safe here if we didn't we wouldn't have let her stay here for this length of time."

Care staff felt that people at the home were safe from harm and said they would report any concerns or suspicions of abuse to the registered manager or deputy. Staff were aware how to contact external agencies such as the local authority safeguarding team or Care Quality Commission (CQC) and said they would do so if they felt their concerns were not dealt with.

Staff we spoke with had a clear understanding of the different types of potential abuse. Staff were aware of their role and responsibilities in relation to ensuring people were protected and what action they needed to take if they suspected abuse had occurred. Staff we spoke with were aware of whistle blowing and said they had not seen anything that required reporting or gave them cause for concern. They also knew which authorities outside the service to report any concerns to if required, which would support and protect people. The registered manager was aware of their responsibilities and ensured safeguarding situations were reported to the Care Quality Commission as required. The provider had a safeguarding policy and procedure in place that informed staff of the action to take if they suspected abuse.

People were provided with the care and support they needed safely. Risks had been assessed and were included in people's care plans. For example, risks associated with people's mobility, the environment or people's health conditions. Risk assessments were detailed and identified potential risks to people's safety and measures were in place to control these risks. For example, where one person was at risk from falls due to their health condition and poor mobility, measures staff needed to take to keep the person safe were clearly identified. These included use of specific equipment, numbers of staff required to support the person for specific tasks, staff training and frequency of checks on the person at night.

We found staff were now mostly employed in sufficient numbers to protect people from harm. One relative commented, "The home is always short staffed."

We found that staffing levels varied and was sometimes less than the rostered numbers. On the first day of the inspection there were 7 care staff on duty in the morning and 6 in the evening. There were also an activities person as well as nursing, domestic, catering and maintenance staff over and above the care staff numbers. On the second day of the inspection we noted 2 staff had called in sick. This was recorded in the roster and agency staff were called in to cover the shortfall.

Accidents and incidents were clearly documented with actions taken and referrals to appropriate health professionals for guidance and support. Records showed that these were reviewed regularly and action taken in the event of accidents or near misses to prevent further incidents or harm for each person. The registered manager had also developed a system to enable them to review this information collectively to identify trends and patterns that may impact on more than one person.

Staff demonstrated they had good overall knowledge of how to keep people safe. We observed staff following safe practices when supporting people to use equipment to move around the service. For example, ensuring people had the correct equipment as detailed in their risk assessments. The maintenance

personnel checked the equipment was in good working order. They spoke to us about the wheelchair footrests which they found were regularly being removed. These had now been fitted with a device to stop their removal, but still allowed them to be retracted when people were getting in and out of the chairs. Where people required the support of two staff to enable them to transfer, this level of support was consistently provided. Staff told us and records confirmed they had completed training in health and safety and manual handling. The registered manager and consultant undertook competency assessments to ensure staff were following best practice in supporting people to move and transfer.

The building was maintained to support people's safety. There were certificates to confirm compliance with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. Staff had completed individual evacuation plans [PEEPS] for people. These included the level of support they needed in the event they needed to evacuate the building. Staff were trained in fire safety awareness and first aid to support them to respond in the event of emergencies.

We looked at four staff files and the staff recruitment records and found that the relevant background checks had been completed before staff worked at the service. We saw that nurses' professional registration was checked regularly to ensure they were registered with the Nursing and Midwifery Council (NMC). These checks helped to ensure that only suitable staff worked at the home.

Changes that have been introduced by the management staff and outcomes from investigations were documented and any lessons learnt fed back to staff. Since our last inspection the management team recognised that the peoples' daily records were a number of different documents held throughout the home. They have now introduced a booklet for each person, which encapsulates all of the regularly used documents.

Is the service effective?

Our findings

People's needs were assessed prior to them moving into the home. People's needs and choices were assessed to provide a care plan which was then developed to reflect any of their changing needs. The initial assessment covered the person's level of support and how these meet people's cultural, physical and mental health needs. One relative said to us, "The assessment was quick, efficient and no messing about."

Staff training had been updated and provided the skills staff needed to care for people. Staff confirmed induction training was a mix of on-line training and practical face to face training which included moving and handling, hoisting and fire safety. A staff member said, "The face to face training is with the office staff, so its someone you know." A second member of staff said, "[Named staff] works on the floor with us and observes what we do." The registered manager confirmed that senior staff had completed the 'train the trainer course' and regularly put this to use in the home.

We asked the registered manager about staff competence checks which varied each staff designation. For example, nursing staff could be seen regularly to ensure they administered medicines in line with the policy and procedures. Care and domestic staff competence was also checked to ensure their practices were up to date and ensured safe practice. There was now records of what competence checks had been undertaken by the management team.

We asked the registered manager for a copy of the training records and proposed supervision dates which we viewed at the inspection. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. We saw the supervision dates for 2018, but this did not show people had regular supervision sessions. One member of staff confirmed they had supervision, they said, "About every 6 months." That pattern of sessions for certain members of the staff team are not regular enough to ensure issues are dealt with promptly and staff work as a team.

We saw staff provided some people with regular drinks. However, drinks were not always available for people to help themselves, as drinks were not left in peoples reach. For example, in the first-floor lounge there was no access for people to help themselves to a drink. That meant people were unable to ensure they were adequately hydrated.

People told us they had sufficient to eat and meals met their cultural needs. One person said, "I never go hungry, [I] get enough food." A second person said, "I enjoy the meals, they suit my needs." We heard one staff asking, "Would you like some more porridge."

Information about people's dietary needs was still displayed on the notice board in the ground floor dining room. This was also apparent at the last inspection in May 2018 and showed that people's confidentiality was not maintained. We asked the registered manager to remove the information.

Communication about people's dietary and caring needs were updated regularly with changes passed to staff at handovers. One member of staff said, "It's all about team work, the staff I work with are great, we all get on well together."

Meals were well presented and portioned to suit people's individual appetites. Some people used adapted cutlery so they were able to eat independently. We saw staff provided support and prompting to people during meal times which provided encouragement for people to eat their meal without assistance. Assistance for people was provided for those unable to feed themselves. We saw people's dietary needs had been assessed and where a need had been identified, people were referred to their GP, speech and language therapist (SALT) and the dietician.

People had access to healthcare services. One person said, "I get to see the Doctor when I need to. It varies on how many [people] need to see him whether he comes here [to the home] or we go there [surgery]." A staff member said, "We know when someone isn't well and would tell the nurse they would call the doctor if needs be."

People were encouraged to bring in personal items from home which provided a homely and familiar environment. There had been changes to the building where brighter lighting had been installed and pictures hung on the walls to create a homely feel. A decoration programme was ongoing.

The garden space was accessible for people to use in good weather and had an all-weather lawn laid. The garden shed was no longer used by staff and a separate smoking shelter erected at the rear of the home.

People's consent to care and treatment was sought in line with legislation and guidance. We observed staff sought consent before they supported people and respected their wishes. For example, a staff member was assisting a person away from the breakfast table. The staff member asked the person if they were happy to go back to the lounge area before moving the person. They were then guided through the process by the staff informing the person what was happening throughout the transfer. This showed that staff understood the importance of people's rights and choices.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation process for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

Records showed that people who used the service had mental capacity assessments in place with regard to making certain choices and decisions. When people lacked capacity to give their informed consent, the law required registered persons to ensure that important decisions were taken in their best interests. A part of this process involved staff consulting with relatives and with health and social care professionals who know a person and have an interest in their wellbeing.

When we spoke with staff they were aware which people was subject to a DoLS restriction. Staff told us that they felt they would be able to recognise if a person's liberty was potentially deprived and required a DoLS application to be completed and would follow this up with the registered manager to organise.

Is the service caring?

Our findings

At our previous inspection in May 2018 the provider was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities). People's dignity was not maintained. At this inspection we found improvements had been made in this area.

People's privacy, dignity and independence were recognised and promoted. One person said, "Staff always give me privacy, they always knock and wait before entering [my bedroom]." A second person said, "I think staff respect me as I respect them." One relative said, "Staff are very friendly, they go out their way to speak with you, and make you feel welcome." A second relative said, [Staff were] "Always polite and attentive."

Throughout our inspection we observed instances that showed people's dignity and privacy was maintained and respected. For example, we observed staff knocking and calling out to people through closed public area doors and people's bedrooms and seeking permission to enter. That demonstrated staff were aware of the need to ensure people's privacy and dignity.

We observed staff transferring a person using a hoist, staff used a privacy blanket to cover them and so considered the person's dignity. We observed staff talked with people they were offering assistance to them. We heard one staff member ask, "Can you put your foot up there for me? (person when in a wheelchair)."

At meal times people were asked if they would like their clothes protected and most people agreed. The person who declined, was approached by another member of staff a few minutes after the first. That showed the person was offered a choice, though also that staff were aware of the person's limited abilities whilst eating independently. Following lunch time a staff member offered napkins to people so they were able to wipe their mouth after finishing their meal.

People were complimentary about the staff and felt they had a good relationship with them. One person said, "Staff are friendly, helpful and lovely." Another person said, "[Staff are] friendly, supportive and caring." One relative said, "The kitchen staff are always nice."

We observed a staff member spent time with a person who was distressed. They sat close to them so the person who had visual impairment could see them, and they could speak quietly. They spoke with them and used a distraction technique to deflect the person's train of thought. They asked the person, "Would you like a bath or shower later?" The person replied and then proceeded to have a conversation with the staff member. The person's distress was not displayed when they were having the discussion and was greatly reduced after the staff had left. That demonstrated staff promoted stimulating conversation and emotional support. We later saw the staff returned and completed the task they offered earlier.

People were supported to express their views and be actively involved in making decisions about their care. One person said, "[Staff] listen to me, I am able to choose my own clothes and they respect my dignity when doing personal care." Other relatives visited regularly and assisted their relation with their meals.

People and their relatives were complimentary about the care they and their relation received. People said staff treated them with respect and were kind and caring. People's comments included, "The staff are really kind." And, "I have made many friends here the staff are all very nice as well."

The registered manager said there was a flexible policy for visitors, with people being able to visit at most times including meal times. The registered manager said the only time people would be asked to wait was when the person was being assisted with personal care. We observed visitors arriving throughout the day and were greeted by staff in a friendly and warm manner. A relative said, "[Person's name] seem to have really blossomed recently, so it looks like [named] are happy here."

People's personal information was stored and managed securely. Staff were aware of the confidentiality policy and their responsibilities when handling people's information. That showed the provider met the requirements of the General Data Protection Regulation (GDPR).

Is the service responsive?

Our findings

At our previous inspection in May 2018 the provider was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not receive person centred care. At this inspection we found some improvements had been made in this area.

We spoke to people and their relatives about the care the staff provided, all were happy with the care offered. One relative said, "If we weren't happy with [named] care, we would move them." A second relative said, "Staff do what [named] needs."

We saw people, and where appropriate their families, had been involved in care planning and some people (or a family member where appropriate) had signed their care plan. Care plans were personalised. However, a small number of documents were found to be inaccurate. We looked at people's care plans and found they included pre-admission assessments. Care planning was person centred and reflected most of people's support needs such as information about allergies, likes and dislikes. However, of the five plans we looked at one person had no health plan for a life limiting condition and another had no 'past life history'. That does not demonstrate a consistently responsive service.

Staff spoke about the installation of two nurses station, one on each floor of the home which has increased the availability of care plans and associated records. One member of staff said, "It's far easier to get to the care plans and daily booklets."

Care plans and daily records are securely stored there when not in use. Most of the regularly used records have been updated and grouped together in one document. Staff only commenced using these records four weeks prior to our inspection, and in some cases the recording was intermittent. For example, where people had been given fluids some recording had not taken place as there were large parts of the day that had no staff recording. Additionally, there had been no 'target' amount entered. That meant staff were unaware how much fluid the person should have in a day. We spoke with the registered manager about this who said they would continue to develop the documents and other ways of staff recording to increase the accuracy and would look at an electronic system of recording.

In some cases, records are still kept in individual bedrooms. For example, moving and handling charts where people are regularly turned in bed to reduce the likelihood of pressure areas. All those we looked at were completed appropriately.

The registered manager was now aware of and complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and information had been added to care plans in different formats to meet people's diverse needs.

Staff were aware about involving speech and language staff (SALT) and the need to provide people with

alternative means of communication such as pictures. Staff knew people's individual communication styles, abilities and preferences.

Activities were now better organised and planned in advance. When we spoke with people's relatives they mentioned the activities in the home. One relative said, "[Named] is not bored they [staff] sit and chat with them." Another spoke of the Halloween party which took place four days before our inspection. Photographs of the party had been printed and placed on the notice board in the dining room. We spoke with the recently employed activities person who spoke with us at length about their plans for individual activities targeted to people's needs and wishes. We saw they had already started recording individual activities and said they wanted to develop a full activity programme for each person in the home. 'Group' activities would then be reduced to the occasional party or outing. That demonstrated a commitment by the management to improve the scope of personalised activities on offer. If put in place, these provide people with person centred care that will stimulate and engage them taking account of their past life interests. The registered manager said they had employed two people to undertake activities seven days a week. We found the activity person at the weekend had booked a holiday, but activities had not been organised by a replacement member of staff.

The provider had systems in place to record complaints. People we spoke with said they knew how to make a complaint, some said they would speak with a member of staff. The relatives we spoke with were aware how to make a complaint and were aware who to approach in the staff group to have these followed up. One relative said, "We have never made a complaint there's no need, we just ask and they do it [what's requested]."

Records showed the service had received two written complaints in the last 12 months. The registered manager demonstrated that the complaints had been responded to in writing and in line with the home's policy and procedure. We also saw compliments cards attached to the wall at the main door, however many were not dated so we could not confirm when these were given to the service. We spoke with the registered manager who agreed to date these in the future.

A sample of comments from the cards were, to the staff at Amber Lodge; We want to say a "thank you" to each and every one of you (great ladies) for the care you gave our [named] during the short time he spent with you. And to the Management and staff Amber Lodge Nursing Home; For the care and support and kindness given to [named] during his time in your care. We can't thank you enough. And Just wanted to say; Thank you all so very much for looking after [named] during his brief stay with you. You treated him with compassion and care, but more importantly to him, respect. He was a great believer in the "old values" you made their last few weeks calmer and more settled than they had been in over a year. I know they appreciated this and so did we.

We looked at care plans that identified the end of life care for people. Overall these had improved, and end of life care had been recognised in all the plans we looked at. That included people who had decided that they currently did not want to have any final decisions made. However, one of the plans had two different people's names entered in the one plan. This appeared to have been copied from another care plan but not all the details personalised to the individual.

Is the service well-led?

Our findings

At our last inspection in May 2018 the provider was in breach of regulation 17(1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was non-compliant March 2016 and May 2017 and as a result were rated as RI. At the following inspection during May 2018 the service had not improved and was rated inadequate. At this inspection we found improvements had been made.

The provider sent in an action plan following the last inspection.

At this inspection we found more effective systems had been developed to assess and monitor the quality of care.

One relative said, "Things have improved since your last inspection." One member of staff said, "The manager listens to what we say, they have changed a number of things."

We looked in detail at the quality assurance checks the provider had developed since our last inspection. There was now infection control protocols and cleaning schedules to instruct staff how to properly clean and disinfect areas in the home. An infection control inspection and 'environment check' had been undertaken by the registered manager. We viewed the completed reports, which revealed areas that had to be improved. That would indicate the checks were now comprehensive and thorough enough to reveal any shortfalls.

Information from accident reports were collated, and then interrogated in such a way that would reveal patterns. That meant alternative strategies could then be sought to reduce the likelihood of accidents re-occurring. Improvements had been made to the premises and decoration was ongoing. Safety checks had been carried out on the environment and any risks identified had been recorded in a maintenance schedule. The provider had removed the unsafe furniture that was stored in a lounge.

There were other areas that were included in the quality assurance processes with care planning records and complaints being recognised by the management staff. These audits will now need to be embedded in the regular processes of the home, and if continued will lead to a quality audit and governance framework. These areas went toward the vision and values of a home beginning to deliver higher quality care.

We saw a system in place for the maintenance of the building and equipment, with an on-going record of when items had been repaired or replaced. A consultant manager was now responsible to check the item's had been replaced or repaired to a safe level and now confirmed this with a signature in the maintenance book. Staff were aware of the process for reporting faults and repairs and had access to a list of contact telephone numbers if there was an interruption in the provision of service. Records showed that essential services such as gas and electrical systems, appliances, fire systems and equipment such as hoists were serviced and regularly maintained.

A registered manager was in post. 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.

The provider and registered manager was aware of the legal responsibilities in notifying the CQC of significant events and incidents within the service. Notifications received were detailed and showed that action was taken to meet people's needs and risks were managed. Staff felt the staff meetings were more positive, as there were clear goals set to work together and raise the profile of the home. Policies and procedures are kept in the office and are now more accessible to staff.

We spoke to the provider about the visions and values of the home. They told us these had changed since our last inspection and sent copies of the revised Service User Guide and Statement of purpose following the inspection.

People who used the service and their relatives were still able to contribute to the quality assurance process and quality of care in the home. The questionnaire that had been distributed most recently had been sent to the people in the home and their relatives. There were plans to distribute questionnaires to staff and visiting professionals following our inspection. A summary from the questionnaire had been circulated to people in the home or their representatives. That provided the outcomes to all the questions asked and provided people with evidence of overall satisfaction with the service.

The registered manager said there a recent meeting for people who lived at the home and their relatives. They said, one of the outcomes from the meeting that some of the people in the home wanted to be involved in the recruitment of new staff. This will be planned in in the next round of interviews when vacancies become available.

We approached the commissioners who funded people's care packages prior to our visit. The local and health authorities have continued to work with the provider to overcome some concerns they raised at a recent monitoring visit.

A copy of the last inspection report was displayed in the home. The last report contains the rating from the last inspection, and it is a requirement for all residential and nursing homes to display this following the last inspection.