

Victoria Care Home (Burnley) Limited

Victoria Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We carried out an unannounced inspection at Victoria Care Home on 21 and 22 January 2019.

Victoria Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, all people were accommodated on the ground floor. There were 20 people accommodated in the home.

The manager was appointed in October 2018 and was in the very early stages of registration with CQC, to become the registered manager. 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 carried out the last comprehensive inspection on 20 and 21 November 2017 and assessed the service as overall 'requires improvement'. We identified four breaches of the regulations in respect of the management of medicines and complaints, the implementation of the Mental Capacity Act and the lack of effective quality assurance systems. We issued two warning notices in relation to the management of medicines and the governance systems. At this inspection, we found the provider had made the necessary improvements and they were compliant with the requirements of the notices.

This is the fourth time the service has been rated as requires improvement. However, there was an upward trend at the service and there were clear improvements since the last inspection. The provider was no longer in breach of the regulations. At this inspection, we have made two recommendations about improving people's dining experiences and ensuring people are fully involved in the development and review of their care plan.

People using the service told us they felt safe and staff treated them with respect. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Risks related to people's lives and wellbeing were assessed, monitored and reviewed to support people's safety. Risk assessments were detailed and contained information to help staff understand and manage any identified hazards. There were sufficient numbers of staff deployed to meet people's needs. Appropriate recruitment procedures were followed to ensure prospective staff were suitable to work with vulnerable adults. People received their medicines when they needed them from staff who had been trained and had their competency checked.

Staff had the knowledge and skills required to meet people's individual needs effectively. They completed an induction programme when they started work and were up to date with the provider's mandatory training. People were supported to have maximum choice and control of their lives and staff supported

them in the least restrictive way possible; the policies and systems in the service supported this practice. People's healthcare needs were monitored as appropriate and staff worked closely with social and healthcare professionals.

People were provided a varied nutritious diet and were offered a choice of food. However, the staff did not always provide effective supervision and there was limited social interaction. The manager had also identified the meal time arrangements as an area for development.

Staff treated people in a respectful and dignified manner and people's privacy was respected. We observed people were happy, comfortable and relaxed with staff. Individual care plans and risk assessments were reviewed on a regular basis; however, people were not always consulted about their care and were not involved in the reviews. People were encouraged to remain as independent as possible and were supported to participate in a variety of daily activities. People were also offered the opportunity to go on regular trips in the community.

The manager had established systems and processes to monitor the quality of the service. However, these need to be fully implemented and sustained over a period of time.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

There were sufficient staff to meet people's care and support needs. Appropriate recruitment practices were followed.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met.

Medicines were managed appropriately and records were complete and up to date.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff understood the need to gain consent and followed legislation designed to protect people's rights and freedoms.

Staff benefitted from training, induction and a programme of supervision.

People had access to healthcare services when needed.

People received sufficient food and drink which met their nutritional needs. However, improvements needed to be made to people's dining experiences.

Is the service caring?

Good ●

The service was caring.

People told us the staff were kind and helpful.

Staff understood people's individual needs and provided care in a way that respected their choices.

Staff respected people's privacy and dignity, and supported them to maintain their independence.

Is the service responsive?

The service was not consistently responsive.

Whilst each person had an individual support plan, people had not been involved in the review of their plan.

Arrangements were in place to ensure people experienced end of life care in an individualised and dignified way.

People had access to a complaints procedure and were confident their concerns would be listened to.

Requires Improvement 

Is the service well-led?

The service was not consistently well led.

New quality assurance systems had been introduced, however, these were not all fully implemented and embedded.

The manager provided clear leadership and was committed to the continuous improvement of the service.

Requires Improvement 

Victoria Care 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 checked 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 comprehensive unannounced inspection took place on 21 and 22 January 2019. The inspection was carried out by an adult social care inspector, medicines inspector and an expert by experience on the first day and an adult social inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In preparation for our visit, we considered the previous inspection report and information that had been sent to us by the local authority's contract monitoring team and the safeguarding vulnerable adults team. We also checked the information we held about the service and the provider. This included statutory notifications sent to us by the service about incidents and events that had occurred at the home. A notification is information about important events, which the service is required to send us by law. We also received feedback from three community professionals.

Before the inspection, the previous registered manager submitted a Provider Information Return. This is information we ask providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with nine people living in the home, four relatives, ten members of staff, a healthcare professional, the group training officer, the administrator, the chef, the manager and the nominated individual who acted as the provider's representative.

We looked round the premises and inspected a range of documents and written records including an examination of four people's care files, two staff recruitment files and the staff training records. We also looked at ten people's medicines administration records, a selection of the policies and procedures, complaints and compliments records, accident and incident documentation, meeting minutes and records

relating to the auditing and monitoring of service provision.

Is the service safe?

Our findings

At the previous inspection in November 2017, we rated this key question as 'requires improvement'. Following this inspection, the rating has improved to 'good'.

At the last inspection, the provider had failed to protect people against the risks associated with the unsafe use and management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and we issued a warning notice. This was due to issues with storage, late administration of some medicines, lack of information available for staff to administer medicines safely and effectively and the competency of staff not being assessed.

During this inspection, we looked at ten people's medication administration records (MAR) and spoke with the manager and a senior carer who administers medicines. We noted that the manager was working with the medicines management team from the local Clinical Commissioning Group to improve medicines processes. At this inspection, we found the issues identified last time had been improved and medicines were now being managed safely.

Medicines were stored securely and temperatures monitored regularly. We checked a sample of medicine stocks, including controlled drugs, and found the balances to be correct. Controlled drug balance checks were not completed weekly as per the provider's policy but we raised this with the manager who assured us this would be addressed.

Records showed that people were receiving their medicines as prescribed. We observed medicines being given at the correct times and staff had access to detailed, person centred information to ensure medicines were administered safely, effectively and according to individual people's needs.

We looked at the records for four staff responsible for administering medicines and their competency assessments were up to date. Regular medicines audits were completed and action plans were put in place in response to any issues identified.

We found the provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse and discrimination. People spoken with told us they felt safe receiving care from staff at the service. For instance, one person told us, "I feel very safe here" and another person commented, "They all show kindness and treat me with respect." We found there was an appropriate safeguarding policy and procedure in place which included the relevant contact number for the local authority. The procedure was designed to ensure that any safeguarding concerns were dealt with openly and people were protected from possible harm.

The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not

being dealt with. Staff said they had completed safeguarding training and records of training confirmed this. The manager was aware of his responsibility to report issues relating to safeguarding vulnerable adults to the local authority and the Care Quality Commission.

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls. Records showed the risk assessments were reviewed and updated on a regular basis or in line with changing needs. Where people had been identified at risk the records directed staff on the actions to take to reduce any hazards. This helped ensure staff provided care and assistance for people in a consistent safe way. We noted personal emergency evacuation plans (PEEPs) had been completed and these gave details about how each person should be assisted in case of an emergency.

Environmental risk assessments had been undertaken and recorded in areas such as slips, trips and falls, the use of equipment and hazardous substances. All risk assessments included control measures to manage any identified hazards. The assessments were updated on an annual basis unless there was a change of circumstances. We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, the call system, portable electrical appliances, equipment and water temperatures. Emergency plans were in place including information on the support people would need in the event of a fire. We also saw the gas safety certificate; the five-year electrical certificate and other safety certificates were all within date. There were established arrangements in place for routine repairs and maintenance.

Staff were aware of the reporting process for any accidents or incidents. The manager viewed all accident and incident documentation and ensured investigations were carried out as appropriate. An overall log was maintained of accidents and incidents and we saw a monthly analysis of the data had been undertaken, to identify any patterns or trends. Records showed that action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence.

People told us there were usually sufficient staff on duty. For instance, one person told us, "There are enough staff. They come when I call them on the buzzer and they clean up every day, so that is nice and tidy for us all." However, one person said, they sometimes had to wait for assistance, which caused them difficulties. We discussed these comments with the manager who assured the person this situation would be carefully monitored. We saw the staffing rota was prepared in advance and was updated in line with any staff absences. The manager explained the staffing levels were flexible and were dependent on people's needs and circumstances.

Recruitment practices ensured that suitable staff were employed by the service. We looked at the personnel files for two staff and found they had completed an application form and had attended the agency for a face-to-face interview. Interview notes had been recorded to support a fair process. The provider had also ensured the staff members had provided a full history of employment along with a satisfactory explanation of gaps. We noted an enhanced criminal records check was carried out for all new staff prior to them commencing work with the agency. The recruitment process was tracked using a checklist and supported by policies and procedures, which reflected current regulatory requirements.

Staff were aware of infection control practices such as washing hands and the importance of good hygiene. We saw staff had access to protective clothing including disposable gloves and aprons. On the day of our inspection, the home appeared clean and free from unpleasant odours. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals.

Is the service effective?

Our findings

At the previous inspection in November 2017, we rated this key question as 'requires improvement'. Following this inspection, the rating remains 'requires improvement'.

At our last inspection, we found the provider had failed to act in accordance with the Mental Capacity Act (MCA) 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because mental capacity assessments had not been consistently carried out. In addition, the manager in post at the time, was unaware of the number of deprivation of liberty safeguard (DoLS) applications had been submitted to the local authority and the conditions attached to one person's authorised DoLS had not been adhered to. Following the visit, the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. During this inspection, we found the necessary improvements had been made.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found staff spoken with understood the importance of seeking people's consent before providing support, irrespective of whether people lacked the capacity to make decisions about more complex aspects of their care. They were aware of the importance of giving people the information they needed to make decisions and that people had the right to refuse care regardless of their capacity. People spoken with confirmed staff sought their consent, for instance one person told us, "They always ask me first before they provide any care" and a relative commented, "Absolutely, the staff always ask for consent before providing care to my [family member]." Throughout our visit, we observed staff prompted people to make decisions and choices about their daily lives.

We saw care plans contained detailed assessments of people's capacity to understand and make specific decisions about the care they received, as well as records of best interests' decisions undertaken when the person was assessed as not having capacity. Staff were also provided with information and guidance about the least restrictive care options.

The manager understood when an application for a DoLS should be made to the local authority and how to submit one. At the time of the inspection, the manager told us seven applications had been submitted for consideration and two applications had been authorised. This ensured that people were not unlawfully

restricted. People with an authorised DoLS had supporting documentation within their care plan to ensure any attached conditions were being met. We saw the manager had a central register of applications and checked progress with the local authority on a regular basis.

People were provided with a varied and nutritious diet. We observed the lunchtime arrangements on the first day of the inspection and noted the dining tables were well presented with table cloths and napkins. There were sufficient quantities of food and the meal looked appetising. However, whilst people were offered a choice, the menu board in the dining room provided no information about the day's menu and the clock on the board had stopped. We saw members of staff were available in the dining room, but there was no meaningful conversation between the staff and people living in the home. This meant interactions were focused on tasks. We also noted people were not always supervised adequately. This resulted in one person dropping their drink and another person lifting the table cloth spilling drinks, plates and a vase. People who had only eaten a small amount of food were not encouraged to eat more.

People who were being cared for in bed were served their meals in their rooms. However, we saw one person's food was still in their room unwrapped and unopened at 4.30 pm. The person confirmed they had not been offered an alternative. Despite not eating any lunch the staff had recorded the person had eaten a moderate diet on their daily diary sheet. This indicated the staff had limited oversight of the person's food intake.

We recommend the service seeks advice and guidance from a reputable source to improve people's dining experiences.

We saw the manager had carried out an audit of the meal time arrangements and had identified areas of improvement. We will consider the planned improvements on our next inspection of the service.

All food was made daily on the premises from fresh produce. There were established arrangements in place to ensure the cook was fully aware of people's dietary requirements and all diets were fully catered for. A relative told us, "The chef has asked me to just name anything [family member] might eat, and he would prepare it for them. I couldn't ask for anything better." Where people were at risk of malnutrition, staff monitored their fluid and food intake and weighed them regularly. This helped to identify where there had been changes in their health. Individual likes, dislikes and any allergies had been recorded in people's support plan. Appropriate referrals had been made to a dietician and speech and language therapist, when required.

Before a person moved into the home, the manager undertook a pre-admission assessment to ensure their needs could be met. We looked at a completed pre-admission assessment and noted it covered all aspects of people's needs. We were assured people were encouraged and supported to spend time in the home before making the decision to move in. This enabled them to meet other people and experience life in the home.

People and relatives, we spoke with told us the staff had an appropriate level of skills and were knowledgeable about their needs. For instance, one relative said, "I feel that the home's training ensures that staff have all the right skills. It's impressed me that now there seems to be ongoing training. For example, there is medicines management training today and last Wednesday there was person-centred training in the home."

Training records confirmed there was a structured induction and rolling programme of training to ensure staff were able to undertake their role and fulfil their responsibilities. The training included safeguarding

vulnerable adults, health and safety, fire safety, dementia awareness, MCA and DoLS and food hygiene. The provider employed a training officer who delivered some of the training and supported the staff through any difficulties with their learning. Staff we spoke with said they were provided with sufficient training to do their job effectively. There were systems in place to ensure all staff completed their training in a timely way. The training statistics were closely monitored by the senior management team, to ensure all staff were up to date with their training.

Staff told us they felt supported by the manager and they received individual supervision. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. This gave staff the opportunity to discuss working practices and identify any training or support needs. We saw supervision records were personalised and included details of training undertaken or required, tasks to be completed and feedback on performance.

The manager and staff made sure people had the support of local healthcare services whenever necessary. From talking to people and looking at their care plans, we could see that people's healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, district nurses and speech and language therapists. Recommendations made by the healthcare professionals were incorporated into people's care plans for staff to follow as necessary. We received positive feedback from four healthcare professionals in the course of the inspection. For example, one professional told us, "The staff are knowledgeable and refer medical issues in a timely way. I feel everyone is well looked after and they genuinely care about people."

We considered how the service used technology to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor equipment. The home also had Wi-Fi available and staff had access to a tele-medicines system. This enabled staff to speak remotely with a healthcare professional at a hospital via a computer link. The manager also informed us that he intended to purchase a computer tablet to support activities and communication.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. We noted people's names or photographs were displayed on bedroom doors. We also saw adaptations had been made to support people's mobility, for instance the installation of handrails, ramps and grab rails. A secure sensory garden had almost been completed at the side of the building. We noted a new toilet had been installed in the bathroom area and improvements had been made to the dining room. We also noted the uneven floor in the laundry had been rectified and a smoking shelter had been installed in the garden. However, we noted there was limited signage to help people orientate themselves round the building and there were few adaptations for people living with dementia.

Is the service caring?

Our findings

At the previous inspection in November 2017, we rated this key question as 'requires improvement'. Following this inspection, the rating has improved to 'good'.

People told us the staff were caring and treated them with respect. They were complimentary about the service provided. For instance, one person said, "I think that all the staff are kind and caring" and another person told us, "The staff are kind and treat us with respect. They always treat me with courtesy and are polite. I feel that the staff listen to me and they show that they care." Relatives also praised the approach taken by staff. One relative commented, "At the moment, I'm 100% happy with the care. They always keep me updated if there are any concerns."

People were supported to maintain contact with relatives and friends. We observed many relatives visiting throughout the days of our inspection and noted they were offered refreshments. Relatives spoken with told us they were made welcome in the home. One relative told us, "There is open visiting here. I can stay overnight if needed."

We observed people were treated with dignity and respect and without discrimination. Staff had access to a set of equality and diversity policies and procedures and had received training in this area. The staff were knowledgeable about people's individual needs, backgrounds and personalities and were familiar with the content of their care records.

We observed the home had a friendly and welcoming atmosphere. We saw staff addressed people with their preferred name and spoke in a kind way. People appeared comfortable in the company of staff and had developed positive relationships with them. We noted that one person enjoyed a hug from the staff and their relative told us, all the staff including ancillary staff gave their family member a hug whenever they asked.

From our discussions with staff, we found they knew people well and were aware of people's routines and preferences. Staff spoke about people with warmth and affection. There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. The staff explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to do.

People's privacy and dignity was respected. People told us they could spend time alone if they wished. When people received personal care, staff told us they made sure this was done behind closed doors and at a pace appropriate for the person. Reflecting on the staff approach, one relative told us, "I feel that privacy and dignity are respected, for example they always close the door and curtains when giving any personal care." There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. This approach was reflected in relatives' comments, for instance one relative told us, "I feel that the home has 100% involvement in my [family member's] care. I feel that independence is still being supported, for example my [family member] is encouraged to wash her face, and to hold her own cup."

People were encouraged to express their views as part of daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance, one relative had written, "Thank you all for looking after [family member]. She liked to chat with you and I knew she was happy staying at Victoria."

Is the service responsive?

Our findings

At the previous inspection in November 2017, we rated this key question as 'requires improvement'. Following this inspection, the rating remains 'requires improvement'.

At our last inspection, the provider had failed to operate an effective complaints system. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the visit, the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. During this inspection, we found the necessary improvements had been made.

People and relatives spoken with were aware of how to make a complaint and all felt they would have no problem raising any issues. One relative told us they had previously had some concerns which they had discussed with the manager. The relative told us, "The manager sorted things out straight away and I'm happy now." The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the provider's policy. Complaints had been recorded with details of action taken and any outcomes required.

People told us they were satisfied with the quality of care and support they received. For instance, one person said, "I think the staff respond quickly. I like it here. It's homely." Relatives spoken with felt staff were responsive and had a good understanding of people's individual needs. One relative commented, "I am amazed that even before I have needed to ask, things that have been required to support the recent changes in [family member's] health have been put in place."

We examined a sample of people's care files and other associated documentation. We found all people had an individual care plan, which was underpinned by a series of risk assessments. The care plans were split into sections according to specific areas of need. There were arrangements in place to review people's care plans on a monthly basis and we saw evidence of updates following people's changing needs.

Whilst relatives confirmed they had been consulted about their family member's care plan, people spoken with were unfamiliar with their plan. One person told us, "I have not seen my care plan. I tend not to discuss anything with the staff about my care. I just leave everything as it is" and another person commented, "I haven't seen a care plan, but staff respond to my wishes and do what I ask of them." This meant people had not been given the opportunity to participate in the planning of their care. This is important so the staff are aware of people's wishes and preferences.

We recommend the service seeks advice and guidance from a reputable source to ensure people are offered the opportunity to be involved in the development, planning and delivery of their care.

Following the inspection, the manager confirmed work was in progress to evidence people's participation in the review of their care plans. We will consider this improvement on our next inspection of the service.

We saw charts were completed as appropriate for people who required any aspect of their care monitoring,

for example, personal hygiene, behaviour, nutrition and hydration and pressure relief. Personal charts were stored in people's rooms to ensure staff had ready access to the documentation. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals were included in people's care plans. Staff also completed daily records of people's care, which provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.

The provider had systems in place to ensure they could respond quickly to people's changing needs. For example, staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had as well as details of any forthcoming appointments. We saw the handover records included an overview of people's needs and any associated risks. This meant staff and agency staff could access pertinent information quickly and easily.

Since the last inspection, a new activities coordinator had been appointed. We saw people were offered a range of activities both inside and outside the home. One relative told us, "My [family member] seems to like the activities here. You can see that she is really enjoying today's game of bingo. She seems a lot brighter and contented here." Activities inside the home included dancing, singing, gentle exercise and bingo. People were also offered the opportunity to go out on trips and had recently enjoyed visiting Reedley Marina. The manager and the activities coordinator explained they were planning to introduce a programme of activities using OOMPH! (Our organisation makes people happy) techniques. It was anticipated these new initiatives would be built on and further developed to provide positive activities and experiences for all people living in the home, including those people living with dementia.

One person told us during the inspection, the staff did not always have time to sit and chat. We checked the activity records for this person and noted there was a gap of a month between recorded chats. The manager explained staff did have regular chats but this was not always recorded. On the second day of the inspection, the manager told us he had spoken with the person and put arrangements in place for a member of staff to sit with the person and read the person's favourite newspaper together.

People were supported to have a comfortable, dignified and pain free care at the end of their life. People and their relatives were supported to complete care plans in line with their wishes and preferences. Wherever appropriate, people's care records contained information about their preferences on how they wanted their care to be provided. This included information about DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status. Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. We spoke with a relative whose family member was receiving end of life care at the time of the inspection. The relative told us, "I asked for some music. The CD player has come from the dining room and my [family member] can now listen to her favourite music." They added the staff had "Pulled out all the stops." A community professional also told us, "The staff really take advice on board and end of life care is excellent in the home."

People were supported to have information made available to them in their preferred formats, for example, large print in line with the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. We found there was information in people's support plans about their communication skills to ensure staff were aware of any specific needs.

Is the service well-led?

Our findings

At the previous inspection in November 2017, we rated this key question as 'requires improvement'. Following this inspection, the rating remains 'requires improvement.' This is because the management systems and processes had only recently been introduced and we need to ensure they are fully embedded and sustained over a period of time.

At the last inspection, we found the provider had failed to establish and operate an effective system for assessing, monitoring and improving the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice. During this inspection, we found improvements had been made.

Since our last visit, there had been two changes to the management of the home and one change in the nominated individual who represented the provider. The previous registered manager left the service in August 2018 and the new manager was appointed in October 2018. The current manager submitted his application to register with the Care Quality Commission (CQC) during the inspection.

People and the relatives spoken with were satisfied with the way the home was run and the management of the service. One person told us, "I think that he is a good manager. He is approachable and always has a smile, which makes me feel happy" and a relative commented, "I have met the manager and I find him very approachable and responsive. I believe that he would always listen." The manager told us he was committed to making improvements to the home. He said he wanted to improve some records to provide evidence of the time staff spent with people and introduce protected one to one time with staff for all people living in the home.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction questionnaire. We looked at the results of the last satisfaction survey carried out in December 2017 and noted people were satisfied with the service. The manager explained a new survey was due to be distributed.

The manager had introduced quality assurance systems and had reorganised all the office files. The quality assurance systems included a broad range of internal checks and audits which helped to highlight areas where the service was performing well and identified any areas which required further development. These included audits of the medicines systems, care plans, health and safety arrangements, accidents and incidents, staff training and supervision, infection control measures and checks on the environment. We saw action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.

The nominated individual told us he visited the service on a weekly basis and sent us evidence of his involvement and participation following the inspection. He explained the senior management team had developed a detailed provider report, which followed the key lines of enquiry published by CQC and as such

covered all aspects of the operation of the service. We were given a blank copy of the report during the inspection and noted it was due to be implemented in the near future. The nominated individual said the purpose of the report was to produce a quarterly Central Action Plan, which would satisfy the requirements for all regulatory and commissioning bodies.

Staff felt valued and worked well together. Staff members spoken with said communication with the manager was good and they felt supported to carry out their roles in caring for people. For instance, one staff member told us, "The manager helps us out and is on our side." Staff said they felt they could raise any concerns or discuss people's care. There was a clear management structure. Staff were aware of the lines of accountability and who to contact in the event of any emergency or concerns. If the manager was not present, there was always a senior member of staff on duty with designated responsibilities.

The manager was part of the wider management team within the organisation and met regularly with other managers to discuss and share best practice in specific areas of work. The manager told us he had specific management lead role for governance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.