

Qualia Care Limited

Duchess Gardens Care Centre

Inspection report

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Date of inspection visit:
31 July 2018

Date of publication:
04 September 2018

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 July 2018 and was unannounced.

Duchess Gardens 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. The care home is registered to provide 131 places. However, the manager told us there are no longer any double bedrooms so the number has been reduced to 85 places. The accommodation is provided in an adapted building and is arranged over four floors.

The service provides personal care and nursing care to people living with dementia, older people, younger adults, people with physical disabilities, people with sensory impairments and people living with mental health issues. At the time of our inspection there were 48 people using the service and one person in hospital. The number of people using the service was reduced as no admissions had been taken since the last inspection.

There was a manager in post who had applied for registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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.

Our last inspection took place on 31 October, 2 and 20 November 2017 and at that time we found the service was not meeting nine of the regulations we looked at. These related to person-centred care, dignity and respect, need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, meeting nutritional and hydration needs, fit and proper persons employed, staffing and good governance. The service was rated 'Inadequate' and was placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if any improvements had been made since the last inspection and if the service should be taken out of 'Special Measures.'

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures. However, while we concluded improvements had been made these need to be sustained and further developed to make sure people consistently receive safe and effective care and treatment. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

We found vast improvements had been made to the care and support people who used the service were receiving. They were being cared for by staff who knew them well and understood how they wanted their

care and support to be delivered. People were treated with kindness, compassion, dignity and respect. There was a relaxed and friendly atmosphere in the home, with good positive interactions between people who used the service and staff. There were enough staff to care for people and to keep them safe.

Care plans were comprehensive, person centred and up to date. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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 being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people during the day and night.

A good range of stimulating activities were on offer as well as trips out.

We found improvements still needed to be made in relation to staff recruitment. Staff training needed to be brought up to date and we made a recommendation about this. Staff morale was good and staff felt supported by the management team. Staff also received formal supervision where they could discuss their ongoing development needs.

Redecoration and refurbishment at the home was still on-going and we saw many areas had improved since our last visit. The home was clean, tidy and comfortable.

People knew how to complain if this was necessary. The complaints procedure was displayed and records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the manager and said they were approachable and supportive. They were praised for the positive changes they had made in the service making it a nicer place to live and work.

The provider had some effective systems in place to monitor the quality of care provided. However, these needed to be developed further and sustained over time. We made a recommendation about this.

We found one continued breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There were enough staff to provide people with the care and support they needed. However, staff were not being recruited safely.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were supported in their roles, however, training for staff was not up to date.

Meals at the home were good, offering choice and variety. People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them compassionate and kind. We saw staff treated people with kindness and patience and knew people in their care well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were a variety of enjoyable activities on offer to keep people occupied. Trips out were also organised.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

The service was not always well-led.

A manager was in place who provided leadership and direction and they had applied to be registered with CQC.

Some of the quality assurance systems in place were working well. However, more work needed to be done in some areas to drive improvement. The provider also needs to demonstrate they can sustain improvements over time.

Requires Improvement 

Duchess Gardens Care Centre

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 inspection took place on 31 July 2018 and was unannounced. It was carried out by two adult social care inspectors, an assistant inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. A paralegal from CQC was also present to observe the inspection process.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

On this occasion we did not ask for a Provider Information Return (PIR). This was because after the inspection in October/November 2017 the provider had sent us a detailed action plan telling us what they were going to do to make improvements. They had sent us regular updates so we could see what progress they were making. The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, five staff recruitment files and records relating to the management of the service.

We spoke with nine people who used the service, four relatives, nine care workers, one nurse, the chef, the head of activities, one housekeeper, the receptionist and manager.

Is the service safe?

Our findings

When we inspected the service in September 2017 we found the service was in breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to make all of the necessary checks before staff started working at the service. On this inspection we found there was a continued breach of this regulation.

We looked at the employment files of five recently employed staff and found the providers 'Staff recruitment and selection policy and procedure' was not always followed. This meant we could not be confident only people suitable to work in the caring profession were employed. For example, in two files significant gaps in employment had not been explored. One file did not contain photo identification. References had not always been taken up from the most recent employer and some references did not state the dates the person had been employed.

This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

When we inspected the service in September 2017 we found the service was in breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to identify or report some safeguarding incidents to the local authority safeguarding team as required.

On this inspection we found systems and processes were in place to ensure all allegations of abuse were investigated and reported both to the Local Authority Safeguarding Unit and the Commission [CQC].

People were kept safe from abuse and improper treatment. People who used the service told us, "The staff ask me if I am comfortable and if everything is alright." "I can talk with any of the staff." Visitors told us, "Staff always ask if we are alright or if we have any concerns about [relative's names] care." "I can call by telephone or go into the office; my questions always get an answer. Staff don't leave things they deal with them promptly."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, manager, safeguarding team, police and CQC. The manager had made appropriate referrals to the local authority safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

When we inspected the service in September 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not enough staff deployed to meet people's needs.

On this inspection we found improvements had been made, however, the views of people who used the service varied. People who lived on the residential unit seemed to feel there were not enough staff and they

were not always assisted promptly. These were some of the comments people made, "Staff are always busy and never seem to have enough time." "Staff always said they be back in two minutes but this was always 30 minutes and more."

Responses from people living on the nursing unit were more positive. People felt staffing levels were good and staff had time to spend with them. These were some of the comments people made, "Staffing levels are good, I look after myself so don't need much but they find time to sit and have a chat with me, which means a lot to me." "Staff go the extra mile for me, they are very prompt and if I hit the buzzer they know I must need help." A visitor told us, "We can usually easily find staff if we need them, they always pop in and say hello ask us if we need anything. Nothing is too much trouble."

Care workers we spoke with told us there were enough staff on each shift to ensure people's needs were met. They also said the use of agency staff had decreased which was a very positive thing. These were some of the comments they made, "We've probably more staff now than what we did. It's not agency either, they use hardly any agency. We're getting more consistency [of staff]." "There is now but before there wasn't enough. It's definitely improved. There are more nurses and staff. It's good now, it's definitely improved." "Yes, I think we've got enough. When staff ring in sick, sickness in a home can happen. It's gotten better because there's no agency coming in. Working with agency is like working with school kids. They just don't get it. We've got better staff that are more qualified."

The care team were supported by housekeepers, chefs, laundry staff and activities staff.

We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. We concluded at the current time there were enough staff on duty to care for people safely and keep the home clean.

The manager understood the need to keep staffing levels under review. They also acknowledged staffing levels would need to increase as and when new people wanted to move in.

Care records demonstrated risks to people's health and safety were assessed and plans of care put in place for staff to follow. This included risks associated with choking and nutrition. These were detailed and informed staff of how to deal with a range of scenarios. Recognised risk screening tools were used for pressure area care and falls. We saw specialist equipment such as pressure relieving cushions and mattresses had been obtained and were being used by the service to mitigate the risk of people's skin being damaged.

Where people had moving and handling care plans we saw there was detailed instruction for staff. This included how to support the person and which sling type to use.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The nurses, associate nurses or senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen. One visitor told us, "They give [relative's name] all their medication regularly. I have seen that they stay with and support them

and make sure they take their medication." Another visitor confirmed that medicines were given on time. They also commented they were always made aware of changes to their relative's medicines.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Personal emergency evacuation plans (PEEPS) were in place for the people who used the service. These gave information about what support people would need should an emergency arise. We saw the fire alarm was tested weekly and fire drills were held. However, we noted only six of the 19-night staff had taken part in a fire drill. We recommend fire drills are arranged to ensure all staff know what action to take should the fire alarm go off.

The home was clean, tidy and odour free, apart from one of the lounges which had an underlying odour. The manager told us action would be taken to remedy this. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. Liquid soap and paper towels were available for hand washing.

People who used the service made the following comments, "The home is fresh and clean, my room is cleaned regularly." "The cleaning staff wait until I go down to lunch and usually clean then." "The staff ask if it is ok to clean, I don't mind staying in my room I enjoy the chat." A visitor told us, "The home always seems clean to me. I have not noticed any unpleasant smells."

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Action had been taken to try to prevent any re-occurrence.

Is the service effective?

Our findings

When we inspected the service in October 2017 we found the service was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff training was not up to date and supervisions sessions were not being completed in a timely manner. On this inspection we found improvements in frequency of supervision sessions. However, more work needed to be done to make sure staff training was up to date.

The training matrix showed staff were not up to date with training which included fire safety awareness, safeguarding, people handling, infection control, basic food hygiene, health and safety, moving and handling and dementia awareness.

We asked staff if they had received any specialist training in topics such as Parkinson's or diabetes. One person told us, "There's four on this floor that have diabetes. I think there is a training [course] but I haven't done it yet." Another person said, "We do have quite a few residents with diabetes. We were given diabetes training from Diabetes UK. They covered it a little while ago. We do them every 12 months." This course was not included on the training matrix.

The manager was aware training was not up to date and was working with the providers training department to rectify this. Following the inspection they sent us a detailed plan of how and when training would be updated.

We asked people what had changed since our inspection in October 2017. One person told us, "Training, we've had different kinds of training come into place and management. The practice work we do is much more person centred. It's the way they [people who used the service] want to do things."

We asked care workers what happened when they first started working at the service. One person told us, "I had a week of shadowing people because I'd never been in care before and never done this job. So, I was watching people, learning how to do it. Then I had to do training, like moving and handling, fire safety. A man came in. They told us what to do when there was a fire, how to deal with it, where the nearest fire exits are and the meeting points. Infection control, about the yellow bags and laundry bags."

Staff were provided with supervision sessions which gave them the opportunity to discuss their work role, any issues and their professional development. One person told us, "We talk about work, how we're getting on, what could change, how could I move forward in my position. How I feel at work and how my work is, how I'm working and how my team leader or senior thinks I'm working. If I'm working well, they'll tell me. I know if I've got any problem, I can speak to my seniors or [Name of manager]."

Staff we spoke with told us they felt supported and said they could go to the manager or one of the management team at any time for advice or support. One person said, "If I went to them and I had a concern or problem, they would listen to me. They wouldn't just shut the door."

When we inspected the service in September 2017 we found the service was in breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we were not assured people were getting enough to eat and drink. On this inspection we found improvements had been made.

People's nutrition and hydration needs were met. People who used the service said there was a choice at meal times and said the meals were good quantity. They also said if they did not want what was on the menu they could order something else. People confirmed they could have drinks and food at any time of the day or night.

We saw jugs of juice were available in the lounges and in people's bedrooms. Fresh fruit was left out in bowls and other snacks such as biscuits, cake and crisps were also readily available.

We spoke with the chef who explained they were given information about people's dietary needs and preferences. At the time of our inspection they were providing a range of different diets.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

People's healthcare needs were being met. Where staff had been concerned or had noted a change in people's health we saw they had made referrals to relevant healthcare professionals. Care records showed people had access to a range of healthcare professionals such as GP's, district nurses, dieticians, opticians and dentists. For example, we saw care workers had referred one person to the speech and language therapy team (SALT). The care plan in place reflected the advice provided by SALT. One visitor confirmed that if they requested a GP or healthcare professional the staff would arrange this. They also said the staff were proactive in supporting their relative with their healthcare needs and arranged any healthcare they needed promptly and with their consent. Another visitor said, "Staff contact me if there is any change in [Relative's] health and if a GP has been requested or has visited."

We also saw a compliment from a GP which was written in April 2018 which stated, "I would like to confirm in my opinion in the past few months the service has improved in regard to improved communication amongst staff – mostly due to the consistent provision of nursing staff and hence their knowledge of patients. I feel we are now offering a much more cohesive team service to patients."

We saw some adaptations had been made to the premises such as signage on doors to help people find their way around the home. There had been a significant amount of redecoration and refurbishment and this was on going. We saw people were encouraged to furnish their bedrooms with personal possessions such as ornaments, pictures and photographs. The service had outside areas people could access safely. This meant the service had incorporated the needs of people who enjoyed spending time outside.

When we inspected the service in September 2017 we found the service was in breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because applications to deprive people of their liberty had not been made to the local authority. On this inspection we found improvements had been made.

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 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. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were two authorised DoLS in place. A number of applications were awaiting assessment by the local authority.

When we inspected the service in September 2017 we found the service was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service were involving people who were not legally authorised in decisions about care and treatment. On this inspection we found improvements had been made.

We saw people's consent was sought before care and support was delivered. Care plans considered people's capacity to consent to their care and treatment. Where people lacked capacity, we saw relatives had been involved in decisions as part of a best interest process.

The manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Is the service caring?

Our findings

When we inspected the service in September 2017 we found the service was in breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who used the service were not treated with dignity and respect. On this inspection we found improvements had been made.

Staff treated people with dignity and respect. Visitors made the following comments, "The cleaner is lovely and always enquires how [relatives name] is. They ask permission to clean each time as my relative is in bed now all the time on palliative care." "Staff always ask before they clean the room, if they can come in, I think that is really important, they don't just assume it is ok."

Staff communicated well with people to provide comfort and reassurance. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. We saw staff knocked on people's doors and consulted with them before supporting them with any care tasks. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.

People who used the service told us staff were mindful of their privacy. One person said, "When I need the bathroom they help me in but close the door to make sure I have some privacy but are nearby to help me when I need them."

When staff were providing personal care, a sign was put on the bed room door to inform other's personal care was in progress and not to enter.

We saw people who used the service looked well cared for and staff had given attention to their appearance.

Staff encouraged people who used the service to be as independent as possible. People told us they were encouraged to be independent and manage as much for themselves as they were comfortable with. Their comments included, "I do as much as I can for myself; staff ask what I need help with and are always there if I need anything." "I do as much as possible for myself, that's the way I like it." "Staff are helpful but not too much as they know it's better I do things for as long as possible for myself."

People who used the service told us the following about staff and living or staying at Duchess Gardens, "I find that staff are not all caring and compassionate, some are very young. The older staff are better." "Staff are kind and go the extra mile." "I think the staff are just great, nothing is too much trouble." Visitors told us, "They [staff] are always welcoming and make me a drink and ask how I am." "The care here is good. I would recommend this care home to others." "I can't compare to anywhere else but our experience has been extremely good, it has been a difficult time with [relatives' name] care as they have been on palliative care. The staff have always wanted the best for them."

We observed staff were consistently positive in their interactions with people, smiling and making people

feel at ease. One visitor told us, "Staff are really nice, interactions are good, sensitive and caring. The staff demonstrate a remarkable amount of patience. There is a good feel for the place."

Staff demonstrated they knew people well, their individual likes, dislikes and preferences. For example, staff could confidently describe how one person did not like to spend time in the lounge with other people and how this could impact on their behaviour. We spoke to the person who told us, "I don't like going to the lounge, I like my room." This was clearly documented in the person's care file. Visitors told us, "I think they know [relative name] as well as they can, they ask us what they would like and suggest different things for them. They want [relative name] to be comfortable." "Staff know everyone so well and their visitors, [Name] on reception is so friendly and helpful a great first impression."

Staff knew people's favourite activities and how they liked to be communicated with. Information about people's life history was included within people's care plans to aid staff to better understand the people they were caring for.

What staff told us about people correlated with what was recorded in people's care records for example, one person's care records documented, "[Name] likes to listen to classical music." When we visited the person in their room they were listening to Classic FM.

Staff we spoke with were positive about their role. They told us they enjoyed working with the people living at Duchess Gardens, which gave them lots of satisfaction. Comments included, "We may have struggled in some things, but, we really care about the residents". "I really enjoy working here. I treat these ladies and gentlemen how I would like to be treated. It costs nothing to be nice."

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the manager, staff, people who used the service and relatives showed us the service was pro-active in promoting people's rights.

Is the service responsive?

Our findings

There had been no new admissions to the service since the last inspection. The manager explained before anyone moved in they could come and visit the home and stay for a meal if they wished. Anyone thinking of moving in would be fully assessed to make sure the service had the right resources to meet the person's needs. When people moved in a more detailed assessment of their needs would be carried out and this information used to develop their care plans.

When we inspected the service in September 2017 we found the service was in breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the care and support being delivered did not meet their needs or reflect people's preferences. On this inspection we found improvements had been made.

People who used the service and relatives told us they had been involved in the care planning process. One visitor said, "I often am invited to discuss [relatives] care plan. The staff ring us keeping us up to date or have a word when we come in."

We saw a recent [July 2018] compliment had been received from a social worker, as follows, "Review visit undertaken, annual local authority review of service user care plans and placement. I was very impressed with the quality of information in the care file and impressed with the knowledge the manager had about the service user."

Care records were detailed and reflected people's individual care and support needs as well as personal preferences, history, likes and dislikes. One visitor told us, "Staff have picked up on [persons] likes and tastes in music, when I visited they were playing her favourite music."

People had a personal profile in place on their bedroom door which included information on likes and dislikes and some brief information about the person.

When we inspected the service in September 2017 we found the service was in breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because not enough had been done to mitigate risks to people using the service. On this inspection we found improvements had been made.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

We also saw heat wave care plans in people's care records and risk assessments for the use of electric fans. This showed us the service was responsive in making sure people were as comfortable as possible in the

unusually hot weather.

People's end of life care needs were planned for. One care plan we looked at gave a reasonable amount of information about the person's wishes and those of their family. Others needed developing in relation to people's wishes.

Complaints were taken seriously and investigated. The complaints procedure was detailed in the service user guide. One person who used the service told us, "I would talk with relatives probably first but they would pass on anything serious. Nothing to complain about though, niggles get sorted." A visitor told us, "I speak with the staff at the time. They always sort out anything that you need."

Any complaints which had been received had been logged together with the outcome.

We asked how the service worked within the requirements of the Accessible Information Standard 2016. The manager told us people had communication care plans in place. We saw these documents in people's care files. The manager explained for some people who had difficulty communicating they have used flash cards and showed objects.

People had communication care plans setting out how staff were to communicate effectively with them. Information was personalised for example, "Staff should be at eye level and speak slowly. If I don't understand this should be rephrased and ensure that you use simple sentences."

People were being offered a range of stimulating activities during the day. People who used the service told us, "I am offered to join in activities but don't want to, they ask me every now and again but I am just not interested." "I take part in the bingo and the movie night and enjoy going on the trips too." "I enjoy the baking sessions, making buns and we have a great laugh." "I follow my football and favourite team, staff have helped with this." One visitor told us, "Activities are very good. [Staff] has some great ideas, trips out as well. [Person] is a committed Christian. They take [person] to the church service. I didn't have to tell them about this."

The staff team demonstrated a commitment to supporting people to engage in interests and activities within the home and in the community. People who used the service were asked what activities they liked to do and this information had been recorded in their care plan.

A head of activities and two co-coordinators were employed. Throughout the day, we observed activities taking place which people were engaged with and enjoying.

People had access to a range of activities such as sing along, hairdressers, crafts, baking and bingo. A Hawaiian day had been planned for August along with day trips with a picnic.

Is the service well-led?

Our findings

When we inspected the service in October 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes to monitor and improve the service were not working. On this inspection we found improvements had been made. However, because of the continued breach of Regulation 19 (Fit and proper persons employed), staff training needing to be brought up to date and improvements needing to be sustained over time, this section of the report has been rated as 'requires improvement'.

Audits were being completed, which were effective in identifying issues and ensured they were resolved. These included care plans audits, medicine audits, meal service audits and environmental audits. We saw if any shortfalls in the service were found action had been taken to address any issues.

Night checks were also being completed and in July 2018 one of these had identified more fire drills need to be completed at night.

The provider completed monthly visits and these visits were also picking up any shortfalls. For example, supervision sessions for staff were not all up to date. An action plan was then developed with the manager to address this.

Whilst systems were in place to monitor training needs, they were not effective in showing the manager who required training and when, without them having to manually check who was due for a refresher. The manager had to cross check the matrix with the database and review input from a dedicated trainer. This had caused a delay with staff receiving refresher training. We would recommend the current system is reviewed to ensure training is kept up to date.

There was a manager in post who provided leadership and support. They were supported by a nurse clinical lead and heads of each department. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic. Staff we spoke with were positive about their role and the management team. One person told us, "I feel very supported by the management team. They are more approachable than anywhere I have worked before. They are open to ideas and suggestions."

We found the management team open and committed to make a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. One person said, "I enjoy working at Duchess Gardens. I like the staff and I get on with the residents. It's a friendly environment. I would recommend it."

Staff made the following comments about the manager, "[Name of manager] is doing a cracking job and gives us loads of feedback." "[Name of manager] is approachable and every day they walk around and talk to residents and staff." "[Name of manager] gets things done and people want to do it." "[Name of manager] is a good leader and works hard. They know how to talk to you." "The manager is very approachable and supportive. I had a few issues with my rota, the manager sorted it out of me."

We asked staff what had improved since our last inspection in October 2017. These are some of the comments they made, "There has been a massive improvement. The quality of staff is better and staff morale has improved." "The service is 100% better than before and there is a nice relaxed atmosphere. Residents, staff and visitors are happier, it's a different place." "[Name of manager] has driven the improvements and respects you and works with you. People living here are happier, there are more activities and we [staff] have more involvement with people. It's nice to come to work and have staff who will work as a team." "The quality of care has got a lot better. The home itself - it's been a lot better. The managers are more involved in stuff."

People's views about the service were sought and acted upon. For example, a survey had been given to people to find out what activities they wanted. People had asked for more trips out, shopping trips, going out for meals and picnics in the park. The head of the activities department had sourced a minibus for people to use so more trips out could be arranged. We saw a photograph of people enjoying a day out to Morecombe.

Residents and relative's meetings were also held to get people's views and the minutes were displayed in the entrance area.

The manager had worked in partnership with the local authority commissioning team, the local clinical commission group commissioners and local authority safeguarding team to bring about improvements to the service.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.

We concluded the service was now being well managed and that significant improvements had been made to the governance and audit systems. Which had ultimately made a big improvement in the care and support people were receiving. However, whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not being operated effectively and required documentation was not available. Regulation 19 (3) (a) and (b)