EvoCare Ltd

Somerset Villa

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

.The inspection took place on 3 and 11 January 2018.

Somerset Villa provides accommodation, support and care for up to 16 older people, some of whom are living with dementia. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 14 people were using the service.

There was a registered manager in place. 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.

At our last inspection of this service on 17 May 2017 we rated the service Inadequate and placed it into special measures because we had some serious concern relating to the staffing levels and staff training, recruitment practices, management of risk and of medicines, consent, nutrition, complaints and overall governance of the service. We issued requirement notices for all these breaches of regulation. Since that inspection the service has been acquired by a new owner and a new registered manager has been appointed. The new owner and management team provided us with action plans showing us how they would make the required improvements. They kept us regularly updated on the progress of these action plans. At this inspection we found improvements in all the areas we had previously been concerned about. It was clear to us that a great deal of hard work had been carried out by the new owner of the business and the registered manager. This had brought about some significant improvements at the service and further improvements were planned.

People who used the service and relatives were happy with the care provided and all praised the way the new provider had made positive changes to the safety and quality of the service.

People received safe care. The registered manager assessed and managed risks well. People were supported to be as independent as possible and involved in their local community. Any associated risks were incorporated into their care plan.

Medicines were mostly well managed and people received their prescribed medicines on time. Occasional stocktaking errors meant we could not be fully assured that all medicines were being given as prescribed. The registered manager took prompt action to address the issue and planned to provide staff with further training and support.

Staff understood their responsibilities with regard to keeping people safe from the risk of abuse. Staff were confident and knew how to raise concerns. Individual safeguarding incidents were well managed and the provider was open and transparent when carrying out safeguarding investigations.

Infection control procedures were in place and staff demonstrated a good knowledge of how to reduce the risk and spread of infection.

Staff were trained to carry out their roles and felt supported. A structured system of induction, training, supervision and appraisal had been set up since the last inspection and was welcomed by staff.

People's needs related to eating and drinking were managed well and records were good. Staff demonstrated a good knowledge of people's particular needs in this area, although choice could have been improved.

People had good and prompt access to healthcare and staff worked well with other healthcare professionals to meet people's needs in this area. Healthcare records had been reviewed and were now electronic, which meant information was more easily shared with relevant health professionals.

The service mostly worked in line with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. Some further work was needed to ensure that all decisions taken with regard to the sharing of rooms were done in line with the MCA. Shared rooms did not afford people total privacy and the service needed to confirm that all the people who share rooms were happy with the arrangement.

Staff were kind and caring and demonstrated that they had built up good relationships with the people they were supporting and caring for. People were supported to be as involved in decisions about their care as they wished to be.

People who used the service had the opportunity to follow a variety of hobbies and interests and the provision of activities had greatly increased since our last inspection. Activities were inclusive and many were tailored to those people living with dementia.

New care plans were detailed, person centred and reflected people's individual needs and preferences. People confirmed that their wishes with regard to their care, were respected.

Care for people at the end of their life was good. There was a commitment to ensuring people had a dignified and pain free death and their wishes relating to the end of their life had been established and recorded.

The service was well-led by the newly appointed registered manager. There was a clear vision for the service and a structured approach to driving improvement. Staff were well supported and there were excellent quality assurance systems in place. We had confidence in the registered manager to continue delivering the good practice we found and to address the concerns which remained. A significant change in the quality of the service had taken place in a short space of time and this is to the new provider's credit.

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.

There were enough staff to make sure people were safe.

Medicines were mostly well managed and the registered manager assured us they would immediately address the few stocktaking errors we identified.

The provider assessed and managed risks well.

Staff understood their responsibilities to keep people safe from abuse and were confident about reporting any concerns.

There were good procedures in place to reduce the risk and spread of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not unlawfully deprived of their liberty. Some further work was needed to ensure the service always worked in line with the Mental Capacity Act 2005 to protect people's rights. People's consent to sharing a room, and all the implications of this, needed further review.

The design and layout of the building was suitable for the client group but shared rooms did not afford sufficient privacy.

A new training programme was in place and staff received the training they needed to carry out their roles.

People's needs related to eating and drinking, and to their health were well managed. The service worked in partnership with other healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were patient and treated people with kindness and respect.

People were involved in decisions about their care and were very positive about the care they received.

Staff worked in a way which maintained people's dignity.

Is the service responsive?

Good

The service was responsive.

Care plans had been reviewed and replaced with a more detailed electronic format which reflected people's individual needs.

There was a range of activities for people and a real commitment to inclusive opportunities for everyone to follow their own hobbies and interests.

There was a complaints procedure in place and complaints were managed well.

People's end of life wishes were recorded and the service provided sensitive care to people approaching the end of their life.

Is the service well-led?

Good

The service was well-led.

The service was well led by a management team who were open, inclusive and empowering.

People were consulted and involved in the running of the service.

There were robust systems in place to monitor the quality and safety of the service and drive further improvement.

Somerset Villa

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 3 and 11 January 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience on 3 January and by one inspector on 11 January. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed all information available to us. This included a Provider Information Return (PIR). A PIR is a form completed by the registered manager to evidence how they are providing care and documents any improvements they plan to make. We also reviewed notifications. Notifications are information about specific events that the provider is required to send us by law.

We spoke with ten people who used the service and one relative. We also spoke with four members of the care staff including one senior staff member, the cook, a visiting healthcare professional, the registered manager and the owner of the business. We reviewed four people's care records, five medication records, two staff files and other records relating to the quality and safety of the service. We also carried out a SOFI observation. This is a structured observation that helps us understand the experiences of people who aren't able to communicate with us easily.

Good

Is the service safe?

Our findings

At our last inspection we rated this key question as Inadequate because we had some serious concern relating to the staffing levels, recruitment practices, the way risks were assessed and managed and the management of medicines. We issued requirement notices and the new owners provided us with action plans showing us how they would make the required improvements. They kept us regularly updated on the progress of these action plans. At this inspection we found improvements in all the areas we had previously been concerned about.

People who used the service all told us they felt safe and trusted the staff to look after them. One person said, "The staff do keep you safe. They are always on the lookout for you." Another person noted, "They have upgraded the alarm system and the fire bells and the call bells which I think is good." A third person commented, "I stay in my room and they are always coming and checking on me."

The newly registered manager had reviewed staffing levels and staff told us they found that there were enough staff to meet people's needs. People who used the service told us that staff were quickly on hand if they needed them and we observed staff providing attentive care in a timely way. One person said, "My call bell is right next to me and they come as quickly as they can. They have other jobs to do but I've never found it to be a problem."

The service used a recognised dependency tool to establish staffing levels and rotas confirmed that staffing was in place in accordance with this. We observed that staff were very busy but still made time to sit and chat to people when they were able to. Staffing in the evenings reduced to two. Staff told us that this was sometimes a stretch as everybody needed a degree of support to go to bed, with three people needing hoisting. The registered manager told us they were looking to appoint some additional bank staff to help out when staff went off sick but that the baseline staffing would stay the same and would be increased as additional people moved in.

We noted that a lot of people spent time in the main lounge and very few remained in their rooms. This created a very sociable area and also meant it was easier for staff to have an overview of everyone. A new activity co-ordinator was in post. This additional key staff member meant that care staff had more time to attend to other care tasks without leaving people unoccupied or unsupervised.

We checked staff recruitment records and found that there was a robust recruitment procedure in place. This included face to face interviews, job references, proof of identity and a full history of people's previous work experience. The provider also carried Disclosure and Barring Service (DBS) checks to make sure people did not have any convictions which would mean they were not suitable to work in this type of service.

The registered manager had a good overview of risk and carried out a robust programme of risk assessment. This covered a variety of risks including people's risk of falling, of developing a pressure ulcer and risks associated with eating and drinking, moving and handling and particular health conditions. Pressure

relieving equipment was made available to people as quickly as possible and we noted that pressure mattresses were on the correct setting to help ensure people did not develop or worsen any pressure related injury. Care records sometimes indicated that pressure relief was not consistently provided at night for one person but the registered manager told us this was a records issue rather than a lack of care. They assured us they would remind staff to ensure the records were accurately completed. Nobody had a pressure ulcer at the time of our inspection.

There was robust management of people's risk of falling. The provider had liaised with the local GP service to review people's medicines, where these were considered a possible contributory factor in a person's risk of falling. We also saw that the registered manager had put other measures in place to reduce people's falls risk. For example they had arranged for a sensor mat to be put in place to alert staff when one person was moving around their room and had shown another person how to use the call bell. These measures had resulted in a reduction in falls for all three people.

The registered manager assessed risks associated with the environment and staff took action to mitigate these risks. For example we saw window restrictors were now in place to prevent people falling from height and the risks of electric cables and uneven paths had been considered. Regular checks of water temperatures and the checking and servicing of safety equipment meant that risks were reduced as much as possible. When people went into town for social activities we saw that all aspects of their trip was risk assessed and measures taken to reduce any perceived risk.

Fire procedures had been recently reviewed and each person had their own emergency evacuation plan. The registered manager held regular fire drills and we saw that they learned from any issues raised and discussed these with the staff. For example we saw that it had been agreed that staff would be unable to safely evacuate one person. This fact was understood by staff and the issue was clearly recorded. Staff knew they should highlight this to the fire service in the event of a fire at the service. Contingency plans were in place to ensure that people had a refuge to go to should they be unable to remain at the service in the event of an emergency.

There were measures in place to protect people from the risk and spread of infection. The kitchen was well organised and hygienic and staff had received training in food hygiene. We noted some meals had been plated up and were left on the side. The provider assured us that these had only just been plated and were due to be appropriately stored. Domestic staff carried out a structured cleaning programme and we noted the service was clean, tidy and free from odour. Staff were knowledgeable about infection control matters. A recent outbreak of a sickness bug had been well managed and because the staff had followed best practice procedures and worked quickly they had ensured only four people were affected. There were plentiful stocks of protective equipment such as gloves and aprons and staff demonstrated good infection control practice during our inspection visit.

Medicines, including controlled drugs and homely remedies, were mostly very well managed. However, stocktaking errors for two medicines meant we could not be fully assured that these medicines were always given as prescribed. We spoke with the registered manager about this and they told us this was a records issue and a matter of further staff training for one member of staff. We were assured by this information and judged that overall medicines were well managed.

Where people had been prescribed antibiotics or other short course medicines we saw that these were quickly made available to people. For example, we noted that three people had seen the GP, had antibiotics prescribed and had received the first two doses of a short course all on the same day.

PRN protocols were in place to guide staff about when exactly certain medicines needed to be given. PRN medicines are those which are needed only occasionally, such as for pain relief, rather than those which are routinely prescribed and needed on a regular basis. We observed staff administering medicines and they were diligent and patient. One person who used the service said, "They make sure I take my tablets. I don't have to worry as they look after me." Another person explained, "I always get my pills on time. They wait with me while I take them." We observed staff asking people if they needed any pain relief. One person took a long time to answer and the staff member went through each part of the body asking the person if their arms, legs or hands hurt. Staff who administered medicines had received appropriate training and the registered manager kept their practice under review.

There was a safeguarding policy and procedure in place. Staff received training in keeping people safe from abuse and knew how to recognise the signs that someone might be at risk of harm. Staff were clear about how to raise a safeguarding concern formally if they needed to. The service had notified CQC and the local authority of any safeguarding concerns and had cooperated fully with any subsequent investigations.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, under the previous owners, we rated this key question Inadequate because we had some serious concerns relating to the training and supervision of staff, consent and the management of people's eating and drinking. We issued requirement notices and the new owners provided us with action plans showing us how they would make the required improvements. They kept us regularly updated on the progress of these action plans. At this inspection we found improvements in all the areas we had previously been concerned about but some further work is required relating to how people's consent to care and treatment is sought.

We found that the service was not always clear about the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure particular decisions are taken in people's best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation and the least restrictive option is chosen. The registered manager understood their responsibilities with regard to DoLS and knew when to make a referral to the local authority.

Some staff had received MCA and DoLS training and completed workbooks. This training was planned for others. Staff we spoke with had a basic understanding of how to ensure people's rights were protected. People were involved in decisions about their care as much as possible but some records were confusing and contradictory. For example, one person's care plan stated that the person did not have capacity to make decisions but then also stated that the person had given written consent. The capacity assessment we saw was a general one and did not relate to any specific decision being made. We did however see other assessments for specific decisions and noted that a best interests meeting had been held for one person to determine the best way forward with one aspect of their care.

We spoke with the registered manager and the provider about the MCA and how the service applied it. We saw that most plans included records to show that people had consented to elements of their care and treatment, consent to have medical records shared for example or for photographs to be taken. However, the provider agreed that this area of some care plans needed further review. They also told us that the person whose plan we had been looking at needed a reassessment of their capacity as they had recently had a reduction in medication. The provider felt this could have a positive impact on their ability to process information and make decisions.

At our last inspection we found that there was no record confirming that people had consented to sharing a room. Where people lacked capacity to give informed consent themselves no best interests meetings had been held and it was not clear how people's rights were being protected. At this inspection we saw that the provider and registered manager had done some work on improving records relating to the shared rooms at the service, however some concerns remained.

One room was being made ready for a married couple. We discussed how MCA assessments and best interests meetings, if required, would have to be undertaken even though the room was for a married couple. We understood, from talking to one person, that they were happy with the shared arrangement but records were very brief and did not fully assure us that all the people who shared rooms were happy to do so. Records did not show that people had had their rights explained, especially in the event of a new person moving in. One person told us they had not enjoyed previously sharing a bedroom. We asked how they would feel if another person came to fill the vacant bed. They said, "I couldn't have that but what can I do? I wouldn't like it. I like to be on my own." The manager told us that this person had capacity to make decisions and the matter had been discussed with them. We were not fully assured that all relevant info ration had been shared with the person so that they could make a fully informed decision.

The concerns over people's consent to share were a particular issue as the rooms were mostly divided by a curtain. New curtains had been fitted since our last inspection and these afforded people more privacy and rooms had been nicely and individually decorated. However, some rooms were not en suite rooms and the positioning of the main door meant that one person had to enter the room in the other person's part of the room. We did not see how this arrangement could ensure a person's dignity was maintained while they were using the commode, although staff assured us they were able to manage this difficult situation. The provider and registered manager were both willing to consider how to take this matter forward and were keen to address our concerns.

Other aspects of the environment were greatly improved since our last inspection and most of the service had been redecorated. Plans were in place for further work to be done to the garden and conservatory to benefit the people who used the service. A lot of new equipment had been bought and carpets had been replaced. One relative commented, "There have been massive improvements here. Decorating [and] tidying up."

The layout of the service made it possible for people to walk about independently and the overall impression was of a bight and cheerful service. People looked comfortable in the new armchairs and all the recent changes to the environment were viewed very positively by the people who used the service, relatives and staff.

People who used the service trusted the staff to look after them and praised their expertise and skill. One person said, "The staff are smashing. They can't do enough for you." Another person commented, "They [the staff] will help me if I need to talk about anything." Many people told us that they felt the staff knew them well and found this reassuring. One person explained this saying, "The staff seem to know about us and what we like."

Staff received the training they needed to carry out their roles effectively. When staff were first employed they underwent a comprehensive and structured induction and had their competency to carry out certain tasks checked by the registered manager. We saw that one member of staff had been observed helping someone to eat their meal for example.

Staff received a variety of training including moving and handling, fire safety, pressure care, safe use of chemicals, infection control and dementia. The registered manager was planning further training and some specialised courses had been provided. For example one person had been trained to check people's blood pressure and heart rate and update the local GP service with the latest readings. Staff were positive about the new training opportunities they had been provided with. One person said, "It has changed for the better – much more training."

Staff told us they felt supported and we saw that there was a supervision and appraisal system in place. The registered manager was committed to the support and development of their staff. One staff member told us, "[The registered manager] is very good. [The deputy] is very approachable and kind. They both listen."

People who used the service had their needs assessed before they began to receive a service. This was done to ensure the service could meet their needs and took into account information handed over from families or other healthcare services. Assessments documented people's needs and preferences and what was important to them. People's needs had recently been reassessed as part of the process of moving care plans onto an electronic system. Assessments were detailed and documented who had been involved in each part of the assessment.

People's needs were assessed in line with recognised industry tools such as the malnutrition universal screening tool (MUST) and Waterlow. These assessments determined people's level of risk relating to nutrition and to pressure care. We found that the service assessed people's needs and acted on the level of risk they found.

People's healthcare needs were met. Staff reported and discussed any health concerns with professionals such as district nurses, speech and language therapists, opticians, GPs, psychiatric nurses and occupational therapists. Staff were knowledgeable about people's needs relating to their health. We received very positive feedback about the service from a visiting healthcare professional. They told us, "We are called in appropriately. The new digital passport is very useful as often in care homes you can't find the information you need but with this it's all in one place.….They are organised about how they manage people's mobility." The new electronic records linked more closely with the GP and hospital record systems and was designed to ensure a more consistent and holistic approach to managing people's health needs.

We noted that, where needed, records were kept to monitor people's food and fluid requirements and these were mostly well documented. However, some records did not evidence that people were always sufficiently monitored. One person, who was at risk of not drinking enough, had a very low intake of fluid recorded but no action was documented in the records in response to this Other healthcare records had similar omissions. One person's bowel chart showed a gap of six days. No action was identified in response to this and it was not clear from the records what the threshold for taking any action, such as the promotion of laxatives, would be. Another person's turn chart did not match the care plan and suggested the person was not being repositioned frequently enough. We discussed these issues with the registered manager who assured us they would take prompt action.

People told us they were happy with the food, although several people commented that they did not get a choice unless they did not like the main meal. One person praised the food saying, "The food is always nice. If I don't like something they will make me something else." Another person said, "I love my lemonade and orange. It keeps me happy. They always fill my drink up for me when they pop in." All the people we spoke with felt that food and drink was plentiful and mealtimes were sociable and enjoyable occasions.

Kitchen staff had a good understanding of people's needs related to their eating and meals were fortified with cream to provide extra calories for those at risk of unplanned weight loss. Staff contacted the GP to request a referral to a dietician when people had a significant weight loss and reduced appetite. Similarly, staff requested the input of speech and language therapists to assess and monitor people who had swallowing difficulties. The registered manager told us that both these referral processes were not straightforward and outlined the difficulties. We saw that the process was complicated and took a considerable time. However the manager and the provider had excellent knowledge and skills in this area and were able to put sensible measures in place to keep people safe and promote good nutrition while they

waited for further professional input.

Good

Is the service caring?

Our findings

People who used the service, and their relatives, were very happy with the way staff provided care and support which was respectful and which maintained people's dignity. One person said, "Staff make sure I am covered and I don't get cold when they wash me." Another person commented, "The staff make sure I don't get exposed and they always knock on my door before they come in." A third person said, "The staff are really nice to me, so kind and very helpful."

Staff were kind and spoke to people with compassion, patience and respect. Although staff were clearly busy, they took time to stop and talk to people and listen. They were patient with people who took a long time to communicate with them. We observed a person spilling a drink and a staff member discreetly helping them mop up the spillage and get dry and comfortable. Many people told us they would not hesitate to speak to a member of staff if they were anxious or worried about anything. One person said, "Everyone is so nice and friendly."

Staff provided people with guidance, reassurance and eased any distress. Relationships were easy and relaxed and this created a pleasant and friendly atmosphere in the open plan lounge and dining room which was at the heart of the service. Staffing was arranged with regard to people's preferences. One relative told us, "My [relative] wanted a female carer all the time. We asked for this and it was agreed."

People were involved, as much as possible, in making decisions about their care and support and had signed care plans to reflect this. The provider had reviewed care plans and introduced some new systems. We could see that at each stage people, and where appropriate their relatives, had been involved in decisions about care and treatment. We saw care plans which stated that a person should be 'involved in decisions to the best of their ability'. A relative told us, "I know the care plan was discussed with [person's daughter] and she said they went through everything with her."

Staff respected people's privacy and their personal space. They spoke respectfully to people throughout our inspection and people confirmed this was always the case. We observed staff knocking and waiting before entering people's rooms and asking people's permission to provide care and support. For example, we overheard one carer asking a person, "Would you like me to assist you with your meal?" The activities co-ordinator told us they had liaised with local shops to do some dignity awareness work and a coffee morning was planned with local businesses.

Although we had some concerns with the provision of shared rooms we did not receive any negative feedback about this in terms of people's privacy. One person said, "The staff knock on my door – they don't need to but they do it anyway. I don't mind sharing a room."

Staff provided sensitive support to people throughout our inspection visit. We observed that one person had their family to visit while a quiz was taking place. The person complained that they could not hear their visitors talk so staff halted the quiz for the duration of the visit and then recommenced when the visitors left. This was done with minimal fuss and staff occupied people with other activities in the meantime.

Good

Is the service responsive?

Our findings

At our previous inspection, under the previous owners, we rated this key question as Requires Improvement and identified breaches of regulation relating to the management of complaints. At this inspection we found improvements overall and had no concerns with the way complaints were being managed.

The service was responsive to people's individual needs. The registered manager had reviewed care plans and put information onto a new electronic format. We saw that the new style care plans included comprehensive information and specific details about how people liked to receive their care and support. Staff and visiting professionals were positive about the electronic records and felt they improved the communication of important information. One staff member said, "I love it. It's really easy and much better". A healthcare professional commented, "The new digital passport is very useful as often in care homes you can't find the information you need but with this it's all there for you in one place."

When people's needs changed we found that care plans were reviewed and promptly updated to reflect the new circumstances. There were clear procedures for handing over information from shift to shift. One staff member told us, "We have half hour handover between shifts to share information with the night staff."

People told us the staff provided care which reflected their choices and preferences. One person commented, "The staff leave me to live my life as I wish. I like to do my own thing." Another person told us, "I get up about 9am which suits me and I go to bed when I feel like it. I do what I want." Care plans documented people's specific needs and preferences and clearly identified important information staff needed to be aware of. For example one person's plan stated 'Experiences moderate discomfort during transfers'. Staff demonstrated they were aware of this information and took extra care when supporting this person with their mobility needs. Another person's plan identified clearly that they should be given opportunities for a quiet time to themselves.

The registered manager had appointed a new activities co-ordinator since our last inspection. They had done a lot to promote opportunities for people to follow their own interests and hobbies. Feedback about activities was very positive. One relative said, "The residents seem happier and the interaction with [the activities co-ordinator] has been great. The residents can see what is going on and are joining in more." People were able to join in as much as they wanted. One person explained, "They tell me what is going on and sometimes I go downstairs to join in and sometimes I stay in my room."

During our inspection visits we saw people doing arts and crafts, flower arranging, a quiz and an entertainer visited. People also told us they had had the opportunity to use some virtual reality technology to visit places from their past and had really enjoyed this. One person had been supported on a visit to the local model shop. This had been a former passion of theirs but they had not had the chance to go for a long time. We saw the model that they had made after this trip.

Staff had made sensory pillows for people living with dementia. We saw these scattered about the service and noted one person using one. Activities were very inclusive. For example, we observed how the activity

co-ordinator, who had previous experience in supporting people living with dementia, made sure each person had a chance to answer questions in the quiz rather than allow anyone to dominate.

There were some activities which were specifically tailored to people. One person liked to match numbers to a chart of sayings and all staff were aware of this. Others were supported to follow interests related to their pasts or former professions. The activities co-ordinator kept clear records of sessions and reviewed each one. Where things had not gone well, they changed their approach. They told us, "We get feedback on every group. The matching quiz didn't go well so we won't do it again."

The service had a complaints policy and procedure in place. People told us they knew how to make a complaint and information on how to do this was displayed. There was an accessible complaints procedure with pictures for people who struggled to process written information.

The service had received one formal complaint since our last inspection. The registered manager had addressed and resolved the complaint in line with the service's policy. The person making the complaint had received a timely written response and the matter had been resolved to their satisfaction. The registered manager told us that feedback surveys were sent out to relatives and any informal issues raised as a result of these would be addressed promptly.

The registered manager was committed to ensuring that people received good care at the end of their life. Care plans contained information about people's final wishes and their preferences for how they wished end of life care to be provided. Relevant people, such as family members, had been involved in documenting people's wishes, where people were not able to advocate for themselves. Records confirmed that preparatory medicines were in place in a timely way to help control any pain or anxiety a person might experience.

Good

Is the service well-led?

Our findings

We carried out our last inspection while the current owner was in the process of buying the service. During that inspection, we rated this key question Inadequate with breaches of regulation relating to the governance of the service. We did this because concerns raised at the previous inspection carried out on 10 May 2016, under the old provider, had not been addressed and the leadership of the service had in fact deteriorated since that point rather than improved. At the inspection we carried out on 17 May 2017 we identified further concerns with the safety and quality of all aspects of the business. We did not take enforcement action against the provider at that point as we were aware that a sale of the business was in progress. This sale has since taken place and the new provider and new registered manager demonstrated good leadership of the service during the difficult transition period. At this inspection we noted many improvements throughout the service.

The new registered manager was open, transparent and honest. They had recently been registered with CQC and were fully aware of their responsibilities to report significant information to CQC and to work within the regulations. In the intervening time since our last inspection the registered manager had kept us fully informed of how they were addressing the concerns we had raised at our last inspection. They sent through regular updated action plans. We also noted that they understood their responsibilities to report any safeguarding concerns to the local authority and we saw that they carried out appropriate investigations when asked.

We received positive feedback about the new provider and the new management team from people who used the service, relatives, staff and visiting professionals. The registered manager had gained the confidence of the staff. One staff member told us, 'The manager is firm but fair. She knows what she wants to happen and she will make sure it does." Another staff member echoed this saying, "The manager is determined to improve things here and she is already making a difference. She is doing what is needed."

The registered manager and new provider had quickly identified the areas for improvement at the service and had begun to take action to address these. We found a shared commitment to continued improvement at the service and honesty about the issues which still required some attention. The vast majority of the issues we found on inspection had already been identified by the manager and actions were already planned or in place.

Staff told us they felt supported by the registered manager and included in decisions about the way the service was run. A wellbeing employee assistance programme was in operation and we saw evidence of staff being offered a great deal of support to carry out their roles. The registered manager held regular staff meetings and staff were expected to attend. We noted that the registered manager had sent letters out to all staff to thank them and state that there was not to be a blame culture at the service. The registered manager carried out a staff survey to gauge staff opinion and took on board any suggestions for how to promote good practice at the service and further integrate people into their local community.

The registered manager had also sought feedback from people who lived at the service, relatives and

visitors. We saw the most recent surveys and comments were very positive, such as 'I am always asked about activities' and 'I can say anything I want to with no worries'. One visitor had commented 'I have seen more residents socialising'. Resident meetings and relatives meetings gave people a chance to suggest ways the service could develop. We noted that clear minutes were kept and agreed actions were followed up. For example, one residents meeting had included a discussion on getting a pet and the service was taking this forward.

The registered manager was well supported by the provider and told us they worked well together. There were a number of new procedures in place and we appreciated how hard the registered manager and provider had worked to begin to turn the service around.

Overall monitoring of the quality and safety of the service was good. There was a robust system of audits in place including those regarding health and safety, infection control, weights, medication, the kitchen and the laundry. The provider carried out a monthly visit and the registered manager carried out a daily walk round, although records of this were not always completed. Accidents and incidents, such as falls, were kept under review and measures taken to reduce occurrences. We saw that actions identified at each of the audits were followed up promptly.

Records were mostly clear, well organized and kept securely. The new electronic care plans occasionally contained contradictory information. The provider agreed that these needed to be reviewed to make sure all information was completely clear. The provider had also introduced a form for staff to record significant events. This involved some duplication of records and staff were not able to explain to us the benefit of this recording. We discussed this with the registered manager who assured us they would review these forms with the provider.