Primrose (2013) Limited

Blackdown Nursing Home

Inspection report

Mary Tavy
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This comprehensive inspection of the Blackdown Nursing Home took place on 31 October and the 8 November 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming. The second day of the inspection was announced.

Blackdown Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection. The service provides care and accommodation for up to 33 people who may require nursing care or who are living with dementia. On the first day of the inspection there were 31 people staying at the service.

The home is a detached property located in the small town of Mary Tavy, near Tavistock. There are two lounges and a large dining room for people to use. There is a large garden with views of surrounding countryside.

At the last inspection in August and September 2017 we found the provider in breach of four Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured people's care and treatment were appropriate and their needs and preferences met. People had limited opportunities to take part in activities suitable to stimulate and engage them. The provider had not ensured the premises were safe for use and did not have effective systems in place to assess, monitor and improve the quality and safety of the service provided.

The service was rated as requiring improvement overall and in the safe, responsive and well-led domains. The effective and caring domains were rated as good.

Following the inspection, the provider developed an action plan to ensure improvements were made. The service had also worked in partnership with the local authority quality assurance and improvement team (QAIT) to improve their systems and processes and put in place a service improvement plan (SIP). At this inspection we found the provider had completed the actions and were no longer in breach of the regulations. They were continuing to use their SIP and had prioritised actions needed.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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. The registered manager had been registered with CQC in July 2017.
The registered manager had put in place comprehensive quality assurance systems which identified when improvements were needed. The providers regularly visited the service and undertook quality checks and were kept informed about the running of the service.
The provider had made improvements which ensured people were protected from the risks of unsafe and

unsuitable premises. Fire safety precautions were in place and followed. There were plans and procedures in place to safely deal with emergencies. Checks and audits were undertaken to ensure the environment was safe. Learning from incidents and accidents took place and appropriate changes were implemented.

There were appropriate infection control processes in place. The home was clean and homely. People received their prescribed medicines on time and in a safe way. Staff ensured people were referred promptly to health professionals when required.

The activity provision at the home had improved. A full-time activity person had been recruited. They had developed a programme of activities which people said they enjoyed doing. The programme included activities which were assessed and meaningful to people.

People felt safe living at the home and with the staff who supported them. There were sufficient staff on duty to meet people's needs and keep them safe. Staff were knowledgeable about how to recognise signs of potential abuse and were confident any concerns raised would be acted upon. They had completed training to ensure they had the right competencies, knowledge and skills to support people at the home.

People were supported to eat and drink enough and maintain a balanced diet. Positive improvements had been made to the dining experience at the home. Individual risk assessments were completed. Staff had put in place preventative measures where people were identified at an increased risk of skin damage or weight loss.

Staff treated people with respect and were kind and compassionate and maintained their dignity when helping them with daily living tasks. They addressed people by their name and personal care was delivered in private in people's rooms. They knew the people they cared for well and when supporting people at the end of their life they were cared for in an individualised and dignified way.

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. Capacity assessments were undertaken and best interest decisions were being recorded. This helped to protect people's rights. Staff gained people's consent and involved the person before they provided care. They listened to people's opinions and acted upon them. Visitors were made welcome and could visit without time restrictions.

Care and support was planned and delivered in a way the person wished. Care plans identified people's care and support needs and how they wanted staff to support them.

People were supported to maintain their personal appearance. This included support with shaving and hairdressing appointments. The registered manager had improved staff recording of personal care on the computerised system. Senior staff undertook spot checks each day to ensure people's personal needs had been completed.

People knew how to share their experiences and raise a concern or complaint. They were confident the registered manager would take action as required.

Everyone said they had confidence in the registered manager. They had implemented a lot of improvements since the last inspection. They had worked with staff to improve the team work at the home in line with the provider's website.

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 has improved to Good.

Fire safety precautions were in place and followed.

There were effective infection control processes in place. The premises were clean and suitable for the purpose for which they were being used.

The premises and equipment were managed to keep people safe.

There were sufficient staff levels to meet people's needs.

People's medicines were managed so they received them safely and as prescribed.

Staff were aware of signs of abuse and knew how to report concerns and were confident these would be investigated.

Incidents and accidents were recorded and appropriate actions taken.

There were effective recruitment and selection processes in place.

Is the service effective?

Good

The service remains Good.

Staff had the knowledge and skills they needed to support people's care and treatment needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received inductions when they started work at the service.

Staff received regular supervisions and annual appraisals were scheduled.

People were supported to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?

Good

The service remains Good.

People and relatives gave positive feedback about the caring nature of the staff.

Staff were caring, friendly and spoke pleasantly to people. They knew people well and made visitors welcome.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service has improved to Good.

Activities were available for people to stimulate and engage them.

People's daily personal care was personalised and responsive to their needs. Their care needs were regularly reviewed, assessed and recorded.

The provider had a complaints procedure to advise people how to make a complaint.

Is the service well-led?

Good

The service has improved to Good.

The provider and registered manager had put in place comprehensive quality assurance systems which identified when improvements were needed.

The providers visited the service regularly and actively sought the views of people and staff at the home.

There was positive feedback about how the registered manager was developing the service.

People, relatives and staff felt the registered manager and staff were always approachable and effective, and they could raise concerns appropriately.

People's views and suggestions were taken into account to

improve the service.

Blackdown Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 31 October and the 8 November 2018. The first day was unannounced and was carried out by an adult social care inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses services for older people. The second day of the inspection was announced and was carried out by the adult social care inspector.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required by law to send us. We sought feedback from the local authority Quality Assurance Improvement Team (QAIT) to obtain their views as they had been working with the provider to implement new processes.

We met most of the people using the service and spoke with seven people to ask their views. We spoke with five visiting relatives. Our observations around the home enabled us to see how staff interacted with people and how care was provided. A number of people using the service were unable to provide detailed feedback about their experience of life at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, clinical lead, two nurses, activity person, eight staff which included senior care assistants, care staff, housekeepers and the cook. We also spoke with the two directors. We looked at three staff records, which included staff recruitment and supervision records. We reviewed eight people's care records on the new computerised care system and five people's medicine administration records. We looked at the provider's quality monitoring systems such as audits of medicines, policies, accident records, training records and at health and safety.

We sought feedback from twelve health and social care professionals who regularly visited the home. We received a response from two of them.

Good

Is the service safe?

Our findings

At the last inspection in August and September 2017, this question had been rated as requires improvement. We issued a requirement this was because we found regular checks had not been undertaken to ensure fire safety equipment was in good working order, fire exits were blocked and improvements were needed in respect of the cleanliness of the home. At this inspection we found the provider had made improvements in these areas.

People were protected from the risks of unsafe and unsuitable premises. Fire safety precautions were in place and followed. These included, regular fire alarm tests, emergency lighting checks and fire extinguishers. Regular checks were undertaken to ensure fire exits were not blocked. Fencing had been put in place on the patio area to protect people from falling in the event of an evacuation. Following our last inspection, the provider produced an action plan in relation to an external fire risk assessment. We found they had completed these actions.

The provider had plans and procedures in place to safely deal with emergencies. A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. The PEEP's were held on the computerised system and a summary sheet in the fire folder. This meant that the emergency services would be aware of needs of all the people at the home. First aid boxes were regularly checked and restocked, so equipment would be available if required.

Checks and audits were undertaken to ensure the environment was safe. For example, water temperature and window restrictor checks and environmental risk assessments undertaken. The provider employed a maintenance person to undertake regular maintenance at the service. They used external companies to regularly service and test moving and handling equipment, fire equipment and stair lift maintenance. Wheelchairs were regularly checked to check canvas, chassis, brakes, footplates and heel straps. Any repairs needed were carried out or the wheelchair was taken out of use.

People were protected by appropriate control of infection processes in place. The home was clean and homely. There were a few small odour pockets which were related to people with a continence need. The staff undertook regular cleaning to keep on top of these. Flooring had been replaced in the sunflower lounge and in bedrooms where needed. During our visit carpet washing and deep cleaning was taking place. One person said, "Overall it is very good here. I have not had to make a complaint about anything. I have a bright room and lovely views out of the window. The cleaner works hard to keep the room clean and if I don't want to do something I won't and they respect that."

The laundry room was a little muddled. However, there was a system in place to ensure soiled items were kept separate from clean laundered items. Personal protective equipment (PPE's) such as gloves and aprons were around the home for staff to use. The provider had an infection control policy that was in line with best practice guidance.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person. These identified measures taken to reduce risks as much as possible. These included risk assessments associated with people's nutritional needs, dysphasia, moving and handling, pressure damage, falls and the use of bed rails. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs. Staff were required to regularly check mattress settings to ensure they were effective for the person.

People felt safe living at the home and with the staff who supported them. Comments included, "I do feel reasonably safe here as I am unable to sit up so confined to my bed. If I don't feel right with whoever is trying to hoist me I do tell them to get someone else", "I feel very safe here but if didn't I know I can talk to the carers about it. They are very good." A relative said, "When (person) first came here I came in every day, all day but now I am feeling more confident so now feel okay to come just in the afternoon."

Our observations and discussions with people and staff showed overall there were sufficient staff on duty to meet people's needs and keep them safe. People and relatives confirmed staff always responded to call bells quickly, which we saw throughout our visit. Comments included, "I think there are adequate staffs. They do answer your bell fairly quickly but in afternoons and evenings …they are usually downstairs they take a bit longer to get to me", "Sometimes there aren't enough staff but even then, they get to you fairly quickly. When they have enough staff, they come at a run I never have to wait that long" and "They could do with more staff although they do answer the bells reasonably quick."

Regular staff undertook additional shifts to cover staff leave and sickness absence. The provider used a local agency where there were shortfalls. One person had funded one to one support which was provided by a local care agency.

The registered manager had worked with staff to improve the team work at the home and a lot of new staff had been recruited. Recruitment and selection processes were in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, following up any unexplained employment gaps and Disclosure and Barring Service (DBS) checks were completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

Staff were knowledgeable about how to recognise signs of potential abuse and said they were confident any concerns raised with the registered manager and deputy manager would be dealt with. Staff had received safeguarding training. The registered manager was aware of their responsibilities if a safeguarding concern was raised. They had worked with the local authority regarding four safeguarding concerns since our last inspection, which were all concluded. On each occasion the registered manager informed Care Quality Commission (CQC) through the required notifications.

People received their prescribed medicines on time and in a safe way. Nurses and senior care staff undertook the medicine administration at the home in a safe way. Staff administering medicines had undertaken medicine training and had their medicine administration practice observed and competence assessed by the management team. There was a safe system in place to monitor receipt, stock and disposal of people's medicines. Medicines which required refrigeration were stored at the recommended temperature. Monthly audits of medicines were completed. A review in August 2018 by the pharmacy providing medicines at the home did not raise any significant concerns. Where they had made recommendations, these had been actioned. For example, medicine storage for some medicines did not

meet requirements. The registered manager had ordered a new medicine cupboard.

People were happy with how their medicines were managed. Comments included, "They bring me tablets and I take them myself", "I do my own medicines. They ask if I have taken it and I tell them to check before asking me…. Staff do ask if I want painkillers but I only have them when I really need them."

Learning from incidents and accidents took place and appropriate changes were implemented. Staff had recorded all incidents and accidents at the time of the incident on the computerised care system. The registered manager reviewed these to look for trends and patterns in accidents and took action if required to prevent future incidents. For example, a person had locked themselves in a communal toilet. The provider had taken action and the locks were being replaced with overriding locks.

Good

Is the service effective?

Our findings

At this inspection we found the service remained Good in this key question.

Staff had completed training to ensure they had the right competencies, knowledge and skills to support people at the home. New staff worked alongside a more experienced member until the registered manager was satisfied they had the skills to work alone. New staff undertook the care certificate which is recommended for new care workers to ensure they have the skills required. The registered manager had been working to make sure all staff had undertaken the provider's mandatory training. They had a training matrix which recorded training staff had undertaken. Staff were positive about the training they had received.

People and relatives said the staff had the skills needed to support them. Staff had undergone an induction when they started work at the service. A health care professional said, "I feel that all of the staff have the knowledge and skills to support the people we support. When they don't have the knowledge, they ask for advice."

Staff received supervision every two to three months with their line manager and an annual appraisal. These provided staff with an opportunity to discuss their work and training needs and hear feedback about their performance.

People were supported to eat and drink enough and maintain a balanced diet. People and their relatives were relatively complimentary about the meals at the home. Their comments included, "Snacks and drinks are always available", "We are always given a choice of meals and if you don't like what is on offer they will do something else you only need to ask", "We have a lot of choice and variety of food. I have it in my room they always ask me what I fancy. At times they have to help me with eating but I am really pleased with the food" and "I had meals in my room when I first came here but now I have them in the dining room. Staff have to help feed me. The meals are ok." The provider had requested people's views in a food satisfaction survey in July 2018 and the responses had been positive.

The registered manager and new cook after consulting with people had developed a four-week menu, with three main meal options. The cook was very knowledgeable about different people's dietary needs, such as who required a special diet and how they accommodated people's individual requirements. People were offered drinks and snacks throughout the day. These included smoothies for people at risk of weight loss. In people's rooms there were jugs of water on their table.

The registered manager had made changes to the dining experience at the home. They had converted a lounge into a formal dining room. We observed the lunchtime meal served in the dining room on the first day. The cook served people's meals from a hot trolley in the dining room with a staff member present. Having the cook in the dining room enabled them to ask people about quantities, and condiments they wanted, likes and dislikes and whether people wanted any more. Tables were laid up nicely and a pictorial menu was on the wall to advise people of the meal choices available. Staff offered people protective aprons

to keep their clothes clean whilst eating and respected people's decisions. During the lunchtime period the dining room was very busy. Staff attended to people's needs in an unrushed manner, with background music in the background. The registered manager said on the second day of our visit that they had decided after consultation with people and staff to stagger the lunchtime meal, so the dining room was not quite as busy.

People had been referred promptly to health professionals when required; this included the GP, district nurse team and the speech and language team (SALT). People had regular visits from the opticians and chiropodists. Health care professionals were happy they were contacted promptly and their advice followed. One commented, "We receive prompt referrals/calls when they need advice or therapy assessment. They do follow our guidance." People identified as being at risk of unexpected weight loss were being regularly weighed and closely monitored. Where people had been assessed by the SALT team, their care plans clearly set out the guidance given. For example, one person's care plan guided staff to ensure the person was sat upright, had small amounts, good observation by staff and if concerned to stop and report to the nurse on duty.

People and relatives said that the staff would take the required action regarding accessing health support if required. Comments included, "If I say I feel unwell they will get the Doctor to visit me. I get on very well." Health professionals said they had confidence in the staff to make referrals promptly.

The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

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 Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority to restrict some people's liberties. Staff demonstrated an understanding of people's right to make their own decisions. Staff had completed best interest decisions involving relevant people.

Good

Is the service caring?

Our findings

At this inspection we found the service remained Good in this key question.

People praised the staff and said the care was good at the home. Comments included, "I feel the staff are good here in fact the staff are lovely so open and caring", "I am very happy here and well cared for. I would recommend this home to others", "I receive a good quality of care here in fact it is really good. If anyone asked me about this home I would recommend it."
and "It is a happy home but like most services there is always room for improvement. The staff are great and the Owner very approachable…. They are good I can't complain."

There was a good atmosphere in the home with banter and chatting between people and staff.
Staff had a pleasant approach with people and were respectful and friendly. They were kind and caring towards people, talking to them in a pleasant manner. They took time to check on people's comfort with some staff being particularly skilled at connecting with people who had difficulty communicating verbally. While supporting people, staff gave people the time they required to communicate their wishes. It was clear they understood people's needs well to enable them to provide the support people required. For example, one person became quite agitated during lunch, staff reassured the person and they became calm and decided to go back to the lounge to eat their meal.

Staff treated people with dignity and respect when helping them with daily living tasks. We observed staff supporting people while mobilising. They chatted to them and gave continued reassurance through the process. Staff addressed people by their name and personal care was delivered in private in people's rooms. Bedrooms, bathrooms and toilet doors were kept closed when people were being supported with personal care to maintain privacy.

Most people confirmed staff respected their privacy and dignity. Comments included, "Staff always knock on the door and wait for me to invite them in... They always make sure the door is closed so no one can just walk in and they cover my bottom part when washing the top part…If I want to be on my own they respect that and if I want company or to chat to someone then I can" and "They will protect my dignity when helping to wash, shower or get dressed. If I don't want to do something or talk to someone they respect that and leave me alone." However, one person did say that staff did not always ask for their consent when doing things.

Staff were able to tell us how they cared for each individual to ensure they received effective care and support. They knew the people they cared for well. We observed numerous positive staff interactions with people. For example, a staff member took time to support a person read a postcard. Another staff member was putting away a person's laundry. They gave the person a kiss and said, "I am off to now but will see you tomorrow. Hope you enjoy your roast dinner today." It was evident the person had formed a strong connection with this staff member. One person told us, "I had to go to hospital for a check-up by ambulance and the Activity Organiser here came with me as my escort. We get on well as I do with the owners and other staff."

One person gave us an example of how they had been supported to see clearly out of both windows in their room. They said, "As I am confined to my bed... One window I can see out of over the trees and countryside but the other I couldn't obviously see out of. (The owner) went out and bought a big mirror which she put on the wall opposite me and the window and I can now see the view of the back garden and the paddock above it with the horses and sheep reflected in the mirror. I get a great deal of pleasure watching the animals."

Staff gained people's consent and involved the person before they provided care. They listened to people's opinions and acted upon them. People could choose the times they went to bed or got up. People confirmed they were given a choice. Comments included, "They are good they ask me when I would like to go to bed or whether in the morning if I want to lie in" and "They do ask my consent before they do things and if I say no they do respect."

People said staff treated them with respect and were kind and compassionate. Comments included, "We get on very well. I have a good thing going with them. I can talk to them when I am worried. Until I came here I was quiet person now though I get to have a good laugh it has really brought me out of myself", "The staff are always very polite and they listen to me" and "The staff are good we can talk to them in fact they are lovely so open and caring."

Visitors were welcomed and there were no time restrictions on visits. Comment's included, "The staff are kind and I can talk to them. I like it as they make my wife feel very welcome", "They make my relatives welcome and if anything happens or want to speak to my brother they will bring me the phone and let me speak to him or anyone else I want to speak to", "Staff always make me feel welcome and if I am here at meal times they do offer me a meal…It is happy home though and family are happy to come and visit my husband."

Good

Is the service responsive?

Our findings

At the last inspection in August and September 2017 we found the service required improvement for this key question. We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was because the provision of activities available for people was not always suitable to stimulate and engage them. The daily personal care delivered to people was not always personalised or responsive to their needs. At this inspection we found the provider had made improvements in these areas.

The provider had recruited a full-time activity person. They had looked at people as individuals and completed a Pool Activity Level (PAL) assessment for each one. This assessed what level of support each person required to undertake social activity. For example, people who might not be able to actively engage in an activity might benefit from sensory support. Staff had also been working with people and their families to get an in-depth life history for each person so activities provided could be meaningful for them. This enabled staff to have a good knowledge of people's past and people and events special to them.

In the main entrance was a notice board with the activities leading up to and over Christmas. These included, Christmas market, a Pantomime and the visit of the Llamas. The provider also had external entertainers who visited regularly and the rector undertook a service monthly. One person said, "The vicar when he comes always asks me if he can come in and talk to me. I like to chat to him, we don't always discuss religion."

People and visitors were overall positive about the activities at the home and said they had the opportunity to join in if they wanted to. Comments included, "As I am confined to my bed I like to do crosswords and read. The activities man comes to see me and talks to me. He will do things for me including getting my books, crosswords and anything else I want. The Owners will also come in and chat to me and get anything for me." Another person said, "They do have some playing the piano and we can do some singing..."

The activity person was looking to further implement activities within the home. Several people were very passionate about dogs. The registered manager and staff encouraged relatives and visitors to bring their dogs into the home. The activity person had used a picture of a dog next to a person and added some fur. They told us this was so the person could feel relaxed and stroke the fur. We saw the person positively interacting with the picture.

People looked well presented. Gentlemen had been supported to shave if they consented and ladies had the opportunity to use the hairdresser. The registered manager had improved staff recording of personal care on the computerised system. Senior staff undertook spot checks each day to ensure people's personal needs had been completed. The registered manager and clinical lead also completed regular audits of the computerised system to monitor people were being supported. This included, oral hygiene and baths.

The service was responsive to people's needs because people's care and support was planned and delivered in a way the person wished. Before people came to live at Blackdown Nursing home, an assessment of their care and support needs was undertaken. People and their families were included in the

admission process and were asked their views and how they wanted to be supported. This ensured the service could meet the person's individual needs fully.

Information gathered through the admission process was used to develop a care plan on the computerised system. Care plans were in place to meet people's care and support needs. They identified people's care and support needs and how they wanted staff to support them. People's care plans included information about, continence, hearing, mobility, nutrition, oral, sight, skin condition, sleep and physical health. Information was also recorded about each person's support needs on the back of their bedroom door to guide staff.

Staff were able to easily access the computerised care plans, risk assessments and any updated information on computer tablets located around the home. Staff said they found the care plans helpful and were able to refer to them when required. The staff were required to record all interactions with people and the support provided as quickly as possible after taking place. This included people's dietary and fluid intake if they were assessed as being at risk. Senior staff could access this system at any time during the day and assess what was happening with people. The provider and registered manager could also remotely look at the system at any time to get assurances.

People's care plans and risk assessments were reviewed monthly and more regularly if people had a change in their needs. It was not always clear that people and their relatives were consulted regarding changes.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. The registered manager said some information was provided to people in accessible formats where needed, to help people understand the care and support available to them. People's care plans clearly guided staff how to maximise their communication by ensuring people's hearing aids were in place and glasses were clean to enable people to maximise their vision.

There was one person receiving 'end of life' care at the time of our visit. People had Treatment Escalation Plans (TEP) in place that recorded people's wishes regarding resuscitation in the event of a collapse. Staff had consulted with the person's family and their GP to ensure they were kept informed. Medicines had been prescribed should the person require them for pain management.

People's bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. One person told us "I have lots of pictures of my family around my room."

People knew how to share their experiences and raise a concern or complaint. There had been five complaints since in 2018.These ranged from a call bell being out of reach and lack of sensitivity by the management team. The registered manager had undertaken investigations where required, responded in line with the provider's policy and put in place actions to reduce the risk of reoccurrence.

People and relatives said they would be happy to raise a concern and were confident the registered manager would take action as required. One person said how they had spoken to the registered manager regarding an incident. The registered manager had investigated and taken action and reported back to the person. Another person said, "I am very happy here. If I get a carer I don't like I tell them and they make changes so I don't get them again. A visitor said they had raised the need for more car parking space. We

discussed this with the providers. They said there was additional parking at the back of the home but were unable to make any additional parking spaces by the front door because the home was in a conservation area. However, they did put up signage to advise people about the additional parking.

Good

Is the service well-led?

Our findings

At the last inspection in August and September 2017 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was because the quality assurance system in place was not always effective. They had not identified shortfalls relating to cleanliness; fire safety; the environment and people's person care needs. The provider sent us an action plan which said they would be putting in place regular fire safety checks, delegating audits for fire, infection control, food/mealtimes, continence and moving and handling to heads of departments to ensure they were fully compliant. At this inspection we found the provider had taken the action set out in their action plan and had met the requirement.

The service had a registered manager who had registered with CQC in July 2017. A registered manager is a person who has registered 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. People, relatives and staff said the new registered manager had made a lot of improvements at the home. One of the provider's said, "I have a lot of faith in (registered manager) and I feel she is on the right route leading to improvements that will enhance the service we are giving."

The registered manager was actively involved with the day to day running of the home and knew people's needs. They were supported by a clinical lead, registered nurses, senior care staff and the two providers'. The registered manager had implemented a lot of improvements since the last inspection. They had worked with staff to improve the team work at the home in line with the provider's website. This stated, "Our key focus is providing a safe, caring, homely and supportive environment with a positive person-centred approach."

People and relatives said they had confidence in the registered manager and management team and would be happy to speak to them if they had any concerns about the service provided. People's comments included, "When (registered manager) is around. I can talk to her when I want and also the two owners. They have brought me out of myself. If I do have issues I feel confident they would listen and make suitable adjustments if needed", "I like the owners and I am happy here so they must be doing something right", "I think the service is reasonably well led as the staffs seem so happy here.

Staff also said they had confidence in the registered manager and recognised the improvements which had been made. Comments included, "As soon as there is a problem, (registered manager) does something about it." The registered manager said, "This is the best team I have worked with…now channelled and much better."

Health care professionals said they had confidence in their registered manager and team. Comment's included, "Yes (registered manager) is always fully aware of all of the patients in their care. She is always available to us when required and the staff always seem happy and keen to assist."

The providers were very active at the service and visited at least twice a week. This was to offer support to the registered manager and to assure themselves the service was running safely. As part of the provider's visits they observed and spoke with people at the home and dealt with any issues raised. They also met with the registered manager to ascertain how things were going and offer their support. They completed a provider's monthly checklist. Their checks included, staff meetings, complaints, training, staff sickness, call bell. They also looked at individual rooms, spoke with people and staff. They also formally met with the registered manager each month to discuss concerns in relation to staff, safeguarding, fees and the future development of the service. The registered manager said the provider was available by telephone at all times and were very supportive.

The registered manager used a number of quality monitoring systems to review and monitor the service. The registered manager and delegated staff undertook regular audits. These included medicines audits, care record audits, environmental audits, infection control audits and wheelchair checks. The registered manager completed a 'manager's monthly audit' and looked at all areas about the running of the service. This included, falls, pressure area care, nutrition, continence, manual handling, activities, staff ratio, call bell response time, accidents and incidents, medicines, training and supervisions. Where they identified any concerns, they took action.

The registered manager and management team encouraged open communication with people who used the service and those that mattered to them. They regularly spoke with people and visitors to the home to seek their views. People and their relatives were invited to 'resident's meeting's every two months. The provider had sent surveys out to people, relatives or people's representatives and staff to ask their views in July 2018. They had collated the results and shared them with people at the resident's meetings and a copy was available on the main notice board. The provider also produced a seasonal newsletter to keep people informed about the home. It included staff news, general information and the menu. The provider had a message/suggestion box in the main corridor for staff and visitors to pass on concerns or put forward ideas to them.

Staff were actively involved in developing the service. Staff meetings took place regularly and staff felt able to discuss any issues with the registered manager. Records of meetings showed staff were able to express their views, ideas and concerns. Staff had a staff handover meeting at the changeover of each shift where key information about each person's care was shared. Staff were kept up to date about people's changing needs and risks. The provider had implemented a "carer of the month scheme" to award staff for going above and beyond. The provider told us "Carers can recommend their colleague for this award as can residents and their family members; it seems to be working well."

In October 2017 the service was inspected by an Environmental health officer to assess food hygiene and safety. The service had scored the highest rating five. This showed that the provider had high standards regarding food safety at the service.

The provider is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. The rating awarded at the last was on display on the main noticeboard at the service and a link to the report on the provider's website.