

Dharma Limited

Hollins Bank Care Home

Inspection report

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Website: None

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We undertook this comprehensive inspection on 27 October 2015 to assess whether the provider had made improvements to meet requirements of the regulations. The provider had sent the Care Quality Commission (CQC) an action plan to say what they would do in order to meet the regulations the home was in breach of. We wanted to check if the provider had followed their plan and to confirm they now met legal requirements.

We carried out an unannounced comprehensive inspection of this service on 27 November 2014. During this inspection, we found multiple breaches of legal

requirements. As part of our findings we issued seven warning notices in relation to people's consent to care and treatment; their care and welfare; the assessment and monitoring of the quality of service provision; cleanliness and infection control; management of medicines; maintenance of safe and suitable premises; and the staffing levels the provider had in place. We additionally found concerns with how the provider safeguarded service users from abuse; met their nutritional needs; respected and involved service users; managed complaints; and supported staff.

Summary of findings

We undertook a further focused inspection of this service on 28 May, 03 and 04 June 2015. During this inspection, we found multiple breaches of legal requirements. This was in relation to the provision of person-centred care; people's dignity and respect; their need for consent; safe care and treatment; safeguarding service users from abuse and improper treatment; meeting their nutritional and hydration needs; safe premises and equipment; receiving and acting on complaints; good governance; and staffing. The overall rating for this provider was 'Inadequate'. The service was placed into 'special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

This report only covers our findings in relation to the latest inspection. You can read the report from our last inspections in November 2014 and May and June 2015, by selecting the 'all reports' link for Orchard Lodge Care Home on our website at: www.cqc.org.uk.

Following our inspection on 28 May, 03 and 04 June 2015, a new provider took over Dharma Limited. This provider changed the name of the service and registered it with CQC as Hollins Bank Care Home.

Hollins Bank provides care and support for a maximum of 44 older people, some of whom may have physical disabilities or sensory impairment. At the time of our inspection in October 2015, 19 people lived at the home. Hollins Bank is situated in a residential area of Blackpool. It offers single and shared accommodation over two floors. Garden areas to the front and rear are accessible for wheelchair users via a ramp. Communal space is accommodated in three lounges and a dining room.

A registered manager was not in place. 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 provider was in the process of recruiting a new manager.

During this inspection in October 2015, we found the provider had made improvements and was meeting the fundamental standards inspected with the exception of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

You can see what action we told the provider to take at the back of the full version of the report.

As a result of the improvements made, the service has been taken out of special measures. The service will be expected to sustain the improvements and this will be considered in future inspections.

People said they felt safe and happy whilst living at the home. One person told us, "I am as happy as I can be." We noted staff observed individuals' welfare from a discrete distance, without constantly supervising them. Staff demonstrated a good understanding of how to protect people from potential abuse and related reporting procedures. Care records contained risk assessments to guide staff to protect people from the potential risks of receiving care and support.

Improvements had been made to records in relation to people's care. This included new documentation and staff training. However, we noted not all care records were clear, detailed and fully guided staff to the individual's support requirements. Staff demonstrated a good understanding and practice of the Mental Capacity Act (MCA) and associated Deprivation of Liberty Safeguards (DoLS). Care records we saw did not consistently contain associated documents, such as mental capacity assessments and best interest meeting records. We discussed these findings with the management team who assured us the improvement and development of people's records was an ongoing process.

New systems were in place to maintain environmental safety at Hollins Bank. This incorporated new audits, risk assessments and accident and incident forms. We noted there was an ongoing need to develop the analysis of incidents to minimise further risk to people.

Summary of findings

We found staffing levels were sufficient in meeting people's needs in a timely manner. Staff told us their training supported them to work effectively and the provider had assisted them in their development. However, the provider had not ensured personnel were safely recruited to ensure people would be supported by suitable staff. They had failed to obtain required checks prior to employing personnel.

People's medicines were safely managed and stored. Staff had received appropriate training and competency tests to underpin their knowledge. The provider had carried out checks to ensure processes were completed safely.

Mealtimes were well organised and people said they enjoyed their food. Staff had detailed documentation in place and effectively monitored individuals to protect them from the risks of malnutrition.

We observed people were approached with a supportive and compassionate manner. Individuals we spoke said staff had a good understanding of protecting their dignity and privacy. One person told us, "Staff look after me and they are kind." We observed staff were friendly, respectful and caring towards individuals. They understood the

principles of good standards of care. One member of staff said, "I feel blessed to be here because I know I can care for someone at the end of their life in the way that I would want my mum to have been cared for."

Staff told us the new management team at Hollins Bank had improved leadership and their understanding of their roles. One staff member said, "It's a new management and we are now finding that anything we need we have." Staff stated they and people who lived at the home had been consulted about the ongoing improvements to the service. One staff member said, "There have been lots of changes. It's got much better." We found a range of new audits were in place to monitor the safety and well-being of people, visitors and staff. Individuals who lived at the home had been supported to comment about the quality of care they received.

Whilst improvements had been made, we have not revised the rating for two of the key questions: responsive and well-led. To improve the rating to 'Good' would require a longer-term track record of consistent good practice.

We will review our rating for responsive and well-led at the next comprehensive inspection.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found action had been taken to improve safety.

Staff had a good understanding of how to safeguard people against potential harm or abuse.

We noted staffing levels were sufficient to meet people's needs. However, safe recruitment practices were not always in place to ensure appropriate personnel were employed. This was because required checks had not always been obtained prior to commencement of employment.

People's medicines were managed safely and staff followed related procedures correctly.

Requires improvement



Is the service effective?

We found action had been taken to improve the effectiveness of the service.

The registered provider had systems in place to monitor people's health. People were protected against the risks of malnutrition and the provider had improved their support to meet their needs effectively.

Training records evidenced staff were well trained and supervised in order to be effective in their roles and responsibilities.

Care files contained people's recorded consent to care. Staff were knowledgeable about the MCA and DoLS and we observed people were not deprived of their liberty. However, not all records included relevant documentation to guide staff to meet the individual's related needs.

Requires improvement



Is the service caring?

We found action had been taken to improve how the service cared for people.

People told us staff were very caring and had involved them in their care. Care records contained detailed information about people's preferences.

Staff had supported people to maintain their dignity and independence.

We could not improve the rating for caring from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Is the service responsive?

We found action had been taken to improve the responsiveness of the service.

People told us staff were responsive to their ongoing requirements. Care records were personalised and had been updated regularly.

A programme of activities was in place to ensure people were fully occupied. People said staff supported them to meet their related needs.

Requires improvement



Summary of findings

The provider had improved the complaints procedures in place. People said they knew how to make a complaint if they chose to.

We could not improve the rating for responsiveness from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

We found action had been taken to improve how the service was well-led.

The provider and management team encouraged an open, working culture within the home. Staff said they had been fully involved in improvements and the new management structure was effective in the service development.

People and their representatives said they felt there was good leadership at Hollins Bank. They were supported to comment upon the quality of their care.

A number of audits were in place to monitor the health, safety and welfare of people who lived at the home.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires improvement



Hollins Bank Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook this inspection of Hollins Bank on 27 October 2015 to check the provider had met legal requirements following our last inspection in May and June 2015. We inspected the service against all of the five questions we ask about services: is the service safe, effective, caring, responsive and well-led.

The inspection team consisted of two adult social care inspectors; an inspection manager; a specialist professional advisor who had experience of working within the Mental Capacity Act (2005); 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. The expert by experience had experience of caring for people living with dementia.

Prior to this inspection in October 2015, we reviewed the information we held about Hollins Bank. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We checked safeguarding alerts, comments and concerns received about the home. At the time of our inspection, the provider was working with the Local Authority's investigation into ongoing safeguarding concerns.

We spoke with a range of people about this service to gain an overview of what people experienced whilst living at the home. They included the management team, six staff members, six people who lived at the home, three relatives and one visiting healthcare professional. We also spoke with the commissioning department at the local authority. They told us they were closely monitoring the service to check improvements were being made to the safety and welfare of people who lived at the home.

We also spent time observing staff interactions with individuals and looked at five people's care records. We also reviewed documents about staff training and support, as well as those related to the management and safety of the home.

Is the service safe?

Our findings

At our last inspection in May and June 2015, we found staff had failed to assess the risks to people of receiving unsafe care and provide proper explanation to mitigate those risks. Additionally, the provider had failed to ensure staff were adequately trained to provide safe care for people. The provider had further failed to assess the risks to people of receiving care and to ensure processes were in place to manage and minimise those risks. Moreover, the provider had failed to assess, monitor, manage and maintain infection control. Furthermore, the provider had failed to ensure the management team and staff were guided about and followed the Code of Practice in relation to Healthcare Associated Infection. Additionally, the provider had failed to deploy enough appropriately trained staff to ensure the safe management of people's medicines. The provider had also failed to ensure medicines were securely stored.

The provider had failed to ensure two people were not deprived of their liberty for the purpose of receiving care without lawful authority. Premises and equipment were not safely maintained, secure, cleaned, used and suitable for the provision of care for people. Sufficient numbers of suitably qualified, competent and experienced staff were not deployed to meet people's requirements.

Following the last inspection, the provider submitted evidence of actions they had undertaken in order to meet requirements of the regulations by 30 September 2015. At our inspection in October 2015, we found the provider had completed actions, or was in the process of continuous improvement, in order to meet requirements of the regulations.

People and relatives we spoke with said they felt safe whilst living at the home. We noted people were relaxed, happy and comfortable throughout our inspection. For example, individuals were frequently smiling and staff used humour appropriately and engaged in a respectful, caring and friendly manner. There was a member of staff at all times in the service's communal areas. We observed them checking on people's safety at a distance, without constantly supervising them. For example, we saw people were able to come and go without interruption.

At our last inspection in May and June 2015, we found concerns with how the provider managed accidents and incidents. During this inspection in October 2015, we found

new systems were in place to monitor environmental safety. New accident logs had been introduced to record events that occurred. However, we noted the provider did not always have suitable arrangements to analyse patterns and themes to accidents. This meant the provider had not always assessed incidents to reduce the risk of them reoccurring. We discussed this with the management team and were reassured they were in the process of addressing this.

We found multiple concerns related to environmental safety during our last inspection in May and June 2015. During this inspection in October 2015, we noted these had been addressed or improvements had been planned. New, in-depth health and safety risk assessments were in place and the provider had undertaken regular audits. We saw window restrictors were in the process of being replaced. Fire safety was monitored to ensure people were protected against the potential risks of fire. For example, audits and checks of fire safety were completed regularly and associated equipment had been serviced by external contractors. This meant environmental safety was checked to ensure people, staff and visitors were protected against unsafe premises.

Care files contained an assessment of people's requirements, as well as any potential risks whilst they lived at the home. These related to potential risks of harm or injury and appropriate actions to manage risk. Assessments covered risks associated with, for example, movement and handling, fire safety, self-medication, falls, nutrition and bedrails. Documentation included the recording of actions intended to manage identified risks. This showed the provider had systems in place to minimise potential risks of receiving care to people it supported.

Staff had a good understanding of the principles of safeguarding people against abuse and the processes to follow. One staff member told us, "If I wasn't happy with anything I saw I would speak with [members of the management team]. I am much more confident they would deal with it properly." Another staff member stated, "I wouldn't stop to think, I would whistle blow straight away to CQC [Care Quality Commission] and the local authority." We checked training records and found staff had received updated guidance about related procedures. This showed the provider had ensured staff were knowledgeable about protecting people against abuse.

Is the service safe?

We noted the home smelt pleasant throughout and all areas were clean and tidy. A programme of internal and external redecoration and refurbishment was underway. For example, the stained downstairs bathroom we found at our last inspection in May and June 2015 was out of use. This was because the dirty equipment had been removed and the area was being transformed into a new laundry space. Although we noted the corridors were dimly lit, some of the dark wood panelling had been removed. This had been painted in bright colours and people told us they felt this had improved their living environment.

The new reception area was in the process of being redecorated and redesigned to improve upon the welcoming atmosphere. The provider was planning to install a reminiscence corridor in the area to include old photographs and equipment. This demonstrated the provider had begun, planned and completed various processes to improve people's living experience and safety.

At our last inspection in May and June 2015, we found concerns with staffing levels and skill mixes. During this inspection in October 2015, we checked rotas and saw these were sufficient to meet people's requirements. We observed staff were calm and unhurried in their work and responded to people's requirements in a timely manner. The management team had ensured different responsibilities were completed by those staff designated and trained to do so.

On discussing staffing levels and skill mixes with one member of staff, they told us this had improved. They explained, "I'm not taken away to support the carers anymore. I'm not a messenger and I can now get on with my own job properly." Another staff member said, "Now we have plenty of staff on." A visiting professional stated, "We used to have problems with finding staff, but that's much better now." The provider had carried out regular audits of staffing levels to check they were sufficient to meet people's needs in a timely manner. This meant the provider had put in place adequate staffing levels to maintain people's safety and welfare.

We checked staff files for procedures the provider had in place to ensure potential personnel were safely recruited. We noted one file had correct documentation and the management team had followed safe recruitment

procedures. For example, required checks were completed prior to the recruitment of staff. This included references, and criminal record checks were obtained from the Disclosure and Barring Service (DBS).

However, we found this was not consistent across all the staff files we looked at. We saw one person's file did not contain references to check their conduct with previous employers. Furthermore, we found one person was on duty prior to the management team obtaining their DBS checks. This meant people were at risk from the unsafe recruitment of staff. This was because the provider had not followed safe recording procedures and checks of personnel prior to their employment.

This is a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the management team had not operated safe recruitment procedures. They had failed to obtain required checks prior to employing personnel that worked with people who lived at the home.

We checked how medication was administered to people following concerns we found at our last inspection in May and June 2015. We observed this was done in a safe, discrete and appropriate manner. The staff member concentrated on one person at a time and explained the purpose of their medication. We reviewed related documentation and processes. We found staff had followed and understood national guidelines in relation to medication procedures and record keeping. For example, one staff member said, "We don't sign before because someone might refuse. I would explain what they were and if someone continues to refuse we would refer to the GP." This meant the provider had systems in place to protect people from the unsafe management of medication.

All staff who administered medication had received training to underpin their skill and knowledge. Following concerns we found at our last inspection in May and June 2015, the provider had supplied additional training and competency checks. Consequently, there was always a trained staff member on duty to monitor people and administer when required medicines. The management team undertook regular audits to check correct procedures had been followed. We found medicines were stored securely and stocks were controlled to ensure people received their medicines when they required them.

Is the service effective?

Our findings

At our last inspection in May and June 2015, the provider had failed to ensure care was always delivered with the consent of people who lived at the home. Additionally, the provider had failed to act in accordance with the MCA where this was applicable.

We further found the provider had failed to ensure nutritional support was effectively provided by staff who were trained to do so. Care records did not effectively demonstrate how people were protected against the risks of malnutrition. The provider had failed to ensure all staff who provided care were effectively trained and supported to undertake their duties.

Following the last inspection, the provider submitted evidence of actions they had undertaken in order to meet requirements of the regulations by 30 September 2015. At our inspection in October 2015, we found the provider had completed actions, or was in the process of continuous improvement, in order to meet requirements of the regulations.

Everyone we spoke with and their representatives told us they looked forward to meals. One person said, “The food is very good.” Another person stated, “The food is good and plentiful.” We sampled the meal provided during lunch and found it to be tasteful and well presented.

During our last inspection in May and June 2015, we found concerns with how people were supported with their nutritional needs. During this inspection in October 2015, we noted the provider had implemented systems to ensure mealtimes were well organised. For example, people received hot meals in a timely way and there was a calm, social atmosphere during lunch. Staff supported individuals in a relaxed manner and checked what they wanted and if they had enough to eat. We observed staff sat with people to aid them and engaged individuals with a friendly, discrete and caring approach. A staff member was always present during lunch to supervise the meal and observe if people required additional assistance. This showed individuals were effectively helped to sustain their nutritional requirements.

We found food safety and hygiene had improved because the management team had implemented systems to ensure this was effectively maintained. Cleaning schedules were in place and staff had signed records when tasks had

been completed. The kitchen was clean, had been redecorated and staff were constantly present to manage risks of harm to people. Storage areas were clean and tidy and we saw there was an ample stock of varied food products. However, we found the fridge seals were still dirty and had not been replaced to protect people from potential infection risks. The provider assured us this would be addressed as a priority in-line with the ongoing kitchen refurbishment.

Kitchen staff had a clear awareness of people’s dietary necessities and preferences, such as diabetic and pureed food requirements. Care files contained risk assessments to protect people from the risks of malnutrition. Other documents were in place to monitor people’s weights and to check if people were underweight. We saw evidence of staff acting on any related concerns, such as referral to the GP. This demonstrated the provider had guided staff to protect people against the risks of malnutrition.

We checked training records and noted staff had received guidance about incontinence management, manual handling, environmental safety, dementia and medication. A member of staff told us, “I’ve done my food hygiene, dementia awareness and lots of other training, which helps me a lot.” Another staff member said, “I feel very fine now. I’m more confident and happier in my role.” Staff files contained staff training certificates and the provider had an up-to-date training matrix. This showed the provider had ensured people received support from experienced, skilled staff. The management team had also monitored to check when staff required refresher guidance to maintain their understanding of care practices.

We discussed with staff and checked processes in place related to supervision. Supervision was a one-to-one support meeting between individual staff and a management team member to review their role and responsibilities. Staff told us they received supervision every three months and felt this was helpful in their support of people. One member of staff said, “It helps me keep on top of any problems and we can try and solve any issues.” This meant the provider had ensured people received support from effectively trained and supervised staff.

We saw care records held evidence of people’s consent to their care, which was documented with a decision-specific approach. For example, this included consent to care planning and support, access to care records and obtaining

Is the service effective?

the individual's photograph. Assessments and care related documents had been signed by the individual or their representative to show their agreement. We observed people were consistently offered choice and staff sought their consent whenever they supported them. This demonstrated staff had a good understanding of the principles of consent and how to maintain each person's preferred support requirements.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

We found concerns related to how the provider applied for and legally deprived people at our last inspection in May and June 2015. During this inspection in October 2015, we noted where DoLS were in place care records contained detailed information in relation to this. These included the application process and authorisation documentation. However, we noticed not all care files held associated documents, such as mental capacity assessments and best interest meeting records. This meant staff were not always

guided to meet the individual's needs where MCA processes had been applied for. We discussed this with the management team who assured us improvement and development of people's records was an ongoing process.

Staff had received training on the MCA to underpin their knowledge and awareness. When we discussed the principles of the MCA with staff, they demonstrated a good understanding. One staff member told us, "It's about being friendly and using different approaches. I ask 'What do you want to do', I check 'Do you want this dress or that one', etc. I always make sure our residents have a choice." People we spoke with said they were not restricted or deprived of their liberty at any time. One person told us, "I can come and go as I please."

We discussed with a visiting professional about how the service worked with other providers to maintain people's continuity of care. She explained in the past staff and the management team struggled to provide basic care and follow simple instruction. However, she said this had changed and there had been greater improvement in recent months. The visiting professional stated relationships were much better and they were all working as a team to support people effectively.

We noted staff worked with other professionals in order to ensure people's continuing needs were met. This included opticians, GPs and district nurses. Care files contained a record of professional visits, including the reasons for this and any ongoing actions to manage people's health. This showed the provider had assisted individuals to maintain their ongoing requirements by having access to other services. Relatives told us they were kept informed of appointments and any concerns. One relative said, "Within ten minutes of my mother deteriorating the staff had contacted me. They were marvellous."

Is the service caring?

Our findings

At our last inspection in May and June 2015, the provider had failed to ensure care was carried out in collaboration with people and in a way that enabled them to understand options available to them. People's preferences were not always recorded or updated and they or their representatives were not always involved in their care planning. Additionally, the provider had continued to fail to ensure people were always treated with dignity and respect.

Following the last inspection, the provider submitted evidence of actions they had undertaken in order to meet requirements of the regulations by 30 September 2015. At our inspection in October 2015, we found the provider had completed actions, or was in the process of continuous improvement, in order to meet requirements of the regulations.

People and their representatives we spoke with said they felt staff were very caring. One person told us, "I have nothing but praise for the staff and [the management team]." Another person said, "I am extremely well cared for and the staff are really good." A third person stated, "I am very happy here. The girls are lovely and I get everything I need or want." A relative told us, "The staff are very good. My [relative] needs lots of care and attention and she gets it."

We observed staff supported people with a caring and friendly approach throughout our inspection. For example, they explained how they were going to support someone beforehand and reassured them throughout the process. Staff used quiet, discrete and kind tones when they engaged with people. We saw one person became very agitated and shouted out at staff. Two staff members observed this and immediately supported the person in a calm manner. They used appropriate distraction techniques. This assisted the person to calm down and within minutes they became settled and relaxed. This showed staff had a good understanding of how to support people with a caring approach.

We discussed the principles of good care with one staff member who responded in a very compassionate manner. She told us, "Good care is about being calm and respectful. I love the residents like my own mother. So I want to make sure I look after them like I did with my mum." Another

member of staff said, "I enjoy looking after the residents and when I go home I feel good that I have done a good job." One person who lived at Hollins Bank confirmed, "All the staff who look after me are excellent."

Staff were consistent in their approach whilst maintaining each person's privacy and dignity. For example, we observed personnel knocked on people's doors before entering their bedrooms. They were respectful in their interactions with individuals. People we spoke with said they felt staff were polite and supported them in a dignified way. One person told us, "They always make sure my privacy and dignity is protected." Another person stated, "I simply want peace and quiet and I get that here." This demonstrated respect and dignity for individuals who lived at the home.

People and their representatives told us they were fully involved in their care. Everyone we spoke with said they were well informed and supported to make decisions about their welfare and daily lives. Care records we looked at evidenced people or their representatives were involved in their care planning. For example, individuals had signed their agreement on a variety of documents. Staff had discussed with people about their preferences and how they wished to be supported with their care requirements.

Care records contained evidence about individual preference in relation to their support. For example, we saw staff had recorded one person preferred 'builder's strength tea'. In another care file, we noted an individual wished to have quiet space whilst having access to a television. The management team had documented staff should check the person's bedroom television was working. One person told us the provider had recently put down new carpet and redecorated their bedroom. They said, "I was given the option to choose the décor and colours." This showed the provider had sought people's preferences and guided staff in assisting them to meet their requirements.

People said they were supported to maintain their spiritual needs and assisted to attend religious centres if they chose to. For example, we overheard a staff member state to one individual who lived at Hollins Bank, "I am off on Sunday. Do you want me to take you to church?" This additionally showed staff were very caring because they went the extra mile to help people maintain their needs. We observed staff guided and encouraged people when they assisted

Is the service caring?

them. Staff consistently supported people to do tasks for themselves and we did not see them take unnecessary control. This demonstrated staff assisted people to retain their independence as much as possible.

Relatives told us they were supported to maintain their important relationships with their family members. They said they were encouraged to come at any time and staff were extremely friendly and welcoming. We were told by the management team a policy was in place on visitors staying beyond 21:00. However, relatives confirmed they

could visit after this time if people were unwell or if they had difficulties calling in beforehand. We saw examples of staff greeting relatives by name and offering drinks to make them feel welcome. This showed the provider had maintained people's well-being by helping them to sustain their important relationships.

Whilst improvements had been made, we have not revised the rating for this key question to 'Good'. To improve the rating further would require a longer-term track record of consistent good practice.

Is the service responsive?

Our findings

At our last inspection in May and June 2015, the provider had continued to fail to ensure people were given up-to-date information about making a complaint if they chose to. Additionally, the provider had failed to ensure people's requirements were continuously met through care records that reflected their assessed, monitored and updated needs.

Following the last inspection, the provider submitted evidence of actions they had undertaken in order to meet requirements of the regulations by 30 September 2015. At our inspection in October 2015, we found the provider had completed actions, or was in the process of continuous improvement, in order to meet requirements of the regulations.

People and their representatives said they felt staff were responsive to their needs. They told us they were offered choice in all aspects of their care. One person told us, "I get a bath when I want one."

We observed staff engaged with people in ways that demonstrated they understood how individuals wished to be supported. Staff consistently offered options to individuals, for example, with meal choice, where to sit and what they wanted to do. Care records contained evidence of people's choices about their care and living arrangements at the home. Files included information about how to support people to meet their requirements, whilst maintaining their support preferences. This meant the provider had suitable arrangements to guide staff to assist individuals to make choices about their care.

At our last inspection in May and June 2015, we found concerns with the completion and review of people's care records. During this inspection in October 2015, we noted improvements had been made. For example, care planning was updated on a monthly basis or more frequently to manage identified issues. New documentation had been implemented in order to assist staff to be responsive to people's requirements. For example, there were new risk assessments, checks of people's daily living needs and enhanced recording of their preferences. Staff had signed and dated care file records to show their understanding.

Records were personalised and based around the individual's preferred means of support. This showed the provider had developed people's records to guide staff about maintaining people's requirements.

We noted the management team had added information to care plans introduced following our last comprehensive inspection in November 2014. They had done this by writing entries on the original typed documents. Consequently, care plans were not always easy to understand and not all records were detailed. This meant documentation did not always enable staff to grasp how to meet people's care requirements completely. For example, the individual's life history forms contained limited information to help staff to understand them. Additionally, care plans and recorded preferences did not always fully demonstrate how staff should support people to meet their goals. We discussed this with the management team who assured us the improvement and development of people's records was an ongoing process.

People were relaxed and occupied throughout our inspection. An activities board was in place to inform people who lived at the home about daily and specially organised events. This included trips out to Blackpool Illuminations and other places, entertainers and regular parties. The provider told us individual requests were accommodated and staff were made available to support people with their interests. A staff member explained, "We have plenty of fun all day, just dancing and singing with the residents." One person who lived at Hollins Bank stated they were fully occupied and staff had responded to their individual needs. This person said, "I've been out to watch the football and to the pub. I go out nearly every day."

We found the provider had improved systems in place to inform people and their representatives about how to make complaints. This included a new policy to remove inaccurate information we found at our last inspection in May and June 2015. These procedures were current and had been made available to people who lived at the home. They detailed what the various stages of a complaint were and how individuals could expect their concerns to be addressed.

At the time of our inspection, the provider had not received any complaints in the previous 12 months. People we spoke with said they understood the process to follow

Is the service responsive?

should they wish to comment about the service. One person told us, “I have no complaints.” This showed the provider had developed procedures in place to support people to understand complaints processes.

Is the service well-led?

Our findings

At our last inspection in May and June 2015, because the provider had failed to effectively monitor and assess the quality of care people received. Staff, visitors, individuals and their representatives had limited opportunity to comment about the service provided.

Following the last inspection, the provider submitted evidence of actions they had undertaken in order to meet requirements of the regulations by 30 September 2015. At our inspection in October 2015, we found the provider had completed actions, or was in the process of continuous improvement, in order to meet requirements of the regulations.

People and their representatives told us they felt the home was well organised and had good leadership in place. One person said, “[The provider] is a very kind, considerate man.” A relative stated, “I feel able to speak with the management at any time if there was a problem.” A visiting professional stated management of the service was poor in the past. However, they said the staff and manager were now listening and working with them.

We observed the new provider and other members of the management team had a hands on approach to working. They had a good understanding of people and engaged with them, visitors and staff in a friendly, supportive way. We observed people interacted with the management team in a relaxed, comfortable manner. The atmosphere within the home was welcoming, friendly and relaxed. Staff said they had a better understanding of their roles and the philosophy of the home. A member of staff told us, “The management is now 100% better. We know how to do our job much better.” This demonstrated the management team had adopted an open working approach to the betterment of people’s health and welfare.

On discussing the new management structure and ownership of the service, one member of staff told us, “I feel much more comfortable and happier in my work.” Another member of staff gave examples of four areas she felt had improved and added, “It’s so different to where we were. The residents are much happier with what we are doing.” A visiting professional said the service was poor, but things were getting better and the staff were really trying to improve.

We checked improvements that had been made since our last inspection in May and June 2015. We discussed how staff, people and visitors had been involved in this. A staff member told us, “[The management team] are doing everything they can to make things better for us and the residents. They are involving us in improvements.” They explained the provider had consulted with staff about the development of the service to benefit people’s welfare. The staff member added, “For example, we got a new hoist to help improve the residents’ mobility and to support staff with movement and handling.” A visiting professional said, “It has improved. We’ve had a few issues, but we discuss this with the home and they take it on board.” We overheard one person who lived at Hollins Bank state to the provider, “I’m very grateful to you for everything you’re doing and for the changes you are making.”

We saw staff meetings were held on a monthly basis. We checked related documentation and noted discussions concerned, for example, environmental changes and improvements, staff changes, safeguarding and record keeping. A staff member confirmed, “We also have weekly staff meetings to look at how we can improve for the better of the residents.”

People and their representatives were supported to give feedback about the quality of the service in a variety of ways. This included regular meetings with the management team, a suggestions box and satisfaction surveys. We reviewed completed forms from the last survey, which was very positive about the service, staff and the new provider. Comments seen included, “The staff are ten out of ten” and “They made me feel welcome at all times and respond to any concerns I have.” We noted identified issues were acted upon by the management team. For example, one person had commented about the downstairs toilet pull cord being too short. We saw this had been attended to by staff. This demonstrated the management team and staff listened to and acted upon people’s comments to improve the service.

We found concerns during our last inspection in May and June 2015 related to how the provider monitored environmental safety. During this inspection in October 2015, we noted this had been addressed. New, in-depth health and safety risk assessments were in place and the provider had undertaken regular audits. The service’s gas,

Is the service well-led?

electric and legionella safety certification was up-to-date. This meant environmental safety was checked to ensure people, staff and visitors were protected against unsafe premises.

There was a range of additional audits in place to check the quality of care people received. These included assessments of staffing levels, food safety, housekeeping, maintenance actions, infection control, care records,

medication and nutritional support. The provider told us they would address any concerns that were found. This meant the provider monitored that an effective service had been maintained and acted upon identified problems.

Whilst improvements had been made, we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer-term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had not operated safe recruitment procedures. The provider had failed to obtain required checks prior to employing personnel that worked with people who lived at the home.</p> <p>Regulation 19 (1) [a], (2) [a], (3) [a]</p>