

Meridian Healthcare Limited

Roby House Care Centre

Inspection report

Tarbock Road
Huyton
Liverpool
Merseyside
L36 5XW

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31 May 2017
05 June 2017
08 June 2017

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17 July 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 31 May and 05 and 08 June 2017. The first day of the inspection was unannounced.

Roby House Centre is registered to provide nursing care for 55 people. The service is located in the Huyton area of Liverpool, close to local shops and road links. There were 47 people using the service at the time of this inspection.

There was no registered manager in post at the time of this inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed since the last inspection and was in the process of applying to CQC to become the registered manager.

At the last inspection on 29 September and 04 October 2016 we asked the registered provider to take action to make improvements to the safety and hygiene of the premises and equipment, management of medicines, safeguarding people, planning people's care, dignity and respect, leadership of the service and monitoring the quality and safety of the service. We received an action plan which showed all actions would be completed by 31 January 2017. At this inspection we found that the actions had been completed.

Improvements had been made regarding the safety of the premises and equipment. Dedicated rooms had been identified and were in use to store equipment when it was not in use. This included equipment which people needed to help with their mobility such as hoists, stand aids and wheelchairs. There was a system in place for the prompt removal of equipment from the premises which was no longer needed such as beds and mattresses. Fire exits and corridors were kept free from obstructions and easily accessible to people. Storage rooms containing cleaning equipment and substances were kept locked when not in use to protect people from the hazards associated with them. The right amount of staff assisted people with transfers by use of appropriate equipment which was used safely.

Improvements had been made to the cleanliness of the environment and infection prevention and control procedures. Cleaning schedules had been developed and were being followed across the service. Staff followed safe infection prevention and control procedures to minimise the spread of infection. They used personal protective equipment (PPE) appropriately such as disposable gloves and aprons and disposed of clinical and non-clinical waste in appropriate bins provided.

Improvements had been made to safeguard people from abuse and any allegation of abuse. Safeguarding procedures set out by the registered provider and the relevant local authorities for responding to allegations of abuse were in place and correctly followed. Allegations of abuse brought to the attention of the manager had been raised with the relevant agency for investigation. Discussion with the manager and records

showed that prompt action was taken to safeguard people from any further allegations of abuse. The manager worked positively with other agencies to make sure people were safeguarded from abuse.

Improvements had been made to staffing. The deployment of staff aimed to ensure that people were safe at all times. There were staff present at all times in communal areas which people occupied. People who were being nursed in bed and those who chose to spend time in their bedrooms received regular visits from staff to check on their safety and wellbeing.

Improvements had been made to meeting people's needs. Care plans had instructions and guidance for staff about how best to meet people's needs, including how and when to monitor aspects of people's care. Care records showed that people had received the care and support they needed at the right time. Supplementary records in use to monitor aspects of people's care were completed with all the relevant information and at the correct intervals. This included records about fluid intake, positional changes and pressure mattresses settings.

Improvements had been made to the way people were treated. Staff made eye contact when speaking with people and they listened carefully to what people had to say. Staff took time to explain things to people and they spoke respectfully with and about people. People's meal time experience had improved. People were given a choice of food and drink and mealtimes were unrushed. However people were not given an apology or an explanation about a long delay with the lunch time meal on the first day of the inspection.

Improvements had been made to how complaints and concerns were dealt with. People and family members felt more confident about raising a complaint and being listened to. A record was maintained of all complaints made since the last inspection. These showed that complaints were acknowledged, investigated and responded to in a timely way. The records also showed that lessons were learned following complaints made.

Improvements had been made to activities for people. Since the last inspection a member of staff had been employed to support people with activities. People and family members told us that there were a lot more opportunities to get involved in activities both at the service and in the local community. People felt more stimulated and engaged in things they enjoyed.

Improvements had been made to the way the service was managed. A new manager had been appointed at the service since the last inspection. People, family members and staff told us they had more confidence in the leadership of the service. They said they had seen lots of improvements, and used terms such as approachable, supportive, fair and engaging when describing the new manager.

Improvements had been made to mitigate risks to people and make improvements to the service people received. Quality monitoring and safety checks on aspects of the service were carried out as required, and any risks to people's health, safety and welfare were identified and acted upon.

We have made a recommendation about the environment. There was a lack of signage and items of stimulus around the service to aid the orientation and provide stimulation for people living with dementia. Some people's names were not displayed on their bedroom doors and memory boxes were not used to help people identify their rooms.

The registered provider had a safe procedure for recruiting new staff. Staff had completed an application form detailing their qualifications, skills and experience and they underwent a series of pre-employment checks to assess their suitability for the job.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

Equipment people needed to help with their mobility was safely used and stored away when not in use.

People were protected from abuse and the risk of abuse.

There were sufficient staff deployed across the service to keep people safe.

Requires Improvement ●

Is the service effective?

The service was effective.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

The environment lacked signs and stimulus for people living with dementia.

Information about people's needs was available and their needs were met by staff who received the right training and support.

People's rights and best interests were protected in line with the Mental capacity Act 2015.

Requires Improvement ●

Is the service caring?

The service was caring.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

People's overall dining experienced was positive.

People were spoken with, and about in a dignified and respectful

Requires Improvement ●

way.

Personal information about people was stored securely.

Is the service responsive?

Good ●

The service was responsive.

Complaints and concerns were acknowledged and investigated in line with the registered provider's complaints procedure.

People were given appropriate opportunities to engage in meaningful activities.

People's calls for assistance were answered promptly.

Is the service well-led?

Requires Improvement ●

The service was well led.

A longer term of consistent good practice is required to achieve a rating of good for this key question.

People were confident about the leadership of the service.

Risks to people's health, safety and welfare were identified and mitigated.

Records were accurate, up to date and kept securely.

Roby House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 31 May and 05 and 08 June 2017. The first day of the inspection was unannounced and carried out by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During this inspection we spoke with eleven people who used the service. We spoke with eight family members, the manager, an area director and ten other staff who held various roles including, nurses, care staff, domestic staff and the chef.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care plans and supplementary records for five people, including medication administration records (MARs). Other records relating to the management of the service, which we looked at included safety certificates for equipment and the environment and quality monitoring records.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also obtained information from commissioners of the service, Healthwatch and members of the public. We used all the information shared with us to help plan our inspection.

Is the service safe?

Our findings

At our last inspection on 29 September and 04 October 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service did not receive safe care. During this inspection we checked whether the registered provider had completed the required actions and found that they had.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

People told us that they felt safe living at the service and that they would tell someone if they felt unsafe. Their comments included; "If I was worried I would speak to the girls [staff]" "I feel very safe and have no fears at all" and "It's very safe here, I don't worry about a thing". Family members told us that they had noticed a lot of improvements to the service making it a safer place for their relatives to live. For example, one family member said, "The place is much cleaner" and another said "There seems to be a lot less clutter around". A third family member told us that they had no concerns what so ever about their relative's safety, they said "Each time I visit, I leave very confident that [relative] is safe".

Improvements had been made to the management of people's medication. National guidance for the use and safe storage of prescribed thickeners was being followed. They were used only for the person they were prescribed for and stored away safely after being used. Systems were in place for the safe management of all other medication. There were dedicated rooms on each floor for storing people's medication and they were kept locked and accessed only by authorised staff. Staff with responsibilities for managing medication had received up to date training and had their competency regularly checked. There were safe systems in place for the receipt, storage and disposal of medication. This included the maintenance of records detailing medication received into the service, disposed of and returned to the supplying pharmacist. A fridge on the ground floor was being used to store medication which needed to be kept cool to ensure their effectiveness and items were dated to show when they were opened and due to expire. Daily temperatures of the fridge and the medication rooms were taken and recorded to ensure they remained at a safe temperature. Controlled drugs (CDs) were stored securely in appropriate cabinets and a CD register which was in place was properly maintained. Controlled drugs are medications prescribed for people that require stricter control to prevent them from being misused or causing harm. We checked a sample of CDs and found the stock tallied with the records kept.

Each person had a medication administration record (MAR). Two people's MARs did not display a recent photograph as required and the allergy section of one person's MAR had not been completed to show any known or unknown allergies. This information reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. The MARs were updated with the required information after we raised it with the manager. MARs detailed each item of prescribed medication, the time they should be given and any instructions for use. MARs were completed appropriately, for example they were initialled to show people had taken their medication. Specified codes were used to identify circumstances such as when a person had refused their medication and details of this was entered onto a

note section on the back of the persons MAR. Some people were prescribed PRN medication. These are items of medication which people are given only when needed, such as painkillers. Protocols were in place for the use of PRN medication and provided staff with guidance and instructions about their use such as what they are used for and when and how they should be given. However, PRN protocols for two people had not been fully completed with information about their use of PRN. They were updated with the required information after we raised it with the manager.

Improvements had been made to the premises and the storage and use of equipment. Since the last inspection a number of dedicated rooms had been identified and were being used to safely store equipment including wheelchairs, stand aids and hoists. After use staff ensured that equipment was put away in the appropriate store rooms. Any equipment people needed to hand such as walking frames were discreetly placed within their reach to avoid obstructions. Equipment which was previously stored in communal bathrooms was being stored in dedicated rooms, which meant people had safe access to toilets and sinks. Separate rooms were used to store cleaning equipment and substances and the rooms were kept locked when not in use. All fire exits, corridors and doorways in and out of rooms were clear of any obstructions. The safe storage of equipment minimised the risk of harm including trips, slips and falls.

Improvements had been made regarding the safe use of equipment people needed to help with their mobility and comfort. The correct amount of staff assisted people during transfers. For example, people who needed to be transferred by use of a hoist were assisted by two staff. Two footplates were fitted to all wheelchairs and staff ensured they were in place and that people had their feet safely positioned on them before transporting them around the service. The safe use of equipment reduced the risk of harm to people.

Improvements had been made to the cleanliness and hygiene of the premises and equipment used. The service was clean and hygienic and safe Infection prevention and control procedures were being followed to minimise the spread of infection. Domestic cover had been increased at the service and more robust cleaning schedules had been implemented. Schedules were in place for general day to day cleaning tasks such as vacuuming, emptying waste paper bins and wiping around bedrooms, bathrooms and toilets, communal lounges and dining areas. There were also schedules for larger cleaning tasks which were carried out on a weekly and monthly basis such as deep cleaning of furniture, windows and floorings. Records which were completed showed that all cleaning tasks were carried out as required and that they had been regularly monitored and checked by a member of the management team. Schedules were also in place and being followed for the cleaning of equipment such as wheelchairs, hoists and other mobility aids which people used. These items of equipment were clean and hygienic. Staff attended to any spillages immediately and hazard signs were used to warn people and others of the dangers of wet floors.

Information relating to good infection prevention and control was displayed around the service, including the registered providers infection policy and procedure. There were hand sanitizers and hand washing instructions displayed near to all hand basins. A colour-coding system for cleaning equipment such as bins, cloths, mops and buckets was in place at the service along with guidance for staff on its use. The laundry room was clean and well organised. Laundry was handled and laundered in line with infection control procedures. There was plentiful supplies of cleaning products and personal protective equipment (PPE) which staff used as required to minimise the spread of infection. For example, staff wore disposable gloves and aprons when handling soiled laundry and providing people with personal care. Staff disposed of PPEs and clinical waste in appropriate colour coded bins which were located in bedrooms, toilets and bathrooms. The bins were emptied on a regular basis into Eurobins which were kept outside the building. Appropriate contracts were in place for the removal of clinical waste from the service. A recent audit carried out by the local authority infection prevention and control team showed that a score of 92% was achieved which was a significant improvement following the previous audit.

Improvements had been made to staffing. Since the last inspection a full review had taken place around the deployment of staff. Staffing levels were calculated using a tool which took account of the occupancy levels and the needs and safety of people who used the service. The staffing levels which had been calculated to meet people's needs and keep them safe were being maintained. Changes made to the deployment of staff ensured that there were staff present at all times in communal areas which people occupied. People and family members commented that there was a lot more staff presence around the service. One person said, "Seeing more staff makes me feel much safer".

Improvements had been made to safeguard people from abuse. All allegations of abuse which had been made since our last inspection had been dealt with in line with the registered provider's safeguarding policy and procedure and those set out by the relevant local authorities. This ensured that people were safeguarded from harm and the risk of harm. The manager and other senior staff knew of their responsibilities to keep people safe and to raise allegations of abuse without delay with the appropriate agency for investigation. Staff had received safeguarding training and they had easy access to information and guidance about safeguarding people. Staff were confident about recognising and reporting any concerns they had about people's safety. They described the different types of abuse and the signs and symptoms which may indicate abuse is taking place. Staff told us that they would not hesitate to report any concerns onto the manager, person in charge at the time or directly to the local authority safeguarding team.

The recruitment of staff was safe and thorough. Appropriate checks had been undertaken on applicants before they commenced work at the service. Staff had completed an application form, attended interview and provided photographic evidence of their identity. A series of pre-employment checks were also carried out before an offer of employment. This included a check carried out by the Disclosure and Barring Service (DBS). A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. A minimum of two references were also obtained in respect of staff including one where possible from their most recent employer. Regular checks had taken place to ensure nurses registrations were being maintained and kept updated; a record of the checks was kept.

Checks had been carried out by a suitably qualified person on systems and equipment used at the service to ensure it was safe to use and a record of the checks were kept. This included checks on fire, gas and electricity systems and appliances, the passenger lift and hoists.

Is the service effective?

Our findings

At our last inspection on 29 September and 04 October 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service did not receive appropriate care to meet their needs. During this inspection we checked whether the registered provider had completed the required actions and found that they had.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

People told us that staff attended to their requests for assistance in a timely way. People also told us that they were given choices about the care and support they received. The majority of people made positive comments about the food although one person felt improvements were needed. Comments people made included; "They [staff] generally come quite quickly when you call them" "Yes, I choose what clothes I wear and what time I get up and go to bed. Sometimes I stay awake at night watching my TV because I like to do that" "Yes it's good [food] I get a choice" "Can't chew the food, it's so tough and cheap. The meat is tough". We informed the manager about the person's concerns about the food and they spoke with the chef who arranged to meet with the person to discuss their concerns.

Improvements had been made to meeting people's needs. Staff engaged with people when providing care and support and they listened and acted upon people's requests for care and support. For example, one person told a member of staff that they felt cold and the member of staff asked the person if they would like a blanket. The person accepted the offer of a blanket and the member of staff immediately got one and placed over the person's legs. Another person told a member of staff that they needed to use the toilet and the member of staff informed the person that they would get some help and take them. Two staff returned within minutes and assisted the person to use the toilet. When assisting people into lounges and dining rooms staff gave people a choice about where they would like to sit and they enquired about people's comfort.

Call bells were in easy reach of people who occupied their rooms and those activated during the inspection were answered by staff in a timely way. People told us that their requests for assistance were usually answered quite quickly. Call bells in bathrooms and toilets were also accessible to people. Each member of staff held a pager which alerted them to any calls for assistance people made and the location of call. The pagers were checked each day to ensure that they were fully functional.

Improvements had been made to monitoring people's needs. Some people were at risk of dehydration and because of this required their fluid intake monitoring. Charts to record people's fluid intake were in place and included essential information about people's needs and the care given. For example, a record was entered onto each person's chart to show the amount of fluid they needed to consume in a 24 hour period to remain hydrated. In addition the amount of fluid which people had consumed over a 24 hour period had been calculated to determine if the person had achieved their target. Fluid charts were regularly checked to determine if people had achieved their fluid intake target and if not why, and any actions taken.

Some people who were at risk of developing pressure ulcers had an air flow mattress on their bed and a chart in place for recording and monitoring mattress settings and positional changes. Sections of the charts had been completed with information about people's needs. For example, the required setting of the mattress, frequency of change of position and the actual setting of the mattress during each positional change. The records included details of each positional change including the time and position the person was moved into.

There was a lack of clear signage and stimulus for people living with dementia. Some people's bedroom doors did not display their name and there was no other signage to aid orientation of people and reduce confusion. Memory boxes which were mounted outside people's bedrooms were empty. The main communal areas which people regularly occupied, including lounges and the dining room lacked items of interaction or stimulus which could be used to support reminiscence and wayfinding such as pictures of the local areas and favourite pastimes of people who lived at the service.

We recommend that the registered provider refers to best practise guidance on dementia friendly environments such as Kings College.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. At the time of our inspection there were a number of people with a DoLS in place, and an application had been made to the relevant local authorities in respect of other people who used the service. These included restrictions on people who could not consent to care and treatment which they needed to keep them safe and for restricting people from leaving the building unsupervised, because it was unsafe for them to do so.

Staff had undertaken MCA training and they understood that the principles of the MCA may have to be applied if any refusal to care and support meant that a person's health and safety was put at risk. Staff consulted with people prior to providing any care and support and they respected people's right to refuse any intervention.

People's care records contained details around their dietary needs and any assistance they needed with eating and drinking. In addition records were held in the kitchen about any special dietary requirements people had. For example, people with diabetes, people's food likes and dislikes and any specific food textures which people who were at risk of choking needed. We sat with people during the lunch time meal on two days of the inspection and observed the meal on the third day. People who needed it were provided with the appropriate equipment and assistance to eat their meals. For example, one person was provided with adapted cutlery and another person was provided with a plate guard to help with their independence at meal times.

People had their needs met by staff who had received appropriate training for their roles. On commencing work at the service new staff entered onto a twelve week induction programme. The induction included an introduction to the registered providers policies and procedures and a tour of the building. During the tour staff were shown emergency exits and the location of emergency equipment. Induction training included the

completion of The Care Certificate. The Care Certificate is a nationally recognised qualification introduced in April 2015 for health and social care workers. The Care Certificate sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice.

Following induction all staff entered onto an ongoing programme of training specific to their job role. Training completed included updates in mandatory topics such as infection control, safer people handling and health and safety. In addition staff completed training specific to people's needs such as diabetes and dementia care. Training was provided to staff in a number of different ways, including on line training and face to face training delivered by accredited trainers. Each member of staff had a unique password which enabled them to access on line training either inside or outside the workplace. There was a training room at the service which had a number of computers for staff to use. Staff were required to complete a competency check following the completion of each training course. Competency checks helped to assess staff understanding of the training completed and to determine if additional training was required to further develop their knowledge, skills and understanding. The manager had access to training data such as what courses staff had completed and when updates were due to be completed. This enabled the manager to monitor staff performance and their training and development needs.

Staff received an appropriate level of support within their roles. Staff told us they had noted a marked improvement over recent months in the level of support they had received. They said they felt well supported by the manager and other senior staff. Staff said that the manager was approachable and listened to anything they had to say. The manager was in the process of developing a system to ensure that all staff received regular one to one supervision. He explained that he was in the process of appointing senior staff from different departments to conduct one to one supervisions with junior staff under their supervision. Daily 'Flash' meetings were held between staff from all departments and regular team meetings were also held. The meetings gave staff the opportunity to meet as a group and discuss matters relating to people's needs and the service in general. All meetings were recorded and made available to all staff so that those unable to attend were updated with discussions that had taken place.

Is the service caring?

Our findings

At our last inspection on 29 September and October 2016 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service were not treated with dignity and respect. During this inspection we checked whether the registered provider had completed the required actions and found that they had.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

People told us that staff were respectful, polite and caring. Their comments included, "Quite pleasant" "They [staff] are all very nice indeed, I couldn't say a bad word about any of them [staff]" "They do a really good job and are very patient" and "They [staff] are understanding and very caring". One family member commented that over recent months they had noted a difference in the attitude and approach of staff. They said recent changes to the staff group had brought about positive changes and that current staff were very caring and pleasant.

Improvements had been made so that people were treated with dignity and respect. Near to the front of people's care files was a personal profile which provided staff at a glance the things which were especially important to people. For example, their preferred name, preferred gender of carer, method of communication and important relationships. Staff referred to people by their preferred title and they spoke with people respectfully. For example, when holding conversations with people staff got up close to them maintained eye contact and listened carefully to what the person had to say. Where people made requests staff responded promptly. For example, one person asked for a footstool and it was brought to them immediately. When staff spoke with us about people they referred to them by their chosen name and spoke about them with warmth and affection. One member of staff "[X] is a lovely person who enjoys a laugh and a joke with staff". Another member of staff described another person as being "Very knowledgeable about the local area and very interesting to listen to". Other discussions held with staff showed they knew people well and the things which were important to them. Staff knew about people's preferences, likes and dislikes and about relationship which were important to people.

Improvements had been made to people's meal time experiences. Meals for people were prepared in the main kitchen and transported onto the units in hot trollies. People were given a choice about where to sit in the dining room and they were offered a dignity apron prior to their meal being served. The lunch time meal was served to people in a timely way on the second and third of the inspection. However on the first day people were seated in both dining rooms and left waiting for long periods before their meal was served. Staff explained to us that this was because there was a delay with the meal. People dining on the ground floor were provided with an explanation about the delay and given an apology; however those dining on the first floor were not. Some aspects of the meal time on the first floor were disorganised. For example cold foods such as sandwiches arrived in the dining room and were served to people in front of others who were waiting for their hot meal. Also people who required a hot pureed meal were delayed a further ten minutes before receiving their meal and when the meals did arrive there were two meals short. This meant two

people had waited up to 45 minutes for their meal after being seated in the dining room. People on the ground floor were offered a drink whilst waiting for their meal and staff engaged people in chatter and banter.

Staff explained to people what the meal was before serving it and an alternative was offered to those who had changed their mind about their meal choice. For example one person was served a hot meal but asked staff if they could change their mind and have some sandwiches. The member of staff assured the person it was fine and returned soon after with a plate of sandwiches. Staff ensured meals were placed in easy reach of people and they sat next to people when assisting them to eat and drink and they allowed people to eat and drink at their own pace. Staff engaged with people throughout the meal providing them with gentle prompting and encouragement. Dignity aprons were removed from people after they had finished their meal. Domestic tasks such as washing dishes, wiping tables and brushing floors were left until the meal time was over and people had left the dining rooms.

Improvements had been made to ensure people's personal belongings were treated with dignity and respect. There were few items of unmarked clothing held in the laundry because they were returned to people promptly. Laundry staff explained that they regularly visited people across the service with any unmarked items to try and establish who they belonged to.

Improvements had been made to people's confidentiality. Personal records belonging to people were stored in locked cabinets in offices located on both floors. The offices were locked when not in use. Staff were careful not to be overlooked when completing records in communal areas and they ensured the records were secured after completing them.

People's privacy, dignity and independence were respected. Staff were patient and encouraging when assisting people to mobilise. For example, a member of staff patiently assisted one person who was having difficulty walking. Whilst providing minimal assistance as not to take over, the member of staff reassured the person and advised them to take their time. Staff knocked on doors including bedrooms, bathrooms and toilets and requested permission from people before entering. Staff offered comfort and support to people during periods of anxiety and upset. A member of staff sat with one person who was visibly upset and they held the person's hand and spoke gently with them. The person reacted positively to this; they smiled and shared banter with the staff member.

People were encouraged to personalise their bedrooms as they wished. Bedrooms displayed items such as keepsakes, pictures, photographs, plants and ornaments. Some people had pieces of furniture which they had brought with them from their previous home. People also personalised their rooms as they wished with televisions and radios. One person told us how important it was for them to have their personal items around them because it helped them feel much more at home.

Information about the service, other relevant external services and the staff team was made available to people and their family members. Leaflets and brochures were available in the reception area near to the main entrance. In addition there was information about up and coming events and topics of interest displayed on notice boards around the service. We spoke with a family member who visited the service to obtain information about it for a relative looking for a care home. Staff provided the person with a selection of brochures about the service and advised them of those they could contact should they need further information or arrange another visit to the service.

Is the service responsive?

Our findings

At our last inspection in September/October 2016 we found breaches of Regulation 9 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people using the service did not receive the right care and support to meet their needs and complaints received were not acted upon. During this inspection we checked whether the registered provider had completed the required actions and found that they had.

People and family members told us that they had been given information about how to complain and that they would complain if they needed to. Two family members told us that they felt much more confident about complaining and about being listened to. People told us that there were more activities taking place which they enjoyed.

Improvements had been made to the way concerns and complaints were acted upon. The registered provider had a complaints policy and procedure which clearly described their process for complaining and managing complaints. A copy of the procedure was displayed in people's bedrooms and on notice boards along corridors around the service. The process assured people that their complaints would be acknowledged, listened to and dealt with within a set timescale. It also advised people that they would receive a written response. Records showed a number of complaints had been made about the service since our last inspection and that they were dealt with in line with the registered provider's complaints procedure. The records included details of the complaint and the complainant and the actions taken to resolve the matter. People and family members told us that they felt much more confident about raising any concerns and complaints. They said that the manager listened and took prompt action.

The manager had introduced more regular residents and relatives meetings as a way of obtaining people's views about the service and encouraging their ideas for any improvements. Details of up and coming meeting were clearly displayed near to the main entrance of the service and on notice boards on each of the two floors. Minutes from the most recent meeting showed topics discussed included meals, activities, the environment and management of the service. In addition the manager had also introduced 'A manager's surgery' details of which were also displayed at the service. The purpose of the surgeries was to give people and family members the opportunity to meet with the manager to discuss any matters about the service on a one to one basis.

Improvements had been made to activities. Since our last inspection an activities co coordinator had been recruited to work at the service on a full time basis. They organised and facilitated activities based on information which they obtained from people about their preferred hobbies, interests and favourite pastimes. Notice boards located around the service displayed details of up and coming activities and invitations to events. This included musical entertainment, readings clubs, quizzes, movies and lunch out at a local pub. People and family members told us that they had seen a lot more activities made available to people. People confirmed that they had enjoyed taking part in the activities.

Improvements had been made to the timeliness of responses to people's requests for assistance. Staff were

available at all times in communal areas which people occupied and they responded in a timely way to requests people made.

Is the service well-led?

Our findings

At our last inspection on 29 September and 04 October 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this was because records were not accurate, up to date and maintained and the system for assessing and monitoring the quality and safety of the service was ineffective. During this inspection we checked whether the registered provider had completed the required actions and found that they had.

Improvements had been made, however a longer term of consistent good practice is required to achieve a rating of good for this key question. We will review the rating for this domain at our next inspection.

The ratings following the last inspection were prominently displayed at the service for all to see.

Improvements had been made to the way the service was managed. The registered manager who was in post at the last inspection no longer works at the service, however a new manager was appointed and commenced work in December 2016. People who used the service and family members told us that they were informed about the change of manager and were introduced to him when he started work at the service. They also told us that they had noted a lot of improvements at the service since the last inspection. For example, one person said "[Manager] is always around asking if I'm ok and listens" and another person said, "[Manager] is very helpful and always about". Family members told us they knew about the last CQC inspection report and were confident that improvements had been made. Their comments included, "[Manager] listens and has taken action to make things better" and "Very good indeed, it's so much more organised here and things seem to get done, not forgotten about".

Words used by staff when describing the manager included fair, approachable, supportive and positive. They commented that they too had seen a marked improvement in the way the service was managed. Staff reported improved moral amongst the team, better team working and more effective communication from the management team. Staff were kept informed about any changes and developments within the service. They were invited to attend staff meetings which were organised well in advance. Minutes of the meetings were taken and shared amongst all staff so that those in attendance and those who were unable to attend had a record of the meeting discussions and any actions agreed.

The manager had responded appropriately to any information of concern which was brought to their attention. This included concerns raised by family members about the care and welfare of their relatives who used the service. Complaints were recorded and investigated in line with the registered provider's policies and procedures and any safeguarding concerns were promptly brought to the attention of the relevant local authority safeguarding team and the Care Quality commission.

Improvements had been made to the way the quality and safety of the service was assessed, monitored and improved. The registered providers system which was in place for assessing and monitoring the quality and safety of the service was being followed as required. It consisted of a combination of practical tools and documentation with guidance for checking and improving the service people received. The frequency of

checks and audits varied depending on the activity required, for example walk arounds were required twice daily to check on things such as the direct care and support people received and the safety and fabric of the environment, furniture, fittings and equipment. Monthly and three monthly audits were required on infection control, care plans and medication. Records showed checks had been carried out at the required intervals and that action plans had been developed for areas identified as requiring improvement. The plans clearly set out the action needed to make improvements, who was responsible for completing the action and when it needed to be completed by. Records showed actions where completed as required resulting in improvements being made to the service people received.

Improvements had been made to records. Records in relation to people's care and the management of the service were maintained, accurate, complete and safely stored. Care records included the required information about people's needs and how they were to be met. Supplementary care records for monitoring aspects of people's care such as fluid intake and repositioning demonstrated that people had received safe and effective care. Personal records about people were stored securely when not in use.

We obtained information from local authority commissioners and other stakeholders prior to this inspection. The information which was based on checks they carried out since our last inspection showed that the registered provider had acknowledged and actioned areas for improvements.

Staff were aware of the registered provider's whistleblowing procedure and they said they would not hesitate to use it if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to contacts details of those they could contact should they need to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams.

The registered provider had in place a set of policies and procedures relevant to the service and they were accessible to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. The registered provider kept all policies and procedures under review and updated them as required to ensure they were in line with current legislation and best practice.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through datix, a web based system, which was reviewed by the registered provider each month. Information held on datix helped the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

The registered provider had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.