Park Homes (UK) Limited

Allerton Park Care Centre

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 5 August 2015 and was unannounced. At the last inspection on 9 and 26 February 2015 we found breaches in regulations which related to person-centred care, safeguarding, dignity and respect, staffing and quality assurance. We took enforcement action and issued four warning notices for the breaches relating to safeguarding, dignity and respect, person-centred care and quality assurance which included timescales for compliance by 8 May 2015. The provider sent us an action plan showing how these improvements would be made. At this inspection we found improvements had been made to meet the relevant requirements.

Allerton Park Care Centre provides nursing care for up to 50 people, including some who are living with dementia and some who have mental health needs. There were 44 people living at the home when we visited. Accommodation is provided in two separate units over two floors with lift access between the floors. There is a communal lounge and dining room on each unit as well as toilets and bathroom facilities. A central kitchen and laundry are located on the ground floor.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe in the home. We found risks were well managed which ensured people were kept safe and any restrictions on their freedom were discussed, agreed and planned as part of their overall care.

Staff had a good understanding of what constituted abuse and the reporting mechanisms. We saw any allegations were dealt with appropriately and were referred to safeguarding apart from one incident. This incident involved bruising to a person suspected to be caused by staff assisting the person to be moved. Although appropriate action had been taken to address the issue, the incident had not been correctly referred to safeguarding.

Staffing levels were sufficient to meet people's needs and additional resources had been provided to assist the nursing and care staff at mealtimes. We found leadership and direction of staff had improved which resulted in better teamwork and meant there were always staff present in communal areas to assist and support people. Staff induction, training and supervision had improved and staff understood their roles and told us they felt better supported.

Recruitment procedures ensured staff were suitable and safe to work with people. Full recruitment records were not available in the home for one staff member as they were kept at head office. However after speaking with this staff member we were assured that full recruitment checks had been completed. The director told us recruitment records for all staff would be kept in the home in future.

Improvements had been made to the environment such as new flooring and furniture as well as memorabilia to interest people living with dementia such as rummage and memory boxes, photographs and pictures. Communal areas had been rearranged to make it more homely with clusters of seating areas where people could sit together and chat. Staff told us maintenance works were dealt with promptly and we found the home was clean and free of odours.

Staff understood the legal requirements relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Authorised DoLS were in place for four people and the provider was complying with the conditions applied to the authorisations.

People were involved in decisions about their care and felt their views were listened to. Staff engaged with people at every opportunity and we observed people were comfortable and relaxed around staff. Care plans had improved and focussed on people's individual needs. People were able to participate in a wide variety of activities both in and outside the home. People said they enjoyed the food and we saw mealtimes were relaxed and sociable occasions.

Safe systems were in place to manage medicines which ensured people received their medicines when they needed them. People knew how to make a complaint and we saw complaints received were investigated and the outcome fed back to the complainant.

The registered manager and senior management team had worked hard to change the culture of the home and make improvements to the lives of people living in the home. We found the home was well managed with a registered manager who led by example and who staff praised for their leadership and direction. Robust quality assurance systems had been implemented which identified where further improvements were required and were being used to continuously improve practices. The registered manager recognised these improvements need to be sustained and developed further to make sure people consistently receive high quality care.

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?

Requires improvement

The service was safe. People told us they felt safe. Risks were managed well which meant people were kept safe without their freedom being restricted. People received their medicines when they needed them.

Safeguarding procedures were followed, although one incident, which had been dealt with appropriately, had not been referred to safeguarding.

Staffing levels were sufficient to meet people's needs. Recruitment processes were followed although the full records relating to one staff member's employment were not available in the home.

Improvements had been made to the environment and were ongoing and the premises and equipment were well maintained.

Is the service effective?

Good

The service was effective. Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

People told us they enjoyed the food. People's nutritional and hydration needs were met and monitored.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met. People were supported to access health care services to meet their individual needs.

Is the service caring?

Good

The service was caring.

We saw people were relaxed and comfortable around staff. Staff were kind, compassionate and warm and took every opportunity to engage with people.

People's privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive. People's care records had improved and now provided up to date information with specific detail which showed the support and care each individual required.

There was a diverse range of activities provided each day and we saw people enjoyed joining in with group activities or spending one-to-one time with staff.

People knew how to make a complaint and the complaints procedure was displayed in the home. Complaints were recorded and dealt with appropriately.

Summary of findings

Is the service well-led?

The service was well led. The registered manager's leadership and management of the home had brought about significant improvements since the last inspection, which were underpinned by support from the senior management team. All of the breaches from the previous inspection have been addressed and effective quality assurance system had been implemented.

These improvements need to be sustained and developed further to make sure people consistently receive high quality care.

Requires improvement

Allerton Park 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 5 August 2015 and was unannounced. The inspection team consisted of four inspectors and an expert by experience with expertise in dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also contacted the local authority contracts and safeguarding teams.

We usually send the provider a Provider Information Return (PIR) before the inspection. 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 did not send a PIR to the provider before this inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with eleven people who were living in the home, three relatives, three senior care staff, the housekeeper, the administrator, five care staff, one nurse, the chef, the activity organiser, the registered manager, the operations manager and one of the directors.

We looked at seven people's care records in detail and one to follow up on specific information, three staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the building and saw people's bedrooms, bathrooms and communal areas.

Requires improvement

Is the service safe?

Our findings

At the previous inspection in February 2015 we found a breach in regulation in relation to safeguarding. We found people were not always protected from the risk of abuse as not all safeguarding incidents had been identified, investigated and reported as required. At this inspection we found improvements had been made.

People told us they felt safe. One person said, "I like it here. I feel safe and I am safe." A relative said about their family member, "He's safe here so I'm happy." The training matrix showed the majority of staff, including the registered manager, had received safeguarding training in the last twelve months. The registered manager told us those staff who still required an update would complete the training by the end of the year. Staff we spoke with had a good understanding of safeguarding and whistleblowing procedures.

Incident data showed the registered manager took appropriate action to investigate safeguarding matters to help keep people safe. These were logged and investigated to establish the cause and help prevent a re-occurrence. Where investigations took place they were objective and thorough. Whilst we found most safeguarding incidents had been appropriately recognised as safeguarding matters and referred to the local authority safeguarding team and Commission, we found one incident which had not been. One person had been found with bruising suspected to be from staff assisting them to mobilise. Although appropriate preventative measures had been put in place, this had not been recognised as a safeguarding matter and reported to the local authority or Commission. Where staff practice was identified as a likely cause of safety related incidents we saw evidence that supervision, training and where appropriate disciplinary processes were followed to help prevent a re-occurrence and keep people safe. For example, following concerns over moving and handling and catheter care, staff were provided with training updates.

We found risk assessments were in place to keep people safe. We saw where risks had been found, risk reduction strategies had been identified. For instance, one person had been falling regularly earlier in the year. The person was referred to the community falls team and since the referral and subsequent changes to the care plan no falls had occurred. We saw a risk assessment had been completed for one person who was anxious about falling out of bed although they had not done so. The person had the capacity to understand risks and the assessment showed they had been involved in making the decision to have bed rails. The risk assessments we saw demonstrated that whether or not people had capacity, the provider was ensuring that people's safety was paramount. We saw evidence of monthly reviews of all risk assessments. Discussions with two members of staff showed they were knowledgeable about the care needs of people including any risks and when people required extra support.

At the previous inspection in February 2015 we found a breach in regulation in relation to staffing as we found there were not always enough staff to meet people's needs. At this inspection we found improvements had been made.

Although the nursing and care staffing levels had not been increased since the last inspection, we found additional resources had been provided to assist these staff. For example, the chef served breakfast on the residential unit and a breakfast assistant worked on the nursing unit. Staff told us this had made a big difference as it gave them more time to assist people with their personal care needs and also meant there was better oversight to ensure people received their breakfast in a timely manner. We found leadership and direction of staff had improved which meant staff worked better together as a team. For example, we saw there were always staff present in the communal areas and staff continually updated each other about what was happening. Staff engaged with people and were responsive to their needs, defusing any potential conflicts in a calm, considerate manner. One staff member said, "It's more organised. It's all about the residents now, what they want. All staff know this and we work together." The registered manager told us they used a time and motion study alongside the dependency tool which helped them determine when staffing levels needed to increase. No concerns about staffing levels were raised with us during our visit.

Three of the staff recruitment files we reviewed showed safe recruitment procedures were being followed with all required checks completed before the staff member began employment. However, there was no application form for one staff member who was working at the home temporarily. We discussed this with the director who advised the full recruitment file for this staff member was at

Requires improvement

Is the service safe?

the head office. They said they would make sure in future recruitment records for all staff working at the home were retained in the home. We spoke with this staff member who confirmed full recruitment checks had been carried out.

Staff told us if they needed any repairs or equipment they only needed to ask and their requests would be actioned by the provider. For example, one of the hoists was not working on the morning of our visit. The engineer had been contacted and the hoist was repaired before lunch. The housekeeper told us there had been 'big improvements' to the environment and this was echoed by other staff we spoke with. We saw new flooring in the communal areas and new dining tables and chairs. The provider told us the housekeeper had taken control of ordering cleaning materials and organising the cleaners. We found the home was clean and tidy with no unpleasant odours. We saw protective aprons and gloves were readily available for staff to use and liquid soap and paper towels were available in bedrooms so staff could wash their hands after delivering personal care.

Documentation we saw showed the service carried out the required safety checks on the premises to help keep people safe. This included checks on the gas, water, electrics and fire systems, lifting equipment and window restrictors. However we found one window was missing a restrictor despite a recent check indicating that it was present and working. We also found bolts on three bathroom doors which were unsuitable because staff would not be able to gain entry in an emergency. We brought these issues to the provider's attention and immediate action was taken to make them safe.

We observed the morning medicine rounds on both units. We saw the medication administration records (MAR) were complete and contained no gaps in signatures and any known allergies were recorded. We checked the stock levels of some medicines and found these concurred with the amounts recorded on the MAR sheet. We examined records of medicines no longer required and found the procedures to be robust and well managed. Creams and ointments were properly stored and dated upon opening. All medication was found to be in date. We saw all 'as required' medicines were supported by written instructions which described when and how often these medicines could be given. We saw evidence people were referred to their doctor when issues in relation to their medication arose. A medicine policy was in place which was up to date and reflected national medicines guidelines.

One person had their medicines administered covertly and care records showed best interest meetings had involved the GP, family, a community matron, care staff and a pharmacist. Documents demonstrated a clear treatment aim of covert medication along with the required benefits to the person's health. A qualified person had made a written statement regarding the person's lack of capacity. A review process was in place. Our examination of the process to administer covert medication proved the manager had an excellent understanding of the procedures and knew how to use them for the benefit of people at the home. Medicine storage cupboards were secure, clean and well organised. Medicine fridge temperatures were taken daily and recorded. The treatment room was locked when not in use. We saw controlled drugs were stored appropriately and records were accurately maintained. The giving of the medicine and the balance remaining was checked by two appropriately trained staff.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes . At the previous inspection in February 2015 we found a breach in regulation with regard to a lack of knowledge around the legal framework relating to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). At this inspection we found improvements had been made.

.At this inspection, the registered manager told us four people using the service were subject to authorised deprivation of liberty and we found all relevant documentation was available and clearly filed. Three people had conditions attached to the authorisation and we saw bespoke care plans had been constructed to ensure the conditions would be acted upon and be subject to regular review. We spoke with a senior care worker who was the lead trainer for DoLS. They knew about the DoLS authorisations which were in place and were able to tell us exactly what the conditions were and how they ensured these were met.

We spoke with the registered manager who demonstrated a thorough understanding of the legislation and how it had to be applied in practice. Where people were subject to DoLS relevant person's representatives (RPR's) were seen to have been involved in decision making and involved in the regular reviews of care needs. Some people had appointed attorneys by way of a lasting power of attorney (LPA) or where people lacked mental capacity, had deputies appointed by the Court of Protection. Care plans recorded where attorneys and deputies had been involved in decision making or where reviews of care plans had been undertaken.

We spoke with one member of care staff about the use of restraint. They were able to describe de-escalation techniques to minimise the use of restraint. They said, "I have never had the need to use restraint nor have I ever seen it used". They also demonstrated their understanding restraint should only be used in a way which respected dignity and protected human rights. We saw where restrictions were in place such as the use of bed rails, there were detailed records to show how the risks had been assessed, who had been involved in the decision and why the equipment was deemed appropriate. For example, we saw two people seated in bespoke chairs with the intention of tipping the person slightly backwards. Their care plans showed health needs assessments had taken place which identified the need for the observed posture to be maintained. Therefore whilst the chairs restricted people's movements they were not being used for the purpose of restraint.

At the previous inspection in February 2015 we found a breach in regulation with regard to training as many of the staff had not received training updates. At this inspection we found improvements had been made.

We saw from the training matrix that staff had completed refresher training in a variety of subjects since the last inspection such as safeguarding, moving and handling, fire safety, MCA and DoLS, health and safety and infection control. The registered manager told us all staff in the home, including ancillary and administration staff, were undertaking certified dementia training. A training consultant had been brought in to deliver training face to face which staff we spoke with said they found very helpful. One staff member said, "The training's very good now. (The trainer) talked to us about managing behaviours and related it to the people we care for which I found really helpful." At the time of our visit an external trainer was at the service specifically checking staff understood the infection prevention controls which were in place. The registered manager told us new staff were completing the Care Certificate standards and attended the home each Friday to work through the modules with an external assessor.

Staff told us they received regular supervision. The registered manager told us supervisions now incorporated training needs and development which was reflected in the supervision records we reviewed. The registered manager told us appraisals were planned for the end of the year.

The provider told us two new chefs had been recruited and as a result the quality and consistency of the food had improved. There was a four week menu, which offered both choice and variety. One of the chefs told us the menu was changed to incorporate seasonal variations. The menu for the day was on display in both units in pictorial form to help people living with dementia see what the choices were. This also showed the main meal was served at tea time. We looked at the residents meeting minutes and saw

Good

Is the service effective?

meals had been discussed. One person had asked if they could make a cup of tea in their bedroom. The registered manager told us they had looked at the risks and the person was supplied with a flask of tea every evening.

At breakfast time people were offered a choice of cereals, porridge, cooked breakfast and hot and cold drinks. We saw the chef serving breakfast and lunch on the residential unit. They told us they liked to do this as they got direct feedback from people using the service about the meals. Drinks were available in the lounges and mid- morning a variety of cakes, fresh fruit, yogurts, crisps and biscuits were on offer. People told us the home- made cakes were very good. At lunchtime we saw staff showing people both choices so they could make an informed choice about what they wanted. Care workers told us the food was good and there was always plenty.

The chef told us they had a list of special diets in the kitchen and that staff kept them informed of any changes that were required to meet people's individual needs. For example, if people were losing weight and required additional fortification to their meals. When we looked at the weight records for people who had been identified as being at risk of losing weight we saw their weight was being maintained. This showed us people were receiving good nutrition. People's weights and nutritional needs were regularly monitored by the registered manager. Details of people's recent weight trends and any special nutritional requirements (e.g supplements) were recorded on the whiteboard in the manager's office. Where people experienced weight loss this was highlighted in red. This provided us with assurance that people's nutritional needs and any changes in their weight were robustly monitored.

Care plans we looked at showed people had been seen by a range of health care professionals, including the community mental health team, speech and language therapist (SALT), community matrons, GPs, district nurses, opticians and podiatrists. We saw care plans recorded whether someone had made an advanced decision on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions. The correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the healthcare professional completing the form. Staff we spoke with knew of the DNACPR decisions and were aware that these documents must accompany people if they were to be admitted to hospital.

Good

Is the service caring?

Our findings

At the previous inspection in February 2015 we found a breach in regulation as people's privacy and dignity was not always respected. At this inspection we found improvements had been made.

We saw photographs displayed in the home of staff who had been appointed as dignity champions. The registered manager told us this had empowered the staff who now actively challenged poor practices. There were posters displayed throughout the home which provided prompts for staff about dementia and mental health and how to approach and engage with people.

People looked relaxed and comfortable around staff and we saw staff took every opportunity to engage with people. We saw staff called people by name and said hello each time they met. We saw people responded with smiles and staff often stopped to have a chat and checked people were okay, encouraging them to have a drink while they chatted. We saw one person started to sing whilst eating breakfast and we heard the care worker ask them if they felt better for having a sing song. Two people who were related were relaying tales of their childhood and the staff member sat with them listening and responding appropriately.

We saw if people became restless or looked anxious staff noticed and dealt with the situation appropriately. For example, we saw one person was getting angry at something another person had said to them, staff swiftly intervened and diffused the situation by suggesting a walk in the garden and the person smiled said they would like that and out they went. We saw staff were equally attentive to people who were more dependent and less vocal. Whenever a staff member was going to leave a communal area they checked another staff member was going to stay until other staff returned.

People and relatives we spoke with told us they were happy with the care. One person said, "It's so much better here now." Another person said, "It's alright here. I've been here a while now and I like it." Another person said about the staff, "You've got some very nice people here. They're kind and nice." When the registered manager walked into the room the person smiled and pointed to them saying, "She's wonderful." A further person said, "Why wouldn't I like it, good food, nice people, nice staff." A relative told us, "I know mum's well looked after, she's not easy, they do a marvellous job." One person asked us, "Are you thinking of coming to live here? It's good."

We saw staff supported people to maintain a dignified appearance and people looked well cared for and well groomed. One person said to us, "I like to look smart."

We saw the seating had been rearranged in the communal areas to provided clusters of chairs where people could sit and talk with each other or watch the television more easily. The garden doors were open so people could go freely in and out.

Good

Is the service responsive?

Our findings

At the last inspection in February 2015 we found a breach of regulation with regard to care and welfare. Care plans lacked specific detail to ensure people received consistent and appropriate care. At this inspection we found improvements had been made.

The registered manager told us they had reviewed and updated all the care plans since our last inspection. We looked at seven people's care records. We saw people needs were assessed and there was evidence of regular review and adjustments in response to any changes in people's conditions. Care plans were individualised and recorded what the person could do for themselves and gave specific details where the person required support. We saw information in people's files about specific health conditions. For example, for one person who was diabetic there were fact sheets about hypoglycaemia and dietary advice about suitable diabetic foods. We saw the care plans referred to mattress settings for people who had pressure relieving equipment and when we checked one person's mattress in their room we found the mattress setting was correct. We saw written and pictorial information displayed in people's bedrooms outlining their individual preferences. The registered manager had sent us notifications about injuries two people had sustained. We looked at their care plans to see what measures had been put in place to prevent a re-occurrence. We saw risk management plans had been put in place for both individuals which informed staff what preventative action they needed to take. We spoke with a care worker who explained in detail the additional care interventions that had been put in place. This meant staff were taking action to make sure people received appropriate support.

We saw there was a photograph board of activities on display in the hallway. These included baking, one to one time, bowling, exercises, board games, cards, jig-saws and reminiscence. We saw the activities co-ordinator holding a baking session with ten people participating. This was done in the morning so the cakes could be baked and served with the afternoon cup of tea.

We spoke with the activities co-ordinator who told us they had worked at the home for about two months and they were getting to know people and what they liked to do. They told us the baking sessions had been arranged in response to a request from one of the people using the service. We saw photographs of recent activities, including a birthday party, on display. A visitor commented, "That's the only time I've seen mum smile on a photo."

We saw there was always a member of staff present in the lounges and dining areas when people were present. They used this time to engage individuals or small groups in conversation or activities. Staff also told us they were able to take people out for a walk or to the local shop. We saw people were enjoying spending time with staff and were enjoying the activities on offer. We observed people were alert and stimulated because they were being kept occupied.

An appropriate system was in place to manage complaints. The complaints procedure was displayed in the home to bring it to the attention of people who used the service. All complaints including minor ones were logged by the registered manager. Documentation showed that these were both acknowledged in writing and then formally responded to in a timely manner. Complaints were reflected on to help the service learn lessons and continuously improve. For example, following one complaint, supervision was held with the relevant staff member to ensure better communication in the future. Complaints were audited on a monthly basis to look for any trends or themes.

Requires improvement

Is the service well-led?

Our findings

At the previous inspection in February 2015 we found a breach in the regulation with regard to good governance. We found systems in place to assess and monitor the quality of service provision were ineffective and had failed to identify and address issues we identified during the inspection. At this inspection we found significant improvements had been made.

The home had a registered manager. Staff we spoke with told us the service was well-led. They said the registered manager was very approachable and very supportive. Staff confirmed the registered manager and one of the providers completed checks on a regular basis to make sure things were as they should be. For example, they said they checked the cleanliness of the home and that staff were putting the training they had received into practice.

We spoke with the provider who told us they had daily meetings with all of the heads of department and care workers who were leading the shifts. At these meeting any problems would be reported together with sharing of information to aid the smooth running of the service.

The provider told us there had been a 'huge culture change' in the service since our last visit in February 2015 and said this had been driven by staff. One member of staff told us our last report had been a huge 'wake-up call' and they wanted the service to be not just good but outstanding. The provider told us at our last visit staff did not understand what they were doing wrong. Since then the senior care workers have completed 'train the trainers' courses and have lead responsibilities for the delivery of moving and handling training and Deprivation of Liberty Safeguards training. The provider said the staff had been empowered to make the changes and the dignity champions actively challenge poor practices.

We found an appropriate system was in place to record, investigate and analyse incidents to protect people from harm. The registered manager described to us how they had made changes to the incident system over recent months to ensure more detailed preventative measures were put in place and incidents were now audited to look for any themes and trends. We saw this to be the case for example, investigations now looked at the root cause of incidents and ensured clear preventative measures were put in place to prevent a re-occurrence.

A range of audits and checks were undertaken by the registered manager and provider. This was managed by a detailed annual audit schedule to ensure all aspects of the home's systems and processes were audited throughout the course of the year. Monthly checks were undertaken by senior management to provide assurances to the provider on how the home was operating. These looked at areas such as infection control, accidents, dignity, staff knowledge and general care quality. We saw evidence that where issues were identified, action was taken by the registered manager to address the issues. However, the completion of required actions was not always robustly documented which made it difficult to establish when actions were signed off as complete. We raised this with the provider who said they would take steps to address.

The manager conducted a range of audits such as mediation, catering, infection control and care and support which looked at a range of care quality indicators. These audits contained a good level of detail and showed they were effective in identifying issues. In addition, daily, weekly and monthly checks of the environment and equipment such as bed rails, bathrooms and mattresses also took place, providing us with assurance that safety risks were robustly monitored.

The registered manager demonstrated a commitment to continuously improving the service. We saw a service improvement plan was in place which had been used to structure improvements over the last few months. The registered manager told us improving staff practice had been a key factor in the improvements to the service over the last few months and we saw evidence they had taken strong action to address staff performance. Where poor performance was identified, for example in the administration of medicines, supervision and disciplinary processes were followed to help keep people safe. Observations of care practice were conducted with staff in a range of areas to improve skill and knowledge and drive up the quality of the care provided. Where issues were identified such as undignified interactions with people who used the service, individual supervisions were conducted to address the matters with the staff and help improve the quality of the service.

A range of staff meetings took place including management meetings, care staff meetings and domestic meetings.

Requires improvement

Is the service well-led?

These were an opportunity to raise quality issues and discuss any concerns staff had. A staff survey had also been carried out which provided management with details of the key challenges that faced staff.

Mechanisms were in place to seek the views and feedback of people who used the service. People were asked to periodically complete satisfaction surveys. We saw the most recent of these from April 2015 which was generally very positive. Where negative comments were identified, plans were in place to address. Periodic resident and relative meetings were also in place. We saw evidence that at these meetings people's ideas had been listened to. For example, it was identified that some people wanted to do baking and we saw this took place on the day of our inspection. In addition to meetings, the manager had also taken the time to ring around relatives and ask them for their views on the service.

Records relating to people's care and welfare and the management of the service were well ordered and indexed, making it easy to promptly find all the information we were looking for.

The home had used best practice guidance to assess its performance in providing an environment conducive to good dementia care. Although it had scored poorly in a number of areas, the completion of the assessment was a starting point to drive improvement in this area. Staff had received training in dementia to help improve their practice. The manager told us they had consulted the NICE Quality Standards for Dementia Care in the development of care plans. We found care plans contained sections on people's social needs, life histories, preferences and 'things that were important to them' which indicated this was the case.

We found improvements had been made in addressing the requirements made at the last inspection. Outcomes for people had improved and the registered manager recognised further development was required in creating and embedding a culture where people are empowered and enabled to maximise their full potential.