

Prime Life Limited

Westerlands Nursing Home

Inspection report

Elloughton Road
Elloughton
Nr Brough
Humberside
HU15 1AP

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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 ●

Summary of findings

Overall summary

Westerlands Care Centre comprises of two buildings: Elloughton House and Brough Lodge. Brough Lodge is split into three units: The Garden Suite, Humber Suite and The Ridings Suite. Together the two buildings provide a total of 62 places to older people requiring nursing or personal care. Some people may have memory impairment and one unit in Brough Lodge cares particularly for people with needs that challenge the service. All rooms are single with en-suite facilities: a toilet and a shower. There is a large accessible garden with decking area, patio furniture and space to walk. There is ample car park space available at the side of the property. At the time of this inspection there were 16 people living at Elloughton House and nine people living at Brough Lodge. All 25 people required residential care.

This inspection was unannounced and was carried out on 25 January 2017. The inspection was to check that the registered provider was now meeting legal requirements we had identified at inspections in April 2015, December 2015, April 2016 and August 2016. We asked the registered provider to take action to improve: Person-centred care; safe care and treatment; consent; nutritional and hydration needs; dignity and respect; safeguarding people from abuse; staffing; medicine management and good governance.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. We found these improvements were sufficient to meet the requirements of Regulation 9, 10, 11, 12, 13, 14, 17, 18. This meant the service had met the breaches of regulation imposed at previous inspections.

There was a registered manager in post at the time of our inspection. 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.

People told us that they felt safe living at the home. We found that staff had a good knowledge of how to keep people safe from harm and staff had been employed following robust recruitment and selection processes. Improvements had been made to the deployment of staff. They did not appear rushed, had time to spend chatting with people and there was a good atmosphere in the service.

Improvements had been made to the medicine practices in the service. Medicines were administered safely by senior care staff and the arrangements for ordering, storage, administration and recording were robust.

Improvements were made to the control and prevention of infection systems within the service and we found the service to be clean and hygienic. Staff followed good hygiene practices and regular audits of the infection prevention and control system resulted in better cleanliness within the service. Action had been taken to reduce odours by replacing furniture and furnishings with easy to clean items.

Improvements had been made to staff training. The registered provider had an induction and training

programme in place and staff were receiving regular supervision. However, the supervision meetings needed to be more robust.

Improvements had been made to how the service applied the principles of the Mental Capacity Act 2005. People gave consent to their care and their opinions and viewpoints were listened to and acted on. However, we found staff skills and understanding of this legislation was basic and would be enhanced by more in-depth training.

Improvements had been made to the dining experience of people living in the service. We saw that appropriate support with eating and drinking was provided to people who used the service and we saw that people received good quality meals and plentiful drinks throughout the day.

Improvements had been made to the way staff communicated with each other, with people who lived at the service and with relatives. People felt more included in decisions about their care and we saw that appropriate care and support was being offered to people who used the service. We observed a number of positive interactions between the staff and people they were caring for. We were told by people and relatives that oral hygiene care, pressure care and contact with external health care professionals were much better.

Improvements had been made to the way that care and treatment of people who used the service was provided. We saw that staff were more attentive and people received appropriate care and support in accordance with their wishes. Calls for assistance were answered in a timely manner and staff were visible on the units and seen attending to people's needs.

Improvements to staff practice had been made to ensure that people were treated with respect and dignity by the staff. There was a formal complaints system in place to manage complaints if or when they were received.

Improvements to the recording and documentation of care had been made. The registered provider had introduced a new format for the care plans and this was in place at the time of our inspection. The new paperwork was well organised, detailed and person-centred and systems were in place for monthly reviews of the care files. We noted that staff were able to tell us about people's care needs and demonstrated an improved knowledge of their health care conditions.

Activities within the service remained low key and there was further room for improvement to ensure everyone enjoyed stimulating and meaningful occupation during their stay in the service.

Improvements had been made to the quality assurance system including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was obtained. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We received positive feedback from people who used the service, visitors, relatives and staff about the changes taking place in the service.

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.

Improvements had been made to the deployment of staff in the service and to the safety of people in assessing risk and protecting them from potential abuse. Staff had been employed following robust recruitment and selection processes.

Improvements had been made to the medicine practices in the service. Medicines were administered safely by staff and the arrangements for ordering, storage, administration and recording were robust.

Improvements were made to the control and prevention of infections systems within the service and we found the service to be clean and hygienic.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

Requires Improvement ●

Is the service effective?

The service was effective.

Improvements had been made to staff training and supervision and in the way staff communicated with each other, with people living at the service and relatives. People felt more included in decisions about their care and we saw that appropriate care and support was being offered to people who used the service.

Improvements had been made to the dining experience of people living in the service. We saw that appropriate support with eating and drinking was provided and we saw that people received good quality meals and plentiful drinks throughout the day.

Improvements had been made to how the service applied the principles of the Mental Capacity Act 2005. People gave consent to their care and their opinions and viewpoints were listened to and acted on.

Requires Improvement ●

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

Is the service caring?

The service was caring.

Improvements had been made to the way that care and treatment of people who used the service was provided. We saw that staff were more attentive and people received appropriate care and support in accordance with their wishes.

Improvements to staff practice had been made to ensure that people were treated with respect and dignity by the staff. There was a formal complaints system in place to manage complaints if or when they were received.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Improvements to the recording and documentation of care had been made. The registered provider had introduced a new format for the care plans and the new paperwork was well organised, detailed and person centred. Systems were in place for monthly reviews of the care files.

Staff were able to tell us about people's care needs and demonstrated an improved knowledge of their health care conditions.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Improvements had been made to the quality assurance system including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was

Requires Improvement ●

obtained.

The manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We received positive feedback from people who used the service, visitors, relatives and staff about the changes taking place in the service.

While improvements had been made we have not revised the rating for this key question to 'Good' as this requires a longer term track record of consistent good practice.

Westerlands Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 25 January 2017 and it was unannounced. The inspection team consisted of four adult social care inspectors 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 who assisted with this inspection had knowledge and experience relating to older people and people living with dementia.

Before the inspection we spoke with the local authority safeguarding and commissioning teams to gain their views of the service. We reviewed all of the information we held about the service, including notifications, inspection reports and actions plans sent to us by the registered provider which outlined the actions they would take regarding the breaches identified at the previous inspections. The registered provider submitted a Provider Information Return (PIR) in March 2015 which was the last time we had requested one. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service, five relatives and one visiting health and social care professional. We spoke with the registered manager, quality manager, two regional directors and seven members of staff.

We used the Short Observational Framework Tool for inspection (SOFI). SOFI is a way of observing care to help understand the experience of people who could not talk with us. We observed staff interacting with people who used the service and the level of support provided to people throughout the day.

We looked at five people's care files, including their initial assessments, care plans, reviews, risk assessments and Medicine Administration Records (MARs). We looked at how the service used the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as

lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interests.

We also looked at a selection of documents pertaining to the management and running of the service. This included quality assurance information, recruitment information for four members of staff, staff training and supervision records, policies and procedures and records relating to health and safety, equipment and premises. We also completed a tour of the premises to check on general maintenance as well as the cleanliness and infection prevention and control practices.

Is the service safe?

Our findings

At our comprehensive inspection in August 2016 we found that known risks were not managed effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the service had met the breach of this regulation.

Accidents and incidents were recorded, which included a clear description of the event, any injuries sustained and the action taken by staff at the time. The registered manager reviewed all of the accidents, incidents and falls on a monthly basis which enabled them to identify patterns, trends or repetitive issues that occurred.

It was apparent that the number of incidents that occurred had significantly reduced since our last inspection. The registered manager told us, "Lots of things have changed, staff are more confident, they know what to do and what not to do in situations and we don't have the level of aggression that we used to."

We saw evidence to confirm that care plans and risk assessments were reviewed and updated when required after incidents had occurred. This helped to ensure staff were fully aware of people's needs and how to support them safely and effectively.

At our comprehensive inspection in August 2016 we found poor infection prevention and control practices were being used in the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the service had met the breach of this regulation.

The service was clean, tidy and free from malodours. We found that furniture and furnishings in both Elloughton House and Brough Lodge had been replaced with more appropriate items that were easy to wash and keep hygienic and clean. For example, in Elloughton House new hard flooring had been introduced to the lounge area and the old armchairs had been replaced. This had eliminated the malodours that had been present at previous inspections.

The laundry facilities were found to be clean and tidy and had appropriate hand washing and drying facilities for the staff. Staff were seen to be using personal protective equipment such as plastic aprons and gloves effectively. We still had some minor concerns about where these items were stored, such as in the bathrooms in Brough Lodge. The registered manager told us this would be risk assessed straight away and if needed safer storage would be found.

Infection control audits had been completed by the registered manager in January 2017. There was an action plan produced that indicated infection control practices would be discussed at the next staff meeting in January 2017 to address the minor issues picked up during the audit. Checks of previous meeting minutes indicated that feedback from the various audits was given to staff at the monthly meetings. This ensured staff were aware of any changes to practice that were needed and included in the improvements that were moving the service forward.

At our comprehensive inspection in August 2016 we found that people who used the service were not always protected from abuse and avoidable harm. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. We found these improvements were sufficient to meet the requirements of Regulation 13. This meant the service had met the breach of this regulation.

We saw that the local authority's safeguarding log was utilised by the registered manager to see which incidents met the threshold and required reporting. However, we saw that a small number of incidents that did not meet the local authority threshold should have been reported to the Care Quality Commission. We discussed this with the registered manager who confirmed they would report all notifiable events in the future.

We asked people if they felt safe, if the staff assisting them had the right skills and if they felt the premises were safe and secure. All the responses we received were positive. Comments included, "All the staff are lovely" and, "I feel safe here." Visitors who spoke with us said, "I come at different times and days and I am really impressed with the staff – I think [Name] is well cared for" and "Yes, [Name] loves it here."

The registered provider had policies and procedures in place to guide staff in safeguarding adults. We spoke with staff about their understanding of safeguarding adults from abuse. Staff were able to clearly describe how they would escalate concerns both internally through their organisation or externally should they identify possible abuse. The staff told us that they had completed training in the last year and this was confirmed by their training records. The training records we saw showed that the majority of the staff were up-to-date with safeguarding training.

At our comprehensive inspection in August 2016 we found that the service was failing to provide safe care and treatment by the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. We found these improvements were sufficient to meet the requirements of Regulation 12. This meant the service had met the breach of this regulation.

We looked at how medicines were managed within the service and checked the people's medication administration records (MARs). One visitor told us, "Things have significantly improved. I used to have to ask staff repeatedly to give my relative their medicine to reduce their anxieties. Over the last few months, things have got better. My relative's medicines have been reviewed by their GP and the community psychiatric nurse and they now have pain relief by use of a patch. This has reduced my relative's agitation."

We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. Controlled drugs (CDs) were

regularly assessed and stocks recorded accurately. CDs are medicines that are required to be handled in a particularly safe way according to the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. Medicines that required storage at a low temperature were kept in a medicine fridge and the temperature of the fridge and the medicine room were checked daily and recorded to monitor that medicine was stored at the correct temperature.

We looked at the recruitment files of four members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We spoke with the maintenance person and looked at documents relating to the service of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems such as fire safety and nurse call, moving and handling equipment such as hoists and slings, portable electrical items, water and gas systems and the passenger lifts.

We saw regular assessments and testing of equipment such as hoists and profiling beds were carried out. Water temperature checks and legionella testing was also carried out at set intervals. Clear records were maintained of daily, weekly, monthly and annual checks carried out by the maintenance person for wheelchairs, hot and cold water outlets, fire doors and call points, emergency lights, window opening restrictors and bed rails. These environmental checks helped to ensure the safety of people who used the service.

A business continuity plan was in place that covered specific events such as a fire, flood, the loss of essential services and staffing issues. Each person who used the service had a personal emergency evacuation plan [PEEP] that included relevant information staff would need to know about people's skills and abilities as well as the support people would need to be evacuated from the premises safely.

We cross referenced the accident and incident records with people's care plans and PEEPs. We saw that when people's needs changed or developed their plans were updated to ensure they would receive the support the required.

The service had been visited by the Humberside Fire and Rescue service in October 2016. During the visit only minor deficiencies were noted and we saw evidence to confirm that action had been taken without delay to rectify the shortfalls identified. Records showed fire alarm and evacuation tests were undertaken periodically to ensure staff had the knowledge and skills to manage emergency situations safely. During the inspection the fire alarm sounded. Staff took appropriate action ensuring people remained calm and offering reassurance as required. A member of staff immediately went to check the fire panel to identify the area of concern. The registered manager explained, "The alarm has gone off a couple of times in the last week. I have contacted our maintenance team who are coming to look at it next week."

The registered provider ensured that action was taken to protect people who used the service when staff's actions fell short of expectations. We saw evidence that after an incident had been reported, effective action was taken including an internal investigation and disciplinary action.

Since our last inspection in August 2016, people who required nursing care or who had complex dementia

care needs had been re-assessed and moved to other placements and all nursing staff left their employment. Three people who used the service required one-to-one support from staff and this had been factored into the staffing levels. Staff told us, "There have been a lot of positive changes made with the new management team. Things are getting better" and "The senior staff are in charge. They give us directions and allocate tasks for us to do each morning. So you know what you are doing and everything runs well."

Improvements had been made to the deployment of staff and the service was quiet, relaxed and people's care needs were being attended to. We saw that staff were able to spend time with people and they were available as soon as a person needed attention. However, we recognised that the numbers of people who used the service were greatly reduced and this gave staff the opportunity to interact and communicate effectively with individuals.

At our previous inspections we saw records that provided evidence staff had used physical interventions to prevent people from causing harm to themselves or others. During this inspection we saw no records that stated physical interventions had been used and the staff we spoke with confirmed this. The registered manager told us, "We had to give notice to a few people, we could not meet their needs and we were really struggling. If I am honest we should have never taken them." A regional director added, "We have provided a lot of training to give staff the tools to support people without physically restraining them. It is not something we condone and we will assess people thoroughly so we don't end up with people we can't manage."

A member of staff told us, "We all know the methods and techniques that work with certain people and we use trial and error when they are becoming agitated until we find something that works." Another member of staff added, "The problems we had before were due to having too many people with aggressive behaviours in one place. Things just escalated all day until people reached a certain point and then they snapped. Things are so much calmer now and we have less people who are aggressive so we can manage things so much better."

We observed staff using a range of techniques when people started to express annoyance or agitation. A member of staff explained, "One of things that works with [Name of the person who used the service] is lowering your voice. They start to mirror how you are speaking and they calm down quite quickly." Another member of staff said, "The people we have are less challenging and they don't trigger each other's behaviour so it is a much calmer place and everyone is happier."

Is the service effective?

Our findings

People and relatives were pleased with the improvements taking place in the service. One visitor said, "Staff have started to listen to families and be more proactive about our relative's care. In the past things were ignored, but now they are more engaged with us and even point out things they feel need changing." Another visitor told us, "Better communication is taking place and the manager has set up an email newsletter and will phone you if there are any concerns about your relative."

At our comprehensive inspection in August 2016 we found that staff did not have the skills, knowledge and experience to meet people's assessed needs because they had not completed relevant training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 18. This meant the service had met the breach of this regulation.

The registered manager told us that 'respect' training was being delivered to staff at the time of our inspection. They said, "The training will focus on our service users and will help the staff to develop ways of supporting them." This type of training was about positive behaviour support and was one of the actions taken to reduce the use of restraint in the service.

An external trainer told us, "I spent time last week just observing the support and looked at how the staff reacted to certain situations and behaviours. We will discuss the things they have tried [to support people when they displayed behaviours that challenged the service and others] and will start to develop preventative strategies." The 'respect' training focuses on developing preventative strategies including developing staff's abilities to recognise when people are becoming agitated.

An external trainer also told us, "I visited the service six months ago and it was difficult, the staff were very closed off and didn't want to listen. A lot of staff have left and the ones that are still here are doing a very good job" and "Part of the training is about educating staff on what environmental, medical and cultural impacts are affecting people. The staff are fully engaged and very receptive to what we are doing."

Action had been taken to improve the training taking place in the service. The training manager had reviewed and updated the training plan, which showed what training staff had to complete according to their roles. The registered manager told us they looked at the overall training plan, which identified who had not completed the necessary training and asked the administrator to book the courses as required.

New staff completed the Care Certificate; the Care Certificate was introduced by Skills for Care, and is a nationally recognised set of standards and training that staff new to working in care are expected to work towards. We saw documentation that indicated new staff shadowed more senior staff for the first few weeks of employment. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork. There was also an on-going National Vocational Qualification (or

equivalent) training programme.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Information in the staff files we looked at and discussion with the staff showed that staff were receiving supervision sessions. However, a number of these were based on 60 second training updates' and did not really focus on the individual member of staff. At the end of the inspection we fed back to the two regional directors and the registered manager that more robust supervisions were needed. This would ensure staff had the skills and knowledge to meet people's needs and enable them to receive feedback on their work performance, as well as the opportunity to have a two-way conversation about work and any problems.

At our comprehensive inspection in August 2016 we found that the service had not worked within the principles of the Mental Capacity Act 2005 (MCA) and people were not provided with care that was the least restrictive. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 11. This meant the service had met the breach of this regulation.

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 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 that people on both units had been assessed for capacity, and where appropriate DoLS had been sought. There was recording of Best Interest decisions and the service was also ensuring that families provided copies of documents to confirm their status as Lasting Powers of Attorney (LPA) where they had been registered with the Office of the Public Guardian (OPG). One visitor who had an LPA for their relative's health and welfare told us, "I have had chance to input to my relative's care plans and I have signed the consent to care forms. We have had Best Interest decision meetings and the care plans reflect the outcomes of these."

Staff told us they had received training on MCA, DoLS and equality and diversity. This was evidenced in their training files. However, when we asked them how they used this knowledge in relation to working with people who used the service they demonstrated a lack of skills and knowledge about the subject. We fed back to the regional directors and the registered manager that the training staff had received around MCA and DoLS was not effective and more robust training needed to take place. This would ensure the improvements to the service continued to move forward and people's needs continued to be met.

At our comprehensive inspection in August 2016 we found that the service failed to provide person-centred care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 9. This meant the service had met the breach of this regulation.

Improvements had been made to the way staff communicated with each other and with people who used the service and relatives. People felt more included in decisions about their care and we saw that appropriate care and support was being offered to people who used the service. We observed a number of positive interactions between the staff and people they were caring for. We were told by people and relatives that oral hygiene care, pressure care and contact with external health care professionals were much better.

We spoke with a health care professional who told us, "I visit daily to check people's blood sugar levels and give injections. I have found the staff are a lot better at communication with the community teams. The staff are helpful and up to date about people's conditions and needs."

The staff monitored people's health and wellbeing. People were able to talk to health care professionals about their care and treatment. We saw evidence that individuals had input from their GP's, district nurses, chiropodist, opticians and dentists. All visits or meetings were recorded in the person's care plan with the outcome for the person and any action taken (as required).

We asked the registered manager about best practice within the service such as research and external awards. The registered manager confirmed there were none in place. However, as part of our inspection we looked at diabetic care in the service and found the service did incorporate some elements of good diabetes care into their practice. This included the evidence that there were basic care plans about managing diabetes in place and people living with diabetes were able to access diabetes specialists such as nurses and dieticians. We spent time discussing how this good practice could be developed to include screening of new people on admission (urine testing), the production of a risk assessment tool for diabetes foot disease and availability of hypoglycaemia kits in people's bedrooms (where appropriate).

Improvements were seen to the quality of recording on food and fluid charts and pressure care documentation. These showed that people were being 'turned' whilst in bed to reduce the risk of pressure sores developing and people received food and drinks in accordance with their specific needs.

At our comprehensive inspection in August 2016 we found that the service failed to meet people's nutritional and hydration needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 14. This meant the service had met the breach of this regulation.

Entries in the care files we looked at indicated that people who were deemed to be at nutritional risk had been seen by dieticians or the speech and language therapy team (SALT) for assessment on their swallowing / eating problems. Improvements had been made to the dining experience of people living in the service. We saw that appropriate support with eating and drinking was provided to people who used the service and we saw that people received good quality meals and plentiful drinks throughout the day.

People were weighed on a regular basis according to their needs; this usually meant a weekly or monthly check by the staff which was then recorded in their care file. The care staff monitored their weight gain or losses and liaised with the GP, dietician and SALT team as needed. All visits and outcomes were recorded in

the care files. We saw that input from these specialists was used to develop the person's care plans and any changes to care were updated immediately.

Our observation of the lunch time meal showed there was a relaxed atmosphere that helped people enjoy their meals. Staff were attentive, kind and respectful and second helpings were offered to those who wanted more to eat. We saw that people were offered a choice of meals, and when people did not like what was offered the staff were proactive at offering alternatives. Special diets were catered for and people we spoke with said they enjoyed the food offered to them.

We fed back a couple of minor concerns to the registered manager. We noted one person ate very little and despite encouragement from staff they put their fork down and left their meal. Eventually it was taken away without staff offering alternatives. Another person on Brough Lodge was calling out that they were hungry. Staff proceeded to give them a chocolate bar, which the person ate immediately and then began to shout again. This was repeated three times in the space of 15 minutes. Although this person obviously enjoyed their chocolate we were concerned that this was unhealthy and may put the person off from enjoying a proper meal later in the day.

Is the service caring?

Our findings

We received very positive feedback about care staff and their support for people. We found the service to be calm and relaxed and as we walked around the building in the morning we saw that people were being assisted to get up, washed and dressed at their own pace. People were well presented and dressed appropriately for the weather. Visitors told us, "The staff seem to know my relative very well" and "The staff are now more proactive. They seem to be more responsive to people and engaging more. I feel it's a lovely community, homely, friendly and welcoming."

At our comprehensive inspection in August 2016 we found that people who used the service were not always treated with respect and dignity. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 10. This meant the service had met the breach of this regulation.

At 9.00am we saw a member of staff supporting people into the dining room for breakfast. We saw one person's dignity was compromised by the way they were sitting. When we mentioned this to a member of staff they immediately took action and supported the person before providing a blanket to ensure they remained covered.

A 10 point dignity challenge was displayed within the service that included a zero tolerance to abuse and the promotion of dignity, independence, privacy, enabling complaints without fear of retribution and alleviating loneliness. A member of staff we spoke with said, "We treat everyone with dignity, it's easy to do and I want to be treated with respect so why should they [the people who used the service] be any different."

We observed how staff promoted people's privacy and dignity during the day by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. We saw staff responded straight away when people asked for assistance with personal care or getting up out of their chairs. Staff told us that treatment from visiting health care professionals took place in people's bedrooms so their privacy and dignity was maintained and any discussions about their care were conducted in private and kept confidential.

At our comprehensive inspection in August 2016 we found that the service had failed to provide people with person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 9. This meant the service had met the breach of this regulation.

The staff spoke to people who used the service in a caring and gentle manner. The atmosphere in the lounge was calm and welcoming. People appeared to be happy and spent time talking to each other. Staff spent time chatting to people who used the service and there was laughter between them. One person told us, "The staff are all right, they do look after you" and "The staff are very friendly and have helped me feel settled."

All the relatives we spoke with felt that things had improved in the home, especially in the last six months. Comments included, "The staff are improving. The attitude that the people here were to provide jobs has gone now", "You get a warm welcome now with smiling faces" and "Lots of training has taken place and I think it has given staff confidence and competence."

During a period of observation in a lounge in Brough Lodge we saw staff supporting people attentively and offering encouragement and reassurance. Staff took the time to sit with people; they discussed recent events, food options and potential activities. It was clear staff knew the people they were caring for and their preferences for support.

We saw that a number of people remained in their rooms throughout the day, but we witnessed staff checking on these people and assisting with their care needs. All interactions were carried out in a caring and supportive manner. We saw that staff approached people in a friendly way, enjoyed a chat and displayed a sense of humour.

The registered provider had a policy and procedures for promoting equality and diversity within the service. Discussion with the staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in the care files. We saw that a number of people using the service had different faiths. Visitors and people living in the service confirmed that they were able to take part in services in the home and attend meetings and services in the community.

We saw that visitors came to the home throughout the day and that they were made welcome by staff. It was apparent that these were regular visitors who had a good relationship with the staff and the registered manager. They chatted to other people who lived at the home as well as their relative or friend. One visitor told us, "The staff here are approachable, friendly and caring. They know people well and the recent changes have been very good."

Observation of the communal areas showed that improvement to the environment had taken place. There were lots of pictures and information on the walls in both the lounge and corridors. There were many wall hangings with quotes about caring and family. These gave a homely atmosphere to the service and made the place look friendly and welcoming. Rooms had people's photos outside with pictorial information about them and their likes; this helped them to locate their own room. Staff photographs were displayed in frames along with their names. There were training certificates and notices of which staff took responsibility for each area of the service such as dignity and hygiene. The lounge in Brough Lodge had been set out to create small areas where people could choose to sit in groups or on their own.

Information on advocacy was seen on display in the entrance hall. Advocates can represent the views of people who are unable to express their wishes. We saw that the majority of people had families who acted as their advocate, but independent advocates had been used for some people during the DoLS process.

Is the service responsive?

Our findings

At our comprehensive inspection in August 2016 we found that the service had failed to provide people with person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 9. This meant the service had met the breach of this regulation.

The staff were knowledgeable about the people who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care. A needs assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. People who used the service told us there were few or no restrictions on their daily life, although risk assessments had been completed and care plans were in place to make sure people stayed safe and well.

We saw that people's care plans had been rewritten and updated since the last inspection in August 2016. The registered manager had introduced consent forms for care and treatment and for taking photographs, which had been signed by individuals using the service or their families. The care plans were now focused on the wishes and needs of each individual although a number of these had not been signed to show they had been read and agreed by each person. However, people told us, "The staff come and chat to me about my care" and "If I want to change things then I can. I used to take my own medicines but now I have asked the staff to do this for me." We saw that changes to care were recorded in the care files.

Relatives told us, "Communication is happening. The staff seem to be proactive and responsive. I think the staff are happier. They now engage and encourage relatives and residents", "The manager is doing a good job, they are very responsive to issues. They communicate with residents and relatives better now. We get newsletters and emails on a regular basis" and "I'm now involved with care planning for my relative and get regular updates on their condition."

We saw that the care plans reflected the care being given to people. For example, moving and handling information was documented to show where a person was independent or used a walking aid. One person who relied on staff hoisting them had clear instructions in their risk assessment and care plan for the type of hoist and sling to use. People we spoke with used a variety of different equipment in their daily lives including pressure cushions, pressure mattresses and bed rails. These were all risk assessed and documented in their care plans. This meant new and existing staff had an up to date record of people's care needs and abilities.

In discussions with staff they told us they had handovers at each shift change. They used this time to discuss the people who used the service and any concerns that had been raised. These meetings helped staff to receive up to date information about people. There were information sheets (patient passports) for use

when people were admitted to hospital to provide health care staff with important details about the person's care and support needs such as mobility and personal care.

We noted that the level of activities in the service was low key and the registered manager told us that the care staff were responsible for carrying out various activities. We saw that whilst some meaningful activities took place, there was room for further improvement. There was a monthly activity plan, but often the activity was just a different type of food or nail care, which was passive rather than engaging.

No activity was taking place in Brough Lodge. All the people who used the service were sitting in front of the television, and some were asleep. We saw some activity taking place in Elloughton House. A staff member was playing a game with one person. Eventually, after prompting, the staff member encouraged others to join in and those involved seemed to enjoy the game.

Relatives told us that activities were taking place, with one relative taking a leading role in providing those activities. These included a singing group and visits from entertainers; we were told people particularly enjoyed the Elvis impersonator. Music (Glen Miller) was playing in the main lounge and we saw several people tapping their feet and joining in with the music.

Visitors said, "Yes, activities are taking place, but more needs to happen for those with higher needs" and "My relative enjoys the activities especially the singing." One person said, "I would like to go out more. I've never been in the garden. I'd like trips out."

Relatives told us that they felt confident they could raise a complaint if the need arose. One told us that they had never had to raise a complaint, but could speak to the registered manager whenever they needed to as they were always available.

We saw that there was a copy of the registered provider's complaints policy and procedure on display. People who spoke with us were confident about discussing any issues or problems they may have with the staff and registered manager. We saw that the registered provider had investigated four complaints in the last year; these had been recorded and responded to appropriately.

Is the service well-led?

Our findings

At our comprehensive inspection in August 2016 we found that the service had failed to operate good governance systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the registered provider had taken action to improve practices within the service in line with their action plan from October 2016. These improvements were sufficient to meet the requirements of Regulation 17. This meant the service had met the breach of this regulation.

Improvements had been made to the quality assurance system including the safety of the service, the risks relating to the health, safety and welfare of people who used the service and the way feedback from people who used the service and staff was obtained. The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and raise concerns. We received positive feedback from people who used the service, visitors, relatives and staff about the changes taking place in the service.

There was a registered manager in post who was supported by a senior management team. All the staff we spoke with were very positive about the management team. Staff said, "I feel confident in the manager now, I can talk to them. I trust them and they will help you as much as they can" and "I think we are more of a team now, we are more supported and it feels like all of us have got more energy now."

The culture and ethos of the service had improved due to the hard work and commitment of the senior management team based at the service. We found there was a positive culture with staff being supported and encouraged with personal development, and people who used the service feeling more cared for and involved in daily life within the home. People we spoke with knew the manager's name and said they had the opportunity to speak with them each day. Relatives told us, "I think things have moved forward and there have been major leaps, but I don't think the management are complacent", "There seems to be a desire to succeed from the management. The manager is brilliant. They are very hands on and involved in everything" and "There's been a new management team and a lot of corporate time invested. In fairness, we see a change for the positive. It's not there yet, but they have made a massive leap forward."

Staff described the registered manager as "Approachable" and "Straight talking." They said that they felt positive about recent changes, which had been quite significant, but beneficial for both people who used the service and staff. We were told the units were more organised and the staff team better informed. Relatives said that they were able to have their views heard about the service because they now had regular resident and relative meetings.

Feedback from people who used the service, relatives and staff was obtained through the use of satisfaction questionnaires, meetings and one to one sessions. This information was usually analysed by the registered provider and where necessary, action was taken to make changes or improvements to the service. People told us they felt they could have a say in how the service was run and there was a positive atmosphere in the

service. We were given access to the documented meeting minutes and surveys.

Quality audits were undertaken to check that the systems in place at the home were being followed by staff. The registered manager carried out monthly audits of the systems and practices to assess the quality of the service, which were then used to make improvements. The last recorded audits were completed in January 2017 and covered areas such as reportable incidents, recruitment, complaints, staffing, safeguarding and health and safety. We saw that the audits highlighted any shortfalls in the service, which were then followed up at the next audit. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed by the manager each month, and again annually. We also saw that internal audits on infection control, medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

We discussed the failure to report specific events to the Care Quality Commission with the two regional directors and queried why this had not been picked up through internal quality assurance mechanisms. A regional director explained, "It is something that we have missed. It was only low level and we have taken the appropriate action to protect people but it shouldn't have happened. I will make sure we look at the audit so it will highlight this and prevent it happening again."

We saw that duty of candour information was displayed within the service. Duty of candour stipulates that registered persons must act in an open and transparent way when mistakes have occurred during care and treatment. It also ensures that services keep a complete record of the facts and provide an apology to the person affected and their representatives.

The registered manager told us, "Everyone agrees so much has changed. I don't think any of the staff thought they needed to but everyone has. We have lost some staff but we have kept the ones that realised we needed to work differently."