Finest Care Limited

Clifton House Residential Care Home

Inspection report

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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?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 31 October and 7 November 2016 and was unannounced. We last inspected the home on 22, 25 and 29 February 2016 and found the provider had breached the regulations for person-centred care, good governance, recruitment and staffing. Following the inspection we issued warning notices to the provider. The home was placed in special measures due to the home's overall rating being inadequate.

Clifton House Residential Care Home is registered to provide nursing or personal care for up to 28 people. At the time of our inspection there were 16 people living at the home, some of whom were living with dementia.

The home had a registered manager. 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.

Since our last inspection the provider had made progress to improve the quality and safety of people's care.

People and relatives felt the home provided good care. People were cared for by caring, kind and considerate care workers who treated people with dignity and respect. People were supported to make choices and decisions so that they felt in control of their care.

People said they felt safe living at the home. Care workers had completed training in safeguarding and their knowledge was checked periodically.

Improvements had been made to ensure there were enough care workers on duty to meet people's needs in a timely manner. There was evidence available to show the missing premises checks found during the last inspection had been completed. However, we found no record of in-house fire instruction or fire drills for night time care workers.

Further improvements were required to the recruitment processes in the home. We found some gaps in the pre-employment checks of some care workers. References and DBS checks had been completed before new care workers started their employment.

We found some minor issues with the management of medicines. Care workers did not consistently record the date bottled medicines had been opened. The guidance care workers followed when administering 'when required' medicines was unclear. Records confirmed medicines were administered and stored appropriately.

We found some premises shortfalls requiring attention, such as the outside laundry building was very dusty

and the use of free standing radiators in the conservatory.

Risks assessments were carried out to minimise risks to people's safety. Assessments clearly detailed the measures required to help keep people safe. We saw care workers followed safe procedures when assisting people to mobilise.

Support for care workers was an area of on-going development. The registered manager had started to carry out annual appraisals of care workers' performance. Some had been completed and others planned in. A supervision plan had been developed to ensure all care workers had regular one to one supervision with a manger. Care workers had completed training in moving and assisting, first aid and basic life support. Care workers were also completing specific 'dementia focus' training. New care workers were required to complete the Care Certificate.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been authorised for relevant people. Specific care plans had been written to help care workers support people with decision making.

Improvements had been made to people's meal time experience to ensure they received the required support and assistance to meet their nutritional needs.

People had input from a range of health professionals, such as GPs, dentists, opticians, and dietitians.

Care plans were personalised to help guide care workers on the individual care people needed. This included details of people's preferences, such as food likes and dislikes and preferred routines.

People's needs had been reassessed and care plans had been updated to reflect people's current needs. Care plans had been evaluated to help ensure they remained relevant. People and sometimes family members were involved in reviewing the care provided. Positive feedback from relatives about people's care had been noted.

Where people needed assistance we saw care workers responded quickly. For example, when people appeared cold, uncomfortable or required a drink.

There were regular activities for people to take part in. These included card games, exercises, one to one time and cooking activities.

The provider held 'residents' meetings' to allow people the opportunity to meet and share their views. Following consultation with people plans were underway to convert a little used room into a movie room.

People knew how to complain if they were unhappy with their care. Previous complaints had been investigated with appropriate action taken to investigate and resolve each issue.

The provider was working through a detailed improvement plan which had been developed to address the concerns identified during our last inspection. This included improving the effectiveness of the quality assurance procedures.

The previous registered manager had retired and a new registered manager had been appointed. Relatives and care workers gave is positive feedback about the new manager.

People and care workers had given positive feedback during recent consultation. People had described care workers as lovely, caring, friendly and courteous.

The manager completed monthly management checks of the home looking at areas such as health and safety, medicines, staffing, finances. An action plan was developed each month to help ensure any areas for improvement were identified and completed.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

There were no records to confirm night time care workers had completed in-house fire instruction or fire drills. Other health and safety records were up to date.

There were some gaps in recruitment records for newly recruited care workers.

The opening date had not consistently been recorded on some bottled medicines. Other medicines records were accurate.

People said the home was a safe place to live.

There were enough care workers on duty to meet people's needs in a timely manner.

Is the service effective?

Requires Improvement

The service was not always effective.

Support and training for care workers was an area of on-going development. The provider was making progress with plans to ensure care workers received the support they needed.

The provider was following the requirements of the Mental Capacity Act (2005).

People received the support they needed to meet their nutritional needs.

People had input from external professionals where required.

Is the service caring?

Good

The service was caring.

People and relatives told us care workers were kind and caring and said they received good care at the home.

People were treated with dignity and respect.

People were able to make choices in line with their preferences.

Is the service responsive?

Good

The service was responsive.

People's needs had been reassessed. Personalised care plans and risk assessments had been developed.

People were involved in reviewing their care and they could share their views at residents' meetings.

Regular activities were arranged for people to take part in.

People knew how to complain. Previous complaints had been investigated and resolved.

Is the service well-led?

Requires Improvement

The service was not always well led.

Progress was being made to complete a detailed improvement plan for the home.

There was a new registered manager. Relatives and care workers gave us good feedback about the approach of the new registered manager.

The provider had consulted with people and was responding to this feedback.

The manager completed monthly management checks of the home.

Clifton House Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 31 October and 7 November 2016 and was unannounced.

Before the inspection we reviewed the information we held about the home. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also viewed the recent inspection report from the local authority commissioners of the home.

The provider completed a provider information return (PIR) prior to 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 spoke with four of the 16 people who used the service and four relatives. We also spoke with the registered manager, deputy manager, a senior care worker, two care workers, a maintenance staff member, a kitchen assistant and an administrative staff member. We observed how care workers interacted with people and looked at a range of care records which included the care records for three people, medicines records for 16 people, recruitment records for four care workers, the supervision and appraisal records for four care workers and staff rotas. We looked around the building and spent time in the communal areas.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of this service in February 2016 we found the provider had breached a regulation relating to staffing levels. This was because there were insufficient care workers deployed to support the number of people who were living at the home. At that time the home was at full occupancy with 28 people, but there were not enough care workers to support people in a safe way that met their individual needs. We issued a Warning Notice about this.

During this inspection we found improvements had been made. We saw from staff rotas there were four care workers on duty throughout the day and evening to support the 16 people who lived at the home. There were also two care workers on duty overnight. The registered manager used a dependency tool to calculate the number of hours each person required each week with personal care and support, for example with mobility or bathing. We saw sufficient staffing hours were provided to meet people's dependency needs.

People and relatives said there were enough care workers to meet their needs in a timely way. One person said, "The door is open and the staff pop in for a chat and if I press the buzzer they come quickly most of the time". Another person told us, "You might not see as much of them sometimes but that's because they are busy, but they are there". One relative commented, "If [my relative] buzzes the staff come quickly, most of the time."

Throughout this visit we saw people were attended to in a timely way when they required assistance. Call alarms were responded to promptly and there were care workers near the communal lounges to assist people if and when they needed it. People received appropriate and unhurried support at mealtimes.

At the last inspection we found recruitment practices had not been sufficiently robust to make sure new care workers were suitable to work at the home. This was because some care workers had been employed without two references or a Disclosure and Barring Service check being received. A DBS check means prospective employers can confirm whether an applicant has a previous conviction or is barred from working with vulnerable people.

During this inspection we found some improvements had been made to recruitment checks. We looked at the personnel files for four care workers who had been employed since the last inspection. We saw there were application forms and interview monitoring records to assess the person as part of their recruitment process. However, there were a small number of gaps in the pre-employment checks of some care workers. For example, some care workers' applications did not include a full employment history. The registered manager told us curriculum vitaes (CVs) were requested for each applicant that should include a full employment history. However there were no CVs for three care workers. There was a CV for the fourth care worker but this did not cover nine years of their employment history. The personnel file for one new care worker included only one reference rather than two as required of the provider's own recruitment procedures. This was an area for on-going improvement.

At the last inspection we found some gaps in records about premises safety checks. For example, there was

no record of legionella testing or about remedial work for electrical shortfalls that had been noted as part of an electrical installation safety check. During this inspection we found written confirmation was now in place from external professional contractors that these issues had been addressed.

Most care workers had completed fire safety training and day time care workers had periodic in-house fire instruction and regular fire drills. However, there were no records of in-house fire instruction or fire drills for night time care workers. The home's own policy was for night time care workers to receive instruction on a three monthly basis. The registered manager stated this would be addressed through staff meetings and by individual instruction of night time care workers.

Medicines were mostly managed safely. We found some opened bottles of medicines were stored on the medicines trolley without their date opening recorded. Therefore it was more difficult to check the medicines were in date and safe to administer. However, when we checked the corresponding records these medicines had only recently been opened. Only trained care workers administered people's medicines. Medicines administration records (MARs) accurately accounted for the medicines people had been given. The guidance for recording the administration of 'when required' medicines was unclear but was then clarified after the inspection. Individual 'when required' protocols were being developed for each person following advice from the Clinical Commissioning Group (CCG). Medicines were stored securely in a locked treatment room with accurate records in place to confirm medicines were stored at the correct temperature. Accurate records were also kept for the receipt and return of unused medicines. Additional checks and controls were maintained in respect of drugs liable to misuse (controlled drugs or CDs).

We found the home was clean and comfortable. The provider employed a part-time member of maintenance staff who carried out minor repairs and redecoration. During this inspection we did note some premises shortfalls that required attention. For example the outside laundry building was very dusty. The registered manager agreed and stated there were plans for this to be addressed. There were also free-standing heaters in the conservatory and lounge which had hot surfaces so could present a hazard if touched. The registered manager stated she would seek further advice about the suitability of these heaters.

The registered manager and maintenance staff carried out monthly health and safety checks including checks of bed rails and fire safety equipment. The registered manager carried out a monthly analysis of any accidents and incidents to look for any patterns or trends. They also checked the moving and assisting practices for people with mobility needs each month. For example, this included a check of the person's mobility care plan, the hoists they used and whether individual slings were suitable and in good order.

An emergency evacuation file box was available near to the front door, which included an evacuation procedure and personal emergency evacuation plans (PEEPs) for each person. There were contingency plans in case of emergency, and arrangements for alternative local accommodation in the event of an evacuation.

Risks to people's individual safety were assessed and managed. There were risk assessments relating to people's mobility, risk of falls and skin pressure care. There were bedside guides in people's bedrooms that included guidance for care workers about each person's individual moving and assisting needs, including the type of sling they used and a record of sling checks.

Care workers consistently supported people in such a way as to help minimise risks and keep them safe. For example, we observed care workers helping people to transfer from their wheel chair to a comfortable chair using the correct specialist equipment and agreed support. We overheard people thanking care workers for

their help and support. Another person said they had not been allowed to use their walking frame independently when they first acquired it and that care workers had always been present. Their relative confirmed, "[My relative] was not allowed to use (their walking frame) independently until [my relative] had been assessed." They told us this was for their relative's own safety and stated "[my relative] uses it now (independently)".

People told us they felt safe and comfortable living at Clifton House. They went on to tell us care workers were always around and popped in and out of the lounge area to check on their safety. One person told us they particularly felt safe when they had a bath because "[care worker] is there all the time".

Care workers had training in safeguarding and the registered manager also used a six-monthly questionnaire for each care worker to check their knowledge and understanding about safeguarding matters. The registered manager was experienced in dealing with adult protection issues. Care workers were also aware of whistleblowing and their duty to raise concerns about any poor practices by other care workers. This meant care workers were aware of their responsibilities to protect people from potential abuse.

Requires Improvement

Is the service effective?

Our findings

At the last inspection of this service in February 2016 we found the provider had breached a regulation in relation to staff support. This was because care workers had not been provided with adequate training to care for people in the right way. Also care workers did not receive one-to-one supervision or appraisals to support their professional development.

During this inspection we found improvements had been made. The registered manager had put a supervision plan into place to make sure each care worker had opportunities to meet with a supervisor. Arrangements were to be made for the deputy manager and senior care workers to have training in supervisory management to support them in carrying out one-to-one supervision sessions with care workers. We saw there were induction reviews after one week for new care workers and probationary supervision sessions to check whether they were developing sufficiently in their roles. The registered manager had also started to carry out annual appraisals to assess and support the performance of each care worker in their role. Some care workers had already had an appraisal and the remainder were planned. This was an area of on-going development.

The registered manager had put training plans into place to make sure care workers received the necessary training they required. For example, since the last inspection all care workers had completed updated moving and assisting training. The registered manager was a trained trainer in moving and assisting and provided this training to any new care workers. Eleven care workers had completed full first aid training and a further eight care workers had completed basic life support training.

The registered manager had also arranged for care workers to receive 'dementia focus' training to support the care of people who were living with dementia. Senior care workers had also completed training in how to support people whose behaviours can challenge a service. In discussions the registered manager was committed to the training and development of staff. Most of the care workers had achieved a national qualification in care (called NVQ). The registered manager was also arranging for new care workers to complete the Care Certificate (a national set of outcomes for staff who work in care settings). The care workers we spoke with said they had enjoyed the improved access to training and they felt "well trained" for their roles.

At the last inspection we found the arrangements and support at meal times were not adequate for the people who lived there. This was because care workers did not always have time to support people who needed assistance with their meal. During this inspection we found the improved staffing levels meant care workers had sufficient time to spend with people to encourage them with their meal and provide assistance where necessary.

We observed lunch to help us understand whether people had a pleasant experience. We observed the tables were nicely set out with appropriate cutlery, glasses, napkins and a table centre piece decoration. The menu of the day was displayed on the wall near the front entrance and a further picture menu displayed outside of the lounge.

Care workers were present at all times to keep people safe and to offer any support or assistance they needed. We saw care workers assisted people by cutting up food and asking them if they had sufficient to eat. One person had their meal replaced immediately because they spilt too much salt on it. One person preferred to have their lunch alone in the TV lounge. Care workers respected the person's decision and brought the person's lunch to their preferred place. Care workers prompted people to take care where there was a potential risk, such as with hot plates. People were not rushed over their meal and ate at their own pace. Soft background music was playing to help create a calm and relaxing ambience in the dining room. People were independent with eating and drinking.

People gave positive feedback about the meals provided at the home. They also confirmed they were given choices each day. One person commented that care workers would offer an alternative if they didn't want what was on the menu. They said, "I didn't want mince that was on today's menu. [Kitchen staff member] made me a nice omelette with salad and rice pudding."

Drinks and biscuits were available throughout the day. At one point we noted kitchen staff served refreshments and biscuits in the conservatory. One person told us, "There's always a choice of tea or coffee."

Catering staff told us there were sufficient supplies to manage the menus and to offer a range of choices. Main meals were home-cooked. The catering staff were knowledgeable about the dietary needs of each person. For example one person had diabetes so catering staff were careful about their sugar intake. Some people who had lost weight were provided with a fortified diet and catering staff described how they used high calorific foods to help this. One person was on a reducing diet and they told us how they were fully involved in choosing low calorie foods, with the support of catering staff, to help them lose weight.

People's weight was monitored on a monthly basis. If people were identified as at risk of poor nutrition care workers monitored their weight more frequently and any weight loss was reported to their GP. At the time of this inspection care workers were keeping a record of the food and drinks everyone had each day. The registered manager told us this helped to provide a baseline of each person's nutritional well-being.

The home provided care for some people who were living with dementia. However, at the last inspection we found there were no design features or adaptions in the home to support people who were living with dementia. During this inspection we saw there were now picture signs on the doors to each room to help people find their way around. For example, signs to identify lounges, the dining room and bathrooms. There were also photographs of each person on their bedroom doors to help them recognise their own room. An orientation board had been located in the hallway with details about the date, season and weather. The provider had introduced rummage boxes in one sitting area with items of visual and tactile interest for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. Where people lacked capacity the provider was following the requirements of the MCA. DoLS applications had been submitted for relevant people and these authorisations had been approved. People had specific care plans in place to guide care workers on the most effective strategies to support people with decision making.

People who were able to express their views told us they told us they made their own choices over their own daily lifestyle. We heard care workers ask people for permission before supporting them, for example with personal care or assisting them to mobilise. In this way each person's consent was sought and awaited before providing care.

People were supported to access health services when needed. People's care records showed when health professionals visited people, such as their GP, dentist, optician, and dietitian.

Good

Is the service caring?

Our findings

People gave us positive feedback about their care. They also said they were happy living at the home. One person told us, "I left to go to another care home but wanted to come back here." When we asked the person why they wanted to come back they replied the "staff are lovely here". Another person said, "It's very nice here and staff are lovely." A third person commented, "I like it here. The girls are lovely and I'm very happy here." Relatives also confirmed their family member received good care. One relative commented, "[My relative] is content, she loves it here."

Throughout our inspection we observed care workers were very patient, comforting and reassuring towards people. When supporting people they constantly explained what they were doing and involved people. One person told us care workers took time to talk to them and listened. They also said care workers popped into their room to check they were okay. One relative commented, "The staff are so caring, really nice, easy to talk to." They went on to tell us care workers were "always very patient".

People were cared for by care workers who knew their needs well. One relative told us, "[My relative] is happy here and all the staff know [my relative]." One person said, "We all get on together" and "the staff are easy to talk to". Another person commented care workers often chatted with them, especially their key worker. We observed care workers were highly visible throughout the visit including managers, care workers, kitchen staff and the maintenance man. All care workers knew people's names and took time to speak with them.

Whilst in the lounge, we observed care and interaction between care workers and people. Care workers were caring, patient and displayed compassion to all people. They engaged in conversation with people in the conservatory, who then responded openly. Care workers were attentive to people's needs. For example, a care worker asked one person if they wanted another blanket because the care worker knew they were usually cold. The person responded they would like a blanket which the care worker brought straightaway for them. We saw care workers continually engaged with people asking them if they were comfortable, if they needed anything, if they were warm enough or too warm and if they wanted a window opening.

People were treated with dignity and respect. At one point we observed care workers responding in a communal area to one person's personal care needs. Care workers promoted the person's dignity and respect by holding up blankets whilst supporting the person into their wheelchair. The person chatted freely and happily with the care workers whilst they were being supported. One person described to us how they were supported with personal care from a particular care worker. They commented, "[Care worker] is lovely." They also said, "The staff treat me lovely" and "staff always knock on the door."

Care workers supported people to make choices throughout the day. For example, people were asked to make meal choices from a menu. One person told us, "They come in every morning to ask. There's always a choice, they know what you like and what you don't like." One person said they enjoyed making jewellery. They confirmed care workers had arranged for them to do this both on a one to one basis and as a group activity. Following the end of the quiz, the care worker asked the people in the lounge if they wanted the TV

switched back on or whether they would prefer some music to be played. People chose music and proceeded to sing and tap their feet to Frank Sinatra songs.

Good

Is the service responsive?

Our findings

When we last inspected the home we found the home was not responsive and the provider had breached regulations in relation to person centred care. There was a lack of meaningful engagement and stimulation for people with no activities being provided. The environment was not suitable for people living with dementia. Needs assessments and care plans had been completed without the involvement of people using the service or family members who knew them well. Care plan evaluations were overdue for all care plans that we viewed.

During this inspection we found the provider had made improvements to ensure people received a responsive service. People's needs had been reviewed to ensure their care was appropriate to meet their current needs. Care records contained detailed information about each person's background and their preferences. 'One page profiles' and 'life histories' were in place which contained information to help care workers gain an in-depth understanding of the needs of people in the home. People's preferences were clearly recorded including food likes and dislikes, bathing preferences and any important things to know about each person. For example, one person wanted to have particular snacks during the day, whilst another person had specific preferences about their appearance.

Care plans had been re-written into a new format which considered people's personal needs, the aim of the plan and the support needed to achieve the aim. Care plans were personalised with details of people's care preferences. This provided care workers with clear step by step guidance about how each person wanted to be supported. Where potential risks had been identified a risk assessments was in place which included the specific measures in place to help keep people safe. For example, one person with limited mobility was at risk of skin damage. The controls identified to keep them safe included personalised guidance for keeping the person's skin clean and additional monitoring of their skin condition. Care plans had been evaluated and included an update on the person's current condition.

People and family members, where appropriate, were involved in monthly care reviews. We viewed examples of the reviews which covered health, activities, future planning and family and social contact. People and relatives were asked for their views and these were recorded on the review record. One relative had commented, 'The care [my relative] received is first class….I know [my relative] gets the very best care possible here.' Relatives we spoke with told us about these meetings. They said they had monthly meetings with their family member's key worker to discuss their care and how their relative was getting on. They said care workers had responded to their request for their relative to be given a walking frame to encourage independence.

We observed there were a number of occasions when care workers responded promptly to meet people's needs. For example, one person told a care worker they had a sore eye. A care worker spoke with the person immediately but declined any assistance. The care worker respected their decision bit still mentioned the situation to a senior care worker so the situation could be monitored. We also saw a care worker immediately get a glass of water for one person who was coughing.

Regular activities were taking place to keep people engaged and occupied. A new pictorial activity board was used to inform people of the planned activities for the week. Each person had dedicated one to one time each day to take part in an activity if their choice. For the week of our inspection activities included card games, exercises, one to one time and cooking. One person told us there were plenty of activities going on, such as an Easter bonnet parade, pantomimes, bingo and raffles. They said, "There's always something going on, [activity co-ordinator] does that." One relative said, "There's a [activity co-ordinator] who looks after activities and keeps them happy".

We observed one care worker asking people for their views on the Halloween decorations around the home. They went to on tell them about a firework display which was planned for bonfire night. The care worker then told people that a quiz was about to take place and a game of bingo had been planned for the afternoon. People said they were happy to join in with these activities. One person commented they enjoyed the activities. They said, "Staff are doing fireworks on bonfire night".
We saw the maintenance man hanging pottery on a wall which people had painted during a recent crafts session. Materials to support activities were available in communal areas, such as books, jigsaw puzzles, nail polishes and DVDs. We observed care workers encouraging people to make Christmas decorations and to join in a sing-a-long.

People had opportunities to give their views about the home and the care they received. 'Residents' meetings' were now taking place and the minutes from the most recent meeting displayed on a notice board. The meeting included discussions about activities, events, the mealtime experience and fire drills. People and family members had been involved in deciding on a use for a little used communal room. They suggested creating a movie room and work was currently in progress. We overheard care workers discussing the proposed maintenance work and ways to engage and involve people. For example, a movie reel showing people's photos. We saw care workers engaged with all people in communal areas seeking their views on future plans for flower bed planting. A separate meeting took place with people to consider events and fundraising ideas.

People knew what to do if they had any concerns or complaints about their care. All of the people we spoke with told us they would speak to care workers if they were worried about anything. Relatives said they had no concerns and felt their family member was happy and content living at the home. Relatives said they were aware of the complaints procedure and had been sent a "double page brochure". A copy of the complaints procedure was also displayed prominently in the lounge conservatory. We saw the complaints procedure was displayed around the home. Previous complaints had been received about the quality of meals and the approach of care workers. These had been fully investigated and dealt with. Action taken included increased supervision and disciplinary action.

Requires Improvement

Is the service well-led?

Our findings

When we last inspected the home we found the home was not well-led and the provider had breached the regulations relating to good governance. Opportunities for people or family members to give their views had lapsed. Audits and checks to ensure people received safe and appropriate care were overdue. This included analysing falls in the home, which had increased since January 2016.

During this inspection we found the provider had made improvements to ensure the home was well-led. However, we found the quality assurance systems in the home were still developing. They required further time to become embedded in order to ensure they were effective to promote sustained long term improvements to the quality of people's care.

A detailed improvement plan had been developed to address the concerns identified during our last inspection. We found the provider had made progress against this action plan to ensure people were safe and received the care they needed. Actions identified included improving the audit processes within the home with additional audits covering falls, accidents, weights and health and safety. Other actions were to implement a new format for care planning, updating care worker's training and competencies and consultation with people living at the home. 23 actions had been identified in the action plan of which four had not been completed. This included completing a review of policies, reviewing the home's statement of purpose, completing best interest meetings and improvements to the outside areas of the home.

The registered manager at the time of our last inspection had retired. A new manager had been appointed and had registered with the CQC. Relatives told us they had met with the new manager and gave positive feedback. One relative said, "[Manager] seems nice." The manager was highly visible during our visit, popping in and out of the lounge area and the dining room during the lunch break to check on people. People responded well to the manager and chatted freely and openly.

Care workers were also positive about the manager and the changes made throughout the home. One care worker commented, "[Manager] is brilliant. She is great you can go to her about anything and she sees to it straightaway." Another care worker told us, "I have been to the manager and she is very approachable. There is a good atmosphere, it is a lovely little home."

People had been consulted about a range of areas within the home, such as dignity, food quality and wellbeing. People had given positive feedback in relation to all of these areas. For example, all 12 people surveyed confirmed they were treated with dignity, were listened to and shown respect. People had specifically commented on the caring nature of care workers, describing them as lovely, caring, friendly and courteous. Care workers had also been consulted and given positive feedback about the care provided at the home.

The manager had developed a comprehensive system of monthly management checks. This included checks of health and safety, medicines, staffing, finances. An action plan was developed each month and followed up as part of the next check. Actions identified during previous monthly checks included a new

hallway carpet, refurbishment of the laundry and to complete portable appliance testing. We found these actions had either been completed or were planned.