

Leonard Cheshire Disability

Greenhill House - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

The last comprehensive inspection of Greenhill House (the service) took place in August 2016; at that time the service was in special measures having been rated inadequate following a comprehensive inspection in December 2015.

During the August 2016 inspection, eight breaches of the Health and Social Care (Regulated Activities) Regulations 2014 were found in relation to person centred care, need for consent, safe care and treatment, premises and equipment, staffing and good governance safeguarding service users from abuse and improper treatment, receiving and acting on complaints and requirement as to display of performance assessments. There was also a breach of Regulation 18 (Registration) Regulations 2009: in relation to notification of other incidents. We found there had been insufficient improvements to the service since being placed into special measures. The service remained in special measures and was rated inadequate for a second time. As a result conditions were placed on the provider's registration to encourage improvement to the service.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements at its next comprehensive inspection and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

We carried out a comprehensive inspection of Greenhill House on 24 and 25 May 2017. This inspection was unannounced. Regulatory breaches from the August 2016 inspection were followed up as part of our inspection. At this inspection the provider had made sufficient improvements to be removed from special measures.

You can read the report for previous inspections, by selecting the 'All reports' link for 'Greenhill House - Care Home with Nursing Physical Disabilities Nursing Home' on our website at www.cqc.org.uk

Greenhill House is a nursing home with a total of 37 beds. The service is split between two individual units; one providing residential care and the other providing nursing care to people living with physical disabilities. At the time of our inspection there were 37 people living in the service.

There was a registered manager in post. 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.

The provider had improved the quality monitoring systems which were used to bring about improvements to the service. Some improvements had yet to be embedded by the service.

The service had failed to ensure that best interest decisions were recorded effectively when people lacked the mental capacity to make decisions and give their consent. We have made a recommendation to the service about this.

Training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) had been provided to staff. DoLS aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when a person lacks the mental capacity to make certain decisions and there is no other way of supporting the person safely. Staff were knowledgeable about the protection of people's rights.

Medicines were managed and stored safely. Medicine administration records were complete. We observed that medicines were administered to people as prescribed.

People's needs were regularly assessed and resulting care plans provided practical guidance to staff on how people were to be supported. Care plans were person centred and contained individual information and references to people's daily lives. People's risk assessments reflected necessary actions to reduce risks to people.

There were positive and caring relationships between staff and people at the service. People praised the staff that provided their care. We received positive feedback from people's relatives and visitors to the service. Staff respected people's privacy and we saw staff working with people in a kind and compassionate way when responding to their needs. People were supported to undertake person centred activities.

There were enough staff to meet people's care needs. Staff demonstrated a detailed knowledge of people's care and support needs. Staff had received training to support people safely and respond to their care needs. Staff were aware of the service's safeguarding and whistle-blowing policy and procedures.

There was a robust staff recruitment process in operation. The recruitment process was designed to identify staff that had the ability to develop their skills to keep people safe and support their needs.

People had access to healthcare professionals when required, and records demonstrated the service had made referrals when there were concerns.

There was a complaints procedure for people, families and friends to use and compliments could also be recorded. The provider had made appropriate notifications to the Commission; notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Risk assessments were reviewed and amended appropriately when the risk to a person altered.

People were protected from the risk of abuse. The service had provided staff with safeguarding training and they knew how to report concerns.

There were safe and effective recruitment systems in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The service had not ensured that all peoples' consent and best interest decisions were recorded in line with the Mental Capacity 2005 Code of Practice

Staff training and supervisions were undertaken as required.

DoLS applications had been made for those people that required them.

People had enough to eat and drink and were supported to make informed choices about their meals.

People were supported to access health care services.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected. People and staff got on well together and the atmosphere in the home was caring,

warm and friendly.

People were supported to maintain relationships with their family.

Is the service responsive?

Good ●

The service was not always responsive.

Care plans provided staff with the information needed to provide person centred care. Some improvement was required in relation to detailing behavioural support strategies.

Staff communicated effectively with people and involved them to make decisions about the support they wanted

The service had involved other health professionals to support people.

The service had a robust complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was mostly well led.

The provider and manager had quality assurance systems in place; these systems required further embedding to ensure they were fully effective.

People told us staff were approachable and relatives said they could speak with the manager or staff at any time.

The provider sought the views of people, families and staff about the standard of care provided.

Greenhill House - Care Home with Nursing Physical Disabilities

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 checked 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 comprehensive inspection took place on 24 and 25 May 2017. The inspection was unannounced and carried out by two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

Prior to the inspection, we reviewed information we held about the service including statutory notifications. Statutory notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with the registered manager, seven people, five members of staff, four visitors and a visiting GP. We looked at six people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

At the last inspection of Greenhill House in August 2016 safeguarding systems and processes were not operated effectively to take appropriate action immediately upon becoming aware of certain allegations of abuse. At this inspection staff said they had received training on how to protect people and were able to demonstrate that they understood what abuse was, or when they needed to report incidents. Staff understood the term whistleblowing and all said they felt able to raise concerns. Staff felt confident that any concerns would be taken seriously. One member of staff said, "Whistleblowing is always reinforced during meetings. I have raised concerns before, and they have been dealt with." We found the registered manager and senior staff had appropriately sought the advice of the local safeguarding authority when they had concerns about safeguarding issues. People using the service said they felt safe. Comments included, "I feel safe here" and "Yes, I feel very safe living here."

At the last inspection we found that some of the premises and home environment were not well maintained. We observed that many areas of the building were in poor repair, with chipped woodwork and paintwork. Refurbishment was required, including refurbishment of bedrooms. One of the sluices broke down periodically and was not clean.

At this inspection we found that the provider had developed a programme of refurbishment for the service. People's bedrooms on the South Wing were being refurbished and some had also been refurbished on the East and West Wing. Communal areas were also due to be completed in the coming months. The general environment had been improved with redecoration. The nursing unit had a new kitchen and dining area which accounted for people's needs in relation to their mobility equipment. The provider had taken into account the feedback received from people and within the last inspection report. Improvements included two new sluices, new shower rooms with track hoists, the replacement of the boiler system and the refurbishment of bedrooms. The refurbishment was due to be ongoing for a number of months.

One person using the service said, "The dining room is bigger and better now". Their visitor said, "We know the bedroom is going to be decorated, but we don't know when". Staff said that although the building would be improved once refurbishment was complete, it was 'challenging' to work in the environment. Comments included, "Staff and residents have coped extremely well during the building work" and "The building works have frustrated staff, but we all know it will be better when it's finished."

At the last inspection we were not assured there were enough staff to meet people's needs. This was reiterated by people, staff and visitors. We also reviewed call bell records and were not assured by the long response times. At this inspection we found that there were enough staff on duty to meet people's needs. The registered manager explained how staffing levels were assessed and organised in a flexible way to support people for their daily needs, and for additional activities and appointments outside of the home. Peoples' dependency levels were assessed and regularly reassessed to ensure there were sufficient staff rostered for support. We found that the staff rota was planned in advance and took into account when additional support was needed.

Although people using the service raised no concerns in relation to staffing, some members of staff did say that they felt more staff were still required. Staff comments included, "It's better now. We still use agency but we are recruiting. We've got enough (staff) during the day, but the evenings can be a struggle" and "I don't think we have enough staff, but it is getting better. More staff would mean more 1:1 with people, which is important to the residents."

People using the service said, "When I use my bell, the staff are pretty good and come quickly" and "Staff can be very busy, but mostly they answer the bell quickly." We saw that call bells were answered in a timely manner, and from our observations we saw that people's needs were attended to. When people did have to wait, staff explained why. For example, we overheard one member of staff say to one person, "I'll come and help you with that in a bit; I just need to help [person's name] because they asked me first. Is that ok?" We reviewed the call bell records and found that they were reviewed by senior staff to ensure that any responses over 10 minutes were identified and investigated. This information was also used to assess staffing needs. Call bell responses rarely went over 10 minutes.

At the last inspection we found that the staff completed an assessment of people's risks and had recorded guidance on how to manage identified risks. We found however that not all risk assessments were completed or up to date. At this inspection we found that care plans contained risk assessments for areas such as manual handling, the use of bedrails, and skin integrity. All of these had been reviewed regularly. When risks had been identified, the care plans contained clear guidance and detail for staff on how to reduce the risks. For example one person was at risk of harm because although they were independently mobile in their wheelchair, they were not aware of the risks associated with being on the main road outside. Staff maintained their safety by providing 1:1 support with the person. Line of sight charts were in place so that staff could be sure the person was safe.

At the last inspection we found that people's medicines were not always managed safely. We identified gaps in medicine administration record (MAR) charts. Weekly stock checks of certain medicines were not consistently taking place and bottles of liquid medicines had not always been dated to inform staff when they should be disposed of. Medicines audits had been ineffective in improving these areas.

Medicines were managed safely. We looked at all of the current Medicine Administration Records (MARs) and saw that all had been completed in full and there were no gaps. The checklists in place for staff to monitor that all MARs had been correctly signed were completed in full. This indicated that people had received their medicines as prescribed.

Information that was available to staff during the medicine administration process was thorough and detailed. As well as photographs of people using the service there were notes about distinguishing features and whether the person was able to confirm their identity to the person administering the medicines. This meant the risk of administering medicines to the wrong person were minimised. As required (PRN) protocols were in place and were detailed. For example, it had been documented when one person might experience pain, where the pain might be, how the person might express they had pain and whether they were able to ask for pain relief. In addition, protocols for use during seizures were detailed and person centred.

The service used red charts alongside people's MARs to highlight to staff when there had been a change to people's medicines. This meant that changes were immediately brought to the attention of the person administering the medicines. Topical medicines had been administered as prescribed. Topical medicine charts (TMARs) had all been completed in full. Alongside the TMARs there were body maps which showed where creams and lotions should be applied, the frequency and the reason why they were required.

Items for refrigeration were stored in medicine fridges. The temperatures of the two fridges had been monitored. Although the majority of the fridge items had been labelled with the date of opening in order to inform staff of when the item would expire, this was not seen consistently. In addition, we did find some items within one fridge that had expired and needed to be disposed of. We showed these to the Clinical Lead who disposed of them.

Clinical room temperatures were monitored. The monitoring form showed staff the required temperature and informed them of the action required if the temperature was exceeded. On both days of our inspection, the room temperature was monitored several times because of the warm weather and a cooling unit was used to keep the temperature at a stable and safe level. This meant that medicines would not be adversely affected by extreme temperatures.

Controlled medicines were stored safely. We looked at the log book which showed that all administrations had been signed by two members of staff, and that regular stock checks were carried out. Regular stock checks of other medicines had also been implemented since our last inspection. Overall, medicines management was now robust.

Medication audits were undertaken on a monthly basis. Further to our conversation with the Clinical Lead about the issues with fridge items that had expired, they said they had amended the audit form to include auditing medicine fridge contents. This showed us that the provider acted swiftly to reduce the risk of recurrence.

Infection prevention and control processes were in place. Despite the building work that was taking place, the buildings were clean. Infection control audits were undertaken across all areas, including bathrooms, bedrooms, communal areas and the sluices. When issues were noted during audits, action was taken to correct them. For example, we saw recent audits of mattresses. New covers had been ordered following the outcome of the audits. Hand hygiene audits had been undertaken. We saw the latest hand hygiene audit dated 26/01/2017. Staff had been observed wearing jewellery and nail varnish. It had been documented that training had been provided and that infection control guidelines had been discussed with staff (which included no jewellery or nail varnish).

At this inspection we found the service had safe and effective recruitment systems in place. There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role. The provider also involved people who use the service in the recruitment process; people were involved in the interview process; interviewing prospective staff. This enabled people to have input into the qualities they wished for in staff who delivered their care.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.

Is the service effective?

Our findings

At the last inspection we found that annual refresher training as expected by the provider was frequently out of date. We also found that some staff had not received any Deprivation of Liberty Safeguards (DoLS) training despite working in a service where people were subject to DoLS. DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 Mental Capacity Act 2005 (MCA).

Staff said they had received training on the Mental Capacity Act and through discussion, demonstrated a good knowledge of how this related to the people they were supporting. Although mental capacity assessments had been completed, it was not always clear how decisions had been reached in instances where people did not have the capacity to consent to care or treatment. Although we saw one good example of a best interest decision making process in relation to a procedure that was being considered for one person, this was not seen consistently in all of the plans we looked at; for example in relation to the use of bed rails or wheelchair lap belts. Several people using the service were independently mobile using their wheelchairs. We saw that people had lap belts and some had leg belts to prevent them falling from their chairs. However, not all people had documentation in place to show how people had either consented to the use of these, or if they were unable to consent, how the decision to use the belts had been reached.

We recommend the provider reviews its processes for making and recording best interest decisions in line with the Mental Capacity Act Code of Practice.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about DoLS. DoLS applications had been applied for appropriately. Staff demonstrated a good understanding when they were asked about the DoLS restrictions in place. The service had good administrative systems in place to record where DoLS authorisations were in place, when these authorisations were due to expire and who the person's representative was. The registered manager had a system of checking DoLS applications which were waiting to be processed by the local authority; they regularly checked with the local authority to ensure they were being processed.

We observed staff asking people for their consent prior to assisting them. People using the service confirmed that they were given choices and asked for their consent. For example, one person said "Staff always knock before coming into my room" and "I choose what time I get up and what time I go to bed."

At the last inspection specialist training was not available to enable the staff to meet people's specific support and health care needs. We also found that many staff had not received supervision in line with the provider's policy (quarterly). Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

At this inspection we found that staff had the knowledge and skills to carry out their roles and had received

training appropriate to their roles. All of the staff we spoke with said they had access to training and spoke positively about the quality of training they received. For example, one member of staff said, "I did medication training recently; I don't give any medicines but I found it really useful and interesting to understand and learn about the medicines that people are having".

Staff said they received regular supervision sessions. We saw records which supported this. One staff member said, "I have supervision every three months. I appreciate getting feedback" and another staff member said, "Supervisions happen regularly. I find them useful. I feel well supported."

At the last inspection we found that the provider had not consistently protected people against the risk of poor or inappropriate care as accurate records were not being maintained. Not all records were completed accurately to manage and ensure that people's on-going needs were met. There were gaps in records where staff should have documented the care they had provided. These were records such as bowel, weight, MUST (malnutrition universal screening tool) and Waterlow records. At this inspection all of the charts we looked at had been completed in full and had been reviewed to ensure people's ongoing needs were met.

People were supported to have enough to eat and drink. People's nutritional needs were assessed and regularly reviewed and weights were monitored. We saw that the speech and language therapist provided additional advice and guidance. Care plans detailed people's preferences in relation to food and drink. People who were unable to eat and received their nutrition via a feeding tube had detailed plans in place. Kitchen staff had access to people's preferences and dietary requirements. Quarterly food planning meetings took place and we were told that people using the service were involved in these and helped to plan future menus. When people were having their food or fluid intake monitored, charts detailed the reasons why people were being monitored. For example, "[person's name]" has lost weight and is waiting for a PEG tube to be inserted." All of the charts we looked at had been completed in full and had been reviewed. People using the service said, "The food is ok. I'm on a soft diet and it's ok", "The food is ok. If I don't fancy it, they get me something else" and "I like the food, I get plenty, but I do wish we had more hot puddings."

Some people had been assessed as a high risk of choking when eating or drinking. Care plans detailed how staff should minimise this risk, for example, in one person's plan it was documented the position the person should be sat in, and that they should not be given food when in bed.

People had access to ongoing healthcare. Records showed that people were reviewed by different healthcare professionals. For example, the GP, SALT, nutrition specialist, and the diabetes nurse. When people had hospital appointments, staff attended with them to provide support. It was not always clear however if actions required following appointments were followed up. For example we saw there was follow up action required in relation to a medical test for one person. This action had been noted the previous month. There was no information within the person's records to show that action had been taken in relation to the test. When we spoke with staff they said they had made enquiries about the test however a multi-disciplinary best interest decision was required. This had not been recorded or progressed.

Is the service caring?

Our findings

At the last inspection we noted some areas that indicated that staff did not always consider people's respect and dignity. Staff showed concern for people's well-being; however on occasion response to concerns was not always well thought out.

At this inspection we saw lots of positive interactions between staff and people using the service. Many staff had been in post for several years and knew people well. People responded well to staff, and there was a pleasant and friendly atmosphere. When one person was feeling unwell, we saw staff were very attentive and caring, bringing aids and a glass of water and staying with the person until they felt better.

Staff were able to describe how they preserved people's respect and dignity whilst undertaking personal care. We were told they would close doors, pull curtains, keep the person covered up as much as possible and explain all of the care being undertaken.

Staff knew the people they looked after well. Each person had a named keyworker. The keyworker role is to provide a link between the service and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. This role enabled people to express their views and for their views to be listened to and acted upon.

People using the service spoke positively about the staff. Comments included, "The staff are all pretty good", "Generally I get good care. The staff know me well" and "The staff are good. We all have a laugh together which is really important to me." When we asked people about their keyworkers, people gave positive feedback, including, "My keyworker really helps me. They will give me advice to help me resolve an issue" and "My keyworker helps me to do the things I want to do." One person said, "The staff are great. If I'm unduly sad, they do help me." One visitor said, "The staff are very nice. [Person's name] father is in hospital at the moment and the staff have taken her in to visit. It was a very nice thought; we didn't ask, they offered. It was very kind of them."

Staff spoke positively about their roles. They said, "I absolutely love the residents here. I feel like I've done something worthwhile, by being there for people. I've got a good relationship with the residents" and "I love that I can make a difference to people's lives, that's why I've stayed working here for so long. I feel like I've made a difference".

A visiting GP said "The staff here know the residents really well. Staff knowledge of people and their communication needs is excellent". People using the service said they felt that staff maintained their dignity. One person said, "All the staff treat me with dignity. I choose what to wear and they maintain my privacy and dignity."

Is the service responsive?

Our findings

At the last inspection we found the quality of person centred information was not consistent within the care plans. When people displayed behaviours that others, including staff, might find distressing, the care plans did not always detail how staff should respond to this behaviour. Care and support was not always provided in a person centred way. At this inspection all of the care plans we looked at were person centred and responsive to people's needs. However, we did find that further information was required in some care plans. This was in relation to detailing strategies for staff to implement when caring for people who had behaviours that may challenge.

All of the care plans had been reviewed regularly and where able to, people had signed to indicate their agreement. One person using the service said, "Yes, I know all about my care plan. We did a review a couple of months ago."

Care plans contained people's history and a profile of what was important to them. For example in one person's profile it was documented that it was important for them to, "Look good", to "Have nice hair" and to have a bath or shower every day. When we spoke to this person they said they always had a bath or shower and that they, "Felt nice." In addition, there were details of people's future plans and what they wanted to achieve. For example, one person wanted to be able to learn to use certain features of their tablet computer with friends and family and to participate in simple games which they had achieved. Another person wanted to be able to go on holiday.

Care plans detailed how people's specific needs should be met. For example, skin integrity plans detailed when people required an air mattress on their bed, the required settings, and any position change frequency. We saw that air mattresses were checked to ensure they were set correctly. One person had a urinary catheter in situ and this detailed how staff should care for the catheter and prevent blockages or infections. Another person had diabetes and the plan guided staff on the type of diet the person should have as well as details of how to monitor their blood glucose levels. The plan also informed staff of how to monitor the person for signs of high or low blood glucose and what to do in these instances.

A visiting GP said that staff were, "On the ball" and "Have a tight handle on things." They said, "Residents here might not get sick in the classical way. Staff pick up when things aren't right and they escalate concerns in a timely manner. Any hospital admissions have been appropriate and have happened in an appropriate timescale." One person using the service said, "I was poorly once, but staff got the doctor in to see me straight away."

At the last inspection in August 2016 we found that the registered manager had not responded to complaints made by people and relatives as set out by the provider's complaint policy. At this inspection we found that sufficient improvements had been made to the recording and response to complaints. We found that the provider used complaints as a tool to improve the service based on what people told them.

People had access to a range of activities. One person said, "I go over to the activities hut most days. I play Boccia, do crosswords and puzzles. It's a good opportunity to interact with other residents". In addition, people told us that their keyworkers also supported them to participate in activities of their choice. For example, one person said they went out to a day centre each week and another person said they went on day trips. A member of staff told us, "I'm a key worker for one person. I take them out shopping and I'm arranging some days with horses too." Another member of staff said, "I'm a keyworker and (person's name) wanted to get out to social events beyond Greenhill because they wanted to meet new people. So we went to see some bands because that's what they wanted to do."

Is the service well-led?

Our findings

At the last inspection in August 2016 we found the provider did not have effective systems and processes for identifying and assessing all risks to the health, safety and welfare of people who use the service. There had been no marked improvement in the level of service provided since the previous inspection in December 2015 when it had been placed into special measures. The service was placed into special measures for a second time following the inspection in August 2016.

At this inspection in May 2017 we found that the provider had acted on the risks that had been identified at the last inspection and had responded to shortfalls previously identified. The provider had utilised the services of the provider's senior staff to assist in managing and implementing action plans for the service. Whilst we recognised that improvements had been made to the service's systems and processes for maintaining standards and improving the service. Many of the changes were still a work in progress and were not yet fully embedded in practice. There are still areas that require improvements such as a review of best interest decisions and consent recording in care plans. The provider is aware of the improvements required and have provided assurances they will progress them further. The improvements that have already been made will need to be sustained to demonstrate that the service has improved and continues to do so without the additional provider support and oversight. It is too early to state that the improvements are sustainable.

The registered manager told us that they and other senior staff undertook audits in relation to different aspects of the home such as call bells, infection control and medicines. At the last inspection these audits had proved ineffective. At this inspection we found the audits had been improved and were now more effective because the provider had implemented a system of checking on the resulting action plans and the outcomes achieved. We did find however that action plan records were not always completed to enable the registered manager to check the service was continuously striving to monitor and improve their performance. For example the service's fire risk assessment action plan was not up to date despite work having been completed. Following the inspection the registered manager provided us with the up to date fire risk assessment.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. At the last inspection we found that the registered manager had not notified the Commission of all incidents that affected the health, safety and welfare of people who use the service. At this inspection we found that the registered manager had made appropriate notifications.

At the time of inspection we checked the service's CQC rating on the provider website and found the rating for the last inspection was not displayed as required by regulations. At this inspection we found that the provider had displayed the service rating as required.

We saw records that demonstrated that relatives and other people important to people living in the home

were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know.

People were encouraged to provide feedback on their experience of the service to monitor the quality provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive. Residents meetings took place regularly. These meetings involved an advocate for people who use the service. We looked at the minutes of meetings and found that people's opinions and views were recorded and followed up. People were able to have a say in how their home was managed and refurbished.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. One member of staff said, "All of the meeting dates are set, there's a list on the wall. The meetings are useful, but I do feel they need to be a safe place for people to raise concerns or issues."

Staff said they felt valued, although one member of staff did comment, "I don't always feel valued. One of the senior team came round last year and called us all together to say thank you – that made a huge difference, but it was a one off. Other management come here but barely say hello to us". Others said, "I do feel valued. Leonard Cheshire is a good employer." Staff said they were aware of the ongoing improvement plan. One said, "The improvements will happen, it just takes time" and another said, "The facilities for people are improving, but care is good here. It's clean, people have really good skin (no pressure sores) and we have good activities for people."

Staff said the registered manager was approachable. One staff member said, "The manager is always around and easy to talk to". A visiting GP said, "The Clinical Lead has been pivotal and instrumental in making changes here" and "They are very tight on medication now."

The registered manager had also worked with the local authority quality assurance and contract review team to improve the service. We saw positive feedback following the visits undertaken by the local authority since January 2017. Comments made included, 'They are being very active in completing the action plan which was set by the CQC' and 'On the day of the review, I found evidence to suggest that the home is providing a high level of care to Mr [person's name].'