

GB Care Limited

Acorn Hill Nursing 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



Overall summary

This inspection took place on 30 July 2015 and was unannounced.

We previously carried out an unannounced inspection of this service on 15, 22 and 31 December 2014. Nine breaches of legal requirements were found and the service was judged to be 'Inadequate' overall. This was because people were not being protected from the risks associated with the unsafe use and management of medicines. People's nutritional and hydration needs were not being met. People's privacy, dignity and

independence were not being ensured. The provider had not acted in accordance with legal requirements where people did not have the capacity to consent to their care. Recruitment checks were not operated effectively. Care was not being planned and delivered to meet people's individual needs. There were no effective systems in place to regularly monitor the quality of the services. Accurate records were not being kept. There were insufficient numbers of suitably qualified, skilled and experienced persons employed at the service.

Summary of findings

After this inspection the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this inspection on the 30 July 2015 to check that they had followed their plan and to confirm they had now met legal requirements.

Acorn Hill Nursing Home provides nursing and personal care for up to 49 people. At the time of our inspection there were 29 people using the service. A number of people accommodated at the service had complex physical and mental health needs. Some people were living with dementia and others were receiving end of life care. The service is located in Leicester and accommodation is provided over three floors with a lift for access.

Acorn Hill Nursing Home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of our inspection a registered manager was not employed at the service. However an acting manager had been appointed and the provider was in the process of actively recruiting for a manager who would apply to be registered with CQC.

People using the service told us they felt safe in the service and relatives felt their family members were safe. Staffing levels were good and this had had a positive impact on the care and support provided. Staff were safely recruited to help ensure they were suitable to work in a care setting. They were trained in safeguarding and knew what to do if they had concerns about the well-being of any of the people using the service.

All areas of the premises inspected were clean and fresh. People were satisfied with how staff supported them with their personal care. Risks to people's health and well-being had been identified, assessed and managed in an appropriate way. Medicines were safely managed. Some improvements were needed to medicines records.

This provider had implemented a new system for recording and actioning MCA (Mental Capacity Act) DoLS (Deprivation of Liberty Safeguards) applications and outcomes. Appropriate paperwork was in place, including care plans, to demonstrate that any restrictions on people's liberty were being lawfully applied.

People were supported to have sufficient to eat, drink and maintain a balanced diet. Meals were served individually and staff provided assistance to people who required it. There was a choice of dishes at every meal and people told us the food was of a good quality and well-presented. People's nutritional support plans had not always been followed.

People using the service and relatives said the staff were well-trained and provided effective care and support. We observed staff were confident and skilful in their interactions with people and always talked with people as they supported them and put them at ease.

Nurses and care workers said they were satisfied with the amount and quality of the training they received. People were well-supported with their healthcare needs and records showed they were seen routinely and when required by a range of health and social care professionals.

People told us the staff were caring and encouraged them to be independent. People were offered choices and were involved in their own care. Relatives said staff kept them up to date with any changes to their family members' care needs.

The provider had implemented a new keyworker system to help ensure people received personalised care delivered in the way they wanted it. Staff were knowledgeable about the people they supported and knew their likes, dislikes, hobbies, and interests. Care plans had been re-written to focus on people as individuals and described their choices about how they wanted their care to be provided.

Staff had introduced a new programme of daily one to one and group activities. These included music, coffee mornings, gardening, and arts and crafts. Records showed these were well-attended and people told us they enjoyed having more to do.

All the people using the service, relatives, and staff we spoke with during our inspection said the service had improved. The provider's quality assurance system had identified where some developments were needed to the service and these had been actioned. Further improvements were needed to record-keeping.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

Staffing levels had improved and suitable staff were employed at the service.

Medicines were being safely managed and administered.

The premises were clean and fresh and systems were in place to control infection.

People felt safe at the service and staff knew how to minimise risk and what to do if they were concerned about the well-being of any of the people using the service.

This meant that the provider was now meeting legal requirements.

Requires improvement



Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff were trained and supported to enable them to care for people safely and effectively.

People's consent to care and treatment was sought in line with legislation and guidance.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

This meant that the provider was now meeting legal requirements.

Requires improvement



Is the service caring?

We found that action had been taken to improve how caring the service was.

People were treated with respect and their privacy and dignity maintained.

Staff were caring and kind and attentive to the needs of the people who used the service.

People were encouraged to make choices and involved in decisions about their care.

This meant that the provider was now meeting legal requirements.

Good



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service.

People received personalised care that met their needs.

Good



Summary of findings

Staff provided a range of group and one to one activities for the people using the service.

People knew what to do if they had any concerns about the service.

This meant that the provider was now meeting legal requirements.

Is the service well-led?

We found that action had been taken to improve the governance of the service.

The service had a friendly and welcoming culture and people told us the service had improved.

The provider used audits to check on the quality of the service and made improvements where necessary.

This meant that the provider was now meeting legal requirements.

Requires improvement



Acorn Hill 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 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 30 July 2015 and was unannounced.

The inspection team consisted of an inspection manager, two inspectors, a specialist advisor, and an expert by experience. A specialist advisor is a person with professional expertise in care and nursing. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the provider’s statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a

standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We also contacted commissioners for social care, responsible for funding people that used the service, and asked them for their views.

During the inspection we spoke with nine people using the service, two relatives, two nurses, five care workers, the chef, two members of the housekeeping team, the manager and one of the providers.

We used an observational tool called SOFI to help us collect evidence about the experiences of people using the service who may have not been able to describe these themselves due to their mental health needs.

We looked in detail at the care records of seven people using the service and other documentation about care, staffing, and quality management. We also had contact with the local authority with funding responsibility for some of the people using the service to get their views on the quality of care provided.

Is the service safe?

Our findings

At our last inspection the provider had not ensured people were protected from the risks associated with insufficient numbers of staff.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that this breach in regulation had been met.

We looked at staffing levels at the service. All the people we spoke with said staffing levels had improved since our last inspection. One person using the service told us, "I have to wait for someone to come sometimes but I understand they are busier at some times than others, but honestly there is no problem." Another person commented, "There's a few new faces but it's much better now. Staff are always around now if you need them." Relatives also confirmed there were sufficient numbers of staff on duty.

The nurses and care workers we spoke with also told us staffing levels had improved and this had had a positive impact on the service. One care worker told us, "We used to be rushed off our feet and had no time for the residents. It's very different now and the care is better as a result." Staff also told us staff absences were managed more effectively and cover always provided for staff absences when it was needed.

During our inspection we observed that care workers had time to socialise with the people using the service and support them to take part in activities. Throughout our inspection staff were visible and went about their duties calmly. Staff were seen to work as a team and liaise with each other as necessary to provide safe care, for example if a person needed two care workers to support them there were enough staff on duty to enable this.

At our last inspection the provider had not ensured people were protected from the risks associated with the employment of staff who may have been unsuitable.

This was a breach of Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed

At this inspection we found that this breach in regulation had been met.

The providers' recruitment process was being followed and records showed that the required employment checks were in place. We sampled staff files. These showed that staff had the necessary documentation in place to demonstrate they were fit to work at the service.

At our last inspection the provider had not ensured people were being protected from the risks associated with the unsafe use and management of medicines. This was because we found that the stock level for one controlled drug was not accurate and staff were not able to give us an explanation as to why this was.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

At this inspection we found that this breach in regulation had been met.

The provider had introduced a new system for the management of controlled drugs, re-trained staff, and introduced random and regular medicines audits. Controlled drugs were stored appropriately and records showed these were being counted, checked and signed for by two registered nurses.

However a further improvement to medication management was needed.

We looked at the use of covert medicines (medicines that are concealed in food or drinks). We saw that where relevant GPs had authorised the use of these. However there were no care plans or other instructions in place to show how staff could administer covert medicines safely. For example, staff needed to know which food or drinks they could safely be given with, and whether or not they could be crushed. We reported this to the manager who said she would liaise with the service's pharmacist to ensure staff had the information they needed to administer covert medicines safely.

We also noted that some people's PRN ('as required') medicines protocols were in their general care plans, but not in their medicines care plans. This meant staff did not have easy access to them when they were administering medicines. We discussed this with the manager who agreed to address this.

We observed the ground floor medicines round. We saw this was done safely. The nurse administering the medicines approached people using the service

Is the service safe?

individually and asked them if they would like to take their medicine, telling them what is was for where appropriate. People were given time to take their medicines in the way they wanted to and no-one was rushed.

At our last inspection there were no effective systems in place to prevent, detect and control the spread of infections.

This was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control.

At this inspection we found that this breach in regulation had been met.

All areas of the premises we inspected, including bedrooms and communal areas, were clean and fresh. Bed linen had been changed as necessary and carpets shampooed. We spoke to two members of the housekeeping team and both said they had the time they needed to carry out their duties.

We observed that PPE (personal protective equipment) was readily available and staff were seen using this at meal times and when preparing to assist people with personal care. When spillages occurred these were dealt with promptly and staff had the equipment they needed to maintain the cleanliness of the premises.

Detailed cleaning schedules were in place and being followed. Nurses, care workers, and ancillary staff were trained in infection control and understood their responsibilities in this area.

People using the service told us they felt safe at the service. One person told us, "I'm completely safe here – much better than in my own home." Another person commented, "I'm safe in here – the girls look after me nicely."

A further person said, "I wouldn't be here if I didn't feel safe. Everyone's good to me. [My relatives] visit and they would have something to say if things weren't right." And a relative told, "They (the care workers) are really good with my [family member]. Without fail they see that she is safe and untroubled. She can be challenging at times, but they understand and have their ways of being able to settle her down."

The staff we spoke with were able to describe what abuse was and the action they would take if they became aware of it. This showed an understanding of the provider's

safeguarding procedure. They also said they were felt confident in approaching the manager and the provider if they had concerns about the well-being of any of the people using the service.

Records showed that any safeguarding concerns were reported to the local authority, CQC, and other relevant agencies. Staff had had further training in safeguarding since our last inspection.

During the inspection one person told us they thought one of the care workers treated them roughly. They asked us to tell the manager which we did and the manager spoke with this person too. In response the manager followed the provider's safeguarding policy, referring the matter to the local authority and taking other appropriate action. This helped to ensure that this person and others using the service were safe.

We looked at how staff managed risk to people using the service. Records showed that risks to people's health and well-being had been identified, assessed and managed in an appropriate way.

During the inspection staff were seen to protect people from avoidable harm or injury. For example, we saw one person in the lounge start to get up to walk. The care worker quickly went to assist them, helping them to steady themselves and placing their walking frame in front of them. They then walked with them to their bedroom.

In another lounge a person began to slide from their armchair on to the floor. The care worker immediately called another worker so they could safely assist this person back into their seat. One of the care workers then sat and talked with this person until they appeared more settled and comfortable.

We spoke with one person using the service who told us they were at risk of falling. This person said that both they and their relative had been involved in discussions with staff about how to reduce this risk. They said they were happy with the action taken which including supplying them with a walking aid. They told us this had resulted in them being safer and more independent as they could now get around the premises on their own.

The staff we spoke with were aware of people's care records and how to manage risks. Staff described people's individual needs in detail including steps taken to ensure the person's safety.

Is the service safe?

Records showed that risk assessments were completed and measures to manage risks were detailed in the care plans. All care plans and risk assessments were reviewed at least on a monthly basis by nurses. If a new risk was identified this was assessed and prompt action taken. For example records showed that one person was seen to have difficulty swallowing. Records showed that a referral was made via their GP for an assessment from a speech and language therapist. Following this a new care plan for their nutrition was put in place to support them to eat safely.

We looked at how the risks associated with behaviour that challenges us were managed. Records showed that staff followed detailed care plans with clear instructions on how to manage challenging situations. This included withdrawing from the person, trying different staff members, or using distraction techniques, including in one case playing music. This meant that staff knew what to do if a person became agitated and could support them as safely as possible.

Is the service effective?

Our findings

At our last inspection the provider had not complied with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This was because some people's DoLS authorisations had expired, even though they continued to be deprived of their liberty

This was a breach of Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 Need for consent.

At this inspection we found that this breach in regulation had been met.

The provider had implemented a new system for recording and actioning DoLS applications and outcomes. A DoLS chart had been created and staff were using this to ensure DoLS authorisations were being effectively managed. In addition staff had had further training in the MCA and DoLS and associated written guidance had been made available to them.

We looked at the records of three people using the service who were subject to DoLS authorisations. Appropriate paperwork was in place, including care plans, to demonstrate that any restrictions on these people's liberty were being lawfully applied.

At our last inspection the provider had not ensured that people using the service were supported to have sufficient to eat, drink and maintain a balanced diet.

This was a breach of Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2014 Meeting nutritional and hydration needs.

At this inspection we found that this breach in regulation had been met.

Since we last inspected food and fluid charts had been implemented for people using the service who were at risk of dehydration and weight loss. Care plans had been updated to reflect nutritional plans and dietetic advice. People using the service were weighed monthly and those at risk of poor nutrition were weighed weekly. Where necessary people were referred to dietitians. Care workers and nurses had received nutrition and hydration training and nurses trained to use the service's nutritional screening tool.

Care records showed that each person had a nutritional risk assessment and the nutritional screening tool had

been used to identify the level of support they needed. Where there were concerns about people's food or fluid intake, or if they had difficulty swallowing or were at risk of choking, they were referred to their GP, a speech and language therapist (SALT) and/or a dietician. Recommendations to manage nutritional risks were included in their care plans and the staff we spoke with were aware of these. Copies of nutritional care plans were given to the chef to help ensure people had suitable meals and drinks.

The fluid and diet sheets we sampled were completed correctly and personalised to meet people's needs. For example, one person was given fluids approximately every half hour because they only drank small amounts. This was an example of good practice because staff were ensuring this person received adequate fluids over a 24 hours period.

Records showed that two people had not been weighed in the month prior to our inspection. This was not in keeping with their nutritional support plans. We discussed this with the manager who said she would bring this to the attention of the nurses to ensure the people in question were being effectively supported.

The provider had introduced 'protected' meal times. This meant that non-emergency treatment stopped during this time and visits were discouraged. This gave the people using the service space to eat and enjoy their meals and staff the time to give support to those who needed it. Two dining rooms were in use to give people a choice of dining experiences with appropriate staff support

We observed lunch being served in the downstairs dining room. Meals were served individually and staff provided assistance to people who required it. The meal time experience was positive as people were relaxed and meals were unhurried. We noted two people did not have the lunch time meal because one was asleep in the lounge and the other said they were not hungry.

Both were later offered their lunchtime meals and accepted them. This showed that the service was flexible to fit in with people's choices. People spoke positively about the food and drink provided. Records showed there was a choice of dishes at every meal and people told us the food was of a good quality and well-presented.

Is the service effective?

The meals provided took account of people's dietary, religious, and cultural needs. Those included vegetarian and halal meals, and meals suitable for people with diabetes. Soft and pureed meals were prepared for people at risk of choking and those with swallowing difficulties.

The staff we spoke with were able to describe people's dietary requirements and knew their individual preferences and the specialist diets they needed to manage health issues such as diabetes. Staff described how they prepared thickened drinks (drinks for people with swallowing difficulties) and said the nurses observed them preparing these to help ensure it was done correctly. The chef was updated with changes to people's dietary needs. For example one person who had been referred to a dietician now required pureed meals. We saw the chef had a copy of the dietician's care plan, simplified by the nurse, and knew how to prepare this person choice of meals and drinks.

People using the service and relatives said they thought the staff were well-trained and provided effective care and support. One person told us, "I know the staff go on lots of course so they know how to look after me properly." A relative commented, "The staff are well-trained. They have to be these days, don't they?"

Throughout the inspection we observed staff supported people effectively. We saw they were confident and skilful in their interactions with people and used equipment effectively. They always talked with people as they supported them and put them at ease.

One person using the service explained in detail how staff supported them. They told us, "What they do is right by me, I do trust them." They said their relative had also observed how staff supported them and were satisfied with how this was done.

Staff made many positive comments about the provider's training programme. One staff member told us, "We've had a lot of training: safeguarding, MCA and DoLS, nutrition, challenging behaviour. We get told when the training is and just put our name down for it." Another staff member said, "We've done quite a lot of training and feel I have a better understanding of what things [care concerns] to look out for."

Nurses and care workers told us they were satisfied with the amount and quality of the training they received. One nurse described their induction which included reading the

provider's policies and procedures, shadowing other staff, and having their competency assessed with regard to medicines management and wound care. They felt this had given them a good introduction to working at the service.

A care worker told us they had been employed at the service for a number of years and that in their view staff training had improved. They told us, "We've had much more training recently. [The manager] wants to be sure we know what we're doing. I'm happy with the training I've had because I want to improve my skills."

We looked at the provider's training matrix which was electronic. This showed that since our last inspection staff had completed a wide range of courses, some general, for example health and safety, and others specific to the service, for example dementia awareness and wound care.

People told us they were well-supported with their healthcare needs. One person said, "The staff know exactly what to do when I'm not well." Another commented, "The staff would call the doctor if I was poorly"

Records showed that people were seen routinely and when required by a range of health and social care professionals including the GPs, community psychiatric nurses, dieticians and speech and language therapists. Care reviews included input from health care professionals which meant they took account of people's physical and mental health.

Nurses told us that care workers alerted them if there were any concerns about a person's health. They said they would then assess the person in question and contact a GP if action was needed. Care workers confirmed this and said they added information about health concerns to the daily reports and recorded who they reported the concerns to. There were recorded examples in people's care plans of staff liaising with other agencies in particular psychiatric and dietetic services.

The staff handover we attended addressed people's health care needs. On-going stoma and diabetic care was discussed and one of the nurses gave advice on this to care workers. We saw that staff were up to date with their knowledge of diabetes with the aim being to prevent a hospital admission. Information about a person newly discharged from hospital was shared so staff knew how to care for this person effectively.

One health care record we saw required more detail. One person with a care plan for breathing stated 'will be aided

Is the service effective?

via use of appropriate aids' however it did not state what those aids were (for example, they could be inhalers or oxygen). Another health care record advised staff to refer a person to a psychiatric team 'as required'. However it did

not state under what circumstances this should be done. This meant that staff might not have the information they needed to provide effective care for people. We reported this to the manager for their attention.

Is the service caring?

Our findings

At our last inspection the provider had not ensured that care and treatment was delivered so as to meet people's preferences, respect their privacy and maintain their dignity.

This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014 Dignity and respect.

At this inspection we found that this breach in regulation had been met.

People told us they were satisfied with how staff supported them with their personal care. One person said, "The staff help me have a shower when I want one." Another person said, "They [the staff] tell me when the hairdressers coming so I can have my hair done. And they do my nails for me."

We saw that people were dressed in clean clothes of their choosing. Records showed people had regular baths and showers depending on their preferences. During our inspection we observed that staff attended discreetly to people's ongoing personal care needs to help ensure they remained comfortable and clean.

People told us the staff were caring and kind. One person said, "The staff are lovely and look after me very well." Another person commented, "I can't fault the staff they are all very good."

One person with limited mobility told us staff encouraged them to move independently when they were able to. They told us, "They let me do as much as I can, they don't necessarily take over. I really do appreciate them keeping a distance but keeping a watchful eye."

We talked with one person who was living with dementia and being supported in bed due to their physical disabilities. This person's face lit up when a care worker came into the room. They told us "I like her very much." We saw the person had a good relationship with the care worker who communicated well with them.

We saw all staff (nurses, carer workers, house-keeping staff and the chef) sought consent before providing support to people. We saw people were offered choices and when necessary given an explanation as to what staff were about to do, for example if they required assistance with personal care or eating.

People using the service told us they were involved in their care. One person said, "The staff always check with me before they do anything." A relative told us staff involved them in their family member's care and always informed them of any changes.

A relative told us she liked to chat to the staff and had noticed how some staff spoke with one person using the service in their first language which they thought was positive. However they also

Told us that on a previous visit they had overheard four staff talking in one of the lounges. The visitor said they had been conversing in a language other than English which excluded the people using the service who were in the lounge with them at that time.

We reported this to the manager who agreed this was unacceptable and said she would remind staff of their responsibility to communicate effectively with people using the service at all times.

Is the service responsive?

Our findings

At our last inspection the provider had not ensured that care was planned and delivered to meet people's individual needs and ensure their safety and welfare.

This was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 Person-centred care

At this inspection we found that this breach in regulation had been met.

To enable staff to get to know the people they cared for the provider had implemented a new keyworker system so each person using the service had a named nurse and care worker to co-ordinate their care. This meant designated staff were familiar with each person's needs, could advocate for them, and help to ensure they received personalised care delivered in the way they wanted it.

The care and nursing staff we spoke with were knowledgeable about the people they supported and knew their likes, dislikes, hobbies and interests. We observed one care worker talking with a person about themselves. The care worker knew about their family and work history and where they used to live and asked them questions which they appeared to enjoy answering. It was evident that this person appreciated the care worker's interest in them and their life prior to being at the service.

Care plans had been re-written in parts and improved using a new personalised approach pioneered by an established dementia care specialist. Those we saw focused on people using the service as individuals, starting with a section called 'All About Me' and going on to describe people's choices about how they wanted their care to be provided. Staff told us they found this information useful to help them get to know the people they were supporting.

These were followed by detailed care plans that gave instructions to staff on how to provide responsive health and social care to the people using the service. All aspects of people's needs were covered and records showed these were reviewed at least once a month and as and when people's needs changed.

We found that some care plans were not as user friendly as they could be due to complex cross-referencing, and some duplication of information which resulted in a large amount of paperwork being produced. Two staff members told us the paperwork was time consuming to complete

and they felt they would have more time for the people using the service if they had less of it. We also found that some information was duplicated. For example, five different observation charts were being completed for one person alone.

We discussed this with the manager who said the paperwork was necessary as the service's commissioners wanted to see a high level of detail in care plans. However they also said that care plans were constantly under review and staff were looking at way to make them simpler and more user-friendly.

People told us there were more activities at the service since we last inspected. One person said, "There's lots more to do now and I don't get so bored." Another person commented, "I enjoy the bingo and the music."

Since we last inspected staff had introduced a programme of daily one to one and group activities. People's involvement in activities was recorded in their records so staff could see who had done what and whether they had enjoyed them. Records showed that recent one-to-one activities included fruit tasting, playing musical instruments, and walks in the garden. Group activities included a coffee morning, rock and roll music, and arts and crafts.

During the inspection we joined people for a game of bingo. This was a lively occasion and the staff running the session made sure everyone present was included, assisting them where necessary. People also talked with each other and staff about their lives during the game and the atmosphere was happy and relaxed.

Some of the people using the service had begun a gardening project at the service assisted by staff. One person showed us some of the plants they had been growing and said they enjoyed this activity.

People told us that if they had any concerns about the service they would tell the staff. One person said, "I would tell the carers and they would tell the manager and the manager would sort it out." Another person commented, "If there's anything wrong I tell the staff and they put it right."

Since we last inspected the provider's complaints procedure had been updated and improved. It gave people clear information about who to contact if they had any concerns about the service.

Is the service well-led?

Our findings

At our last inspection the provider had not ensured that systems or processes were established and operated effectively to ensure compliance with requirements. They had also not ensured that all records were appropriately maintained and kept securely.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

At this inspection we found that this breach in regulation had been met.

The provider had introduced a new system of quality assurance for the service. The provider, manager and staff carried out a series of daily, weekly and monthly audits. These were both scheduled and random and covered all aspects of the service including care and nursing, activities, staffing, food and fluids, and the premises. This helped to ensure the provider and manager had an overview of how the service was running.

Records showed these audits had identified where some developments were needed to the service and these had been actioned. For example, in response to evidence that the care and support provided needed to be more personalised, the provider had introduced a keyworker system and new care plans to help ensure the people using the service received personalised care from staff who knew them. Audits were discussed at weekly management meetings and monthly clinical governance meetings where further improvements were discussed and planned. Minutes from these, and other staff meetings, showed that changes and improvements to the service were taking shape and staff were confident to raise concerns and provide feedback.

At the time we inspected the service still did not have a registered manager. We discussed this with the provider who discussed the said one was being actively recruited and provided evidence of how this was being done. We acknowledged that the provider was taking action to fill this post.

All the people using the service and relatives we spoke with said the service had improved since we last inspected. People told us the premises were cleaner and more homely, the staffing levels higher, and there was more for

people to do in terms of activities. One relative said the service was more hygienic and quieter. Another said the staff made them feel welcome when they visited and answered any question they might have about their family member's care.

We observed that the service had a friendly and welcoming atmosphere and the people using the service appeared calm and content. During our inspection we continually observed staff interacting with the people using the service and ensuring they had what they needed.

All the nursing staff and care workers we spoke with told us the service had improved. One staff member said, "It's a lot better here now. We've had a few ups and downs with changes of management but [the manager] is lovely and approachable and works very hard." Another staff member commented, "I can honestly say now that I love coming to work now."

Another care worker told us that the manager was 'very helpful' towards them and had improved standards at the service. She said it was now clean and people using the service were being looked after properly. A nurse told us they felt part of a good staff team and that all the staff worked hard and covered shifts for each other when they could. The nurse said they found it a pleasure to come to work and they felt supported by the clinical lead nurse and manager.

All the staff we spoke with said they thought increased staffing levels and better team work had had a positive impact on the service. One care worker said, "The care has improved. This is because we have more time for the residents because we have more staff. The new staffing levels have made a big difference to the quality of the care." Another staff member commented, "The biggest change here has come about from having more staff."

We observed some good examples of team working during the inspection. Staff communicated well with each other and worked together to ensure people's needs were met. One care worker told us, "It used to be 'us and them' amongst the qualified and unqualified staff but it's better now."

We all work together for the good of the residents."

Staff told us they had regular supervision sessions. Records showed these took place once a month and staff confirmed this. One of the nurses explained how they supervised care

Is the service well-led?

workers. They said, “I supervise six carers. I have one to one meetings with them every month and we discuss their role, talk about any training they needs, and basically help them to develop.”

Regular staff meeting had also been introduced for care workers, night staff, and nurses. We looked at the minutes for these. The meetings were well-attended and provided those present with up to date information and guidance as to how to carry out their roles. For example, topics such as key working responsibilities, training opportunities, and how to complete incident forms. Staff told us if they were unable to attend any of the meetings they could read the minutes to keep themselves up to date with any developments.

When we inspected the provider was in the process of upgrading the premises. Some communal areas, including the ground floor dining room, had been redecorated to make them brighter and more homely. The environment was more stimulating due to the use of pictures and other interesting items to give people something to look at and talk about. We observed that some bedrooms were in need of redecoration and not all were personalised. We discussed this with the provider who said this would be addressed as part of the service’s ongoing improvement plan.

During the inspection we noted that some improvements were needed to record keeping. For example, we found one person’s 15 minutes observation chart that had not been completed from 7:45 to 10:10. When we brought this to the attention of the care workers they told us a nurse had told them only to complete this chart during the day if the person in question became agitated. This conflicted with information in the person’s care plan which said 15 minutes checks were required.

We asked the manager to investigate this during our inspection. She concluded that staff had been doing 15 minutes checks but records had not always shown this. She agreed to review observation charts to ensure they were being completed correctly

We also noted that some records, for example the new person centred care plans, were undated. All care records must be dated to ensure staff can accurately review people’s progress. We reported this to the manager who was aware that some improvements were needed to record-keeping and said she was addressing this through staff training and supervision.