Care Quality Commission

Veatreey Development Ltd

Ascot Lodge Nursing Home

Inspection report

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Southport
Merseyside
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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?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This unannounced inspection of Ascot Lodge took place on 15 & 16 July 2015.

Ascot Lodge Nursing Home is situated in a residential area of Southport and is close to local amenities and public transport links. It provides accommodation and nursing care for up to18 people. Accommodation includes two lounges,12 single bedrooms and two double bedrooms. A nurse call system is in place. Facilities are in place to accommodate wheelchair access and people with limited mobility. There is an enclosed garden and patio at the rear of the premises and car parking space to the front. Seven people were living at the home at the time of our inspection.

There was no registered manager in post as they had left some months prior to the inspection. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run.' A new manager was in post and was in the process of applying with the Care Quality Commission for the position of registered manager.

Relatives told us they felt the care home was a safe place for their family member.

We found medicines were administered safely to people. People received their medication at a time when they needed it.

Recruitment checks were undertaken to ensure staff were suitable to work with vulnerable people.

Safeguarding procedures were in place but staff did not always follow the agreed protocol for reporting an alleged incident.

Sufficient number of staff were employed to provide care and support to help keep people safe and to offer support in accordance with individual need. This was confirmed by people we spoke with who lived in the home and their relatives. Our observations showed people were supported safely and in a timely manner by the staff.

Staff had completed risk assessments to assess and monitor people's health. We saw this in areas such as, falls, nutrition, mobility, continence management and pressure relief. These recorded staff actions to help keep people safe.

Arrangements were in place to maintain the safety of the home. This included health and safety checks of the equipment and building.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

A staff training plan was in place. This showed staff received training to ensure they had the skills and knowledge to support people. Staff told us they were supported through induction, on-going training and appraisal.

The manager advised us that a number of people needed staff support to make decisions about their daily life and care needs. This was in accordance with the Mental Capacity Act (MCA) (2005) Code of Practice though this was not always clearly recorded in people's care files.

Staff obtained people's consent prior to assisting them and encouraged people to maintain their independence.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account.

People's care needs were recorded in a plan of care and support was given in accordance with individual need. Care documents showed regular reviews had been conducted, with any changes in circumstances being clearly recorded, to ensure staff had up to date information about the needs of everyone living at the home.

There was a good rapport between the staff and people they supported. Staff were kind, respectful, caring in their approach. Staff took time to listen and to respond in a way that the person they engaged with understood.

People could take part in social activities and were given the opportunity to go out with the staff if they so wished.

Staff demonstrated a good knowledge of people's individual care needs, choices and preferences. This helped to ensure people's comfort and wellbeing

A process was in place for managing complaints and this was displayed in the home. People and relatives told us they would speak with the manager if they had a concern.

Staff were aware of the home's whistleblowing policy and said they would use it if needed. They said the management listened and were confident they would respond appropriately.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home. This included satisfaction surveys and residents' meetings.

We received positive feedback about the manager from staff, people who lived at the home and relatives. Staff told us communication had improved greatly since the last inspection and there were now clear lines of accountability in the home.

We saw the manager had made a number of improvements in accordance with the provider action plan which was submitted to us following the last inspection in January 2015. The manager had introduced a number of internal audits and safety checks to monitor the quality of the care and standards to help improve

Summary of findings

practice. The new manager and the changes being made would suggest the service was actively addressing the concerns we found at the last inspection and on-going improvements now need time to embed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe. The changes being made would suggest the service was actively addressing the concerns we found at the last inspection. We have revised the rating for this key question based on improvements made. To improve the rating to 'good' however would require a longer term track record of consistent good practice. We also saw on this inspection that safeguarding procedures were in place but staff did not always follow the agreed protocol for reporting an alleged incident. This had the potential to affect people's safety.

We found medicines were administered safely to people.

Recruitment checks were undertaken to ensure staff were suitable to work with vulnerable people.

Sufficient number of staff were employed to provide care and support to help keep peoples safe and to offer support in accordance with individual need.

Staff had completed risk assessments to assess and monitor people's health. These recorded staff actions to help keep people safe.

Is the service effective?

Requires improvement

The service was effective. The changes being made would suggest the service was actively addressing the concerns we found at the last inspection. We have revised the rating for this key question based on improvements made. To improve the rating to 'good' however would require a longer term track record of consistent good practice.

People's care records showed they had been supported to attend routine appointments with a range of health care professionals to maintain their health and wellbeing.

Staff followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions. This was not always clearly evidenced in people's care files to support the decisions made.

People's nutritional needs were monitored by the staff. Menus were available and people's dietary requirements and preferences were taken into account. People said they liked the meals.

Staff told us they were supported through induction, on-going training and appraisal. Training records confirmed this.

Is the service caring?

Good

The service was caring.

Summary of findings

Staff showed a positive regard and genuine interest for people living at the home. They understood what was important to people and knew how to care for them in accordance with their needs and wishes.

There was a good rapport between the staff and people they supported. Staff were kind, respectful, caring in their approach. Staff took time to listen and to respond in a way that the person they engaged with understood.

Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences.

Is the service responsive?

Requires improvement

The service was responsive. The changes being made would suggest the service was actively addressing the concerns we found at the last inspection. While improvements had been made, we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

People had a plan of care which provided information about their care and support needs. Care documents showed regular reviews had been conducted. Any changes in circumstances were being clearly recorded, to ensure staff had up to date information about the needs of everyone living at the home.

There was a relaxed atmosphere during our visit. People could take part in social activities and were given the opportunity to go out with the staff if they so wished.

A process was in place for managing complaints and complaints received had been investigated in accordance with the home's policy.

Arrangements were in place to seek the opinions of people and their relatives, so they could provide feedback about the home. This included satisfaction surveys and residents' meetings.

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Is the service well-led?

Requires improvement

The service was not always well led. The home did not have a registered manager in post. The proposed manager had applied to the Care Quality Commission (CQC) for the position registered manager; their application was being processed at the time of our inspection.

The manager had introduced a number of internal audits and safety checks to monitor the quality of the care and standards to help improve practice. These now need time to embed. While improvements had been made we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

Summary of findings

We received positive feedback about the manager from staff, people who were living at the home and relatives. Staff spoke positively regarding the changes made to improve the overall service following our inspection in January 2015.

Staff were aware of the home's whistle blowing policy and said they would not hesitate to use it. Staff told us there was an open culture in the home.

Ascot Lodge 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 unannounced inspection took place on 15 &16 July 2015. The inspection team consisted of an adult social care inspector and a Care Quality Commission pharmacy inspector. The pharmacy inspector attended on the first day of the inspection.

Before our inspection we reviewed the information we held about the home. This usually includes a review of the Provider Information Return (PIR). However, we had not requested the provider submit a PIR prior to this inspection. The PIR 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 looked at the notifications the Care Quality Commission had received about the service. We contacted the commissioners of the service to obtain their views.

During the inspection we spent time with four people who lived at the home. We spoke with the provider (owner), the new manager, three care staff, the chef, a registered nurse and maintenance person. We also spoke with four visitors, this included relatives during and after our inspection to gain their views of the home.

We looked at the care records for three people, four staff recruitment files, medicine charts and other records relevant to the quality monitoring of the service. We undertook general observations, looked round the home, including some people's bedrooms, bathrooms, the dining room, lounges and external grounds.

Requires improvement

Is the service safe?

Our findings

We inspected the home in January 2015 and a number of breaches of regulation were identified that led to the domain, 'Is the service safe?' being rated as 'Inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulation. The breaches identified were:

People were not protected against the risks associated with the management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2010. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People living at the home were not protected against the risks of receiving unsafe care because risks assessments were not always undertaken or they were not being followed by staff. This was a breach of Regulation 9 (1)(a)(b)(i)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The provider did not have safe and effective recruitment procedures in place. This was a breach of Regulation 21 (a)(i)(ii (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

During this inspection we looked at the medicines, medication administration records (MARs) and other records for all seven people living in the home. We spoke with the nurse on duty and manager about the safe management of medicines, including creams and nutritional supplements. We found improvements had been made to ensure medicines were managed safely.

Medicines were locked away securely to ensure that they were not misused. There was an effective system of stock control in place which protecting people from the risk of running out of their medicines. Medicines could be accounted for and a check of records and stocks showed that people had been given their medicines correctly. On occasions where medicines had not been given, nurses had clearly recorded the reason why.

We found some dressings, test strips, needles and syringes that were out of date along with some tablets that had been set aside for disposal without being recorded. The manager and nurse on duty took action to record and dispose of all these items appropriately.

Risk assessments and care plans were in place to support people to take their medicines safely. These included detailed information that enabled nurses to administer each person's medicines consistently and correctly. We saw that people were respected and nurses offered support in ways that maintained people's individual needs and preferences as much as possible.

Regular audits (checks) were carried out to determine how well the service managed medicines. We discussed how these audits could be further developed and improved in order to make the auditing process more robust and effective. The manager later showed us examples of the new audit tools they planned to use in future.

We saw people were now protected against the risks of receiving unsafe care, as risk assessments were undertaken and followed by the staff. Risks assessments identified possible hazards and the measures needed by the staff to help keep people safe and promote their independence. We saw this in areas such as, falls, nutrition, mobility, continence management and pressure relief. Staff were knowledgeable regarding people's individual risks and how to support them safely.

We observed staff providing safe support in accordance with people's risk assessments and plan of care. Over lunch staff followed people's nutritional assessments. For example, pureed meals were served to people who had been assessed as having swallowing difficulties. We observed staff supporting people to transfer safely with the use of aids and in accordance with identified risks. Staff conducted regular checks throughout the day to make sure people were safe and comfortable.

The majority of people who were living at the home were frail and were not able to verbally communicate their views with us about feeling safe. One person however told us, "I do feel safe here, everyone is on hand to help, which is good to know." Relatives told us they felt the care home was a safe place for their family member.

We looked at how staff were recruited. We saw four staff files and asked the manager for copies of applications forms, references and identification of prospective

Requires improvement

Is the service safe?

employees. Disclosure and Barring Service (DBS) checks had also been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. The appropriate checks were in place to ensure prospective staff were suitable to work with vulnerable people.

Staff told us they had received safeguarding training. All staff we spoke with were aware of what constituted abuse and told us how they would report an alleged incident. A staff member told us it was, "To protect people and their rights."

Safeguarding policies and procedures were available including the Local Authority's procedure for reporting issues. Contact details for the Local Authority were available for staff to refer to and were displayed.

We looked at how incidents which had the potential to affect a person's health and safety were recorded. We saw incidents were recorded in people's care files within their daily notes and also in the complaints file. We discussed with the manager the use of a more formal record such as an incident record to write up details of an event. On the second day of the inspection the manager showed us an incident form and incident file they were implementing. The use of a more formal reporting system will help ensure this information is recorded correctly and will identify, trends or patterns and reduce the risk of re-occurrence.

When reviewing a person's care file we saw a written entry by a nurse regarding an incident which affected a person's safety. We discussed with the manager the action taken following the incident. The manager informed us they had looked into the incident internally though there was no record of the incident and actions taken. We saw no evidence that the home had followed the agreed protocol for reporting an incident, which may be considered as potential abuse and requires investigation, by the Local Authority. The Local Authority has a multi-agency framework to investigate alleged concerns to keep people safe. The manager had not reported the incident to us in accordance with the Care Quality Commission (Registration) Regulations 2009- Regulation 18 Notification of Other Incidents.

The provider did not implement and operate robust procedures and processes to make sure people were protected from abuse. This was a breach of Regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We looked at how the home was staffed. During our inspection the manager was on duty with a trained nurse, two care staff, chef, domestic staff member and maintenance person. At night the home was staffed with a trained nurse and one member of the care team. The provider attended the inspection on the second day.

We looked at the staffing rota and this showed the number of staff available. The staff ratio was consistently in place to provide necessary safe care and staff told us the staffing numbers were satisfactory at this time. Our observations showed people were supported safely and in a timely manner by adequate numbers of staff. Staff were on hand to assist people over lunch and also to provide personal care when needed or requested by individuals. Staff had time to sit and chat with people at different times of the day; this included spending time with people who wished to remain in their room to reduce the risk of isolation. Relatives told us there were sufficient numbers of staff available to support their family member.

Arrangements were in place for checking the environment to ensure it was safe. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks of equipment and services such as, fire prevention, hot water, legionella, gas and electric were undertaken; maintenance work was completed in a timely way to make sure the home was kept in a good state of repair.

We found the home to be clean and this included the laundry room, bathroom and kitchen. Staff advised us they had plenty of gloves, aprons and hand gel in accordance with good standards of infection control.

The new manager and the changes being made would suggest the service was actively addressing the concerns we found at the last inspection. We have revised the rating for this key question. There was however a breach of Regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Requires improvement

Is the service safe?

You can see the action we told the provider to take at the back of this report.

Requires improvement

Is the service effective?

Our findings

We inspected the home in January 2015 and a number of breaches of regulation were identified that led to the domain, 'Is the service effective?' being rated as 'inadequate'. This comprehensive inspection took into account the action the provider had taken to address the breaches in regulation. The breaches identified were:

Staff had not received appropriate training, supervision and appraisal to enable them to deliver care to people safely and to appropriate standard. This was a breach of Regulation 23 (1)(a) HSCA 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People were not effectively supported at meal times to protect them from the risks associated with inadequate nutrition and hydration. This was a breach of Regulation 14 (1)(c) HSCA 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We also made the following recommendation:

We recommend the provider reviewed current guidance in relation to the Mental Capacity Act (2005) and takes action to update its practice accordingly.

During this inspection we saw a programme of training was now in place for the staff which demonstrated they had the skills and knowledge to provide care and support to people safely and in accordance with individual need.

We were provided with a copy of the home's staff training matrix and this showed staff had attended courses in a number of areas. For example, moving and handling, infection control, medicine training, care of the dying, dementia, abuse, first aid, food hygiene, safeguarding, Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Personnel files contained records for supervision, appraisal and also training certificates. Staff told us they had received a lot of training over the last few months, had an appraisal and attended regular supervision meetings with the manager. A staff member said, "The training is much better now." A staff member told us about their induction and how they were supported in their new role.

The current induction covered a number of areas to support staff however we discussed with the manager the Care Certificate framework which came into being in April 2015 for new and existing staff. This identifies a set of standards for health and social care workers to help their practice and learning. The manager said they would access this information. A small percentage of staff had undertaken or were in the process of obtaining a formal qualification in care-National Vocational Qualification in Care (NVQ)/ Diploma at Level 2 and Level 3.

We observed staff support for people over the lunch time period. There was a pleasant atmosphere and staff support was given in accordance with individual need. Staff spent time with people offering encouragement, also assisting them and making sure they had sufficient to eat and enjoy their meal. The dining room tables were laid for lunch prior to people sitting at the table. At the last inspection people sat at the dining room in wheelchairs but on this inspection people had dining room chairs to ensure their comfort.

Lunch was freshly prepared on the day and was served hot. People were offered a choice of meal a cold drink with lunch and hot drink afterwards. The staff checked to make sure they had liked the meal and had enough to eat. The chef advised us that each morning they discussed the menu options with everyone and that they prepared something different if people did not want the meal of the day. A person told us the chef was always happy to do this. Information around people's diets was known by the chef and the staff; this included diabetic and vegetarian options. Pureed diets were prepared in a way so as to retain the colour of the various foods to ensure they looked appetising.

A four week menu was in place and this showed people were offered a good choice of hot and cold meals and snacks at different times of the day. Food stocks were plentiful and people told us they were served fresh vegetables and had fresh fruit most days. During the day we saw staff offering people plenty of drinks. People told us, "The meals are ok really", "I don't eat much but what I eat I like", "Always plenty to drink, the water jug is filled up all the time" and "The meals are nice." A person told us they would like some different desserts and we passed this comment on to the manager.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their

Requires improvement

Is the service effective?

health care, welfare or finances. Staff told us that following the last inspection they had received training on the Mental Capacity Act 2005 and they told us how they applied the principles of The Act in their daily work.

We discussed capacity issues with the manager of the home, who was aware of the process involved in assessing a person's capacity and ensuring best interest decisions were made for each individual. This follows good practice in line with the MCA Code of Practice These were not always recorded as 'best interest' decisions but records showed relative involvement, where appropriate and external health care professional involvement. We saw staff supporting people in accordance with these decisions. For more complex decision making, a mental capacity assessment had been undertaken for each person. These tended to report on general decisions rather than decision-specific. The manager agreed to look at ways of better recording decisions made.

The manager had applied for authorisation of Deprivation of Liberty Safeguards (DoLS) for a five people who lived at the home. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Information around the proposed restriction was recorded in people's plan of care and staff were aware of the support people needed. With regard to the use of bedrails to help keep people safe the use of this equipment can be considered a form or restraint or restriction under the MCA. The use of the bed rails had been included in applications submitted to the Local Authority. We found the manager knowledgeable regarding the process involved if a referral was needed.

Staff told us they always asked for people's consent before offering assistance. We saw staff seeking people's permission before providing care and prompting people to make their own decisions to help maintain their rights and independence.

We discussed with staff the care provision for people living in the home. Staff had a good knowledge and understanding of the care and support people needed and also wished to receive. Some people preferred to stay in their room and one person was being nursed in bed due to their frailty. Staff were very attentive to people's needs to ensure their comfort and wellbeing. This included making sure people were offered regular drinks and meals. For a person being nursed in bed the staff provided pressure relief by changing their position every two hours. Staff recorded people's intake and positional changes to monitor their condition.

People at the home were supported by the staff and health and social care professionals to maintain their health and wellbeing. The three care files we looked at showed a record of appointments with professionals such as, GP, social worker, dietician, swallowing and language therapy team, diabetic nurse and hospital appointments. People's weight was checked regularly to monitor any fluctuation and dietetic support had been sought if this was required. Relatives told us the staff made appointments with health care professionals when needed. A person who was living at the home said, "The nurses make sure the doctor sees me if I an unwell. They arrange this quickly."

The new manager and the changes being made would suggest the service was actively addressing the concerns we found at the last inspection. We have revised the rating for this key question based on improvements made. To improve the rating to 'good' however would require a longer term track record of consistent good practice.

Good

Is the service caring?

Our findings

We observed the interactions between staff and people living at the home. There was a good rapport and staff were kind, respectful, caring in their approach. Staff took time to listen and to respond in a way that the person they engaged with understood. A person said, "The staff are always very kind to me." A relative told us how the staff made sure the care home had a 'homely' atmosphere. They also said, "The staff are very caring."

Staff showed a positive regard and genuine interest for people living at the home. They understood what was important to people and knew how to care for them in accordance with their needs and wishes. Staff explained to people what they were going to do and they did not rush them. Support was given when people needed it and in a way they liked. We saw many examples to demonstrate this. For example, supporting people with personal care, arranging social activities and assistance with meals.

Staff spent time chatting with people and talking about 'the old days' in Southport. People appeared comfortable in the presence of the staff. There was plenty of laughter and positive engagement. Staff assisted people as needed but also encouraged independence. For example, over lunch people were provided with a plate guard to help them eat independently and walking aids were available to assist people with their mobility.

People's dignity was observed to be promoted in a number of ways during the inspection. Staff were observed to knock on bedroom doors before entering and sought permission before entering. Staff used people's preferred name when addressing them. A person who was living at the home said, "People (staff) are always polite and helpful."

We saw the staff had a genuine understanding of people's pain and how this was managed. For a person who was in pain the nurse provided their medicine straightaway and carried out regular checks to make sure the medicine had worked and they were feeling more comfortable.

Care documents included a life history. A member of staff who held a key worker role told us how they sat with people to find out about their life prior to living at the home and what their interests were. A key worker is a member of staff responsible for a small number of people and this role enables them to really know the people they are supporting. A staff member said, "This helps to make sure we look after people how they want."

The manager informed us there had been some staff changes and people were now receiving care from a consistent staff team. They told us there had been no staff agency use and the staff team had a good knowledge and understanding of people's needs. Our discussions with staff demonstrated their knowledge about the people they supported and this was in accordance with people's plan of care.

Information was readily available telling people how they could access the local advocacy service, in order to appoint an independent person to act on their behalf, if this was their wish.

Relates told us they were able to visit at any time and always welcomed by the staff.

Requires improvement

Is the service responsive?

Our findings

We inspected the home in January 2015 and found a lack of person centred information about people's relationships, working life, hobbies and preferences. We made the following recommendation:

We recommend that the service considers current best practice guidance about person centred care for older people, including planning for recreational activities.

At this inspection we saw people's social background, preferences and preferred activities had been recorded and an activities plan had been implemented. Social activities in the home were staff led and people were offered musical entertainment, 'one to one time' and regular outings to the promenade for coffee or afternoon tea. Staff said often people preferred to remain at the home talking with them about 'past times' and their family and friends. A person told us they were quite content to do this. There was a relaxed atmosphere and staff were spending time with people chatting about how 'old' Southport and the news. Staff recorded the social activities people took part in to evidence their participation and enjoyment. The manager was aware however that once more people were accommodated then they would need to look at introducing a more formal social activities programme.

We looked at how people were involved with their care planning; this was limited due to people's frailty. When talking with people they were however able to tell us they were happy with the support they received and that the staff talked through things with them. A person told us, "The staff always check whether I am alright with everything and I tell them yes." Relatives told us they were involved with their family member's care, where appropriate and this included changes to their health. We discussed with the manager asking people or their advocates if needed, to sign or document their involvement as this had not always been recorded.

We saw staff anticipating the needs of the people they supported so their dignity was not compromised and staff told us how people wish to be supported. For example, one person liked to stay in their room as they preferred to have 'quiet' time. Another person liked to have their feet elevated as this made them feel more comfortable. Staff responded promptly to these requests. A person we spoke with said, "The nurses know the time I like to get up and go to bed and they try to make sure this happens."

We looked at three people's care files and we saw people had a plan of care. The care plans were individualised and provided information about people's care and support needs. In one instance we saw a nutritional care plan lacked detail around the person's dietary needs. We brought this to the attention of the manager and this information was added immediately and the care plan updated. Other care documents showed regular reviews had been conducted, with any changes in circumstances being clearly recorded, to ensure staff had up to date information about the needs of everyone living at the home. Staff told us about the change to the person's plan of care following a GP visit. We observed staff providing care in accordance with the updated plan of care. Staff completed daily records and these provided a record of the care and support given.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. Relatives told us they would not hesitate to speak with the manager if they had a concern and were aware of the complaints procedure. A person who was living at the home said they would speak if they were unhappy about anything. We saw a complaints file and this recorded complaints/concerns received, actions taken and response to complainants.

Arrangements for feedback about the service included satisfaction surveys for people who lived at the home and for relatives. We saw the surveys had been returned in May 2015 and these provided good feedback about the home. Comments from relatives included, "Welcoming, warm and friendly place" and "Happy caring atmosphere." There was no overall analysis of the findings to help assure the service provision however the manager was able to share us with a change in practice following feedback. Surveys are being sent out again later this year.

Residents' meetings were held to enable people to share their views about the home. The last meeting was held in June 2015 and the next meeting planned for August 2015. We saw a structured agenda for June's meeting; this included discussions around the menus, outdoor activities, care plans and fire evacuation.

Requires improvement

Is the service responsive?

The new manager and the changes being made would suggest the service was actively addressing the concerns we found at the last inspection. While improvements had been made, we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

Requires improvement

Is the service well-led?

Our findings

We inspected the home in January 2015 and a breach of regulation was identified that led to the domain, 'Is the service well led?' being rated as 'requires improvement'. This comprehensive inspection took into account the action the provider had taken to address the breach in regulation. The following breach was identified:

By not keeping records secure and making them available when required was a breach of Regulation 20 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the previous inspection there was limited access to information which we asked to view, sensitive information in relation to staff performance was not securely stored and it was unclear what quality monitoring arrangements were in place. At this inspection information we requested was made available to us, sensitive information was stored securely and the manager had introduced a system of quality assurance.

We looked at how the provider's action plan (submitted to us following the inspection in January 2015) was being implemented. We saw at this inspection the manager had introduced a number of internal audits and safety checks to monitor the quality of the care and standards to help improve practice. A process was also now in place to seek the views of people who were living at the home and their relatives.

We saw separate audits were now completed for areas such as, care plans, medicines, infection control, housekeeping, hand hygiene, mattresses, maintenance, health and safety and incidents that affected people's welfare and safety. Where actions had been identified these had been undertaken and lessons learnt shared with the staff to drive forward improvements. On the second day of the inspection the manager informed us of the changes they were making (in light of our findings) to the medicine audit and how incidents were reported and audited. The manager responded promptly to improve the standard of the audits.

The provider was undertaking monitoring visits of the home and a brief report recorded the findings of these visits. The monitoring visits included speaking with staff, people who were living at the home, a tour of the premises and an over view of care records. In April 2015 environmental health had inspected and awarded '5 stars' (highest rating) for standards of hygiene and safety in the kitchen.

The home did not have a registered manager in post. The proposed manager who has been working at the home since February 2015 has applied to the Care Quality Commission for the position registered manager; their application was being processed at the time of our inspection.

We observed that the ratings from the previous inspection was not displayed, the previous report was displayed in a prominent place in the main hallway and this showed the rating which people who lived at the home and relatives had been informed of. Following the inspection the manager told us they had displayed the inspection rating.

We received positive feedback about the manager from staff, people who lived at the home and relatives. A relative told us the manager was approachable. Staff were keen to tell us that the manager had implemented a number of changes which had helped improve the overall service. Staff comments included, "The manager is really good, so approachable", "Everything now runs well", "Really good team work, you can go to (manager) at any time, (manager) always listens and has time for you", "I really enjoy working here" and "Really nice place to work now." Staff had been asked to complete a survey about the new manager and again comments received were very positive indeed.

Staff told us they attended staff meetings and we saw the agenda for the staff meeting held in May 2015. Staff feedback at the meeting was positive regarding the changes to the service and promoting team work. They also told us that the provider was now taking a more active role in the home and conducting regular visits. Relatives told us they had no concerns as to how the home was managed.

Staff were aware of the home's whistleblowing policy and said they would use it if needed. They said the management listened and were confident they would respond appropriately. A staff member said, "I would speak up without any hesitation." Staff told us there was an open culture.

Requires improvement

Is the service well-led?

Support systems were in place to enable the staff to work safely and to meet people's needs; this included training, supervision, appraisals and staff meetings. Staff told us communication had improved greatly and there were now clear lines of accountability in the home.

The manager had previously ensured that CQC was informed appropriately about events that occurred at the home. This was in line with events providers are required to notify CQC about. At this inspection we were provided with details of an incident that had not been reported to us and we brought this to the manager's attention for action.

The new manager and the changes being made would suggest the service was actively addressing the concerns we found at the last inspection. While improvements had been made, we have not revised the rating for this key question. To improve the rating to 'good' would require a longer term track record of consistent good practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The provider did not implement and operate robust procedures and processes to make sure people were protected from abuse.** **This was a breach of Regulation 13 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014.**