

Purity Nursing Limited

The Priory Nursing and Residential 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 4 & 5 December 2018. The first day of the inspection was unannounced.

The Priory Nursing and Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home provides accommodation and support with nursing and personal care to a maximum of 37 people. The home provides a service to older people and younger adults. Accommodation is arranged over two floors with a shaft lift giving access to the first floor. At the time of our inspection 29 people lived at the home.

Our last inspection of the service took place in August 2018 where the overall rating was inadequate. We found the provider was in breach of 10 regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was placed in special measures and we used our enforcement powers which required the provider to make improvements to the management and governance of the home by 26 October 2018. Immediately following the second day of our inspection we used our powers which required the provider to tell us the action they would take to mitigate risks to the health, safety and well-being of the people who used the service. Action plans received from the provider provided reassurances that action had been taken to ensure risks to people had been reduced.

Although some improvements were noted at this inspection, more time is needed to demonstrate that improvements have been embedded and can be sustained. The service will be rated as requires improvement so the provider will no longer be in special measures.

Since the last inspection, there had been a change in the sole director of the company who had employed two senior managers to oversee the management and governance of the home. A deputy clinical manager, who was employed by the third day of our inspection remained in post and was supported by the senior management team. The provider had submitted an application to register a manager with the Commission. 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 taken action to mitigate risks to people's health, safety and well-being, however further improvements were needed to ensure people were protected by the provider's procedures for the recruitment of staff. Improvements had been made to protect people who were at high risk of pressure damage to their skin. There were regular checks on pressure relieving equipment and mattress settings to ensure they remained appropriate. However, details were yet to be incorporated into people's care plans. This was also the case for people who required regular monitoring to manage their diabetes. Significant

work had been undertaken to address our concerns about risks posed by the environment. This included replacing carpets and floorings and repairing large pot holes in the drive and car parking area. The provider took action to ensure radiators in the main corridor of the home, which were very hot to touch, were covered. Infection control procedures had improved since our last inspection. The home was clean and fresh smelling. Staff used and disposed of single use equipment appropriately. There were some improvements in the provider's procedures for the management and administration of medication. Accidents and incidents were investigated and responded to. Staff had been trained how to recognise and report any signs of abuse.

The provider had taken action to ensure staff had the skills, training, experience and knowledge to meet the needs of the people who lived at the home. People were supported to have choice and control over their lives and were supported in the least restrictive way possible. Since our last inspection the provider had taken action to ensure people were provided with information in a format which met their needs. Some signage had been put in place to assist people to orientate themselves around the home. People's health care needs were monitored and understood by staff. Referrals to health care professionals were made in a timely manner and any advice or treatment was implemented. Action had been taken to ensure people received a diet which met their needs and preferences. Although there had not been any recent admissions to the home, records showed that people's needs had been assessed before they moved to the home.

People were supported by staff who were kind and caring. Staff supported and interacted with people in an unhurried manner and there was a happy and relaxed atmosphere in the home. Staff understood the need to ensure people were treated with respect. People's privacy was respected. Care records had been securely stored and staff now conducted handovers in a private room to ensure people's privacy and confidentiality was not compromised. Some action had been taken to ensure staff had an understanding of people's life history, hobbies and interests. People had their own bedrooms which they could personalise in accordance with their tastes and preferences.

The provider was in the process of reviewing people's care plans with them and, where appropriate, their relative to ensure they reflected people's needs and preferences. Care plans had been updated to reflect any recommendations from health or social care professionals. Action had been taken to ensure people had opportunities for social stimulation. Care plans were in the process of being reviewed to ensure they contained information about people's wishes during their final days and following death. The provider had reviewed their procedures for handling and responding to complaints and people now felt confident their concerns would be taken seriously.

Improvements had been made to ensure the home had a management structure which would help to drive improvements. Staff were supported to carry out their role. People were provided with opportunities to express their views. Systems were being introduced to monitor the quality of the service people received and to identify any areas for improvement. The provider promoted an ethos of honesty, learning from mistakes and admitting when things had gone wrong. They had informed the Commission of significant events which had occurred in the home in accordance with their legal responsibilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The rating has changed from inadequate to requires improvement

Staff recruitment procedures did not fully protect the people who lived at the home.

Some improvements were needed to ensure the safe management of people's medicines.

Staff understood how to recognise and report signs of abuse.

Risks to people were understood and managed.

There was learning from accidents and incidents.

People were protected from the risks associated with the control and spread of infection.

People lived in an environment which was safe and well maintained.

There were sufficient staff to meet people's needs.

Requires Improvement ●

Is the service effective?

The rating has changed from inadequate to requires improvement

There were systems in place to ensure staff had the skills, knowledge and experience to support the people who lived at the home.

People were supported by staff whose performance was regularly monitored.

People's rights were protected in accordance with the Mental Capacity Act 2005.

People were supported to maintain their health and well-being.

People received a diet which took into account their needs and

Requires Improvement ●

preferences.

Signage helped people to orientate themselves around the home.

People's needs were assessed before they moved to the home.

Is the service caring?

Good 

The rating has changed from inadequate to good

Staff treated people with kindness and respect.

Routines were based on people's needs and preferences.

People had their own bedroom which they could personalise.

Is the service responsive?

Requires Improvement 

The rating has changed from inadequate to requires improvement

People's views were considered when planning and reviewing the care they received.

Care plans had been updated to reflect people's changing needs.

People were provided with opportunities for social stimulation.

People were provided with some information in a format which met their needs.

People felt confident that complaints would be taken seriously. The complaints procedure was available in accessible formats for people.

People's preferences during their final days and following death in the process of being discussed.

Is the service well-led?

Requires Improvement 

The rating has changed from inadequate to requires improvement

In the absence of a registered manager, appropriate action had been taken to ensure the home was well-led.

The staffing structure provided clear lines of responsibility and accountability.

People had been kept informed about changes in the management of the home.

The provider's quality monitoring procedures were being developed.

People were protected from an ethos of honesty, learning from mistakes or admitting when things went wrong.

The provider had notified the Care Quality Commission of significant events which occurred in the home.

The Priory Nursing and Residential 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 comprehensive inspection took place on 4 and 5 December 2018. The first day of the inspection was unannounced and was carried out by two adult social care inspectors, a pharmacy inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day of the inspection was carried out by one adult social care inspector.

The provider was not requested to submit a provider information return (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 the improvements they plan to make. We looked at statutory notifications sent in by the service. A statutory notification is information about important events which the service is required to tell us about by law. We looked at previous inspection reports and other information we held about the service before we visited. We considered information received from the local authority and clinical commissioning group (CCG). We used this information to help plan the inspection.

During our visits we spoke with 16 people who lived at the home. Some of the people we met with were unable to tell us about their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The provider and a member of the senior management team were available on both days of our inspection. We spoke with 10 members of staff and looked at a sample of records relating to the running of the home

and the care of individuals. These included the care records of six people who lived at the home. We also looked at records related to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

Is the service safe?

Our findings

At our last inspection the service was rated inadequate. At this inspection the rating has improved to requires improvement.

At our last inspection we found the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Regulation 12 Safe care and treatment and Regulation 13 Safeguarding service users from abuse and improper treatment. Following the inspection, the provider was required to send us a plan detailing the action they would take to mitigate risks to the people who lived at the home.

At this inspection we found some improvements had been made to ensure people were safe and were protected from the risk of harm or abuse. However, we found the provider's recruitment procedures did not fully protect the people who lived at the home. Where improvements had been made, further time is needed to ensure these are embedded and can be sustained.

In one of the staff recruitment records we read there was no evidence to suggest that the provider had checked with the Disclosure and Barring Service (DBS) that the staff member was suitable to work with the people who lived at the home. The DBS checks people's criminal history and their suitability to work with the people who used the service. We discussed this with a member of the provider's senior management team at the time of our inspection but they were unable to locate the DBS. We also found gaps in the staff member's employment history which had not been explored. There was only one character reference and a reference from the staff member's previous employer had not been taken up. In another staff recruitment file, a second reference had been taken over the telephone however, this had not been signed or dated and it was unclear as to the role or status of the person who provided the reference.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that care plans and care delivery did not mitigate risks to people who were assessed as being at high risk of falls. At this inspection we found some improvements had been made. One of the care plans we read showed that, following a number of falls, staff had sought the input and advice from the person's GP and, following treatment for a urine infection, the frequency of falls had reduced. In accordance with the person's plan of care, pressure cushions were in place on the person's bed and chair to alert staff to the person's movements. We observed staff responded immediately when the alarm sounded. Although the person was checked regularly during the day, records of hourly checks as detailed in the plan of care, could not be located. We brought this to the attention of the provider's director who took immediate action to address.

At our last inspection we found risks to people who were assessed as being at risk of developing pressure damage to their skin were not well managed because there were no systems in place to ensure people were provided with appropriate mattresses at the correct settings. At this inspection we saw daily checks, which

had been implemented on the third day of our previous inspection, were being carried out. This helped to ensure that airflow mattress settings remained at a level appropriate to the person's weight, therefore reducing the risk of damage to their skin. A member of the provider's senior management team told us they were in the process of updating care plans to include information about the person's weight, type of mattress in place and the required setting where an airflow mattress was used.

At this inspection we found the care plan for a person who had diabetes required more detailed information to ensure the safe management of their condition. Although records showed that weekly blood sugar checks were being carried out as detailed in the person's plan of care, there was no information about acceptable ranges for the person and there was no information about the action to take should the person's blood sugar levels be too high or too low. There was no information to inform staff about the signs and symptoms the person may display if their blood sugar levels were too high or too low. This meant the person may be at risk of receiving care which did not meet their needs.

At our last inspection we had concerns about the safe management, administration and storage of people's prescribed medicines. At this inspection, some improvements were found. The service acknowledged and agreed that improvements were still needed however, they were committed to ensuring that medicines were managed safely. Medicines were administered by staff who were trained and competent to carry out the task. When administering medicines to people, staff wore a red tabard indicating they should not be disturbed. This helped to reduce the risk of errors. Arrangements were in place for ordering medicines every month to ensure medicines were available for people. Medication administration records (MAR) showed that medicines and nutritional supplements were available and being given as prescribed. However, we noted that sometimes there were occasional gaps on the MARs with no record of administration or a reason documented why a medicine was not given. It was not clear if these errors were investigated, however we were informed that any failure to record administration would be investigated and any agency staff informed of their responsibilities. Some medicines were prescribed to be taken 'when required' or 'as necessary'. Additional guidance was available to explain when these medicines should be given which was helpful particularly for agency staff to follow. A record was also made of the reason why the medicine was given. There were suitable arrangements for storing, recording and checking medicines that required extra security. Room and fridge temperatures were recorded daily to ensure medicines were stored at appropriate temperatures. Medicine reviews by the GP had been completed for some people however, there were still some people who required a review of their prescribed medicines. We were informed that a meeting was to be arranged between the medical practice and the service in order to ensure that reviews are completed for every person. Progress will be followed up at the next inspection.

At our last inspection we found significant risks to people which related to the management and prevention of the control and spread of infection and risks posed by the environment. At this inspection we found action had been taken to mitigate the risks identified. Ripped and torn flooring, bedrail bumpers and damaged waste bins had been replaced. Sterile equipment and incontinence products were appropriately used and stored. Carpets which had posed a risk at the last inspection had been replaced and exposed pipe work which was hot to touch had been covered. At this inspection radiators in the main corridor were very hot to touch. We brought this to the attention of the provider's director at the time of our inspection who immediately instructed their maintenance person to fit the radiators with covers. Action had been taken to fill the pot holes in the main drive and parking area and the provider's director told us the whole area would also be re-tarmacked.

Since our last inspection, action had been taken to ensure all staff received training about safeguarding adults from abuse. This was confirmed by training records and talking to staff. The staff we spoke with had a good understanding of what constituted abuse and how to report any concerns. One member of staff said,

"I've had the training and would report any concerns straight away." Another member of staff told us, "I know that the management would take any concerns very seriously. They are on the ball now." Records showed that concerns brought to the attention of the management team, had been shared with the local authority safeguarding team without delay.

The provider's systems for recording and learning from accidents and incidents had improved. At our last inspection we found accidents had not always been recorded. At this inspection there were detailed records of accidents that had occurred, the action taken and the outcome. Where people had required medical attention, this had been arranged without delay. We saw that care plans had been updated following an incident to reflect the action taken.

There were sufficient staff to meet people's needs and to help keep them safe. A person who lived at the home said, "The staff are always there if I need them. If I ring my bell, I don't have to wait long." Another person told us, "The nurse makes sure I have my tablets at the right time and the carers are always in and out of my room to check on me." A member of staff said, "I feel we have enough staff to meet people's needs. It feels less rushed now which is good." On both days of our visit we observed a good staff presence throughout the home and we saw staff responded quickly for any requests for assistance. There was at least one registered nurse on duty during the day and night to meet people's clinical needs and they were supported by a team of senior care and care staff. Administrative, catering, domestic, activity and maintenance staff were also employed.

Records showed that regular health and safety checks were carried out. These included, the environment, fire detection systems, equipment, hot water and legionella checks. Moving and handling equipment, the lift and fire systems had up to date servicing records which had been carried out by external contractors.

Is the service effective?

Our findings

At our last inspection the service was rated inadequate. At this inspection we found that the service had improved to requires improvement.

At our last inspection we found the provider was in breach of five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the skills and training of staff, person centred care, the need for consent and the deprivation of liberty, and meeting people's nutritional and hydration needs.

Following the inspection, the provider was required to send us a plan detailing the action they would take to meet the shortfalls identified. At this inspection we found action had been taken to address some of the concerns we raised. More time is needed to ensure the improvements are embedded and can be sustained.

Since the last inspection the provider had reviewed the training needs for all staff and training had either taken place or was booked to take place. Systems had been implemented to monitor the skills and competency of staff and to provide staff with an opportunity to discuss their role and performance with senior staff. Staff were positive about the changes and of the training opportunities available to them. A member of staff told us, "There have been huge improvements and I feel much more supported. I have done loads of training and more is booked. This includes continence care, catheterisation, verification of death, falls prevention, syringe driver and taking bloods." Another member of staff said, "I've had one to one sessions and I feel more valued now. I was encouraged to talk about any training I thought I needed and this was arranged really quickly. I think the training now is really good." A staff training and supervision matrix had been developed which detailed training completed, when refresher training was due and planned dates for one to one supervision sessions with staff.

At our last inspection we found people's legal rights were not protected because the provider had failed to ensure that staff worked in accordance with The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the last inspection we found some restricted practices had been implemented without considering the person's capacity to consent and there had been no discussions as to whether these were considered to be the least restrictive option and in the person's best interests. This related to the use of sensor mats, bedrails and lowered beds. At this inspection we saw that the provider was in the process of reviewing and updating each person's care plan and had arranged meetings with people's relatives to ensure any decisions were made in accordance with the MCA. We did however see that assessments of people's capacity and best interest discussions had taken place regarding the administration of flu vaccines.

At our last inspection we found some people were being unlawfully deprived of their liberty because the provider had failed to follow the principles of the MCA. People can only be deprived of their liberty to receive

care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). At the last inspection one person told us they were "not allowed" to leave the home but had not been given a reason. The person's care plan did not contain an assessment of their capacity and the restriction had not been legally authorised. We also found staff did not understand when and how to complete DoLS applications for people who required restrictions to help keep them safe. At this inspection the person who had been prevented from leaving the home told us they now went out regularly without any restrictions. Records and discussions with the senior management team showed that DoLS applications had been made where required and that previous applications made to the local authority had been chased up. A matrix had been developed to ensure that authorisations were renewed when required. The provider's senior management team had the training, knowledge and understanding of their responsibilities under the MCA. This meant the provider was now following the principles of the MCA.

People told us they were able to make choices about how they spent their day. One person who was in bed told us this had been their choice. They said, "I haven't been feeling too well so I told the staff I would like a day in bed." Another person told us, "I tell the staff what I want and they respect that. I go to my room when I want, go to bed when I want and get up when I want. I can have my meals in my bedroom or go to the dining room. I'm not bullied into doing anything I don't want to do."

At our last inspection we found that people were not always supported to maintain their health and well-being. There were delays in seeking input from health care professionals and their advice was not always implemented. At this inspection we found improvements had been made. Care plans showed that medical input had been requested in a timely manner where concerns had been raised. Examples included a GP referral for a person who had experienced a number of falls and a referral for a person who had lost weight. Records showed that recommendations had been fully implemented.

At our last inspection people did not always receive a diet which met their needs or preferences and there were mixed views about the quality and choice of meals available. At this inspection we found improvements had been made. People were very complimentary about the quality, quantity and choice of meals. One person told us, "The food is wonderful now and there seems to be more choice especially at tea time." Another person said, "There is so much to eat. I am never hungry. I think the new cook is very good indeed." At our last inspection we found a person who was vegetarian was not provided with a meat alternative and was just offered potato and vegetables. At this inspection we observed the person was offered a meat substitute and there was a good and varied supply of meat substitutes in the kitchen. A new cook had been in post for two days and they had a good understanding and access to information about people's assessed dietary needs and preferences. In addition to vegetarian diets, these included gluten and dairy free diets and diets which needed to be prepared at a soft consistency. The cook also told us how they fortified food for people who were at risk of malnutrition.

We looked at the records for people who required their food and drink intake to be monitored as they were at high risk of malnutrition. People's intake had been recorded and we saw that any concerns had been raised with the nurse in charge who had recorded on a handover sheet which was discussed with staff arriving on the next shift. We saw where there were concerns about a person's intake, this was discussed with the person's GP in a timely manner. For example, one person had lost weight during a two-month period and following a discussion with the GP, had been prescribed supplements. The person's records showed they were now gaining weight.

Due to previous concerns which had been monitored by the local authority and commissioners, there had not been any recent admissions to the home. However, the care plans we read showed that people's needs

were assessed before a placement was offered. This helped to ensure the home could meet the needs and aspirations of people.

At our last inspection we found the home's environment could be improved to assist people with a cognitive impairment to better orientate themselves. At this inspection some improvements were seen. Laminated signs had been placed on lounges and bathrooms and the provider's director told us they were in the process of developing an orientation board which would help to orientate people to the day, date and season.

Is the service caring?

Our findings

At our last inspection the service was rated inadequate. At this inspection the rating had improved to good.

At our last inspection we found the provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff morale was low and this impacted on the people who lived at the home. Routines were task led and did not always consider people's preferences. There was no information for staff about people's social history, hobbies or interests. People's privacy and dignity was not always respected.

Following the inspection, the provider was required to send us a plan detailing the action they would take to meet the shortfalls identified. At this inspection we found action had been taken to address the shortfalls.

People were complimentary about the care they received and of the staff who supported them. One person said, "The staff couldn't be nicer. They never raise their voice and nothing is too much trouble." Another person told us, "The staff are marvellous. I love them all and they are all very kind." A visitor told us, "The staff are very respectful and kind." Another visitor said, "There have been lots of improvements in the last few months."

Staff morale had improved and this had resulted in a positive outcome for the people who lived at the home.

The atmosphere in the home was relaxed and people looked comfortable and content. We heard laughter and friendly banter and staff interacted with people in a kind and respectful manner. Interactions were unhurried and we observed staff spent time chatting to people. A member of staff told us, "Things have really improved and staff morale is definitely better which is a good thing for the residents." Another member of staff said, "It's a much happier place to work now and is getting better every day."

At our last inspection we found routines in the home were task led and did not take account of people's preferences. An example included assisting people into their nightclothes by 1500hrs. At this inspection we found improvements had been made. The new senior management team had met with staff and reinforced the need to ensure people were assisted in accordance with their preferences. A person who lived at the home said, "[Name of senior manager] has spoken to me about my preferences. I like to be up and dressed before breakfast and this never used to happen but it does now which is good." Another person told us, "I like to go to bed around 9.00pm, staff help me into bed and come back about an hour later to check I'm settled ok. I watch my TV in bed, switching it off about 11.00pm and I get up when I want."

At our last inspection we found that people's care plans did not contain information about people's preferences, social history, hobbies or interests. At this inspection we saw 'social stories' had been developed with some people and their relatives. These included details of what was important to the person, their life history and interests. This information helped staff support people in a way which met their preferences. We were informed that this was in the process of being completed for everybody who lived at the home.

At our previous inspection we found people's dignity was not always respected. We saw people were not always treated with respect. We found some people were left in a state of undress or in soiled clothing and staff did not speak to people in a dignified manner. Biscuits were placed directly on tables. At this inspection improvements were noted. People looked well-attired and when staff spoke to people, they did so in a kind and respectful manner. When people were offered biscuits, these were placed on a side plate.

The arrangements for staff handover had been reviewed since our last inspection and now ensured people's privacy was respected. At our last inspection handovers were conducted in a corridor which meant conversations could be overheard by visitors and people who lived at the home. Whilst we did not observe a staff handover, in their action plan the provider informed us that handovers were now carried out in a separate room. Since our last inspection people's care records had been moved to a secure room which meant they could only be accessed by staff who were authorised to do so.

People had their own bedrooms which contained personal items that were important to them such as photographs and pictures. We observed staff knocked on bedroom doors before entering.

Is the service responsive?

Our findings

At our last inspection the service was rated inadequate. At this inspection we found the service had improved to requires improvement.

At our last inspection the provider was in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not involved in planning or reviewing the care they received. There were limited opportunities for social stimulation. People could not be confident their wishes during their final days and following death would be respected and complaints were not always responded to.

Following the inspection, the provider was required to send us a plan detailing the action they would take to meet the shortfalls identified. At this inspection we found some action had been taken to address the shortfalls. Further time is needed to demonstrate improvements have been embedded and can be sustained.

A person who lived at the home said, 'I'm involved in discussions about my care. Things are getting better here.' A member of the provider's senior management team told us that appointments had been set up with people's relatives/representatives, where appropriate, to review the plan of care to ensure it met people's needs and preferences. Progress will be followed up at our next inspection.

At the last inspection we found care plans had not always been updated when people's needs had changed or to reflect any advice given by healthcare professionals. At this inspection we found some improvements had been made. For example, following a nutritional assessment, the person's care plan had been updated to reflect that they now required supplements. Another person's care plan had been updated to reflect their moving and handling needs. Another person had been seen by the mental health team following an increase in challenging behaviours. Whilst it was positive that incidents of concern were being monitored and advice had been sought, there was no care plan in place to manage the behaviours. As all care plans are in the process of being reviewed and new documentation being implemented, this will be followed up at the next inspection.

Since our last inspection, an additional activity worker had been employed. This meant there were more opportunities for social stimulation. A person who lived at the home told us, 'There are loads more activities now and I am much more involved. I help the activity staff prepare items for craft sessions. I really enjoy it now and feel I am helping.' Another person said, 'There seems to be lots more going on now. I really enjoy a good quiz.' A programme of activities was displayed and the activity co-ordinator we spoke with told us they planned to introduce trips out in the new year. They were also working to establish links with the local community and were liaising with a local school to arrange visits from school children. A person who lived at the home told us how much they had enjoyed a firework party at the home. They said, 'It was wonderful. We sat in the warm, had hot dogs and hot chocolate with marshmallows while we watched the fireworks. It was such fun.' People had been involved in making Christmas decorations which had been displayed on the Christmas trees in the home. There were also plans for a 'mince pie and hot toddy' night for people and their

relatives. People's relatives had been invited to join their loved ones for lunch on Christmas day.

At our last inspection staff were unaware of the requirements of the Accessible Information Standards. These standards aim to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. By law all organisations that provide NHS care or adult social care must follow the Standard in full, from 1st August 2016 onwards. We found information such as menus and the complaints procedure had not been produced in an appropriate format for people with a cognitive or visual impairment. We also met with a person who was profoundly deaf and used some sign language and picture books to make their needs known. We found staff had not been trained in sign language and were unaware of the location of the person's picture book. At this inspection the provider's director told us they were due to collect laminated photographs of food/menus from a local printer which would help people make their meal choices. We also saw that the person with a hearing impairment had access to their picture book and we observed staff recognised and responded to signs made by the person. Staff also ensured they got down to the person's level and spoke slowly when communicating with them. The activity programme had been produced in a picture format and had been displayed in communal areas.

At our last inspection we found care plans to meet people's needs and preferences during their final days and following death were not reflective of people's wishes. At this inspection we found some action had been taken to address these shortfalls. For example, generic end of life care plans had been replaced by a "future wishes" document. This had been completed for some people but not all. A member of the provider's senior management team informed us that where people had been unable to express their wishes, arrangements had been made to meet with people's relatives to establish people's preferences. Progress will be followed up at the next inspection.

The provider's procedures for recording and responding to complaints had improved. A person who lived at the home said, "I feel confident to speak up. It's changed recently, although there was a meeting about a week ago when the owner or manager introduced himself. You can raise concerns anytime". Another person told us, "There's been a recent change of manager, [name of provider's new director], he's nice, I would tell him any concerns." A visitor said, "If I had any concerns I would speak to [name of provider's new director]." Records showed that concerns had been taken seriously and action had been taken to investigate any concerns raised. The provider's director and senior management team had met with people who lived at the home and their relatives where a copy of the complaints procedure was shared and discussed.

Is the service well-led?

Our findings

At our last inspection the service was rated inadequate. At this inspection we found the service had improved to requires improvement.

At our last inspection the provider was in breach of three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had serious concerns about the lack of management, governance and risks to the health, safety and well-being of the people who lived at the home.

Following the second day of the inspection we used our enforcement powers which required the provider to tell us the immediate action they would take to mitigate risks to people. We also issued a warning notice which required the provider to make improvements to the governance of the home by 26 October 2018.

Following our last inspection there had been a change in the provider's director. The director had employed a senior management team to support the manager and to drive improvements. At this inspection we found some action had been taken to address the shortfalls and to further improve the quality of the service people received. Although improvements had been made, further time is needed to ensure the improvements are embedded and can be sustained.

The local authority quality and safeguarding team had been making regular unannounced visits to the home both prior to and following our last inspection to monitor the safety and well-being of the people who lived there. The provider had worked with professionals to address concerns raised.

The provider had submitted an application to the Commission for a person to be registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection the staffing structure in place provided clear lines of accountability and responsibility. The provider and senior management team were very visible in the home and led by example. Staff shift patterns had been changed to ensure people received a more consistent approach. Comments from the staff team, people who lived at the home and visitors were positive about the changes made. A person who lived at the home said, "The new management are very good and seem very nice and friendly. You always see them about." A visitor told us, "If I had any concerns I would speak to [name of provider]. I visit daily and I'm always made welcome." A member of staff said, "Things have definitely improved. The new management team make such a difference and they are always on the floor. The support is amazing and you can talk to any one of them." Another member of staff said, "You can go to [names of provider and senior management team] at any time and about anything. I really feel listened to now. All the staff are so much happier now."

Since our last inspection systems had been implemented to ensure staff received the training they needed and that staff remained competent and up to date. Staff were now provided with the opportunity to discuss

their role and performance through regular one to one sessions with senior staff.

Regular meetings had been introduced for staff, people who lived at the home and their relatives. A person who lived at the home said, "We had a meeting where the new management introduced themselves." The minutes of the meeting showed the provider and senior management team had been open about our last inspection findings and their commitment to improving the quality of the service provided. People and their relatives had been provided with information about their background, skills and experience. A further meeting had taken place on the evening of the first day of our inspection which had been well attended. The recently appointed cook had also attended the meeting to seek people's views and suggestions for a revised menu.

The views of the people who lived at the home were valued and responded to. One person told us how they and other people who lived at the home were involved in the selection of a cook. They told us, "We met with the applicants and gave them the challenge of cooking a meal. We then had a taster session and fed back to [name of provider]. The cook we chose was offered the job." Action had been taken to ensure people were involved in planning and reviewing the care they received. A person who lived at the home said, "I'm involved with my care plan, all is explained to me." Another person told us, "The staff know me well and what's important to me. They check I'm happy with everything." Where appropriate, letters had been sent to people's relatives inviting them to meet to discuss and review their relative's plan of care.

At our last inspection we found the provider's quality assurance systems were not effective in monitoring or improving the quality of the service people received. Systems failed to identify the widespread shortfalls and concerns we found during our inspection. Since that inspection the provider and senior management team had focused on addressing the concerns raised, prioritising the safety and well-being of the people who lived at the home. The provider told us a member of their senior management team would take the role of further developing quality assurance systems which would include using questionnaires to seek the views of the people who lived at the home and their representatives on the quality of the service provided. Progress will be followed up at the next inspection.

At our previous inspection the ethos of honesty, learning from mistakes and admitting when things had gone wrong had not been embedded. Staff did not feel confident in raising concerns or making suggestions for improvements. When concerns had been brought to the attention of the previous management, these had not been reported to the local authority safeguarding team. A person who lived at the home had suffered three serious accidents and these had not been investigated. At this inspection, improvements were noted. A person who lived at the home told us, "When I reported a concern about how a member of staff spoke to a resident, [name of senior manager] reported this to safeguarding straight away. They informed me of all the action they had taken." Discussions with the senior management team and records showed that where there had been concerns about staff performance, the provider's disciplinary procedures had been followed. Where appropriate, people's relatives had been informed about any concerns regarding the care of their relative including the actions taken. This reflects the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. All the staff we spoke with were confident in reporting concerns and confident that concerns would be responded to. A member of staff said, "I know that [name of provider and senior management team] would act straight away if you reported anything. We are encouraged to speak up. I think all the staff feel confident in reporting anything now."

At our last inspection we found that the provider had failed to notify us of significant events which had occurred in the home in accordance with their legal responsibilities. At this inspection, we found no reason to suggest that we had not been informed of significant events which had occurred.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Diagnostic and screening procedures	The provider failed to ensure that sufficient information about an applicant's employment history and suitability to work with people who lived at the home had been obtained before they started employment.
Treatment of disease, disorder or injury	