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Willows Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out this inspection on the 20 and 21 August and the first day was unannounced.

The Willows Care Home is split into two units that support people with conditions associated with old age and physical disability as well as people living with dementia. The service is registered to accommodate a maximum of 73 people. At the time of the inspection there were 44 people living at the service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Since the last inspection, the compliance manager had left and the registered provider had employed a quality manager to assist and support the registered manager.

Summary of findings

At the last focused inspection on 30 March and 1 April 2015, we found that a number of improvements were needed in relation to: people's rights in decision making, medication administration, planning care and support, safety and suitability of premises and equipment, and the monitoring systems in place around the quality and safety of the service.

We asked the registered provider to take action to make a number of improvements. After the inspection, we issued warning notices in relation to the breaches identified. We instructed the registered provider to meet all relevant legal requirements by 27 July 2015.

During this inspection we saw that improvements had been made within the service in relation to planning and recording people's care needs, staff training and support, the environment, the monitoring of the service delivered to people and to the overall management of the service. In addition, we found that the registered provider had taken action to address the concerns raised within the warning notices.

People who used the service told us that they felt safe and well cared for. Relatives were happy with the care that people received and they expressed no concerns. Staff supported people in a kind and patient manner and it was evident that relationships between people and the staff that supported them had been developed.

The service had made improvements to the safe administration and management of medication and the monitoring of people's health conditions.

The registered provider had a safeguarding policy in place that staff were aware of. Staff identified safeguarding concerns and how to report them. Safeguarding incidents and low level concerns had been reported to the local authority and to the Care Quality Commission (CQC) where appropriate. The registered manager had made improvements to the recording of accidents, incidents and risks to people's health and safety. Remedial action had been taken place to minimise risks, for example falls.

Following the last inspection the registered provider was required to ensure that people, who were deprived of

their liberty, were done so in accordance with the requirements of the Mental Capacity Act 2005. Where a person's liberty was being restricted or they were under continuous supervision, we found that the registered manager had made the appropriate application to the supervisory body under Deprivation of Liberty Safeguards. Where a person lacked capacity to make a specific decision or choice, staff documented why decisions had been taken in somebody's best interest. This meant that the rights of people not always able to make or communicate their own decisions were protected.

People told us that they liked the food and there was a choice of menu. We saw that although people received the help they required with eating and drinking, their independence was not always promoted. We have made a recommendation that the registered provider improve people's dining experience.

People's care and support needs were reviewed on a regular basis. Care planning documents were updated when required and appropriate referrals were made to healthcare professionals when required.

Activities took place and we saw evidence of this during our visit. Improvements were needed as to what activities were available for people to participate in. Some people told us that they did not always like the activity on offer and that they would like to do things that were more active or gave them the opportunity to go out more.

People were cared for by staff that had undergone the appropriate recruitment and selection checks to ensure that they were of suitable character for the job. Staff also had received induction and this followed the care certificate framework to ensure that staff had the skills and knowledge to carry out their job. Staff told us that they felt supported and had regular training and one to one support and supervision.

The registered provider had made improvements to the quality audit systems. This was more robust and identified areas of concern and areas for improvement.

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?

The service was safe.

People received their medicines at the times they needed them and in a safe way. Medicines were stored, administered or recorded properly.

People received care from staff that had been through appropriate recruitment processes to ensure they were suitable to do the job.

People told us that they felt safe and staff were able to tell us about how to safeguard people in their care.

Incidents, accidents and occurrences were recorded and regularly monitored.

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 effective?

The service was effective.

People's mental capacity was assessed in line with the requirements of the Mental Capacity Act 2005 (MCA). The registered manager had submitted a number of applications to the supervisory body for consideration under the Deprivation of Liberty Safeguards (DoLS).

People received adequate support to ensure that they had adequate food and drink but the dining experience of some people could be improved.

Some changes had been made in order to make the environment more suitable for people living with dementia.

Staff received training, supervision and support relevant to their role.

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 caring?

The service was caring.

Staff interacted with people in a caring way.

Staff treated people with dignity and respect and they maintained people's confidentiality.

Staff knew the people well and understood their needs.

Good



Is the service responsive?

The service was not fully responsive.

Requires improvement



Summary of findings

Further improvements were needed to ensure that all people who used the service had the opportunity to participate in activities that offered mental and physical stimulation.

Improvements were needed to ensure care plans reflected people's individual wishes.

A complaints procedure was in place and available throughout the service.

People told us that if they had a complaint they would speak to staff.

Is the service well-led?

The service was well led.

There was a new quality manager in place whom staff said was supportive, receptive and had made positive changes to the service.

The quality assurance processes were effective. Concerns were followed identified and acted upon in a timely way.

Staff were supported and felt confident and competent in their roles. They said that their opinions mattered.

The registered provider had sought the opinions of those living at, or visiting the service.

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



Willows Care Home

Detailed findings

Background to this inspection

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

The inspection took place on the 20 and 21 August 2015 and the first day was unannounced.

The inspection was carried out by a team that comprised of two adult social care inspectors and a pharmacy inspector.

Before the inspection, we reviewed the information that the registered provider had given us following our last inspection. They had provided us with an action plan that gave details of how they were going to make improvements to the service following our last inspection in March and April 2015. We also reviewed the notifications and safeguarding information that we had been informed of by the registered provider and others.

During the inspection we spoke to nine people who used the service, four relatives and six members of staff. We also observed the care being provided to people throughout the day. We observed care and support in communal areas and the dining room during lunchtime. 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.

We looked at the records of nine people who used the service. We looked at the recruitment records for two staff members as well as other key information such as training records, quality assurance audits and maintenance logs.

We also spoke to a number of staff from other agencies to seek their views on the service such as the local authority safeguarding and contracts teams, infection prevention and control and Cheshire fire and rescue. They all expressed a view that improvements had been made to the quality and safety of the service.

Is the service safe?

Our findings

People told us that they were safe and cared for. People's comments included; "I'm safe and happy" "They look after me well and "It's not quite the same as home, but I am safer here". Relatives told us that their relative was safe living at the service.

Following our last inspection, we told the registered provider to take action to ensure that the care people received was safe. Improvements were required to the management of medicines and in relation to safeguarding people who used the service.

When we inspected the service on March 31 2015, we identified concerns about the way medicines were managed. Following the visit we issued a warning notice requiring the registered provider to take swift action to become compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 29 June 2015. On this inspection, we found significant improvements had been made and people were protected against the risks associated with use and management of medicines.

We looked at the medicines; medication administration records (MARS) and other records for eight people living in the home.

Medicines were locked away securely to ensure that they were not misused. Daily temperature checks were carried out in storage areas to ensure the medicines did not spoil or become unfit for use. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines. Medication records were clear and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. On occasions where medicines had not been given, nurses had clearly recorded the reason why.

Trained nurses supported people to take their medicines in a variety of ways that met their individual needs and preferences. Care plans were in place for people's prescribed medicines that only needed to be taken 'when required'. These included detailed personalised information that enabled nurses to administer each person's medicines consistently and correctly. Some people were given their medicines covertly; i.e. hidden in food or drink and given without the person's knowledge or

consent. Arrangements for giving medicines in this way had been made in accordance with the Mental Capacity Act 2005 and current NICE guidance and the need to give medicines covertly was regularly reviewed. This ensured that people's rights were upheld and that medicines were not given in this way unnecessarily.

Regular audits (checks) were carried out to determine how well the service managed medicines. We saw evidence that where concerns or discrepancies had been highlighted, the registered manager and nurses had taken appropriate action in order to address those concerns and further improve the way medicines were managed within the home.

Previously, we had concerns that the registered manager and staff were not identifying incidents of a safeguarding nature and therefore had failed to protect people from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice and required the registered provider to be compliant by 27 July 2015. We saw that the registered provider had made improvements as to how people were safeguarded within the service.

On this visit we found that there were systems in place that operated effectively to identify and investigate allegations or concerns. Policies were in place to guide staff as to how to identify and report safeguarding and staff was aware of them. Safeguarding leads had been identified throughout all areas of the workforce in order to promote awareness and good practice. Training information demonstrated that since our previous inspection staff members had undertaken safeguarding training. Where low level concerns or safeguarding matters had been identified, the registered manager or quality manager had ensured that the local authority and the CQC had been notified. There had been a number of incidents that required further investigation and a full and thorough investigation had been undertaken. Where learning had been identified, action had been taken.

At the last inspection we were concerned that there was a high incidence of falls at the service in the afternoon. Following the inspection, staffing levels were reviewed an extra staff member was put in place to cover this period. However, the number of falls remains high and the registered manager is looking further as to why these may have occurred in order to take further remedial action.

Is the service safe?

Accidents, incidents and occurrences were recorded and reviewed on a monthly basis. When required the management team informed the local authority and the Care Quality Commission promptly of the incidents and what responsive action they had taken.

People told us that there was always staff available and that they did not have to wait for care. People's needs were met on the day of the inspection. There were sufficient numbers of care and nursing staff on duty in addition to catering and domestic staff to support the needs of people. Staff told us, "The staffing is adequate". The registered provider told us that he has not decreased the staffing levels following the reduction in people who used the service.

Identified risks to individuals had been identified and risk assessments completed, which included actions to be taken to reduce the risk of harm for individuals. For example, people's care planning documents contained risk assessments in relation to moving and handling, skin pressure areas and falls. The "incident book" contained clear guidance for staff to follow in the event of an incident taking place. This included accidents, falls, skin tears and pressure sores. These actions included completion of the accident book, family to be informed (where appropriate) and the registered manager to be informed immediately. Risk assessments were reviewed following an incident and action was taken. For example, a person had trapped their fingers in a door as they had removed a bathroom door stop. The service immediately fitted a door guard and reviewed the risks to others. This demonstrated that identified risks were being monitored and managed.

The registered provider has now reached compliance with the enforcement notice from the fire service. We found that staff were aware of their responsibility around evacuation and a variety of scenarios had been used in fire drills. In order to support individual's in an emergency, a file was available that contained a personal emergency evacuation procedure (PEEP) for each person. These plans contained information specific to an individual as to what support they required to be moved to safety in the event of an emergency and they were reviewed on a regular basis. Some people who used the service did want to close their

doors and previously we found staff had wedged doors open. The registered provider has now fitted automatic closures to those doors so that they can remain open but close in the event of the fire alarm being activated.

A maintenance person was available at the service each day to ensure that the building was maintained to a safe standard. The registered provider had ensured that all the basic utilities and equipment's were checked and fit for purpose. We did, however, find that the risk assessment and management plan for Legionnaires had not been followed. Stagnant water favours Legionella growth and to reduce the risk the it is recommended that water is flushed out of infrequently used outlets (including showerheads and taps) at least weekly. There was no record of this having been done since May 2015 despite there being a number of rooms and bath facilities out of use. We brought this to the attention of the maintenance person on duty and the registered manager. Following our inspection we were informed that this was immediately completed and had been added to future health and safety audit checks.

Throughout the service equipment was available to help people with their mobility and comfort. For example, accessible bathing and shower facilities were available along with hoists to support people's safe transfers when moving. People had pressure relieving cushions and mattresses where there was an identified need and these were appropriately maintained and checked. The safety checking of equipment such as bed rails and mattresses had been included in the health and safety training for all staff.

The registered provider had steps in place to ensure that staff were of suitable character to work with people in a care setting. We looked at the staff files of two people who had recently started work at the service. All the necessary checks were in place and verified before those persons had started employment. This included obtaining appropriate references and a Disclosure and Barring Service (DBS) check. There was also evidence that a robust interview process had been undertaken. Where, there had been concerns about an individual member or group staff, the matters had been addressed under performance management and appropriate actions taken.

Is the service effective?

Our findings

People told us that staff asked their permission and offered them choices. Staff discreetly asked people to take their medication and choice was offered at meal times.

At our last inspection we asked the registered provider to take action to ensure that people's rights were adhered to under the Mental Capacity Act (MCA) 2005 and that they improved the environment for those people living with dementia.

We found during the last inspection that the registered provider had failed to protect the rights of people who lacked capacity to make their own decisions. The Mental Capacity Act 2005 was not being implemented at the service. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities 2014). We issued a warning notice and required the registered provider to take action by 27 July 2015.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

During this inspection we saw that suitable arrangements were in place to obtain and act in accordance with the consent of people who used the service.

Some people who lived at Willows Care Home were under constant supervision. They were not able to leave unattended or had their liberty restricted in some way. In these instances, the registered provider had made applications to the supervisory body in order to ensure that any actions taken were in line with DoLS. Where a DoLS had been granted, the care plans reflected the decision and indicated the nature and degree of the restriction approved. There were a number of applications still outstanding as the supervisory body had not yet been out to assess the appropriateness of the application. Staff demonstrated that the least restrictive options had been considered, such as the use of crash mats as opposed to bedrails. End of life care plans also highlighted the legal requirements in the event of the death of a person who had a DoLS in place.

Care Plans demonstrated that staff had undertaken and recorded an assessment of mental capacity. Mental Capacity assessments had been carried out that were decision specific, for example for the use of bed rails and covert medication. These followed the 'four stage' assessment of capacity as indicated in the MCA code of practice. Where a person lacked capacity around a specific decision, staff had demonstrated that a decision had been taken in someone's 'best interest' and why that was necessary. This meant that staff were acting in accordance with the MCA 2005 to protect the rights of people who lacked the mental capacity to consent in any given situation. Staff had undergone additional training and the registered manager completed competency checks in relation to their knowledge and understanding through exercise, quizzes and supervisions.

New processes had been introduced around covert medication which included a decision specific mental capacity assessment, risk assessment, record of discussion with GP, Pharmacist and other relevant others (such as family members or those with a lasting power of attorney for health and welfare).

People enjoyed their food and told us that it "Was good". The dining room tables in the main unit were set with cutlery, condiments and table cloths. Pictorial menus had recently been introduced throughout the service to support people with choosing what they wished to eat, but we did not observe these being used. Where a person did not appear to be enjoying their meal; staff offered an alternative. Staff were available to support people who required assistance to eat and drink and this was done at a pace and level appropriate to the person. Meal times were sociable in the main dining area. We observed that in the unit for those living with dementia, people were offered a choice as to whether to sit at a dining table or to eat their meals from a lap table in front of them.

Fluids were encouraged throughout the day and staff checked the fluid intake of people who were at risk of dehydration. Requests people made for alternatives or additional drinks were met by the staff.

Some improvements had been made to the living environment for people living with dementia. The registered provider had purchased signage for key rooms such as the dining room, bathroom, and lounge to aid

Is the service effective?

people's orientation. They had also worked with people and their families, to produce signs on bedroom doors that represented pictorial images of things important to a person.

The registered manager had a matrix that reflected all the training staff had undertaken and to see what refresher training was required. Staff had received training in key areas such as safeguarding, first aid, challenging behaviour, mental capacity and DoLS, fire safety and moving and handling. Nurses had also had the opportunity to attend external training specific to their clinical role, for example; tissue viability and stoma care in order to better equip them to deal with the specific needs of the people they looked after. Staff commented; "Training opportunities are good" and they felt confident that they had the skills to carry out their work. The induction programme for staff had been updated to reflect the care certificate that came into force in April 2015. The Care Certificate is an identified set of standards that health and social care workers should adhere to and it sets out explicitly the learning outcomes,

competencies and standards of care that are expected. One member of staff was currently enrolled on this programme. The quality manager had also identified staff as "learning champions" with the aim that they would promote good practice within the service.

Staff had regular supervision and they told us they were in the process of completing their annual appraisals. Staff had been asked to complete a self-evaluation before their appraisal and as part of this they had been asked to make suggestions as to how the service could move forward and what personal development they required.

People had access to a local GP service and there was a weekly visit by a member of the practice to the service to monitor people's health. People's care planning documents contained a record of the clinical reviews that the team had completed with people. The service of other healthcare professionals was requested for people as required. For example, chiropodist, tissue viability nurse, speech and language therapists and dieticians.

Is the service caring?

Our findings

People said that the “Staff are nice” and that “There are some that I really like”. People who used the service had developed friendships and liked to sit with friends at lunch time. Relatives felt that the service was caring and their comments included “They are good and kind”. “I have never seen anyone lose their patience” and, “They try their best”.

At a lunch time some people using lap tables struggled to eat because the tables were not positioned at a suitable height for them to reach their plate. Others people struggled because their plates were not secure and moved about as they ate. Some people only had a fork and staff explained that people could not coordinate both or were unsafe. This meant that people struggled to eat their meal. We brought this to the attention of the registered provider and the registered manager. Following the inspection, they confirmed that they were reviewing the dining experience for people, including assessing people’s needs in relation to equipment needed at meal times to promote their independence.

Staff knocked on people’s bedroom doors prior to entering. Staff described what they did to help ensure they maintained people’s dignity and privacy. They told us that this included informing people what care was being offered, and ensuring people were covered whilst personal care was carried out. Staff discretely and quietly asked people if they needed to use the toilet before lunch and they quietly explained to one person why their food had been pureed. Staff also supported people to use clothes protectors during meals and this was done in a way that promoted dignity, for example staff explained to people why they were being used. One staff member said to a person “Let’s put this on before food as I don’t want to spill anything on that lovely top of yours”.

Staff provided reassurance when people were anxious or upset. Staff spoke to people in a caring and compassionate manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs. We observed staff talking to a person in a reassuring way and they provided ‘step by step’ guidance as they assisted them to stand with a stand aid. A person who used the service became quite upset and anxious in the lounge area. The person’s behaviour unsettled other people in the area. A member of staff demonstrated that they knew the person well, provided them with support, acknowledged how they felt and offered to take them out for some air. They immediately settled and became less distressed.

The quality manager was in the process of developing new care planning documents for people. We looked at the proposed format and saw that they were designed to focus on the positives and the outcomes for a person. They encouraged staff to think how to how a person wished to be supported so that they maintained their independence. As part of the new care planning process a document titled “This is Me” was in the process of being completed for people. We saw that the ones completed gave details of things, people and places that were important in a person’s life. Staff told us that various religious denominations visited the home throughout the week to ensure that people's religious beliefs were respected

A service user guide was available to people who used the service, their family members and relevant others. The document provided information in relation to the services aims and objectives, equality and diversity, the services available, fees and methods of payment for the service, people accessing their information, comments and complaints and safeguarding people.

Is the service responsive?

Our findings

People told us that they felt cared for. Their comments included; “The girls are lovely. They are very caring”, “The staff are really good to us” and “They are looking after me”.

Relatives comments included; “The staff are helpful”, “I think she [relative] gets well looked after”, “The staff are nice people. They will do anything for you” and “It seems a nice place. They pop in and chat to [relative].”

At last inspection in March 2015, we asked the registered provider to make improvements to the care and treatment of people and to ensure their needs and preferences were recorded and met.

At our inspection in March/April 2015 we asked the registered provider to take action to ensure that people were protected against the risks of receiving inappropriate or unsafe care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated

Activities 2014). We also found that people were not protected from inappropriate care and treatment by maintaining accurate records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Warning notices had been issued.

We found on this inspection that improvements had been made and that care was safe and responsive.

The quality manager showed to us a new format for care planning that will be used for new admissions and then, following evaluation, will be used to review all current care plans. In preparation for this, person centred care plan training had been developed and was due to be delivered to all staff. All Nurses are enrolled on the ongoing training for person centred care provided by the Social Care Learning and Information Service.

Current care plans reflected the needs of an individual and addressed areas such as personal care, mobility, diet and nutrition, skin integrity and mental health. Risk assessments and monitoring tools were evident where there were specific concerns. For example: an assessment of each person’s physical and mental capacity to use a call bed had been undertaken and where it was not deemed appropriate, alternative steps such as increased monitoring, or the use of pressure alarms was in place.

Care delivered was safe and person centred. Staff were flexible in their approach and reviewed care plans if a change was highlighted. Before the use of bed rails, staff had demonstrated what other options had been considered for people, for example, care records indicated ‘we have tried [service user] without bedrails but there were a number of near misses’. Risk assessments were in place where there were specific concerns such as risks relating to skin care or nutrition. Recognised tools such as the Waterlow (to identify risk to skin) and the Malnutrition Universal Screening Tool (MUST) were used and they were accurate and regularly updated. Appropriate care plans were in place to record actions required.

Behaviour charts had been replaced with a document called “Distressed reactions” in order to encourage staff to identify triggers for certain behaviours and to improve interventions and the overall outcome for the individuals. Staff had a better understanding of people’s behaviours and how to manage them. Care plans for ‘as required medications’ also had clear guidance as to how behaviour could be affected by pain, discomfort or illness. Senior carers monitored the completion of this documentation and it was reviewed by the quality manager.

Daily records were maintained of the care and support people had been offered and received throughout the day and night. These records enabled staff to monitor people’s health and welfare and make changes to help ensure that people received the care and support they required. We spoke with the registered manager about the need for staff to describe daily events in more detail so that they provided a more meaningful record of a person’s day. Comments were general such as “Settled” and “Had a good day”. Also people’s diet and fluid intake had not been consistently recorded. For example, some records were more detailed than others such as, “Ate four sandwiches” (actually confirmed this as four triangles), “Mash” “All soft menu”.

Where there had been concerns previously about the risks of poor dehydration, we found that the registered manager had put additional measures in place to ensure people received adequate hydration such as increased monitoring. There was evidence that this was effective and that people’s fluid intake was monitored. An investigation had taken place where the daily audit of fluids had indicated

Is the service responsive?

that two people had less than the required daily amount. As a result drinks rounds were increased, further briefings given to all staff and additional training around hydration provided to nursing staff.

Activities took place and people were given the opportunity to participate. A person told us “It’s a bit boring but I do join in”. There was no set programme on the days of the inspection and the staff responsible for activities told us that, “It’s flexible and we like to ask people what they want to do”. There was music on in the background and people said that they like it. Some people were assisted to go out: one person was supported to attend Scope and another liked to go to shops. Staff and the registered manager recognised that further improvements were needed to ensure that all people who used the service had the opportunity to participate in activities that offered mental and physical stimulation. Additional staff have recently been employed so that there are more hours dedicated to

supporting people with activities. The quality manager had identified in a recent audit that activity logs for each person needed to be more detailed so that it could be established what people enjoyed the best. It is intended that each person’s preferences will be reviewed as part of the new care planning process.

Positive responses from people included; “The staff are good at handling difficult situations” and “Any concerns are always acted upon”. Since our last inspection, the registered provider had reviewed their complaints process to ensure that it provided people and others with accurate information about how to complain if they wished to. The complaints procedure had been updated to include information about the registered providers responsibilities for dealing with complaints, that of the local authority, the local government ombudsman. It was available for people who used the service and their visitors to use.

Is the service well-led?

Our findings

A number of relatives made positive comments about the service. Their comments included; “We would recommend it [the service] to others” and “I have never had an issue here .They have always looked after [X] well”.

Staff told us that they felt supported by the registered manager of the service. They told us that she was approachable and that they could go to her at any time for advice and support. Staff comments included “She always comes around in the day to speak to everyone “and “Her door is always open”. Staff also said, “The new quality manager had made a difference” and “They had some very good ideas”. Staff told us they felt the service had improved since our previous inspection with one member of staff telling us; “Things are much better here. We have worked really hard to get it right. I am proud of what we have done and I am sure you will find it better”.

At our last inspection, the registered provider did not have effective systems in place to regularly assess and monitor the quality of the service provision or identify or minimise risks to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities 2014).

We found on this inspection that improvements had been made.

The registered manager had been open and transparent about the findings of the last CQC inspection and this was displayed in the home for visitors and persons who used the service to see. It had also been discussed in a staff meeting on 26 May 2015 and 15 June 2015 and staff views were sought on how to make changes and improvements.

Since our last inspection the registered manager and quality manager had introduced a number of quality monitoring checks to ensure that people received the service they required. Staff told us and we saw that regular checks were carried out on care plans, risk assessments,

medicines, incidents and other documentation needed to ensure that people were cared for safely. The audits in place gave the opportunity to record any improvement actions required, when the actions had been completed and what could improve things for the future.

Systems were in place for the registered provider to establish people’s views on the service and the opinions of their relatives. The registered manager, nurse in charge and the quality manager were all observed to visit the communal areas on a regular basis. They spoke with people, observed the care and support being delivered by the staff team and provided on the spot feedback. The registered provider had sent out the annual questionnaires to people who used or visited the service on the 4 August 2015 and were waiting for them to be returned.

Staff meetings were held for staff in all positions. We saw that registered nurses met on a monthly basis and had an opportunity to discuss professional issues, best practice guidance and the changes to their professional validation. Regular ‘residents’ meetings had taken place and the minutes to these meetings were available. The issues raised at the last residents meeting around activities were in the process of being addressed by the registered manager.

Records were stored appropriately to ensure that people’s personal information was protected. Lockable facilities were available throughout the building to keep people’s information safe.

The registered provider is required by law to notify the Care Quality Commission (CQC) of certain events which occur at the service. A new check list system has been introduced at the service to ensure notifications are sent to CQC as required. The quality manager had also taken steps to ensure that the DoLS assessment included a prompt for staff to inform CQC when an application had been authorised.