Abbotsford Care Home Limited

Abbotsford Nursing Home - Manchester

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?	Good

Overall summary

Abbotsford Nursing Home Manchester is a large four storey detached building set in its own grounds with plenty of car parking spaces. There is ramped access to the front of the home. Local facilities and bus routes are within easy walking distance. The home is registered to provide residential and nursing care for up to 44 people. There were 31 people using the service at the time of the inspection; 17 of whom required nursing care and 14 required social care.

We inspected Abbotsford Nursing Home Manchester on the 9 and 10 December 2015 and the first day of the inspection was unannounced. We last inspected the

Summary of findings

home on 13, 14 and 15 May 2015. At that inspection we rated the service as inadequate and the service was placed into special measures. This was because there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to: inadequate staffing, inadequate assessment of people's needs, care and treatment was provided without required consent, inadequate systems in place to manage risks and monitor the service, inadequate management of the medicines, a lack of support for staff, the building and environment did not meet the needs of the people who lived in the home and the procedures for managing complaints were inadequate.

The purpose of special measures is to provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration. At this inspection we found there was enough improvement to take the provider out of special measures.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with CQC 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 and associated regulations about how the service is run.

We found there was one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

Some areas of the home needed attention to ensure that people were kept safe. This was in relation to securing wardrobes to walls and providing locked doors to areas that could pose a health and safety risk.

The care records varied in the degree of information contained within them. We were made aware that staff were in the process of updating the care plans as several had information that needed expanding upon. Some contained detailed information to show how people were to be supported and cared for whilst some did not. **To help ensure the health and well-being of people is protected, we recommend that the provider looks for a best practice solution to ensure that all care records reflect the care required.**

We found the system for managing medicines was safe overall. **We recommend however that the service considers current good practice guidance in relation to the storage of external medicine products.**

We saw that overall procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. **We recommend however that the service considers current good practice guidance in relation tothe disposal of clinical waste.**

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. **We recommend however that, to help ensure people's rights are protected, the provider consistently applies the principles of the Mental Capacity Act 2005.**

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. Records showed that staff had also received training relevant to their role. The staff we spoke with had a good understanding of the care and support that people required.

Interactions between staff and the people who used the service were warm, friendly and relaxed. Staff were polite and patient when offering care and support. Consideration was given to people's religious and cultural needs and daily activities and opportunities were being explored; offering variety to people's day.

We found that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition and the development of pressure ulcers,

Summary of findings

and plans were in place to help reduce or eliminate the risk. We saw how the staff worked in cooperation with other health and social care professionals to ensure that people received timely, appropriate care and treatment.

At the last inspection we found the home was not maintained effectively nor was it clean; During this inspection we found that improvements had been made and a programme of refurbishment was underway.

We saw that food stocks were good and people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and deal with any emergency that could affect the provision of care.

Checks were made to the premises and servicing of equipment. Suitable arrangements were in place with regards to fire safety so that people were kept safe.

We saw that systems were in place for receiving, handling and responding appropriately to complaints.

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.

Some areas of the home needed attention to ensure that people were kept safe. This was in relation to securing wardrobes to walls and providing locked doors to areas that could pose a health and safety risk.

Procedures were in place to prevent and control the spread of infection although there needs to be an improvement in how clinical waste is managed.

We found that suitable arrangements were in place to help safeguard people from abuse.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited.

Is the service effective?

Requires improvement

The service was not always effective.

The provider did not consistently apply the principles of the Mental Capacity Act 2005 to ensure people's rights were protected.

Outstanding areas of repair, redecoration and refurbishment of the home need to be addressed.

Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

We saw that food stocks were good and people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good

The service was caring

We saw that staff treated people with dignity and respect. Interactions between staff and the people who used the service were warm, friendly and relaxed.

The diverse cultural needs of people were respected and upheld.

The staff were very experienced in caring for people who were very ill and at the end of their life.

Is the service responsive?

Requires improvement

The service was not always responsive.

Summary of findings

The care records varied in the degree of information contained within them. Some contained detailed information to show how people were to be supported and cared for and others did not.

Consideration was given to people's religious and cultural needs and daily activities and opportunities were being explored, offering variety to people's day.

We saw that systems were in place for receiving, handling and responding appropriately to complaints.

Systems were in place to ensure continuity of care when people were transferred to another care service.

Is the service well-led?

Good

The service was well-led

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided to ensure people received safe and effective care.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the service.

Abbotsford Nursing Home - Manchester

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 team comprised of three adult social care inspectors and a specialist professional advisor who is a registered nurse.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. We also contacted some of the social care professionals who provide funding for the care of some of the people who use the service. They told us they had no concerns about the service and were happy with the care people received.

As a number of the people living at Abbotsford Nursing Home were not able to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We observed support provided in the dining room and lounges.

During this inspection we spoke with three people who used the service, two relatives, a visiting GP, a member of the Care Home Support Team, the assistant director, the registered manager and their deputy, three care assistants, the cook, the activity co-ordinator and two domestics. We did this to gain information about the service provided.

We looked around all areas of the home, looked at how staff supported people, looked at five people's care records, a random sample of six medicine records, four staff recruitment and training files and records about the management of the service.

Requires improvement

Is the service safe?

Our findings

The people we spoke with told us they felt safe. Comments made included, “I am just fine thank you”, “I am alright and I am safe here” and “The staff look after me well and I don’t worry”. A visiting professional told us, “I think the people here are safe and well cared for”.

We saw the front doors to the home were kept locked and people had to ring the doorbell and be allowed access by the staff. This helped to keep people safe by ensuring the risk of entry into the home by unauthorised persons was reduced. The provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and the radiators were suitably protected with covers.

During our walk around the home we saw that many of the bedroom wardrobes were free- standing and mobile when touched and therefore at risk of falling onto a person if grabbed or leant against with any force. This placed the health and safety of people at risk of harm. In addition we identified there was no lock on the door to the laundry which was in close proximity to some people’s bedrooms. This meant that people could access the laundry when it was not in use and this could place their health and safety at risk of harm due to the presence of electrical equipment and detergent. We also saw that the locks on two of the sluice doors did not lock properly. This could place the health and safety of people at risk of harm if they accessed the areas. We also identified that one of the toilets on the ground floor did not have an over-riding door lock in place. This meant that a person who used the service could lock themselves inside the toilet and be at risk of harm. **The above identified issues showed that certain areas of the premises were not safe. This was a breach of Regulation 12(2) (c) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.**

We looked at documents, which showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, electric circuits, fire alarm plus fire equipment and lifting equipment. These checks help to ensure the safety and well-being of everybody living, working and visiting the home.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise and possibly affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in each person’s care record and also in a central file that was easily accessible in the event of an emergency arising. We saw that staff received regular training in fire prevention and the action to take in the event of a fire.

At our last inspection we found the system for managing medicines was not safe. During this inspection we found that improvements had been made.

We looked at how the medicines were managed. Overall a safe medicine management system was in place. We were told there was a dedicated person appointed to take overall responsibility for the management of the medicines. We saw that policies and procedures for the management of the medicines were readily accessible and that all staff who handled the medicines were suitably trained in medicine management.

People we spoke with told us, “No problems getting medicines” and “They manage her medicines and she gets them on time”.

We checked the systems for the receipt, storage, administration and disposal of medicines. We also looked at six of the medicine administration records (MARs). We found that appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed. We found that the medicines, apart from prescribed creams, were stored securely. The medicines were kept in locked trolleys that were anchored to the wall for security when not in use and only authorised suitably trained staff had access to them. We saw that controlled drugs were stored safely in accordance with legal requirements and they were administered and recorded correctly.

We found that the majority of people’s prescribed skin creams, ointments and other external products were left unsecured in people’s own bedrooms. People living in the home are placed at unnecessary risk of harm if prescribed medicines are not stored securely. **We recommend the service considers current good practice guidance in relation to the storage of external medicine products.**

Requires improvement

Is the service safe?

We looked at the on-site laundry facilities. The laundry was adequately equipped, looked clean and was well organised. To help prevent cross contamination, clean clothing was kept in a separate room to clothes that required washing. Heavily soiled items of clothing were placed in red alginate bags to prevent contamination and then the required sluicing/washing cycle was followed.

We saw infection prevention and control policies and procedures were in place and that infection prevention and control training was undertaken for all staff.

We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were available throughout the home. We did see however that several of the paper towel dispensers needed replenishing. The registered manager addressed this straightaway.

We saw there was a cleaning schedule in place, which outlined the daily and weekly duties for staff involved in the domestic duties in the home. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum.

We saw that the arrangements for the safe disposal of clinical waste were not as good as they should have been as several bedrooms either had no waste bin or had waste bins that were not pedal-operated; posing a risk of spreading infection due to unnecessary hand contact with contaminated surfaces or waste. **We recommend the service considers current guidance in relation to the disposal of clinical waste.**

The registered manager showed us the infection control audit that had been undertaken in September 2015 by the infection control officer for Manchester City Council. The registered manager told us that an action plan had been drawn up to address the areas identified as needing improvement.

At our last inspection we found there were not enough suitably qualified and trained staff to meet the needs of people living in the home. During this inspection we found that improvements had been made.

From our observations, discussions with staff and inspection of the staff rosters we found there was a sufficient number of suitably experienced and competent staff available at all times to meet people's needs. We were told that staffing levels were always kept under review due to the fluctuating occupancy levels and the changing needs of people who used the service.

At our last inspection there was a lack of required information to determine if people were suitable for employment. During this inspection we found that improvements had been made.

We looked at four staff personnel files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We saw that monthly checks were undertaken to ensure that the registered nurses who worked at the service had a current registration with the Nursing and Midwifery Council (NMC); ensuring they remain authorised to work as a registered nurse.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice) and we saw that policies and procedures were available to guide staff on how to safeguard people from abuse. We asked staff to tell us how they would safeguard people from harm. Staff were able to demonstrate their knowledge and understanding of the procedure. Inspection of the training records showed that almost all of the staff had received training in the protection of vulnerable adults.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition and the development of pressure ulcers, and plans were in place to help reduce or eliminate the risk.

We saw that any accidents and incidents that had occurred were recorded. The registered manager told us this was so they were able to analyse any recurring themes and then take appropriate action to help prevent any re occurrence.

Requires improvement

Is the service effective?

Our findings

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff we spoke with told us what support people needed, what they were able or not able to do and what their preferences were in relation to their daily activities.

At our last inspection we found that staff were not suitably trained and supervised. During this inspection we found that improvements had been made.

We looked at the training plan which showed what training staff had completed or required. We saw that the majority of the essential training required had been completed by almost all of the staff. This included areas such as moving and handling, safeguarding adults, food hygiene, infection control, fire safety and dementia care. The staff we spoke with confirmed to us that they had received the necessary training to allow them to do their jobs effectively and safely. A discussion with the qualified nursing staff showed they had received some clinical update training from the Care Home Support Team in relation to such topics as catheter care and specialised feeding regimes.

The registered manager told us that systems had been put into place to ensure that all staff would receive regular supervision meetings. Supervision meetings help staff discuss their progress and any learning and development needs they may have. A check of the four personnel files we looked at showed that three of the staff had supervision meetings at varying intervals. The fourth file showed no evidence of a formal supervision being undertaken. We did see however that this staff member had been recently employed and was undergoing a period of induction where supervision would be part of the process. The registered manager told us, and information we looked at showed that the home had been exploring the new programme of induction, 'the care certificate' introduced in April 2015.

The staff we spoke with told us they received regular supervision from their team leader or from the registered manager. One staff member explained that, as well as sitting down and talking about issues, they were also supervised at times when they undertook practical tasks. Both staff members felt their supervision was beneficial.

The staff told us that both the registered nurses and care staff received a 'verbal handover' about the people who used the service at each shift change. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

At our last inspection we found that care and treatment was provided without the required consent. There was also a lack of accurate and complete information to support the application and implementation of Deprivation of Liberty Safeguards. During this inspection we found that improvements had been made.

We looked at what consideration the provider gave to 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the first day of the inspection we were made aware that Trafford Council were present and delivering MCA and DoLS training at the home for the senior nursing and care staff. The registered manager told us that the training would be cascaded to the rest of the team.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us and we saw information to show that eight people were subject to a DoLS.

We saw signed DoLS authorisations on people's records. CQC had been notified when a deprivation of liberty safeguard had been authorised for a person. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

Although we saw evidence to show that applications were being made for DoLS authorisations there was no written evidence of capacity assessments to determine who and

why the person needed to be subject to a DoLS. The registered manager told us that during further training they had recently undertaken, they had been made aware that there needed to be written evidence to support the DoLS applications made. **We recommend the service considers current good practice guidance to ensure that they comply with the principles of the MCA and show that applications made to deprive people are for those assessed as lacking capacity to make decisions for themselves.**

From our observations and inspection of care records it was evident that some people were not able to consent to the care provided. In these instances we saw that 'best interests' decisions had been made on a person's behalf. A best interest meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person. We saw that the service had involved external health professionals in their decision making process and acted in the best interest of the person being assessed.

One best interest decision we looked at was in relation to a person needing to have their medication administered covertly. Covert medication is the administration of medicines in a disguised form, usually by administering it in food and drink. Although a best interest decision had been made that medicines were to be given covertly there was no information in the person's care plan to show how it was to be given. **We recommend the service considers current good practice guidance to ensure that information is in place to guide staff in the administration of covert medication.**

We saw that one person was being cared for in a recliner chair. This type of chair restricts people's movement. There was no information to show why this chair was being used or how the decision had been made in the person's best interest. We were told that the person was cared for in the chair because they were at high risk of falls so it was for safety and comfort. Records should clearly show how people are involved in planning their care and support. Where people are not able to make these decisions for themselves, records should show how decisions have been made in their best interests so that people's rights are protected. **We recommend that, to help ensure people's rights are protected, the provider consistently applies the principles of the Mental Capacity Act 2005.**

We also saw examples of consent forms for care and the taking of photographs being signed by people acting on their relative's behalf. There was no evidence to show that the person signing had authorisation, such as lasting power of attorney for health and welfare, to do so. A discussion with the registered manager showed that the documentation had been in place prior to them being employed by the home. It was evident that the registered manager knew it was not an acceptable practice. We were told that as the care plans contained old information they would be updated as soon as possible.

Two of the people we spoke with told us they were able to make decisions about their daily routines and were able to consent to the care and support they required. A check of their care records showed they had signed their consent to care.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of food were available. The cook told us that fresh, frozen and dry food stuffs were delivered there times a week and that the cooks did the ordering to ensure the food stocks corresponded with the menus.

We were told that food and drink was always available out of hours. We looked at the menus. They showed that there was a choice of main meal and the meals provided were varied, nutritionally balanced and met the diverse cultural needs of the people who used the service. The menus did not show however what people could have to eat for breakfast or supper. A discussion with the cook showed that, as well as porridge, cereals, toast and eggs, people could request a full cooked breakfast. We were told that full-fat milky drinks were available at supper time and throughout the day if requested. The cook told us that savoury snacks were always available for supper. We suggested that the breakfast and supper meals were documented on the menus so that people who used the service were aware of what was available.

Throughout the home we saw jugs of different flavoured fruit juice were made available for people; in lounges, bedrooms and the dining room. We saw people were encouraged by staff to drink adequate amounts of juice; people were asked if they wanted more drink when they had finished their glass of juice. The cook told us that fruit platters were sent out on the drinks trolley in the afternoon.

Requires improvement

Is the service effective?

We asked the cook if they were made aware of the individual dietary needs of people. We were told that relevant information about people's dietary needs was made available to them. A discussion with the cook showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods to improve a person's nutrition.

We asked if there was any adapted crockery and cutlery to assist people who may have difficulty when eating their meals. We were told that plate guards were available but there was no adapted cutlery and as yet there was nobody needing it. The cook told us there would be no problem ordering some when required as the registered manager made sure they had enough kitchen equipment. We were shown the new crockery and drinking glasses that had recently been purchased.

We observed lunch being served. We felt it was a pleasant affair. The tables were set with clean table clothes and cutlery. The food looked and smelled appetising and people were tucking in. One person was enjoying a glass of sherry with their meal and another person was enjoying a glass of wine. There was lots of friendly chatting between the staff and the people who used the service and there was plenty of staff on hand to assist people. We saw that care staff who were not Chinese were using hand signs for food and drinks and using occasional Chinese words to communicate with people.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw that additional monitoring charts were put in place and where necessary, additional support and advice was sought from the person's GP or dietician.

The care records we looked at showed that people had access to external health and social care professionals. We saw evidence of visits or appointments with GP's, specialist nurses, opticians and dentists. During the inspection visit we were made aware that the service was supported by the Care Home Support Team. The team supports care homes with health care issues by offering support, advice and training. We were told that the aim of the team was to help prevent unnecessary hospital admissions. A visiting professional from the team told us, "Communication [within the home] is excellent if I'm honest".

During the second day of the inspection we saw the local GP was visiting the home. The GP explained to us that they visited every week, on a Thursday, and that every person was discussed with the nurse on duty. The GP told us that they would meet with the relatives of people who were newly admitted to the home and with any relative who wished to see them. We were told that anything urgent was always dealt with straightaway and that people did not have to wait for the weekly visit.

At our last inspection we found that the home was not clean and well maintained. During this inspection we found improvements had been made.

We looked around all areas of the home. We saw that a programme of refurbishment was underway and that many of the bedrooms and corridors had been redecorated and new flooring/ carpets had been laid since the last inspection. We saw new beds and lounge chairs had been provided. We did discuss with the provider some of the outstanding issues that needed to be addressed. These included: chipped paintwork on doors and skirting boards, the lack of some bedside tables and lights, stained toilet seats, and the condition of the flooring and shower chair in the lower ground bathroom. The provider was aware of what needed doing and told us it was, "work in progress".

One of the people who used the service told us, "The place needs updating, it's not homely" and a relative told us, "The home could be tidied up a bit".

Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Good

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; "The staff are brilliant. Everyone is really nice and very kind", "I can't fault them, they are very caring and very good" and "I like all of them". We were also told, "The staff respect me. They are wonderful and I can decide when I get up and go to bed".

We saw there was a cultural mix of people living at the home of either, Chinese, Caribbean, Indian, Pakistani or British descent. We saw that their cultural and religious backgrounds were respected and celebrated. Although the majority of people who used the service could not speak English we saw that a limited number of staff were able to speak in the person's own language. We also saw that staff used communication cards and that people and staff understood what was being discussed in that way. Some of the staff members told us that they had learnt basic Chinese words to enable them to provide care and help with communication.

A relative told us, "We chose this [the home] as there is a real sense of community here and it is important that [relative] can speak in their own language".

The people of Chinese descent had a separate lounge that was decorated with Chinese lanterns, a Chinese calendar and Chinese pictures. The television was tuned into Chinese programmes. We saw Chinese pictures displayed on the corridors and direction signs in Chinese around the home. We also saw clear signage and pictures were displayed on toilet/bathroom facilities to promote people's independence.

We were told that volunteers from the Buddhist Temple in Manchester had been in the home the previous week to bring in a Chinese Dragon for a pantomime that had been held.

We were told that staff at the home were helping to build links with the Chinese community via the Chinese English Church and the local Buddhist Temple. We were also told that the Buddhist Temple was going into the home to make decorations and that they always visited people to celebrate festivals and birthdays.

Staff told us that people of all faiths were encouraged to follow their religion. One person who used the service told us, "My religious needs are met, yes".

During the inspection we saw that interactions between staff and the people who used the service were warm, friendly and relaxed. Staff were polite and patient when offering care and support. People looked well cared for, appropriately dressed and well groomed. We were told the hairdresser visited the home on a weekly basis. Staff spoken with described how they provided care for people to ensure their privacy and dignity was maintained; such as knocking on doors before entering and closing bathroom and toilet doors when care was being provided. We saw that most people's rooms were decorated with personal possessions and photographs.

Whilst walking around the home we did identify that the bedroom doors did not have any door locks. We discussed with the registered manager the issue of ensuring that, to protect people's privacy and dignity, people who wished to have an overriding door lock should have one. The registered manager told us that this would be looked into and if any person required a door lock then, following a risk assessment, this would be provided.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that specialised end of life training was in the process of being provided by the Care Home Support Team. We were also made aware that the registered nurses and some of the care staff were very experienced in caring for people during this sensitive and critical period of their life.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept in the staff office to ensure that information about people was kept secure.

Requires improvement

Is the service responsive?

Our findings

People who used the service told us they had a choice in how they spent their day, Comments made included; "I stay in bed until late as that is what I want to do. I like to stay in my room and watch TV" and "They know what I like to do and not do and they respect that".

We asked a visiting professional if they felt the staff were responsive to people's needs. We were told; "They pick up on issues quickly and people are well cared for as a result of that. Yes the home is responsive to needs. They will act if issues are identified".

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. Information we looked at confirmed that assessments were undertaken before people were admitted to the home.

We looked at the care records of five people who used the service. The care records varied in the degree of information contained within them. Some contained detailed information to show how people were to be supported and cared for. There was also information about the individual's preferred routines and their likes and dislikes. This reflected a 'person centred 'approach to providing care.

The care records of two people however did not have sufficient information to show how they were to be supported and cared for and/or did not document the reasons for the care that was being provided. We saw little evidence to show that people who used the service, or their relatives, had been involved in the development of their care plans. One person told us they had not seen their relative's care plan at all. We discussed this with the registered manager who explained they were in the process of updating the care plans as they had identified several files had information that needed expanding upon. **Although there had been some improvement in the care records we recommend that, to help ensure the health and well-being of people is protected, the provider looks for a best practice solution to ensure that all care records reflect the care required.**

We looked to see what activities were provided for people. We spent time speaking with the newly appointed activities coordinator who had a good understanding of people's likes and dislikes. We were told that the activities provided were centred around what people were able, or wished to do.

It was evident that consideration was given to people's cultural needs. They were exploring involvement from the Chinese community; looking for translators and volunteers to assist in the activities provided. This was so that people had their views and wishes taken into account as well as enabling them to fully participate in the opportunities provided.

We saw there was a designated activities room for people to use. People were painting and drawing and we were shown some of the arts and crafts that people had made. We were told that they were looking to purchase some Chinese games. We were told of a recent outing to an amateur dramatic show that some of the people who used the service had been to.

We were told that in the event of a person being transferred to hospital or to another service, information about the person's care needs and the medication they were receiving would be sent with them. We were told that staff would always provide an escort in emergencies or to attend appointments unless the person had the support of a family member.

At the last inspection we found that procedures for managing, investigating, recording and responding to complaints were not followed. During this inspection we found that improvements had been made.

We looked at how the service managed complaints. We saw people were provided with clear information about the procedure in place for handling complaints. There was a copy of the complaints procedure displayed in the reception area. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The registered manager told us that no complaints had been received about the service but if any were received they would be appropriately recorded and managed in accordance with their complaints procedure.

Good

Is the service well-led?

Our findings

The home was being managed by a registered manager who had been in post since May 2015. The registered manager was supported in their role by a deputy manager; both were present during the inspection.

We asked people what they felt about the management of the home and whether they felt it was well led. Comments made included; "The manager seems to have really made a difference", "The organisation of things seems to have changed and [the registered manager] seems to have a handle on it", "Communication is excellent if I'm honest" and "The deputy and manager are pretty good. We have a good working relationship". We were also told; "There has been a change for the better. People who live here now have 'a choice in all things' and things are much improved. I think the manager is very hard working" and "She [the registered manager] has a good heart for the residents. I feel confident reporting any issues and I know they will be dealt with".

At our last inspection we found that effective systems to assess, monitor and improve the quality and safety of the service were not in place. During this inspection we asked the registered manager and reviewed records to see what improvements had been made.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the newly implemented quality assurance system that was in place. This showed that either weekly or monthly checks were undertaken on all aspects of the running of the home such as; medication infection control, care plans, care charts and training. We saw that where improvements were needed action was identified, along with a timescale for completion. We were also told that the assistant director visited the home on at least a monthly basis to undertake their own monitoring of the service.

There was also a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of re-occurrence; thereby helping to protect the health and safety of people who used the service. One example of this was where a person who used the service had several falls and was subsequently referred to a physiotherapist. This resulted in new mobilising equipment being provided for the person to improve their mobility and help to protect their safety and well-being.

We saw the provider sought feedback from people who used the service, their relatives, staff and professional visitors through questionnaires. The questionnaires asked for their views on the service provided. We saw that where there had been any issue of concern, action had been taken to address it; one example being where a person stated that they had not seen the complaints procedure. This was made available to them.

One set of questionnaires that had been sent out in November 2015 to 12 people who used the service specifically asked for their views on the meals and the menus. The comments were overall positive.

We looked at the comments received from five professional visiting staff. They were all positive and comments made included; 'High standards of care' and 'People are well cared for'.

Staff we spoke with told us that staff meetings were now held regularly; records we looked at confirmed that this information was correct. Staff told us the meetings made them feel valued, part of a team and involved in the running of the home.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). Staff we spoke with were familiar with the policy and although they felt confident that their concerns would be listened to and dealt with they knew they could contact people outside the service. Having a culture of openness where staff feel comfortable about raising concerns helps to keep people who use the service safe from harm.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: **Certain areas of the premises were not safe.** Regulation 12 (2) c)