

Totalwest Limited

Lower Bowshaw View Nursing Home

Inspection report

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Tel: 01142372717

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out this inspection on 19 July 2018. The inspection was unannounced. This meant no-one at the service knew we would be visiting.

Lower Bowshaw View Nursing 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 care home accommodates 40 people in one building. The home is located in a residential area of Sheffield with access to public services and amenities. At the time of the inspection, there were 31 people living at the home.

The service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Our last inspection at Lower Bowshaw View took place on 31 October 2017. The service was rated Inadequate overall. We found the service was in breach of six of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. Regulation 15, Premises and Equipment, Regulation 14, Meeting Nutritional and Hydration Needs and Regulation 17, Governance, Regulation 18, Staffing, Regulation 10, Dignity and respect and Regulation 9, Person centred care.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions asking if the service was safe, effective, responsive and well led, to at least good. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the Regulations.

There was a recently appointed manager at the service. The previously registered manager had left Lower Bowshaw View the month before this inspection. The provider and manager said they intended to apply for the current manager to be registered with the CQC. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

People living at Lower Bowshaw View told us they felt safe and they liked the staff. Relatives we spoke with felt their family member was in a safe place and did not have any concerns about their family member's safety.

The numbers and deployment of staff were appropriate to safely meet the needs of people who used the service.

The home was generally clean, improvements had been made to the environment. There were still some malodours in the ground floor corridors and two bedrooms. The service could not evidence they had completed all recommendations and requirements from the Infection control and prevention audit completed by the Infection Prevention and Control Nurse, NHS Sheffield Clinical Commissioning Group.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

Some areas of the home still required redecoration and refurbishment of carpets and furniture.

People were treated with dignity and respect and their privacy was protected. People and their relatives made positive comments about the care provided by staff.

A range of activities were available to provide people with leisure opportunities.

People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

People, relatives, health professionals and staff told us they thought the service was well-led and shared the view there had been significant improvements recently at Lower Bowshaw View.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The home was generally clean although there were still some malodours in the home.

The numbers and deployment of staff were appropriate to safely meet the needs of people who used the service.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some parts of the home required refurbishment.

Staff were provided regular supervision and appraisal for development and support.

Staff had been provided with relevant training to make sure they had the right skills and knowledge for their role.

People were provided with a balanced diet and had access to a range of healthcare professionals to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People living at the home, and their relatives, said staff were very caring in their approach.

Is the service responsive?

Good ●

The service was responsive.

People's care plans and records reflected their current care and support needs.

There was a range of activities available to people to join in if they wanted to.

The service had an up to date complaints policy and procedure. People and their relatives told us the manager was approachable.

Is the service well-led?

The service was not always well-led.

The service promoted a positive and open culture, where staff, relatives and people living at the home had confidence in the manager and registered provider. People, relatives and staff felt this change in culture had taken place over the last couple of months and therefore still needed imbedding and sustaining.

There were quality assurance and audit processes in place to make sure the home was running safely.

People and relative's views were actively sought to continuously improve the service.

Breaches in the regulations identified at our last inspection had been, or were being acted upon.

Requires Improvement 

Lower Bowshaw View Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 July 2018 and was unannounced. The inspection team consisted of four adult social care inspectors and one 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 expert by experience had experience in caring for older people.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was completed and returned as requested. This information was considered as part of our inspection.

We contacted Sheffield local authority and Healthwatch (Sheffield) to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

During the inspection we spoke with 18 people who used the service and six visiting relatives.

We spoke to visiting health professionals. We spoke with the home's manager, a nurse, one senior care assistant, four care assistants, the administrator, the activities coordinator, the domestic staff and two directors of the registered provider.

To help us understand the experience of people we could not fully communicate with, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We also spent time observing care throughout the service.

We reviewed a range of records, which included three people's care plans, three staff support and employment records, training, supervision and appraisal records and other records relating to the management of the service. This included quality assurance audits and safety records for the building and the equipment in the home.

Is the service safe?

Our findings

At our last inspection in October 2017 we found some concerns about the staffing of the home. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18 Staffing. This was because there were not enough staff sufficiently deployed to keep people safe and meet people's care needs. People were having to wait for staff to provide personal care, food, to keep them safe and to help them mobilise around the home. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found improvements had been made which were sufficient to meet the requirements of the regulation.

We saw evidence that people's dependency needs were assessed which highlighted the overall view of people's dependency needs throughout the home on a day to day basis. The manager and staff all felt there were enough staff to meet people's needs and to keep the home clean and an improved domestic rota had been introduced.

We observed staff were visible around the home and responded to people's needs as required. Staff were observed chatting to people in lounges and in their bedrooms and assisting people with meals promptly at mealtimes. People said they felt there were enough staff to meet their needs and said staff answered their call bells promptly.

Relatives we spoke with felt staffing numbers had improved but two relative commented, "Sometimes there does not look to be enough staff" and "On the odd occasion sometimes they are short staffed."

At our last inspection in October 2017 we found some concerns about the general state of repair, tidiness and cleanliness on the home. This was a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15: Premises and Equipment. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found improvements had been made which were sufficient to meet the requirements of the regulation although improvements are still required.

At this inspection we found significant improvements had been made and the home looked a much more welcoming place and was also much cleaner.

Two relatives spoken with did not feel that all areas of the home were clean and well presented. They commented on malodours but also stated that there had been a vast improvement in recent months. One said, "Although it is much improved there is sometimes an unpleasant smell around the place." Some bedroom floor areas were seen to be stained and marked although a replacement programme had commenced.

We discussed with the Infection Prevention and Control (IPC) Nurse, NHS Sheffield Clinical Commissioning Group (CCG) progress made following their visit in January 2017. They said they had visited Lower Bowshaw View two days before this inspection and had noticed some malodours but said they were working with the

new manager to advise and monitor the issues still outstanding on the IPC audit.

The manager and registered provider had introduced new infection control audits which had helped to identify areas that needed more frequent cleaning and this was being implemented.

There were still areas outstanding to improve the cleanliness of the environment but the registered provider and manager had addressed a number of issues and were working to either clean or replace carpets that were still emitting unpleasant odours.

People told us they felt safe living at Lower Bowshaw View and commented, "I like it here, I feel safe and secure," "The staff are so good this makes you feel safe" and "Everything the staff do, they do with my best interests at heart, they certainly keep me safe."

Relatives of people living at Lower Bowshaw View told us they felt their family member was safe. They commented, "They (staff) certainly ensure that my [name of relative] is safe" and "The staff know my [name of relative] so well, they do all they can to maintain her safety."

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. The staff training records checked verified staff had been provided with relevant safeguarding training.

The administrator explained small amounts of monies were looked after for some people. Each person had an individual record of monies held in their name. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. The fire risk assessment was updated annually and was last updated August 2017. The manager said they were in the process of updating personal emergency evacuation plans (PEEP) for each person and that these would be held with the fire risk assessment.

We looked at three people's care plans in detail and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual needs. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Where accidents or incidents had occurred, detailed information had been recorded by staff and reviewed by the registered manager to ensure appropriate action had been taken to keep people safe.

We reviewed three staff members' recruitment records. The records contained a range of information including a job application, references, employment contract, interview records and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We checked to see if medicines were being safely administered. Medicine was administered to people by the registered nurse. We checked three people's Medicine Administration Records (MAR) and found they had been fully completed. The medicines kept corresponded with the details on MARs. Medicines were stored securely. The registered provider had appropriate arrangements in place for storing and administering controlled drugs (CD's). These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the two CD records checked.

People spoken with were happy with the support they received for their medicines. People expressed confidence in the way their medication was managed and told us, "My tablets are never late" and "They (staff) always come and give me my medication on time." A relative said, "From my observation the staff make sure [name of family member] gets her medication regularly."

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the manager observed them administering medicines to check their competency.

We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

Is the service effective?

Our findings

At our last inspection in October 2017 we found some concerns about people's nutritional and hydration needs not being met. We found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 14. Meeting Nutritional and Hydration Needs. This was because meal times were not appropriately spaced, staff were not assisting people to eat when they wanted to and people were not eating for long periods of time. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found significant improvements had been made which were sufficient to meet the requirements of the regulation.

People said they were very happy with the catering arrangements. People said that they could have cooked food for breakfast if they wanted it. People said if they did not prefer the main menu options available that an alternative meal was offered. People said they were served food promptly whilst it was still hot. Comments included, "The food is grand and there's plenty of it," "You can have whatever you like for breakfast," "I like the food here," "I don't like big meals. The cook today made me two small beautiful ham sandwiches, just how I like them," "All the meals are smashing" and "I don't eat big meals but they (staff) ask if I want a snack in the afternoon."

Relatives commented, "I have eaten here recently the food is good," "The manager comes around asking if everything is alright with the food," "[Name] loves the food," "The whole menu is just right for [name] it's her kind of food, traditional" and "[Name] would say if she was unhappy with the food."

We saw breakfast being served to people from 9 am to 10 am and lunch was served at 12.45 pm. The spacing of times between meals had improved since our last inspection. The supper time snack menu had also been improved and now included sandwiches, assorted snacks and cakes.

We saw people were regularly offered drinks and snacks throughout the day. We observed the arrangements in place before and during mealtimes. We found the mid-day meal was a positive experience and people were supported as needed. The dining tables were set out and looked welcoming with linen table cloths and napkins. The care staff took the lead on serving the meals from a mobile heated trolley and the staff were seen to be very calm and patient when delivering meals. People were heard to offer compliments to the staff for the meal they had just eaten.

People told us that they had confidence in the staff and that the staff knew the people they were caring for. Everyone we spoke with had nothing but praise for the staff. Relatives we spoke with were 'happy' with the care and the healthcare support they received.

One person said, "I have seen the doctor, the chiropodist and the optician this week. I feel like I've had an overhaul." Relatives said, "Staff call the opticians and chiropodist for [name]. They always let me know when they do it."

A health professional spoken with was more positive about staff and the care provided at Lower Bowshaw

View. They commented, "Communication is better between staff and us [health professionals]. Things are certainly much better at the home in the last month or so."

Stakeholders we contacted prior to the inspection told us they had seen 'improvements in the home' and that they had confidence in the new manager to make further improvements at the service.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as health and safety, infection control, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, training on person centred care and tissue viability. This meant all staff had appropriate skills and knowledge to support people.

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

Staff said, "The training is very good" and "Training here has improved my education."

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

The Mental Capacity Act 2005 (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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There were clear records kept of DoLS authorisations and the care plans seen showed evidence of capacity assessments and decisions being made in the person's best interests.

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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were seen and heard asking consent from people before providing any support.

We observed all staff calling people by name and having a clear understanding of their preferences in, for example, how people spend time during the day, what activities they like to do or where they liked to sit.

We looked at three people's care plans and found care was provided to people with their consent. The care files seen held signed consent, where people had been able to sign, to evidence they had been consulted and had agreed to their plan. Where people had been unable to sign, the consent forms had been signed by the person's representative. We saw This showed important information had been shared with people and their advocates and they had been involved in making choices and decisions about their care.

We found the general environment, 'housekeeping' and tidiness of the home had improved since our last inspection. Staff were taking more pride in the appearance of the home. We saw staff, including non-domestic staff, tidying curtains, cleaning table clearing papers away and emptying bins to provide a homelier environment. Progress had been made but there are still a number of issues outstanding on the providers refurbishment plan such as the replacement of carpets and redecoration. The directors we spoke with said they were committed to fully refurbish the home and the plan was continuing.

Is the service caring?

Our findings

At our last inspection in October 2017 we found some concerns about people's dignity and respect not being upheld. We found a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and Respect. This was because some staff's time was very task oriented. Staff appeared to not always to treat people kindly and with respect. Staff did not knock on doors or call out before they entered people's bedrooms. Some people living at the home were not always well groomed. We saw confidential files were left open on display. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found significant improvements had been made which were sufficient to meet the requirements of the regulation.

People, relatives and friends made positive comments about the staff. We saw that staff got on well with people. Observations showed that staff treated people with kindness.

People said, "All the staff here are good," "The staff are so kind and courteous," "The staff are fantastic with [name] she loves them," "They are really good at looking after us," "The staff are kindness itself," "They look after me so well" and "You cannot fault anyone, they care for us all."

Relatives said, "The care offered here is good," "The care offered by the whole team is wonderful," "[Name] is very happy living here although she has some favourite staff," "I appreciate all the care that is offered to my [name]," "I cannot thank the team enough for all the love and dedication that they show" and "All the staff make me feel welcome."

Staff respected people's privacy by knocking on doors and calling out before they entered their bedroom or toilet areas. The staff and people looked comfortable together. There was a lot of laughter and friendly 'banter' between people. People said that staff were good at listening to them. Relatives and visitors were also welcomed in a caring and friendly manner.

We spent time observing care in the communal areas and 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 saw staff support people in a positive and caring way. Staff sat and talked to people in a respectful way and we saw staff were patient and listened to people when they called for assistance.

We did see some gentlemen that were unshaven. We spoke with them and they had capacity to make a choice. When asked about shaving they said they weren't bothered. They had not been shaved and had long finger nails.

We saw people could choose where they spent their time, for example, in their bedroom or the communal areas. We observed a person who chose to spend most of the time outside in the gardens and another who liked to walk around the grounds of the home. Staff regularly checked on their welfare and asked if they needed anything. They smiled and appeared to enjoy this regular contact with staff.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. People and their relatives said they had had some involvement in their care plans. This showed important information was available so staff could act on this and provide support in the way people wished. One relative said, "All the staff make me feel a part of my [name] care."

The staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe. Staff said, "I love working here, residents are cared for as your own" and "I have worked in a number of care homes, this is by far the best."

In the reception area we saw there was a range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

At our last inspection in October 2017 we found some people were not receiving care in a person-centred way. This was because the deployment of staff meant staff's approach was mainly task and routine focused, which did not take into account people's own preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Person Centred Care. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found significant improvements had been made which were sufficient to meet the requirements of the regulation.

People living at Lower Bowshaw View and their relatives said staff responded to their or their family member's needs and staff knew them well. People told us they chose where and how to spend their time and how they wanted their care and support to be provided and they were involved in reviews of this.

The three care plans seen contained detailed information about the care, treatment and support needed to ensure personalised care was provided to people. The care plans seen detailed the persons individual health needs and the actions required of staff to support their needs. This meant that staff had been provided with relevant and up to date information to support people in the way they preferred.

Throughout the inspection we heard staff constantly ask people about their preferences and choices in their daily living activities.

There was an activity coordinator employed at the home. The activities co-ordinator we spoke with appeared committed to the activities being enjoyable and beneficial. She displayed an understanding of the physical and psychological benefits of activities on people's wellbeing.

People said they enjoyed the activities available and comments included, "I love to read my newspaper every day," "They(staff) make sure I get my newspaper every day," "I love the tea parties, they are my favourite event" "They(staff)keep us very busy with craft work and games," "[Name of staff] really helps me to get into the craft and art work, it's really satisfying," "I take part in anything that's going, they help me keep busy," "It's good when the church come to hold a service," "There is a regular church service, this means so much to me" and " [Named activity worker] helps me get out to church, she works so hard to make it happen."

Relatives said, "Someone makes sure that there are activities every day," "The staff organised a wonderful party to celebrate my [name] 100th birthday, the spread was first class," "[Named relative] cannot take part in anything but the staff always make sure that she is a part of the group, she loves it," "The level of activities on offer is so important" and "[Name] loves to get involved in any of the activities. He loves the music sessions and he also likes to dance."

People were seen reading the recent edition of "Rise and Shine", a monthly newsletter that covered recent activities along with forthcoming celebrations, outings and social events. It also included items such as a

quiz question or anagrams. People were heard discussing items from the articles. The title of the newsletter was offered by someone via the 'dignity/resident meetings' this person said she felt "very pleased that my idea was used."

A number of people described how they had been involved in creating various works of art for inclusion in a city-wide art event. The art works represented the "Celebration of Life", people told us how they had written poetry, painted and constructed models from all periods in their lives. It was good to see that with the encouragement from the activity co-ordinator, people had seriously engaged in this therapeutic process.

Faith celebrations included a range of Christian services offered by a variety of denominations. Meeting people's religious and cultural needs was part of everyday practice. It was very good that staff recognised that religions have certain customs that need to be respected.

On the day of the visit people were seen planning for their involvement in the local 'festival'. People were also seen enjoying the outside garden areas, as the weather was very warm and pleasant on the day.

We found a system was in place to respond to people's concerns and complaints so that people knew they would be listened to and taken seriously. People living at the home and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to. Comments from people and their relatives included, "I'd let staff know if anything was wrong" and "I would speak to any member of staff if I was unhappy in fact I have done, and it was sorted."

We saw people consistently received the care and support they needed, including at the end of their life. When people moved into the service they were asked how they would like to be cared for when nearing the end of their life. People's care records contained detailed information about this, and end of life care plans were in place so staff knew what action they needed to take. This meant people were supported to have a comfortable, dignified and pain-free death in accordance with their own wishes.

Is the service well-led?

Our findings

At our last inspection in October 2017 we found the quality assurance and audit processes in place to make sure the home was running safely were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulation. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Governance. The registered provider sent us an action plan detailing how they were going to make improvements. At this inspection we found improvements had been made. The service promoted a positive and open culture, where staff, relatives and people living at the home had confidence in the manager and registered provider. People, relatives and staff felt this change in culture had taken place only in the last couple of months and therefore still needed imbedding and sustaining.

There were mixed reactions from relatives in relation to the management of the home. In the main they were positive. Some spoke of great improvement over the past few months, others felt that "things are still not right." There have been formal meetings with the registered provider, the manager and with people and their relatives to discuss the future improvements planned and the management of the home. People described the outcome of these meetings so one could see that people's thoughts and ideas were acted upon. The vast majority of relatives had every confidence in the new manager and knew how to complain. It was clear that some people were now able to speak out about previous 'problems and staff'. They clearly felt more empowered to discuss matters at the 'resident /dignity meetings.'

People said, "I like it here, this is my home," "I wouldn't want to live anywhere else," "My [relative] knows who's in charge, she sorts everything out for me," "She is a very nice lady" (the person was pointing towards the manager)" "The new management people are fantastic,." One person told us the workforce had improved as certain staff members who they associated with the service when it was in special measures had now left.

Relatives said, "The new manager has really changed things for the better, she's fantastic," "You can talk to the new manager about anything, she takes time out to talk to you" "The manager just gives you confidence that everything is alright," "The owners are second to none, they are putting a great effort into improving things," "The new manager is making a big difference," "I go to all the relatives meetings, it's a great forum for sharing ideas," "We are always being asked what we think about the quality of the service," "There are still things they could do to improve this home things are still not right, but it is good that some staff have left," "I have been to [named manager] a few times with the odd problem, she sorts things straightaway" and "I must say the staff here are angels and I could not want [relative]in any other home. The recent staffing changes are certainly for the better."

Not everyone who used the service knew who the new manager was, however they visually responded to her when she came around the building. They smiled at her and chatted with her as they recognised her face and friendly demeanour towards them.

Staff said the manager and directors of the registered provider were very supportive and approachable and

felt there had been significant improvements in staff moral and how the home was 'run'. Comments included, "It's a lot better than it was," "The home seems a much happier place for residents and staff," "People are cared for here the way I would want my nan to be," "cared for," "We are all pulling together to make the home even better," "The new manager is lovely ,she has made a massive difference for the better in the short time she has been here," "Staff now want to come to work," "The owners are investing in the home" and "We are really looking forward to the future. The new manager has great plans, it's so exciting."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the home. Records seen showed the manager had introduced and undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control and medicine audits. We saw environment checks were regularly undertaken and the manager undertook daily 'walk around' check to audit the environment to make sure it was safe, clean and well maintained.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so people's well-being and safety could be promoted.

Records showed staff meetings took place to share information relating to the management of the home. As already highlighted, the staff we spoke with felt communication was good in the home and they could obtain updates and share their views. Staff told us they were also told about any changes and new information they needed to know.

The home had policies and procedures in place, which covered all aspects of the service. The manager said they were in the process of reviewing all the policies and procedures of the service. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The manager and registered provider were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.