Hillview Care Limited

Cornelia Manor RCH

Inspection report

60 Watergate Road
Newport
Isle of Wight
PO30 1XP
Tel: 01983 522964
Website: www.hillviewcare.co.uk

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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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 17 and 19 February 2015 and was unannounced. The home provides accommodation and personal care for up to 34 people, including people who were living with dementia. There were 29 people living at the home when we visited.

At our last inspection, on 23 and 24 July 2014, we found people were not always protected from abuse and the provider had not reported instances of abuse to the Local Authority or to us. There were not enough staff to keep people safe at all times and staff did not always comply with legislation designed to protect people's rights. We issued a warning notice and set compliance actions. The provider wrote to us telling us how they would become compliant with the regulations by 31 December 2014.

At this inspection, on 17 and 19 February 2015, we found improvements had been made, and the provider was meeting the requirements of all but one of the regulations.

Staff did not understand and or follow the requirements of the Mental Capacity Act, 2005 (MCA). MCA assessments

Summary of findings

were not always conducted before decisions were made on behalf of people. Relatives had been asked to make decisions for people when they had no power in law to make such decisions.

People felt safe at the home. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. Effective measures were in place to protect most people from the risk of abuse. However, the risks posed by one person, who had a history of becoming involved in minor altercations with other people, were not managed consistently.

The process used to recruit staff was safe and ensured staff were suitable for their role. There were sufficient staff to meet people's needs and people were attended to promptly. Risks of people falling or developing pressure injuries were managed safely. Equipment, such as hoists and pressure relieving devices were used safely and in accordance with people's risk assessments.

People were supported to receive their medicines safely, although one medicine was not always given as prescribed. Emergency procedures in the event of a fire were in place and understood by staff.

People and their relatives spoke positively about the care they received and praised the quality of the food. People were offered a choice of suitably nutritious food and drinks and were given appropriate support when needed. This encouraged them to eat well.

Staff were skilled and knowledgeable about the needs of people living with dementia and knew how to care for them effectively. They received appropriate training and supervision to support them in their role. Where necessary, people were referred to doctors and health care specialists and staff followed their advice.

People were cared for with kindness and compassion and could make choices about how and where they spent their time. We observed positive interactions between people and staff. However, on one occasion a lack of communication led to a person being startled when they were supported to move. People's privacy was protected and confidential information was kept secure.

People were involved in planning their care and treatment and told us their needs were met. Care plans were comprehensive and personalised. However, the care plan for one person lacked information about how they should be supported when they displayed behaviours that upset other people.

A range of activities was provided and tailored to meet people's individual needs. These included staff spending time with people on a one to one basis using a hand held computer to research topics of interest to people.

The provider sought feedback from people and acted on comments made. People knew how to make a complaint and these were dealt with appropriately. The service was well-led and there was an open and transparent culture within the home. Family members praised communication with staff and visitors were welcomed.

The registered manager had left the service shortly before our inspection. The provider had made suitable arrangements for the management of the home in their absence and had advertised for a new manager. Staff were organised, understood what was required of them and went about their work in a quiet but efficient way. This created a relaxed and happy atmosphere and was reflected in people's care.

Staff were happy in their work and described the management team as "supportive" and "approachable". A system was in place to regularly assess and monitor the quality of service people received, through a series of audits. Action was being taken following the findings of a recent additional audit conducted by the provider.

Incidents and accidents were responded to appropriately and investigated effectively. Lessons were learned and action taken where required. The provider had a development plan in place, which people and staff had contributed to.

We have made recommendations about creating suitable environments that support people living with dementia and the introduction of a pain assessment tool for people who were unable to verbalise their pain.

We identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

Not all aspects of the service were safe. People felt safe and staff had received appropriate training in safeguarding adults. However, they did not manage the risks posed by one person in a consistent way.

Suitable procedures in the event of a fire were in place and understood by staff. However, emergency evacuation plans were not kept in an accessible place.

There were sufficient staff to meet people's needs. Recruiting processes were safe and ensured only suitable staff were employed. Medicines were managed safely, although one medicine was not given as prescribed, so may not have been effective.

Is the service effective?

Requires improvement

The service was not always effective. Staff did not understand how to protect people's rights when they made decisions on their behalf.

The environment of the home was safe, although some aspects of it did not support people living with dementia to be independent.

People and their relatives spoke positively about the care they received and praised the quality of the food. A choice of nutritious food and drinks were provided and appropriate support was given where required.

Staff received appropriate training and support. They were well motivated and knew how to care for older people. People had access to doctors and healthcare specialists when needed.

Is the service caring?

Requires improvement

The service was caring, although staff did not always demonstrate this. People told us staff were kind and compassionate; however, we observed that not all interactions were positive.

Most staff understood how to communicate effectively with older people and people living with dementia. Kitchen staff had started to produce menus in an accessible format to support people to make choices.

Staff protected people's privacy at all times, including by the use of privacy screens in people's rooms. People (and their families where appropriate) were involved in decisions and on-going discussions about the care and support they needed.

Is the service responsive?

Requires improvement

Not all aspects of the service were responsive. People told us their needs were met. However, staff did not support one person, who displayed behaviours that challenged others, in a consistent way.

Summary of findings

Although staff could identify when people were in pain, a pain assessment tool was not used, so people may not have received consistent pain relief when needed.

Most care plans were comprehensive and records showed staff supported people effectively. A broad range of group activities was provided and staff made good use of a hand-held computer with people who chose not to engage in group activities.

Complaints were dealt with in line with the provider's policy. The provider listened and acted on people's comments.

Is the service well-led?

Requires improvement

Not all aspects of the service were well-led. The provider had made improvements following concerns identified during the previous inspection, although the requirements of one regulation were not being met.

The registered manager had left the service shortly before our inspection; however, the provider had put an appropriate management structure in place until a new manager could be recruited. People told us the home ran well and staff were organised.

Visitors were welcomed and the provider communicated with people in an open way. Staff praised the management of the home who they described as "approachable". Incidents and accidents were investigated thoroughly and responded to appropriately.

Cornelia Manor RCH

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 19 February 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience in dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send us by law. We also reviewed the action plan that the provider sent us following our last inspection, describing how they would meet the requirements of the regulations.

We spoke with six people living at the home and three family members. We also spoke with a senior representative of the provider, the head of care, eight care staff, a cook, a housekeeper and a cleaner. We also spoke with a visiting community nurse and a visiting paramedic. We looked at care plans and associated records for six people, staff duty records, three recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records. We observed care and support being delivered in communal areas. 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.

Requires improvement

Is the service safe?

Our findings

At our last inspection, on 23 and 24 July 2014, we found people were not always protected from abuse and there were not enough staff to keep people safe at all times. These were breaches of Regulations 11 and 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulation 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to use saying they would take action to meet the regulations by 31 December 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People told us they felt safe. One person said, "No one bothers me, I feel quite safe and there's a lock on the door if I need it." Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse, and how to contact external organisations for support if needed. They said they would have no hesitation in reporting abuse and were confident the management would act on their concerns. The provider had suitable policies in place which were designed to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Effective measures were in place to protect people from the risks posed by a person with a history of abusing others. However, risks relating to another person, who had a history of becoming involved in minor altercations with other people, were not managed consistently. Staff described a variety of methods they used to defuse such altercations, but these were not recorded in the person's care plan and the person was not monitored closely. This had the potential for putting other people at risk of abuse.

There were sufficient staff to meet people's needs and people were attended to promptly. One person said, "I have a call bell in my room and staff come quickly when I press it." Some people could not use their call bells and records showed these people were checked regularly. The provider had made changes to the way senior staff were deployed and increased the number of staff available to support people in the afternoons and evenings. People told us this was beneficial. Care staff told us it meant they were able to provide safe care more effectively in the evenings, when people living with dementia were prone to becoming unsettled. A senior representative of the provider explained how they constantly reviewed the number of staff by examining people's dependency levels and seeking feedback from people and staff to assess whether people's needs were being met.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Staff were suitably trained and followed best practice guidance when administering medicines. They knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received most of their medicines as prescribed. However, the MAR charts showed that one medicine, which should be given half an hour before food, was often given with or after food, so may not have been effective. Recent prescriptions issued by a GP for two people were not clear about how often the medicines should be given. Staff had identified this error and were actively seeking clarification from the GP concerned to ensure people received these medicines safely.

Care plans included risk assessments which were relevant to the person and specified actions required to reduce the risk. These included the risk of people falling, developing pressure injuries or being harmed by bed rails. A visiting community nurse said of the staff, "They manage the risk of pressure injuries well and always follow our advice." Checks of bed rails and bed guards were conducted regularly to make sure they were working safely. Risk relating to the environment were also assessed and managed appropriately.

Staff had been trained to use equipment, such as hoists and pressure relieving devices, and we saw this being used safely and in accordance with people's risk assessments. Hoist slings were allocated individually to ensure they were the right size and type to support the person safely. A person who needed to use a hoist confirmed it was always operated correctly by two members of staff.

Where people had fallen, observations were conducted to check they had not suffered a neurological injury. Investigations were conducted and their risk assessments reviewed. In most cases, this action had prevented people from falling again. Where further falls had occurred, people were referred to their GP or the specialist falls service for further advice, which staff had followed.

Requires improvement

Is the service safe?

Emergency procedures in the event of a fire were in place and understood by staff. Records showed fire safety equipment was regularly checked and serviced. Fire alarms and drills were held frequently and staff were clear about what action to take in the event of a fire. Evacuation information was displayed on notice boards in people's rooms and personal evacuation plans were in place. These included details of the support they would need if they had to be evacuated. However, these were not kept in an accessible place, so may not be readily available in the event of an emergency.

Recruitment practices were safe. They included the use of application forms, an interview, reference checks and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff files for three staff members who had recently been recruited confirmed the service's procedures had been followed. Applicants were also required to complete a knowledge check. For experienced staff, this assessed how well they understood the needs of older people; for staff new to caring, it assessed whether they had the ability to gain this knowledge quickly. Records showed that where staff were not able to work to the necessary standards, the provider took appropriate action in line with their disciplinary procedures.

Requires improvement

Is the service effective?

Our findings

At our last inspection, on 23 and 24 July 2014, we found people's rights were not always protected as staff did not follow the Mental Capacity Act, 2005 (MCA). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to use saying they would take action to meet the regulation by 31 December 2014. At this inspection we found some improvements had been made, but the provider was not meeting the requirements of this regulation.

The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Records showed staff had made best interest decisions for three people, in relation to their care and treatment; however, they had not first assessed whether the person had a cognitive impairment, as required by the MCA. For one person, the record stated that a best interest decision had been made because they were not able to sign the care record, although it stated the person had the mental capacity to make their own decisions. For another person, a decision had been made by a family member, who the record stated had power of attorney to act on their behalf; however, the power of attorney did not relate to decisions about the person's care and welfare.

We observed staff seeking consent from people before providing day to day care, but from discussions with them, it was clear they did not fully understand the requirements of the MCA. Following the last inspection, the provider had arranged additional MCA training for all staff. However, due to issues beyond their control, the training provider had to be changed which had caused delays in the roll out of this training, which had only recently started. As a result, people's rights were not fully protected.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider had made a DoLS application for one person, after consultation with the person's care manager and their family, and were waiting for the local authority to complete their assessment. In the meanwhile, staff were aware of the support this person needed to keep them safe.

People and their relatives spoke positively about the care they received and praised the quality of the food. One person said, "We've got a good menu now and a good cook." Another person said of the food, "There's always a choice and they get the staff organised to know when it's ready to be served." A family member told us their relative "eats well and his nutritional needs are met."

People received appropriate support to eat and drink enough. They were offered varied and nutritious meals including a choice of fresh food and drinks. Kitchen staff were aware of people who needed their meals prepared in a certain way or fortified to increase their intake of calories. Cold drinks were readily available to people and within reach, together with a variety of cups and beakers to suit people's individual needs. In addition, staff provided hot drinks and snacks to people throughout the day.

People were encouraged to eat well and staff provided one to one support where needed. They ensured people were sat in a safe position and gave them time to eat at their own pace. They closely monitored the food and fluid intakes of people at risk of malnutrition or dehydration and took appropriate action where required. The menu was changed according to the season and themed meals were provided on special occasions such as 'Pancake Day', the first day of our inspection.

Staff were skilled and knowledgeable about the needs of people living with dementia and knew how to care for them effectively. New staff were given a welcome pack containing essential information about their role and followed the Skills for Care common induction standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised. They also spent time shadowing an experienced member of staff until they and their supervisors felt they were competent to work on their own. All staff completed a series of computer based

Requires improvement

Is the service effective?

competency assessments to test their knowledge in key areas. The results were then used to identify training needs. One staff member told us "The dementia training made me change the way I see the work. I'm much more patient with people now and make time for them." With the exception of MCA training, records showed staff were up to date with all the provider's essential training and this was refreshed regularly.

People were cared for by staff who were motivated and supported to work to a high standard. Staff received one-to-one sessions of supervision with a senior member of staff, together with yearly appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Most staff had obtained vocational qualifications relevant to their role or were working towards these.

People were able to access healthcare services and always saw a doctor when needed. If investigations or treatment were required, they were admitted to hospital promptly. Care records showed people were referred to community nurses and other specialists when changes in their health were identified, for example if they started to lose weight or showed signs of developing pressure injuries. If the person's health did not improve, staff were proactive in referring the person back to their GP for further advice, as confirmed by people's care records. A visiting community nurse told us "Staff are enthusiastic in calling us about any concerns they have."

The environment was safe and some adaptations had been made to make it suitable for older people, such as a passenger lift and a wet room with easy access. However, signage was not prominent, some areas were not well-lit and the doors to people's bedrooms all looked the same. This did not support people living with dementia to navigate their way around the home. For example we heard people asking staff the way to the toilet, their rooms or the lounge.

We recommend the provider considers guidance issued by recognised national bodies about creating suitable environments that support people living with dementia.

Requires improvement

Is the service caring?

Our findings

People were cared for with kindness and compassion and could make choices about how and where they spent their time. One person told us "I'm free to choose when I get up and go to bed; I can do what I like." Another person told us they preferred a shower to a bath. They said, "The new shower room is very nice. If I wanted to use it more often [the staff] would organise it for me." Three comments made in response to a recent survey conducted by the provider described staff as "friendly".

At lunchtime, some people chose to eat in their rooms. We observed staff keeping these people informed about when their meals would be served and checking they received the meals they had chosen. In the dining room, a staff member sat with a person and engaged them in conversation about food in a positive way that encouraged the person to eat well. However, another member of staff did not engage well with the person they were supporting to eat, so the person did not have such a positive meal time experience. When they supported the person to stand after their meal, they moved the person's chair without warning, which startled them. The person then started to walk off in the wrong direction and had to be re-directed. Had the staff member engaged with the person, this misunderstanding may not have occurred. During the same meal, another member of staff leant across a person to serve another person, which showed a lack of respect.

Other staff clearly understood how to communicate effectively with older people and people living with dementia. They spoke fondly about people, took time to listen and interacted positively with them. For example, one person was unable to read the menu, so a member of staff talked it through with them and discussed the options in a calm and relaxed way. When a person became restless, a staff member recognised that they may benefit from a walk round the garden, so took the person out and talked with them as they toured the grounds. The person appeared more relaxed and settled when they returned.

Kitchen staff were also aware of the needs of people living with dementia and had started to create laminated photographs of the menu to help people make informed choices about meals. They explained how they asked people to make a menu choice during the morning, but checked this with the person when the meal was served, in case they had forgotten their choice. They also made additional portions of each menu option in case people changed their minds once they saw the meal.

Staff were able to tell us the life histories of people and how this affected their support needs. They were clear about the need to encourage people to be as independent as possible and frequently used the expression "it's their choice" when referring to the way in which people were supported. We observed these choices being offered in practice. For example, staff asked people whether they wanted the television or the radio on and helped them find the channels they requested. People told us they could also choose where they took their meals. A staff member who was supporting a person at lunchtime said, "We don't want to take her independence away, so we just prompt and encourage them to eat on their own."

Staff ensured people's privacy was protected by speaking quietly and ensuring doors were closed when providing personal care. Where people preferred to leave their doors open, screens had been set up to so they were not visible to people passing their doors. This protected their privacy. One person said this gave them "privacy without feeling confined." Another person told us they chose not to have a privacy screen, as they were in a room in a part of the home where other people rarely went, and this wish had been respected. People had been asked whether they had a preference for male or female care staff; their preferences were recorded, known to staff and respected. Confidential information, such as care records, was kept securely and only accessed by staff authorised to view it.

People's relatives and friends were able to visit whenever they wished. On both days of inspection we observed a number of relatives and friends visiting people at the service. Family members told us they were always made welcome and offered drinks. Comments made by people in a recent survey conducted by the provider were complimentary. These included "Staff very friendly, helpful and easy to talk to" and "Staff always friendly and welcoming."

When people moved to the home, they (and their families where appropriate) were involved in decisions about the care and support they needed. People's needs were then assessed and discussed over a period of weeks, during which time their care plan was developed and refined to ensure it reflected their views and wishes. Comments in

Requires improvement

Is the service caring?

care plans showed this process was on-going and family members were kept up to date with any changes to their relative's needs. Records showed people and their families had also been involved in decisions about resuscitation.

Requires improvement

Is the service responsive?

Our findings

People praised the quality of care and told us their needs were met. One person said, "The staff are jolly good, they look after me well." A family member told us they were "very happy with the care." A letter we saw from a family member said, "I am very happy the care staff provider for [my relative]. I think you are doing all you can to make her comfortable."

The support needs of one person who displayed behaviours that challenged others were not always managed effectively. We observed this person's behaviour upset other people. For example, at lunchtime, when the person had finished their meal, they verbally confronted another person about the way they were eating. When mobilising around the home, they frequently made unpleasant remarks to other people. Their care plan provided clear direction to staff about how to support the person when they became aggressive towards staff. However, it gave no guidance on how to support them when they confronted other people. Staff had sought advice from the specialist dementia treatment service, but said they were unsure about what action to take when the person displayed such behaviour. Each staff member appeared to have developed their own interventions, which were not always effective. For example, at lunchtime we observed a staff member started to intervene by trying to distract the person, but their approach seemed to aggravate them so the staff member backed away. Another staff member told us they had some success by reciting a poem to the person, but other staff were not aware of this. As a result, staff did not provide a consistent or effective response to this person's behaviour.

Care plans for all but one person, were personalised and provided comprehensive information about people's care and support needs and how they should be met. Summary care plans, providing key information about people's needs, were also available to staff which they told us were "easy to follow." When we asked staff about people's needs, they were able to provide comprehensive, up to date information about all aspects of their care and support. Daily records of care confirmed that these people received care and support in line with their care plans. Records used to monitor people's continence, food and fluids consumed, and repositioning in bed were clear and up to date.

Reviews of care were conducted monthly by key workers, or when people's needs changed. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. People and their relatives were consulted as part of the review process. As people's needs changed, their care plans were developed to ensure they remained up to date and reflected people's current needs. For example, one person had recently become reluctant to receive personal care, and we saw clear actions were put in place to encourage the person to receive personal care and protect them from the risk of skin breakdown. Another person had become incontinent of urine and appropriate changes had been made to their continence care plan.

Due to cognitive impairment, some people were unable to verbalise when they were in pain. For these people, we saw information was available in their medicine records to help staff identify when pain relief was needed. This included descriptions of the body language and behaviours they displayed. However, a recognised assessment tool was not used for this purpose, so the provider could not be sure that people received effective pain relief in a consistent way.

A broad range of group activities was provided throughout the week and was advertised on the home's notice board. They had been tailored to meet people's individual needs and staff described how they continually reviewed and developed activities by seeking feedback from people. These included singing, games and quizzes. We observed people in the main lounge taking part in a sing-song. People and staff were seen interacting and enjoying the activity. One person said, "We like the old songs best so that's what they sing." Other activities included trips to local attractions.

The activity needs of people who chose not to engage in group activities were met by staff spending one to one time with people, talking about things of interest to them. This prevented them becoming socially isolated. To facilitate this, they made good use of a hand-held computer to allow people to communicate with family and friends who could not visit or to find information of interest to the person. For example, staff showed one person images of the area where they had lived as a child. For another person, staff found a song they liked, but had forgotten and played it to them. The person said, "It was wonderful, I never thought

Requires improvement

Is the service responsive?

I'd ever hear that song again." The care plans for two people stated they enjoyed listening to particular types of music and we heard this music playing in their rooms throughout our visit.

The provider sought feedback from people through 'residents' meetings' which were held every month. The minutes of the last meeting showed people were consulted about ideas for themed meals, such as Valentine's Day and Pancake Day and we found special meals had been provided on these days. People also commented that the quality of activities and food had improved, having raised these issues at a previous meeting. This showed the provider listened and acted on people's comments.

People were given information about how to make complaints and this was also displayed in the reception area of the home. People confirmed they knew how to make a complaint and said if they had any concerns they would speak with the "owner" or the "head of care". One person said, "I have no complaints at all." Complaints received by the service were dealt with in a timely manner and in line with the provider's complaints policy. For example, a complaint about the way a person was transferred to hospital had been investigated thoroughly; staff had discussed the concerns with the local safeguarding authority and the complainant had been kept informed. Following the incident, the provider introduced a 'hospital transfer checklist' to help prevent a similar incident occurring in the future.

We recommend the provider introduces a recognised pain assessment tool to ensure people receive consistent pain relief when needed.

Requires improvement

Is the service well-led?

Our findings

At our last inspection, on 23 and 24 July 2014, we found the provider had not notified CQC about incidents of abuse that had occurred. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009). The provider wrote to use saying they would take action to meet the regulation by 31 December 2014. At this inspection we found the provider had notified CQC of all relevant incidents and was fully meeting the requirements of this regulation.

People told us the service was well led. One person said of the management, "Everything runs smoothly, we see a lot of [the provider] and they've got good systems in place". Another person said, "If you ever want anything, you just talk to one of the staff and they get it organised for you. It's well run."

A system was in place to regularly assess and monitor the quality of service people received through a series of audits. In addition, the provider had conducted a comprehensive audit since the registered manager had left and identified 30 action points for improvement. This had identified the lack of training in MCA and plans had been put in place to address this. However, the audit systems had not identified the lack of information in one person's care plan to ensure risks they posed to others were managed consistently.

There was an open and transparent culture within the home. Visitors were welcomed and the provider shared information about the service with them. Family members praised communication with staff saying they were "called straight away" if there were any changes to their relative's condition. The previous inspection report was on display in the reception area for visitors to view. The provider had written to people and their families to make them aware of the findings of our previous inspection and informing people of the action they would take to address the shortcomings identified. During discussions with a senior representative of the provider, we found they were keen to learn of any concerns and sought advice about how they could further improve the quality of service provided to people.

There was an appropriate whistle-blowing policy in place. This encouraged the reporting of concerns and gave staff the option of contacting the provider or reporting to external agencies. A newly recruited member of staff told us, "They were red hot about that at interview, so I know if I ever had to report anything they would deal with it properly."

Feedback was sought from people by conducting an annual survey using questionnaires. We viewed the result of the latest survey, which showed most people were satisfied with the care provided. Where issues were raised, the provider took action to address them. For example, following comments about the size of portions given for lunch, these had been reduced for some people to make sure they weren't discouraged from eating. Other people had been given the opportunity to change rooms following their feedback.

The registered manager had left the service shortly before our inspection and the provider had made suitable arrangements for the management of the home in their absence. In addition, a senior representative of the provider visited daily and an advert had been placed to recruit a new manager. There was a clear staffing structure in place and care staff were supervised by senior, more experienced staff. We observed a staff briefing and saw care staff were deployed effectively and given responsibility for specific areas of work. Staff understood what was required of them and went about their work in a quiet but efficient way. This created a relaxed and happy atmosphere and was reflected in people's care. There were good working relationships with external professionals. A visiting community nurse and a paramedic confirmed this and described staff as "well organised". Management were available to provide advice and guidance, including out of hours through an on-call system.

Staff praised the management of the home and said they were able to raise any issues or concerns with them. They described the management team as "supportive" and "approachable". One staff member said, "If you ever need anything, you just mention it to [the provider] and you get it." Other staff told us they "loved" working at the home and were "very happy". Staff meetings were held regularly and were well attended. These provided opportunities for staff to express their views and make suggestions for improvement. For example, a member of staff had suggested that a 'hospital bag' be prepared with all the items a person would need if they were admitted to hospital in an emergency. The provider had taken the idea forward and was about to implement it.

Requires improvement

Is the service well-led?

Incidents and accidents were responded to appropriately and investigated effectively. We reviewed two recent incidents where comprehensive investigations had been conducted. One involved a person subject to DoLS who had left the building unsupervised. We saw appropriate measures had been put in place to prevent this occurring again. Staff that had been on duty at the time had received additional sessions of supervisions to ensure lessons had been learned and they were aware of the potential consequences. Following another incident, where a person fell in their room, action was taken to re-route a loose cable to prevent further incidents.

The provider kept up to date with best practice by belonging to trade associations, reading relevant journals and discussing issues with training providers and other care providers. As a result of this, the provider had produced a development plan to improve the quality of service provided. This included introducing a new form to support the recording of mental capacity assessments and best interest assessments, changes to the environment and the design of a sensory garden to encourage people to make more use of the available outdoor space. Records showed people and staff had been involved in contributing to the plans.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We 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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment **The registered person did not have suitable arrangements in place for obtaining the consent of service users in relation to their care and treatment. Regulation 18.**