Walmley Care Home Ltd

Marian House Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 and 24 February 2017 and was unannounced. At our last comprehensive inspection in July 2016, we identified a number of breaches of the regulations and concerns in relation to the care that people received. We had identified concerns in relation to staffing and the quality and safety of the care and support provided. We identified concerns as to the registered provider's oversight of the service to monitor such issues and to ensure that legal requirements were met. We also identified failures to ensure that people were treated with respect, that people's needs and wishes were acted upon, and that people had access to adequate nutrition and hydration. After our comprehensive inspection in July 2016, the registered provider had written to us to say what they would do to meet legal requirements in relation to the breaches.

At this inspection, we found that the registered provider had fulfilled most aspects of their action plan and had met all of the regulations. During this inspection, we discussed with the registered provider that we had identified further areas of improvement in relation to record keeping and auditing processes to help drive and sustain such improvements. The registered provider and registered manager were receptive to this feedback and assured us that this would be addressed.

Marian House Nursing Home is a care home with nursing for up to 42 older people. There were 31 people living at the home at the time of our inspection. There was a registered manager in place who was present throughout our inspection and who had joined the service in September 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us that people were safe living at the home. Improvements had been made as to how people's risks were managed and monitored, although systems were not robust. People gave mixed feedback as to whether staff were always available to provide timely support, although improvements had been made in this area. Further improvement was required in respect of record keeping to ensure that people received safe and consistent support with their medicines.

People were supported by staff who were provided with ongoing appropriate guidance and training for their roles. People were supported to make their own choices and decisions, although records to reflect this practice required development. People were supported to access healthcare services and to maintain safe hydration and nutritional levels to promote their health and well-being.

People were supported by staff who treated them with respect and they were described as kind and caring, however recent feedback from some people showed that this support was not consistent or timely. People and relatives were involved in care planning and had been asked for their feedback about the home.

People were not always supported to participate in activities of interest to them. The registered provider had plans to make improvements in this area. People's care plans had been updated recently to reflect their personal interests and wishes, although care planning and risk assessments did not always reflect people's support needs.

People and relatives were able to raise complaints at the home and had access to guidance about how to do so. The registered manager had addressed and taken learning from complaints that had been raised. People and relatives we spoke with told us that they were happy with the care provided. We saw that people and relatives had been told about developments at the home and that they had been asked for their feedback to inform some of these improvements.

Staff we spoke with told us that they felt supported in their roles. The registered provider had invested in staff through the introduction of incentives and additional training and support. The registered manager understood their responsibilities to the CQC and we saw that they led by example to promote a person-centred approach. Systems had been introduced to monitor the safety and quality of the service. Further improvement was required in respect of record keeping to support these ongoing improvements.

This 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 have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 consistently safe.

Most people's risks were managed safely, although further improvements were required to ensure records and processes were robust.

People gave varied feedback as to whether they received support in a timely way, although staff deployment had improved at the home.

Medicines management processes had improved, although further progress was required. Records did not reflect that people always received support with some medicines and topical creams as prescribed.

People and relatives told us that people were safe living at the home.

Is the service effective?

Good

The service was effective.

People were supported by staff who received support and guidance in their roles.

People were supported to make their own choices, this was encouraged and respected by staff.

People were supported to maintain sufficient nutrition and hydration levels.

People were supported to access healthcare services to stay well.

Is the service caring?

Good

The service was caring.

People were involved in their care planning and decisions.

We observed that people and relatives had positive rapport with staff and registered manager.

We observed that people were treated with dignity and respect. People's feedback was used to help identify further areas of improvement at the home.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Group activities were held at the home, although people were not always supported to partake in activities of interest to them or in line with their needs.

People and relatives were able to complain if they wished to do so, complaints had been analysed to drive improvement at the home.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems were in place to monitor the quality and safety of the service, although they had not identified that records were not always accurate or robust and reflective of ongoing improvements.

People and relatives spoke positively about the home and their feedback was sought to drive improvements.

Staff spoke positively about their roles and had received support and encouragement from the registered manager and registered provider.

Marian House 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 checked 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 23 and 24 February 2017and was unannounced. The inspection was conducted by two inspectors, a specialist advisor and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

As part of our inspection, we looked at the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding incidents. We also 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. We also referred to the action plan that the registered provider had submitted following our last comprehensive inspection and considered feedback provided to us by commissioners of the service. We used this information to plan what areas we were going to focus on during our inspection visit.

As part of our inspection we spoke with six people living at the home and eight relatives of people. We gathered feedback from the clinical commissioning group and seven healthcare professionals. In addition we spoke with eight staff members including care staff and nurses, the deputy manager, the registered manager and the registered provider. Some people living at the home were not able to speak with us. We carried out observations of how people were supported throughout the day and 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 to us. During our visit, we also looked at six

people's care records, three staff files and at records maintained by the home about nutritional support, medicines, risk management, training and the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection in July 2016, we identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the registered provider was not ensuring the safe care and treatment of people, for example through appropriate moving and handling practice, risk management, staffing and medicines management. The registered provider had produced an action plan of how they would respond to the concerns raised. We saw that improvements had been made in all areas, although further improvement was required.

People and relatives told us that people were safe living at the home. One person told us, "I used to worry living on my own but I am comfortable here, I don't have to worry about anything." A relative we spoke with told us that their relative was safe using the service and that staff knew them well. All staff we spoke with confirmed that they would raise concerns with the registered manager if they had any suspicions of abuse. One staff member told us, "I would go straight to the [registered] manager… If I couldn't go to the manager, I'd go to [the office staff] or the [registered provider]." Some staff were not able to describe the types of abuse that people were at risk of. Most staff had received safeguarding training and training was scheduled for staff who were new or required refresher training in this area. One staff member commented, "All of us are responsible to safeguarding vulnerable adults… and to prevent abuse." The registered manager told us that they welcomed that staff had begun to share any concerns they identified at the home to ensure that people were always supported safely. The registered manager told us that they had shared learning with staff about safeguarding concerns that had recently been reported.

At our last comprehensive inspection, people were not supported with safe moving and handling practice and this caused some people distress and potential harm. At this inspection, we found improvements in this area and staff provided people with safe moving and handling support. One relative told us, "The staff are equipped in their roles, even to the way they move [my relative] around and they do this carefully with her." Staff who had recently joined the service were not able to provide people with moving and handling support until they had received the necessary training to do so.

At our last comprehensive inspection in July 2016, people's care needs were not always met in a timely way due to poor deployment of staff. We also found that people did not always have access to their buzzers where they were able to use these, to seek the assistance of nurses and care staff. During this inspection, we identified improvements in these areas, although further progress was required. The registered manager had introduced a system to organise staff deployment around people's expressed preferences for receiving personal care. The registered manager told us, "We have gone away from [the previous] routine to suit the home. People get up when they want to." We observed that people were supported in line with their preferences and to help keep them safe and well. Feedback from one person through a residents' survey showed that they wanted to get up earlier and staff had responded to this request.

Staff we spoke with showed that they valued the staff deployment system which made staff aware of their upcoming tasks and their responsibility to support people in line with their preferences. A new staff member told us, "In the training, they always tell us about the resident, it is not rushed or task based, we've got to

give time to [people] and chat to them." Another staff member told us, "This new regime seems a lot better, we're not rushed." During our inspection, we observed that there were enough staff and people's call buzzers were answered promptly. People always had call buzzers in reach where they were able to use these.

Some people had expressed through a recent residents' survey and recent reviews of their care plans that they sometimes had to wait a long time for support. The registered manager told us that such feedback was being addressed and informed us after the inspection that they had begun to monitor staff response times and found that the majority of response times to people's calls were prompt. The registered manager told us that staffing levels had been maintained at full capacity to allow staff additional time and capacity to embed the improvements that were being encouraged at the home through supervision, competency assessments and training. The registered manager confirmed that they used agency nursing staff to maintain nurse staffing levels and that they tried to use the same staff who were familiar with people's needs and the running of the service.

We looked at recruitment practice at the home and sampled records of three staff members who had recently been recruited. We found that references had been received and checks under the Disclosure and Barring Service conducted to check that staff were of good character, prior to each of the three staff members commencing in their roles. A staff member we spoke with who had worked at the home for a longer period of time confirmed that they received such checks before starting in their role. Appropriate checks had been undertaken to ensure that people were supported by suitable staff.

Health and safety checks were routinely undertaken to ensure the safety of the building and people's equipment. We saw that a maintenance issue had been identified and was promptly addressed. Staff we spoke with were aware of the plans to follow in the event of a fire at the home and told us that they had received training and guidance in this area. At our last comprehensive inspection in July 2016, a high number of incidents had occurred which had not been analysed or investigated to prevent future reoccurrences of such incidents. At this inspection, we saw that the number of incidents had decreased considerably. Records we sampled showed that the registered manager had introduced processes to help monitor and analyse incidents for trends, and considered further measures to promote people's safety. This had helped to keep people at the home safe, for example, by reducing the likelihood of people experiencing falls.

At our last inspection in July 2016, we identified concerns in respect of staff not consistently following healthcare guidance to help manage people's risks. At this inspection, staff we spoke with were aware of people's risks and how they needed to support people accordingly. Staff we spoke with told us that they spoke with the nurses or registered manager if they had concerns. All healthcare professionals we spoke with told us that their advice had been followed by staff. Risk assessments were in place to inform staff of the support people required and the necessary equipment or resources to use. Further improvement was required in some areas. For example, although people had the correct equipment in place to remain safe in their bedrooms, this equipment was not always positioned appropriately in line with people's risk assessments and good practice guidelines. The registered manager told us that this would be addressed.

Processes that had been introduced to reduce risks to people living at the home were not fully embedded and followed by staff to help keep people safe. For example, many people living at the home required support to manage their risk of developing sore skin. Two people's care records we sampled showed that action had not been taken where staff had recorded an increased risk over a number of days. The registered provider informed us following our inspection that they had introduced a system to help monitor these records more proactively to manage this risk more effectively in future.

At our last comprehensive inspection in July 2016, we could not be confident that people were always supported to take their medicines safely and as prescribed. We also found that medicines management did not promote people's choices and dignity. At this inspection, we identified improvements had been made in this area. People were supported to take their medicines with discretion through steps that had been implemented by the registered manager. Records we sampled showed that the registered manager had discussed and conducted a risk assessment with a person who had expressed a wish to take their medicines independently. This helped to promote the person's independence and choices whilst ensuring their safety. People we spoke with told us that they received their medicines safely. One person told us, "I can ask for my medication." People were supported to manage their medicines in a way that promoted their safety and dignity, although further improvements were required in relation to record keeping.

For example, one person had been prescribed 'as and when' medicines to help manage specific symptoms. We found however that this person had not been supported to take their medicines and that their symptoms had not been monitored over time as required. We spoke with a nurse, the registered manager and deputy manager who assured us that this person's risk was being managed, although records we sampled had failed to demonstrate this. We found that medicines records did not always reflect how and why people should be supported to take PRN medicines and on many occasions, records did not state the reasons why these medicines had been taken as required by the registered provider. Records failed to demonstrate that people were always supported to take their 'as and when' medicines as prescribed.

Records also failed to show that people were supported to apply their skin creams as prescribed. For example, one person's records we sampled showed that they had a number of gaps in their topical cream charts which had not been identified. However we saw that the person's skin appeared to be hydrated and care staff and nurses we spoke with told us that the person did not have any indications of sore skin. A care staff member we spoke with confirmed that they regularly applied this cream as required. We found that many records were not completed to reflect that people were always supported to apply skin creams as prescribed and that this had not been identified. In another example, records were incomplete and did not reflect that the person received appropriate care for their sore skin. A healthcare professional we spoke with told us that they were satisfied with the support people received with this aspect of their care. The healthcare professional commented, "We've always had very good support from the nurses and carers and staff… The staff are very good and willing, they help us to change dressings." The healthcare professional told us that staff followed their advice and took appropriate measures to support people well. Records were not robust to reflect that people always received checks and support they required in a timely way. The registered manager told us that this would be addressed.

At our last comprehensive inspection in July 2016, we identified concerns in relation to medicines records and audits processes. At this inspection, we identified improvement in this area, although further progress was required. Medicines records we sampled showed that the correct amount of medicines were in stock and a healthcare professional we spoke with confirmed that medicines were promptly ordered when needed. We saw that medicines were stored safely and securely, however, audits had not identified a small number of occasions where storage temperature checks had not been done. The registered manager addressed these issues during our visit. A healthcare professional told us that medicines management at the home was satisfactory and that people were supported to take their medicines safely. Another healthcare professional commented, "We've been made aware of [medicines] errors, they let us know. We try and assist them as best as we can to help reduce errors. The communication is good… [we have] no problems." The registered manager told us that they had reduced the number of records errors over time through medicines training and competency assessments for nurses. An external medicines audit completed in January 2017 had identified some record keeping issues which the registered manager told us they had addressed. The registered manager told us that they had commenced monthly medicines audits to continue to drive

improvement in this area.

Good

Is the service effective?

Our findings

People were supported by staff who received guidance and support in their roles. Relatives we spoke with told us that staff knew people well and one relative told us, "[Staff] all seem to be trained, I have never seen anything that doesn't look right." Staff we spoke with demonstrated that they knew people well and understood how to support them. One healthcare professional told us, "Staff are very good and willing, they help us… follow our advice." Another healthcare professional told us, "The nursing staff are excellent, available for me to talk to, [they] always action what they're asked to do."

We saw that nurses were accessible to support care staff if they had queries or concerns; care staff we spoke with confirmed this. A care staff member told us that a nurse had talked through a person's care plan with them and they commented: "That's what [the nurses] are there for, we go to them, the deputy manager, or the registered manager." Records we sampled showed that the majority of staff had recently received training in core areas such as First Aid, nutritional and hydration needs, record keeping, dementia care, and health and safety. The registered provider and staff we spoke with confirmed that where staff had not yet received training in these areas, this was being arranged. A staff member told us, "I had training when I first started, but this training was more intense, brilliant." Additional training was being arranged to help develop staff knowledge of people's additional needs, including for example pressure care, end-of-life care and supporting people with sensory impairments.

The registered manager told us that staff were supported through competency assessments and additional guidance to embed their learning into practice. Staff we spoke with told us that they also received feedback and guidance through supervision. New staff were supported to complete an induction when they joined the home which included shadowing more experienced staff members and completing the Care Certificate. The Care Certificate is a set of minimum care standards that new care staff must cover as part of their induction process. The registered provider had systems to ensure staff received support to aid their ongoing development.

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

At our last comprehensive inspection in July 2016, we found that people were not supported in line with the principles of the MCA and that some people were unlawfully restricted. At this inspection, we identified improvements in this area. People were supported by staff to make their own choices and decisions and most staff had received MCA training. Although most staff we spoke with did not demonstrate clear

understanding of the MCA, our discussions with staff showed that they respected people's choices. One staff member described how they could learn more about people's preferences, for example, by accessing their care plan and commented, "[We] give choices [and] respect people's choices." Staff provided examples of how they supported people to make their own decisions where they were not always to express themselves verbally. A relative we spoke with confirmed that staff provided support to meet the communication needs of their relative living at the home.

Most records we sampled reflected this practice. For example, one person's care plan stated that they had fluctuating capacity and provided up-to-date support plans and guidance about their involvement in decisions about their care and their communication preferences. Another person's care plan showed that less restrictive options had been considered for this person's support. The registered manager had made DoLS applications where they had considered this necessary to help keep some people safe. The registered manager maintained records to reflect the applications that had been made and authorised, although we saw that the conditions of DoLS authorisations were not always referred to in people's care plans. The registered manager had maintained clear records in this area, for example, in relation to lasting powers of attorney and ensured that such decisions were accessible to staff where necessary. Further improvements were required in this area in respect of ensuring that best interests meetings were held and documented.

At our last comprehensive inspection in July 2016, we identified that people's nutritional and hydration needs were not always met to keep them safe and well. At this inspection, we identified improvements in this area. People were supported to eat their meals at a pace that suited their needs and staff offered further support and encouragement where people required this. We saw that people often had a drink within reach and we overheard a staff member tell one person in their room, "Make sure you keep drinking." A relative told us, "The way they look after [my relative's] food is fantastic… [they are] so caring in supporting [my relative] to eat." Another relative told us, "Meals are served with dignity, [my relative] can't eat well and has [a staff member] sitting with them all the time." One person's records we sampled showed that hourly checks had been conducted to ensure that they had access to drinks in their bedroom. A staff member we spoke with was aware of this person's drink preferences and we saw that drinks were available to this person in their bedroom. Details of nutritional support and preferences were stated in people's care plans we sampled.

Some people living at the home had food and drink supplements to reduce their risk of malnutrition. Other people were able to have additional snacks and drinks. A staff member who was responsible for providing these additional snacks told us that they alerted the nurse if people did not choose to eat or drink anything, so they could be encouraged to eat at a later time. We saw a note in one person's care plan stating that this person had lost some weight and that this should be monitored, with suggested actions to consider if the person continued to lose weight. People were encouraged to eat and drink throughout their day to remain well. We asked a healthcare professional for their feedback on how people were supported with their nutritional needs at the home and they told us, "[We have] no issues on that score, we take a regular weight and BMI score, and track the changes."

Records we sampled showed that people were either maintaining or gaining weight. Records we sampled however showed that one person's assessment had not correctly monitored their weight loss over time. The registered manager promptly arranged training for nurses to take place early on the week following our inspection visit to address this. Two people living at the home required nutritional support through gastrostomy care. A healthcare professional we spoke with told us that they were satisfied with how this support was provided and that they had noted improvements in this aspect of people's care. The healthcare professional commented, "The documentation is fine… both are now looked after really well… nurses do follow the [support] plans."

A recent survey showed that the majority of people who responded gave positive feedback about meals at the home. People were offered a number of daily choices from a set menu. We saw that one person told staff that they did not like their meal and they were provided with an alternative option.

People were supported to maintain their health and seek additional healthcare support as required to remain well. Relatives we spoke with told us that they were kept informed of people's changing needs as appropriate. One relative told us, "They ring up if there are any issues… keep us in touch." All people living at the home were due to undertake medical reviews and health checks with a local doctor every three months, following an initiative that had recently been developed between the doctor and the registered manager. This had been put in place to identify and take more timely intervention where people's needs changed over time. The registered manager provided examples of how these reviews had led to positive outcomes following changes to two people's medicines.

We saw that the registered manager and care staff identified that one person looked flushed in a communal area of the home. We saw that they spoke with the person about how they were feeling and agreed to monitor the person to ensure the person remained well. Records we sampled showed that where another person had developed an infection, this had been treated promptly to help sustain the person's health. Healthcare professionals we spoke with confirmed that staff contacted them promptly if they had any concerns. One healthcare professional told us, "Sometimes [staff] will call, it might be trivial, [but] they are asking for our opinion and I think that's good."

Good

Is the service caring?

Our findings

At our last comprehensive inspection in July 2016, we found that people were not treated with dignity and respect at all times and staff did not communicate with people respectfully or try to develop positive relationships with people. We identified that improvements had been made and were ongoing in this area to ensure that staff had a consistent caring approach.

One person told us, "I'm treated nice." A relative told us, "I'm very, very pleased as [my relative] seems so settled… They go over and beyond what I would even hope for." We observed kind interactions between staff and people living at the home about people's life histories and interests and saw that people had a positive rapport with most staff. We overheard one person refer to a staff member and tell them, "All you lovely girls," whilst they received support. We saw that the staff member responded, "You're such a lovely lady [person's name]. We've got to look after you." We observed many occasions where people were spoken to with respect and showed that they were comfortable around staff. A healthcare professional told us, "It's a good nursing home, it's safe and they care for the [people] there. I'd be happy for a relative of mine to go there."

One person told us, "The staff are brilliant, they pop in and have a look at me." We saw that this person spent some one-to-one time with a staff member and staff knew this person well. A staff member we spoke with told us how they had spoken to one person's relatives to get to know the person's interests and places they had visited on holiday. The staff member demonstrated that they knew this person's needs. Another staff member told us, "We're now able to spend that little more time with [people living at the home], to talk to people. We've always been keyworkers, we've gone a step further, they want us to know about [people]." We observed that people were encouraged to spend time in the communal areas of the home to encourage social interaction, however some people did not wish to do so and this was respected. The registered provider had purchased an electronic device to support people and relatives to keep in touch online and had signposting information on display about advocacy services that people could access.

Relatives were involved in people's care reviews and meetings at the home as necessary. We observed that relatives were comfortable at the home and had positive rapport with the staff. One relative commented, "It doesn't seem as though you can't ask a question. If I need anything, they give me enough time to speak." We observed that most people were involved in their care decisions wherever possible. For example, we observed that staff assisted people to stand in a kind manner, talking to the person all of the time to encourage them. We observed that most staff spoke to people whilst they were supporting them to offer them reassurance. One staff member told us, "We talk [to people] even though they can't always respond, we tell them what's happening, give them choices, it's important."

People had recently been asked for their feedback and views about their care through a residents' survey and through their care plan reviews. This ensured that people's voices were heard to improve the quality of their care they received and to support ongoing improvements at the home. Whilst we saw that the majority of feedback was positive, some feedback received indicated that one person felt that staff did not always make the time for them, and another person had stated that staff did not encourage them to make their

own choices. The registered manager assured us that action points were developed to address any concerns or wishes that people had.

We saw that some people's bedrooms were decorated with personal belongings and items of importance to them. One person had asked for their bedroom wall to be painted a different colour and we saw that this person was being supported to decide which colour they would prefer this to be. We observed occasions where staff looked after important details for people living at the home. For example, we observed that one person's hands were washed with wipes before they had their lunch, and one staff member cleaned a person's glasses before the person wore them.

We observed that people were often spoken to in a respectful way and staff addressed people by their names to seek consent and offer choices whilst they supported them. We observed that staff members knocked on people's bedroom doors to seek permission before entering. A staff member we spoke with told us, "We always knock on [people's] doors before going in," and provided further examples of how they promoted people's dignity when providing personal care and support. Care records we sampled showed that people had been asked for their preferences in respect of the gender of the staff members supporting them. One person told us, "I don't mind having a [male carer] they always ask."

Records we sampled showed that some staff had received observed practice where key aspects of their care and approach were reviewed to ensure that this was caring and respectful. A staff member told us about their recent competency assessment through which they had received positive feedback for the way they supported people. The staff member also told us that the registered manager had discouraged them from using terms of endearment but to use the person's preferred name or preferred term of address, in order to demonstrate more respect for the person living at the home. Whilst it was positive that a caring, respectful approach was promoted in practice, we observed some occasions where feedback was provided between staff in the presence of people living at the home. This was not always appropriate or inclusive and the registered manager told us that this would be addressed. Action was being taken to ensure that people were always supported by staff who had a caring, respectful approach.

We observed an occasion where the registered manager checked that a person was feeling well and the person embraced the registered manager and told her, "You're lovely, you're ever so kind." Feedback we received from people living at the home suggested that they felt that most staff were kind and caring, although some comments showed that this approach was not always consistent within the staff group. One person told us, "[Staff] are very good I get all the help I need. Nowhere is perfect, some staff are better than others." Another person told us, "I get on with the staff most of them are very kind… I can only think of two that are not, they have a very poor manner." We observed a small number of occasions where staff did not promote a person-centred approach, for example, by ensuring that communication was clear by speaking to the person at their level to offer them reassurance. We observed another occasion where the registered manager corrected a staff member's choice of words in relation to supporting a person and encouraged a more person-centred approach. The registered manager led by example and promoted a person-centred, caring approach with people living at the home.

We observed that some people's personal files were left accessible in a communal area of the home. A staff member told us that this would be addressed to protect people's confidentiality.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection in July 2016, we could not be confident that care was responsive to people's needs to promote a good quality of life. Although during this inspection we identified improvements in this area, further progress was required to ensure that care was planned and delivered in line with people's needs and preferences. Feedback we received indicated that people were mostly satisfied with the support they received and that this was responsive to their needs. One person told us, "I am kept clean, warm and safe." A relative told us, "My relative is safe, well looked after. [They say], 'If there's anything I want, I always get it.'

Care planning and assessments were not always tailored to people's needs to ensure that support needs could always be identified and monitored. One person's care plan stated that they had been assessed as experiencing a mild mental health condition; however no support plans had been developed to support this person accordingly. We found that a similar assessment had not been completed effectively with another person living at the home, because the assessment was not tailored to this person's communication needs to effectively identify and monitor their needs over time. We discussed this with the registered manager who told us that this would be addressed.

Although group activities were held at the home, people were not always supported to engage in activities of interest to them or in line with their needs. One person told us, "I don't like joining in, I like gardening but I don't do it now." Recent survey responses we sampled showed that although many people said that they enjoyed planned group activities at the home, most people who responded said they did not attend planned group activities. A staff member was aware that people had commented that there was a lack of activities at the home and that this was being addressed. We observed an occasion where one person was alone in the lounge area in the company of staff. Although staff were available, they did not use this opportunity to engage in interaction or activity with this person. The person was told that the activities would commence when other people arrived to the lounge area and staff did not use this opportunity to spend quality time with the person. This person was unsettled at times and staff were not always receptive to this.

We saw that some people were comfortable and relaxed in their rooms watching television. A staff member told us, "We ask people if they want to go to the lounge and speak to others, we help them if so and document it if not." We saw this in practice; however staff told us that some people who spent time in their rooms often declined to engage in activities. We observed that people participated in a group quiz which some people were engaged in with staff. An exercise session was also held in a communal area of the home, some people who were able to join in did so and were encouraged by the person leading the session. Some people living at the home had sensory sleeves that they wore on their arms for tactile stimulation, although we saw that other resources were not made accessible to help engage people living with dementia. The registered manager told us that these had been given to the home from a church within the local community. The registered manager told us that they had some links within the community and that they had arranged some visits from local schools.

Some resources were in use at the home to support activities. We saw that some people were involved in colouring activities at the home led by staff. One person was invited by staff to choose which colourful decoration that they would like to display in their bedroom. The person chose a decoration and the staff member told them, "Okay, we'll make a start after lunch." The person was involved in this activity. Records we sampled showed that people had been asked for their ideas about future activities and plans. The registered provider told us that they were recruiting another activities coordinator so that people would have access to support to engage in activities over seven days.

People's care plans had recently been developed to help inform a more person-centred approach to their care and support. People and their relatives where applicable, had recently been involved in care planning and discussions about their experience of living at the home and their preferences and activities of interest. A relative told us, "[They asked about my relative's] character prior to being ill, they thought about 'the person' rather than 'the patient' with how they questioned me." Another relative told us, "I feel involved, I am happy [my relative has] settled well and they keep me informed." Where one person had expressed their wish to become more mobile, this feedback had been shared with the registered manager and staff we spoke with were already aware of this. One staff member knew about this person's support needs and how they spent their time, "We encourage them to walk [near to their room]." The registered manager told us that people's care plans would be reviewed on a monthly basis.

Staff we spoke were aware that some people living at the home had sensory impairments and provided examples of how they supported people with this, for example, to make choices. One staff member told us about how they ensured one person could communicate and commented, "We go up to [the person], they can hear you with the aid, which needs to be in properly and cleaned, we do it if they struggle." We found however that this support was not consistent for all people living at the home through a small number of occasions where communication was not always tailored to people's needs. For example, we observed an occasion where one person had spoken and staff had not heard them or responded to this person.

People's choices and routines were respected. One person told us, "I could stay in bed all day if I wanted." A staff member showed us a list of people's preferred times to receive support and commented, "These are the times people said they like to get up, we aim for those." Another staff member told us how they respected one person's choices: "We try sometimes to go back in [to their room]. They may have changed their mind. Let them settle, they sometimes change their mind." Staff we spoke with told us that how they supported some people to continue their religious practices at the home. A relative told us, "Staff accommodate with food and cultural differences. We used to bring meals in, now the cook has ventured into [preparing culturally diverse meals]."

At our last comprehensive inspection in July 2016, we found that complaints were not always addressed appropriately and used to drive improvement at the home. During this inspection, we identified improvements in this area. People had access to the complaints and compliments process in their bedrooms and this was on display at the home. People had been assured of the complaints process during a recent residents' meeting in January 2017 to ensure that people knew how to use this. Relatives we spoke with told us that they felt able to raise concerns about the service if they needed to do so. One relative told us, "They are very open there, I wouldn't have a problem complaining." Another relative told, "All of the family are really happy with [the person's] care and have no concerns at all… We know how to raise a concern and feel that the manager would be responsive to these." Records we sampled showed that complaints and concerns had been investigated and analysed. The registered manager described one occasion where they met with a relative shortly after they had raised concerns and records we sampled showed that this had been thoroughly investigated to the satisfaction of the complainant. Records we sampled showed that people had been asked for their views during residents' meetings and the registered

manager had identified action points in response to feedback that they received.

Requires Improvement

Is the service well-led?

Our findings

One person told us, "Staff are better than they were. We are on the road to progress now. [The registered manager] is a working manager and that's the difference… The manager is trying to make changes and I think she will." A relative we spoke with told us, "All of the family are really happy with their [relative's care] and have no concerns." People had been supported to provide feedback and views about their care where possible through surveys, care plan reviews and residents' meeting. One relative told us that they had suggested an idea for the home with the registered manager and that they had welcomed this suggestion. Records we sampled showed that the registered provider and registered manager had discussed their progress and plans to improve the quality of care at the home with people, relatives and staff during meetings. People and relatives were asked for their feedback about the home through involvement in surveys and meetings. Some people had given feedback that reflected areas of further improvement at the home, for example, where feedback had showed that staff were not consistently caring and that people did not always have access to activities of interest at the home. Records we sampled showed that this feedback had been welcomed and was being addressed through action plans.

The registered manager demonstrated awareness of their responsibilities to the Care Quality Commission and showed that they had a clear understanding of the regulations and the Duty of Candour. The registered manager had introduced systems to help improve and monitor the quality and safety of the home and methods of analysing incidents that had occurred at the home to reduce their reoccurrence. We saw that this had helped to promote people's safety by reducing the number of incidents that occurred at the home. Staff demonstrated a clearer understanding of people's risks, although systems and processes that had been introduced to support consistent practice were not robust. This had not been identified by nurses through routine checks and the registered manager told us that this would be addressed. The registered provider and registered manager had taken action to address a number of priority areas and concerns we identified during our comprehensive inspection in July 2016 and recognised further areas of improvement which they intended to address and sustain.

Most healthcare professionals we spoke with provided positive feedback about the service and the support that people received. A relative told us, "I would recommend the service and I have done." The registered manager was visible at the home and spent time speaking with people and making sure they were safe and well. An agency nurse had been recruited at the home for a number of weeks to review people's care plans to ensure that they were informative for staff in respect of people's expressed choices and wishes.

Steps had been taken to improve the culture of the home and relatives we spoke with were happy with the care provided. A healthcare professional told us, "It always seems quite positive, bright." A relative told us, "The registered manager has been brilliant, she has a great sense of humour and a brilliant way of dealing with everyone." We observed, and records we sampled confirmed that the registered provider and registered manager had an open, transparent approach and that they were receptive to feedback and further ways to continue to drive improvement at the home. One relative told us, "I went to the relatives' meeting and I was reassured by what I heard. There was a great willingness on the part of the registered provider and registered manager to make the improvements needed." The registered manager had identified areas of

improvement at the home and where we provided feedback about additional areas of improvement, the registered manager showed that they were receptive to this feedback and keen to address such issues.

All staff we spoke with commented positively about their roles and told us that they felt supported. One staff member told us, "[The registered manager] is really nice, she's brilliant… She'll do her best to help you with anything." Another staff member told us that they had staff meetings and that they could go to the registered manager anytime. We observed that nurses were also visible at the home and provided support and guidance to staff. Records of residents meetings we sampled showed that people had commented on this development. Care staff we spoke with commented that they approached other care staff or the nurses if they needed help or had questions. Staff received further support to develop in their roles through training, supervision and observed practice. The registered provider had introduced an employee of the month award with an incentive to celebrate good practice at the home and help staff to feel valued in their roles. A relative told us about this incentive and told us that they had been involved in nominating a staff member. Some staff we spoke with told us development opportunities that the registered provider had introduced, including new roles in the home as 'senior carers' and 'Care Certificate mentors'.