

Leonard Cheshire Disability

St Cecilia's - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on the 24 and 25 November 2016 and was unannounced. At our previous comprehensive inspection on 3 and 4 May 2016 we found breaches of legal requirements. We took enforcement action and served warning notices on the registered manager and provider in respect of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people were not always assessed, reviewed or managed appropriately. Staff were not appropriately supported and trained to deliver care and treatment safely. There were not adequate numbers of staff deployed to ensure people's needs were met and in a timely manner. We placed the provider in special measures and continued to monitor the service.

We undertook a focused inspection on the 21 September 2016 to check that the provider had met legal requirements. At the focused inspection we found that the provider had addressed the breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and were compliant with the warning notices we served. However some of the ratings for the service at that inspection remained unchanged as improvements were still required.

St Cecilia's Care Home with Nursing Physical Disabilities accommodates up to 30 people, most of whom have complex physical disabilities. At the time of our inspection the home was providing support to 26 people. The home had a registered manager in post. However an acting manager was in place at the time of our inspection. 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.

At this inspection on 24 and 25 November 2016 we found continued improvements had been made and some were on going. Medicines were managed, administered and stored safely. Staffing levels within the home had improved since our last inspection; however the service was still recruiting to vacant posts at the time of this inspection. Improvements in assessing and reviewing risks to people using the service had been made, however further continued improvements were required. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place and accidents and incidents were recorded and acted on appropriately.

Staff received supervision and support on a regular basis and had received an appraisal of their performance. Staff training had improved, however we will continue to monitor the progress of staffs completed training. There were processes in place to ensure staff new to the home were inducted into the service appropriately. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. However some of these systems were newly implemented and so we will continue to monitor these to ensure continued good practice. People's views about the service were sought and considered through residents meetings and satisfaction surveys when conducted.

As the provider had demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is therefore no longer in 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?

At this inspection we found actions had been taken to improve safety within the service. However we will continue to monitor the service to ensure consistent and sustained good practice.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs.

Requires Improvement ●

Is the service effective?

At this inspection we found actions had been taken to improve effectiveness within the service. However we will continue to monitor the service to ensure consistent and sustained good practice.

People were supported by staff that had appropriate skills and knowledge and staff were supported through regular supervision and appraisals of their practice and performance.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

Requires Improvement ●

People's nutritional needs and preferences were met.

Is the service caring?

Good ●

The service was caring.

Staff worked with people in a friendly and respectful manner and care plans contained guidance for staff on how best to communicate with people.

People were supported to maintain relationships and their independence as much as possible. People's diverse needs and independence was supported and promoted.

People were provided with appropriate information that met their needs and were supported to understand the care and support choices available to them.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People's need for stimulation and social interaction were met.

People were provided with information on how to make a complaint.

People had access to specialised equipment that enabled greater independence and met both physical and emotional needs.

Is the service well-led?

Requires Improvement ●

At this inspection we found actions had been taken to ensure the service was well led. However we will continue to monitor the service to ensure consistent and sustained good practice.

There were systems and processes in place to monitor and evaluate the service provided.

There was an acting manager in post at the time of our inspection. However they were knowledgeable about the

requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys when conducted.

St Cecilia's - Care Home with Nursing Physical Disabilities

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we reviewed the information we had about the service. This included reviewing the provider's action plan from the previous inspection and looking at statutory notifications. A notification is information about important events which the provider is required by law to send us. We spoke with the local authorities and health clinical commissioning groups who are commissioners of the service and local safeguarding teams. We also spoke with other health and social care professionals to obtain their views. We used this information to help inform our inspection.

The inspection was unannounced and consisted of a team of four members. On the 24 November 2016 the team included two inspectors and a specialist advisor. On the 25 November 2016 one inspector returned to the service with 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.

During the inspection we spoke with seven people using the service, two visiting relatives, 12 members of staff including the provider's head of operations, acting care supervisor, nursing staff, care staff, kitchen staff, administrators and volunteers. We looked at the care plans and records for six people using the service and ten staff records.

Not everyone at the service was able to communicate their views to us so we used the Short Observational

Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by staff. We looked at care plans and records for people using the service, medicine records and records related to the management of the service including audits and incidents logs. We also looked at areas of the building including communal areas and outside grounds.

Is the service safe?

Our findings

At our last comprehensive inspection on the 3 and 4 May 2016 we found a breach of regulation in respect of the safe management of medicines. We issued the provider with a requirement notice to meet the regulation. At this inspection we saw medicines were managed safely and people told us they received their medicines when required. One person said, "I do get my medication at the times I expect." Another person commented, "The staff that do the medicine rounds are good. I always get my medicines when I need them."

During our inspection we saw medicines were administered safely to people by staff trained to do so. Designated staff had received appropriate medicines training which included medicine competency supervision and assessments and appropriate up to date training. Staff we spoke with confirmed they felt they had received suitable medicines training and support to enable them to manage and administer medicines safely. People's medicines were stored appropriately in individually named boxes to ensure safe administration. Medicines were administered at various prescribed times according to individual needs. These arrangements ensured people received the correct medicines in a safe and timely way.

We looked at the medication administration record (MAR) charts for seven people using the service which listed people's medicines and doses along with space to record when doses had been given by staff. All MAR charts we looked at had been completed correctly with no omissions. This was in line with safe best practice. We noted photographs were kept on people's MAR records to identify them to new staff and to help ensure medicines were administered to the right person. Records of people's allergies were also recorded on MAR charts to prevent the risk that people could receive medicines they were allergic or have an adverse reaction to. We looked at the provider's homely remedies register and saw that this was completed correctly. All homely remedies were checked on a weekly basis by staff to ensure safe practice. We found that all homely remedies had people's names clearly marked on them and these were also recorded on people's MAR's which were signed and dated by people's general practitioner.

Medicines were stored safely. Medicines were locked in secure medicines trolleys in locked clinical rooms that only authorised staff had access to. Medicine trolleys were securely fixed to the wall of the medicine rooms which complied with the provider's medicine policy. Controlled Drugs were safely kept in locked cupboards within locked medicine rooms that only trained staff had access to. We looked at the Controlled Drugs register and saw this had been completed correctly in line with best practice. Medicines which required refrigeration were kept in lockable refrigerators in medicine rooms and the temperature of refrigerators and rooms were monitored to ensure medicines were safe to use. Medicines were disposed of appropriately and collected regularly by external contractors.

The Provider had a medicines management policy in place which was reviewed in July 2015. There was also a local medicines policy in place which was reviewed in November 2016. Medicine policies provided guidance for staff and included areas of medicines management such as safe administration, supply, storage and disposal of medicines. We noted staff had access to up to date medicine reference books which provided staff with information relating to medicines such as side effects and contraindications of

medicines. We spoke with senior staff about medicine errors and the systems in place to monitor this. We were told there had been two medicine errors since our last inspection. We saw that medicine errors were documented on medicine error notification forms and kept within an incident folder.

Significant event analyses were conducted by the acting care supervisor on a regular basis and we noted further training and supervision had been arranged for clinical staff where needed in relation to medicines errors. The acting care supervisor confirmed they conducted medicine audits on a weekly and monthly basis and we also saw an external pharmacist had performed a medicines audit in November 2016. No significant findings were documented. We noted the provider's clinical auditor had performed an internal medicines audit and saw monthly medicine audits were undertaken, the last one being November 2016. Medicines were also being audited on a weekly basis to ensure continued safe practice.

At our last comprehensive inspection on the 3 and 4 May 2016 we found a continued breach in regulations in relation to safe levels of staffing within the home. Following our inspection on the 3 and 4 May 2016 we took enforcement action against the provider and the registered manager and served a warning notice. At our last focused inspection of the service on 21 September 2016 we found some improvements had been made to the staffing levels within the home.

At this inspection people and their relatives told us that staffing levels within the home had improved since our last inspection and staff responded to their requests in a timely manner on most occasions. One person said, "Since the new acting manager has been here, they have been recruiting care workers and the standard of care staff has improved." A relative told us, "My loved one is well looked after and quite safe. I am contented about that." However other people and their relatives told us, "At some weekends and holidays, like Christmas, there isn't always enough senior staff on duty." Another relative commented, "There has been lots of improvements with staffing levels but I feel a few more staff is needed at times." Another person commented, "Generally there is not quite enough staff. Those who work here, work extremely hard and they respond to your call in up to five or ten minutes."

Staff we spoke with told us they felt that staffing levels and call bell response times had improved vastly since our last inspection. One member of staff said, "Several new staff have joined the home now so most of the time we are well staffed." Another member of staff commented, "Staff morale is better now and we have more staff on duty to help with the work. I feel people's needs are met quickly now and we monitor call bell response times every week and discuss how we can improve." People's needs were responded to in a timely way and systems in place to monitor call bell response time's demonstrated this. We looked at the call bell audit completed on the 7 October 2016 which showed 100% of all call bells that day were responded to within the time scale of 15 minutes that had been agreed between people using the service and staff.

We discussed current staffing arrangements with the acting manager. Staffing levels within the home were monitored to ensure people's needs were met. Staff rota's we looked at from 10 October 2016 to 27 November 2016 confirmed that the provider's agreed staffing levels were frequently met although we noted some staffing shortfalls due to staff sickness or leave. On these occasions agency staff were used and agency usage remained high. We noted however that the provider used consistent agency workers with the appropriate skills and competencies to provide safe effective care to people. We spoke with the acting manager who told us the home was currently using seven regular agency nurses and three bank nurses and they had six permanently employed nurses. They advised that they were interviewing for two more permanent nursing vacancies next week as they had three nursing and three care worker vacancies at present.

Allocation sheets for staff working at the home detailed how work was allocated to staff and how they met

people's needs in a timely manner. For example during the mornings people using the service were placed within six groups varying between five or six people within each group. Two care staff were allocated to each group and therefore staff on average supported two or three people with their care and support needs. A senior member of staff told us this system ensured that people were supported when they required and staff were supported to work more effectively and as a team.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in social care. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Staff records included application forms, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications. There were also safe recruitment practices in place for agency staff and agency staff recruitment files we looked at demonstrated that agency staff were suitably qualified, skilled and competent and had received up to date training.

At our last comprehensive inspection on the 3 and 4 May 2016 we found a breach in regulations as risks to people's physical and mental health needs were not always assessed and reviewed in line with the provider's policy. Following our inspection on the 3 and 4 May 2016 we took enforcement action against the provider and the registered manager and served a warning notice. At our last focused inspection of the service on 21 September 2016 we found improvements had been made and risks to people's health and well-being were assessed and reviewed in line with the provider's policy.

At this inspection we found the provider had continued to make improvements in assessing and reviewing risks to people using the service. We looked at six people's care plans and records and noted risk assessments were reviewed on a regular basis in line with the provider's policy to ensure people were supported to keep safe. Risk assessments were completed to address a range of possible risks that people might be exposed to. These included for example possible risks to skin integrity, nutrition, manual handling and mobility. Although risks to people were assessed and risk assessments were in place and reviewed we identified areas in some people's risk assessments that required addressing. For example, one risk assessment highlighted the risk to the person from smoking but failed to detail the measures in place to reduce the risk of harm. Another person's wound treatment plan failed to document the frequency of when the person's dressings needed replacing and a third person's manual handling risk assessment was not reflective of the support they needed to mobilise safely due to a recent injury suffered. We drew these omissions to the attention of the acting manager who took immediate action to ensure the highlighted issues were addressed. On the second day of our inspection we saw that changes required to people's risk assessments were made and people's needs and risks were documented appropriately to reflect the support they required.

People told us they felt safe within the home environment and with the staff that supported them. One person said, "My personal safety has been fine. The environment is very safe, well adapted and accessible in every way." Another person commented, "Yes, I feel unbelievably safe." There were up to date safeguarding adult's policies and procedures in place to protect people from possible harm. Staff received appropriate training in safeguarding adults and were aware of the potential types of abuse that could occur and the actions they would take if they had any concerns. There was a whistle-blowing procedure in place and staff understood the term whistleblowing and told us how they would use it if they needed to raise any concerns.

Incidents and accidents were recorded and acted upon appropriately. Records showed that staff had correctly identified concerns and took appropriate actions to address concerns therefore minimise further risk of potential harm. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

There were arrangements in place to deal with foreseeable emergencies and people had individualised evacuation plans in place within their care plans which detailed the support they required to evacuate the home in the event of a fire. Staff we spoke with knew what to do in the event of a fire and who to contact. There were systems in place to monitor the safety of the premises and equipment used within the home. We saw equipment was routinely serviced and maintained and regular safety checks were carried out on the home environment. The home environment was clean, free from odours and was appropriately maintained.

We found that the provider had addressed the breach and were compliant with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time. This is because some improvements are still required as detailed in the report and systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service effective?

Our findings

At our last comprehensive inspection on the 3 and 4 May 2016 we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff did not receive appropriate support, supervision and appraisal to enable them to carry out the duties they are employed to perform. Following our inspection on the 3 and 4 May 2016 we took enforcement action against the provider and the registered manager and served a warning notice. At our last focused inspection of the service on 21 September 2016 we found the provider had made significant improvements to ensure staff received regular supervisions and appraisals of their performance in line with the provider's policy.

At this inspection staff told us that they received supervision and support on a regular basis and had received an appraisal of their performance. One member of staff said, "I have received supervision and feel very much supported by the acting manager and my colleagues." Another member of staff said, "I get supervision on a regular basis now and yes I feel very supported to do my job. Training has improved lots as well." We spoke with the provider's administrator who confirmed they monitored all staff supervisions and appraisals to ensure staff received appropriate regular support. We saw there was an effective system in place which updated heads of departments on a monthly basis and notified them of any outstanding actions for staff supervisions or appraisals. Staff records we looked at confirmed that staff received appropriate supervision and appraisals on a regular basis to ensure good practice.

At our last comprehensive inspection on the 3 and 4 May 2016 we found a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff did not receive appropriate regular training to meet the needs of people using the service. We took enforcement action against the provider and the registered manager and served a warning notice. At our last focused inspection of the service on 21 September 2016 we found the provider had made some improvements to ensure staff received appropriate regular training to meet the needs of people using the service.

At this inspection people using the service told us they felt staff had appropriate skills and knowledge to meet their needs. One person said, "I think the staff are well qualified. The manager is very good at making sure staff get training and it is important to have well qualified staff." Another person told us, "The staff are good at what they do and most of them know their job really well." Staff told us they received training on a regular basis and the providers training programme had improved since our last inspection. One member of staff said, "The training has really improved lots recently. I find it very good and we receive refresher training on a regular basis to ensure we are kept up to date with best practice."

Staff received appropriate regular training to meet the needs of people using the service. We spoke with the provider's acting manager who showed us the system used to manage staff training. We noted the provider's mandatory training programme was 81% completed within their set targets at the time of our inspection. This was a continued improvement. We looked at staff 'personal development profiles' which showed the required training for different staff roles and the date when training was completed. We saw the providers training needs analysis and noted there were systems in place which flagged up when staff required further training and when. We spoke with an administrator who confirmed they monitored all staff

training needs and involved heads of departments to organise relevant training when required. There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included familiarisation of the provider's policies and procedures, completing the provider's mandatory training and shadowing experienced colleagues.

People told us they were involved in the decisions about their care, were able to express their preferences and staff sought consent. One person said, "The staff do gain consent when attending to me." Another person commented, "The staff always ask my permission." Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interests.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations granted to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests decisions made. We saw that DoLS authorisations in place that had conditions were met as appropriate by staff. This demonstrated that decisions were made in people's best interests where appropriate and the service was working within the principles of the MCA.

People's physical and mental health needs were monitored by staff and medical advice was sought promptly when required. People were supported to attend medical appointments when required. Staff supported people to meet their healthcare needs and worked with other health and social care professionals to achieve best outcomes for people. One person told us, "We do get visits from a chiropractor, a dentist and an optician and the hairdresser comes in three times a week and for special occasions. The Home has a weekly visit from a GP and they accommodate my choice of a female GP." Care plans included records of people's appointments with health and social care professionals and outcomes of meetings and appointments were documented to ensure staff were aware of people's on going needs and or further treatments.

People were supported to eat and drink sufficient amounts to meet their needs and ensure a balanced diet. People told us the food was good and there was plenty of choice. One person said, "The meals are fine. The dishes are to my liking and the menus are varied. I can ask for a different dish if I want and they are accommodating." A relative commented, "The food here is amazing. The kitchen staff are very accommodating and the pureed food here is good. I've tasted it." We visited the kitchen and spoke with kitchen staff. The kitchen appeared clean and well organised. The Food Standards Agency visited the home in July 2014 and rated them five stars. We saw a list of dietary requirements for people using the service which detailed their dietary requirements along with their likes and dislikes. We saw that people's food preferences and cultural needs were met and catered for. We observed lunch time in the dining room and saw people were offered choices and staff chatted with them whilst serving meals to assist in creating a pleasurable occasion. People sat either with a member of staff, visiting relatives or other people using the

service and did not eat alone. Staff supported people with their meals and provided conversation and encouragement.

We have not revised our rating for this key question at this time. This is because some improvements are still required in relation to staff training and systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service caring?

Our findings

People and their relatives commented positively on the care and support they received from staff and told us staff treated them with respect. One person said, "The majority of staff are very good and the care is good. Even the agency staff are lovely and all staff are respectful." Another person told us, "The care here is impeccable; I can't fault it at all. The staff are absolutely excellent, very friendly, helpful and caring. At all times staff are respectful and give me dignity." A relative told us, "The attention and care levels have increased dramatically. The care in this home is second to none. Both nurses, carers and volunteers genuinely enjoy giving the service and care to the residents." Throughout our inspection we observed positive interactions between staff and people using the service. We saw staff displayed kindness and understanding toward people and addressed people by their preferred names. Staff had good knowledge of people's personalities and needs and were able to communicate effectively with them.

We observed staff listened to people and supported and encouraged them to express their views and to be involved in making decisions about their support and treatment. Staff ensured they sought people's consent before support was provided and we saw they provided support in a kind and sensitive way. Staff patiently explained day to day options to people and took time to answer their questions. People told us they were consulted about their support needs and care plans and records demonstrated people's involvement. One person said, "I am aware of my care plan and they do go through it with me once a year." Another person commented, "I know about my care plan and staff always ask me if there is anything I want changed or added."

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Staff told us they received equality and diversity training which enabled them to understand and support people better when meeting their needs. Where appropriate staff supported and enabled people to practice their faith and to attend religious services within the home that reflected people's wishes and cultural needs. One person said, "The home has a very spiritual outlook for people here." People had been involved in the development of their care and if appropriate people's relatives were involved and invited to review meetings and events.

People were supported to maintain relationships with their families and friends and visitors were able to visit the service with no restrictions placed upon them. One person said, "There are no restrictions on my visitors." People were provided with information about the service in the form of a service user guide which detailed the provider's statement of purpose and values. Notice boards throughout the home displayed information about health and social issues, local social events and the provider's complaints procedure and information relating to local authority services.

People told us how staff supported them and encouraged them to be as independent as possible and we observed this during our inspection. The home environment and equipment in place assisted in the promotion of independence by supporting and maximising on people's abilities.

Is the service responsive?

Our findings

At our last comprehensive inspection on the 3 and 4 May 2016 we found a continued breach in regulations as people's care and support needs were not always reviewed in line with the provider's policy and in response to people's identified needs. Following our inspection on the 3 and 4 May 2016 we took enforcement action against the provider and the registered manager and served a warning notice.

At this inspection people told us they received care and support in accordance with their needs and wishes and they were involved in the development and reviews of their care plans. One person said, "Yes I have a care plan and I know what's in it. They review it with me to make sure I'm happy." Another person commented, "They review my care plan with me so I can make any changes." A relative told us, "I am aware of the care plan and they do involve us."

Assessments of people's needs were completed upon admission to ensure staff and the home environment could meet their needs safely and appropriately. People were allocated a keyworker to coordinate their care and ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. People's care needs were also identified from information gathered about them and consideration was given in relation to people's past history, preference and choices.

People's needs and risks were assessed, documented and contained in people's care plans in relation to areas such as personal support, movement and mobility, emotional well-being, nutrition and hydration, communication, medicines, spiritual and cultural, skills and interests and end of life care. Care plans also contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. For example one care plan detailed the equipment required to ensure safe mobility and also contained a physiotherapist report so staff were aware of how best to assist the person when moving. Another care plan contained detailed pictorial guidance for staff on how to meet and treat the person's physical condition. Staff were knowledgeable about the content of people's care plans and how people preferred their care to be delivered. Care plans were reviewed on a regular basis in line with the provider's policy and also contained reviews conducted by other health and social care professionals to ensure people's needs were safely met. Daily records were kept by staff about people's day to day wellbeing and activities they participated in to ensure that people's planned care met their needs.

People's diverse needs, independence and human rights were promoted and respected. People had access to equipment that enabled greater independence and promoted dignity. For example the home was well equipped with specialist equipment ranging from ceiling hoists, electronic wheelchairs, specialised seating, adjustable beds and electronic systems that enabled effective communication. Care plans contained guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks and routine servicing when required.

People's specific ethnic, cultural and religious needs were documented within their care plans to ensure that people's needs and wishes were met. For example one care plan detailed that the person liked to

attend religious services held within the home's chapel which had no set denomination. The activities notice board detailed a list of services that were conducted in the chapel at set times throughout the course of a week.

People's need for social interaction and stimulation were met. Most people told us they enjoyed the activities on offer at the home and felt socially involved. One person said, "The activities are good and they do ask me what we would like to do. I do get out sometimes, especially with my relatives." Another person told us, "We have contract gardeners and I like to help out there and the volunteers help as well. I use the computers a lot; otherwise there is plenty to be interested in." A member of staff told us, "We have a programme of five activities today and tomorrow we are having our Christmas fayre and some helpers are coming in to set up later today. I try to match volunteers to residents and I do pop into room bound residents every morning. Some residents help us out, like in the garden." However a third person told us, "I don't see many people and the activities people don't visit me in my room." We drew this to the attention of the acting manager who took action and visited the person to address their needs for social interaction.

We noted the home had a well-equipped activities room, physiotherapy room and a resident's only computer room. We saw the design and layout of rooms ensured that facilities were accessible to people. For example the computer room was designed so that people who used a wheelchair could access the computer equipment at the correct height. The home employed activity coordinators who developed with people using the service a schedule of planned activities which were displayed on notice boards throughout the home so people were aware of activities on offer. Activities listed included news round, artwork, aromatherapy, quizzes, board games and film nights.

People and their relatives told us they were aware of how to raise a concern and felt confident their concerns would be listened to. One person said, "I have no complaints at all, but if I did I know to go to the manager." Another person commented, "I know how to make a complaint. Things are much better now so I don't have any complaints." There was a complaints policy and procedure in place and information on how to make a complaint was on display and in a format that met people's needs. Information provided guidance on the complaints handling process and how complaints could be escalated. Complaints records we looked at showed when complaints were received they were responded to appropriately and in line with the provider's policy to ensure the best outcomes for people.

We have revised and improved our rating for this key question to 'Good' at this time. This is because improvements have been continuous and the provider has sustained good practice.

Is the service well-led?

Our findings

At our last comprehensive inspection on the 3 and 4 May 2016 we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as quality assurance processes were not always followed effectively and the service was not always well-led in relation to staff management, staffing, training, service audits and checks and meetings held within the home. Following our inspection on the 3 and 4 May 2016 we took enforcement action against the provider and the registered manager and served a warning notice. At our last focused inspection of the service on 21 September 2016 we found the provider had made some improvements.

At this inspection people and their relatives told us of the improvements made to the management stability and leadership at the home and how this had a positive impact on the quality of care they received. One person said, "There has been a very marked difference in the running of the home since the acting manager took over. They have turned things around and there is good leadership here now. In general, things have definitely improved. The management ask us about the service. The best thing is it's a wonderful home with a lovely community feel. We were a flagship home and we are getting back to being so again." Another person commented, "The acting manager is absolutely charming. I think things have improved but I was happy before. I think they try exceptionally hard at anything that all residents are interested in. The best thing here is I feel so safe." A relative told us, "The previous manager was off for long periods. Things were not good previously but the acting manager and her team have turned things around. They have focused views on how to tackle the issues and since she has been here she has been recruiting carers and the standard of them has improved."

At the time of our inspection there was an acting manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the acting manager had good knowledge of people's needs and the needs of the staffing team. We saw the acting manager spent time with people using the service and staff. Staff told us the acting manager was supportive and open to any suggestions they had in relation to improving the service. One staff member said, "Management in the home is stable now and staff feel supported. Staff morale is good and we all want to achieve a good standard of care for the people who live here." Another member of staff commented, "The staffing team are really trying to improve things and I think we have done a very good job. Management are supportive and I think this has made a real difference."

There were systems in place which promoted effective lines of communication within the home providing staff with the opportunity to meet and communicate on a regular basis. Daily staff handover meetings were held which provided staff with the opportunity to discuss people's daily needs. Team meetings were also held on a regular basis for various disciplines within the home such as administration staff, domestic staff, activity staff, care staff and registered nurses. Minutes of meetings held showed that topics discussed included care plans, training and the home social events.

There were also systems in place to ensure the provider took account of the views of people using the service through regular meetings. People told us they were provided with opportunities to give feedback

about the service and to help drive improvements. One person said, "We have regular friends and family meetings and they do involve the residents in the running of the home. We are listened to and they do try to solve our questions." Another person commented, "There are meetings for relatives and friends and they do listen and try to achieve improvements. The residents have a meeting of their own and are updated on Fridays." A third person told us, "I do attend residents' meetings and they do listen and try to act on what we say."

We spoke with the acting manager and looked at the systems in place which were recently implemented to ensure the quality of the service and that the service was well-led. Quality assurance and governance systems in place included checks and audits conducted in areas for care plans, medicines, accidents and incidents, call bell response times, health and safety, managers monthly walk around audit, managers out of hours spot checks and resident of the day review checks amongst many others. Audits we looked at were up to date and conducted in line with the provider's policy. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate. For example the provider's service quality action plan dated November 2016 detailed the work completed to introduce named nurses for all new residents as well as keyworkers to enable consistent care had been implemented and on-going improvements to agency staff recruitment and training which we identified at our last inspection were now completed.

The provider took account of the views of people using the service through resident and relatives surveys that were conducted on an annual basis and also sought feedback from staff. However the acting manager told us that not enough people had participated in the 2016 service survey to raise a report and to conduct an analysis but the service would be conducting another survey early in 2017. We will check on this at our next inspection of the service.

We have not revised our rating for this key question at this time. This is because some improvements are still required and systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.