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Langdale Heights

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 21 February 2017 and was unannounced.

We carried out an unannounced comprehensive inspection of this service on 31 May and 3 June 2016. Five breaches of legal requirements were found. This was because the provider had not minimised the risks to the people's health and safety, protected people from abuse and improper treatment, supported and trained staff, ensured care was designed to achieve people's preferences and meet their needs, and monitored and improved the quality and safety of the service.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach. At this inspection we found that action had been taken and all breaches had been met.

Langdale Heights has 31 beds and provides residential and nursing care to older people, some of whom are living with dementia and/or physical disabilities. It is has 27 single rooms and two double rooms. At the time of our inspection there were 26 people using the service.

The service had a registered manager. This 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 said the friendly staff and the company of others made them feel safe at Langdale Heights. Staff had a good understanding of their responsibilities to protect people from harm and knew who to contact if they had any concerns about a person's well-being.

People gave us examples of how staff reduced risk. One person said staff made them feel safe at bedtime by putting safety rails on their bed so they didn't fall out. Another person said staff had told them not to walk on their own in case they fell. Staff had the information they needed to help keep people safe. Medicines were safely managed and given to people when they needed them.

People told us there were enough staff employed to give them support when they needed it. Call bells were answered promptly and people didn't have to wait long for staff to assist them. Records showed the staff employed were suitable and safe to work with people using care services.

People told us the staff were well-trained and knew what to do if someone needed support. We observed staff providing people with effective care using their skills and knowledge. For example, we saw staff assist people to move safely, ensure their dietary needs were met, and give reassurance when people needed it.

People told us they could choose what they wanted to do at the service, for example what time they got up

in the morning and where they wanted to spend their day, and staff respected their choices. We saw that staff always sought people's permission before providing them with any care.

People had mixed views about the food served. Some said they enjoyed it while others said they would like more variety. Between meals staff brought round a trolley with a wide range of drinks and snacks on it including tea and coffee, fruit juice, and cakes and biscuits. This was popular with people who enjoyed choosing things from the trolley.

Staff supported people to maintain good health and access healthcare services in the local community when they needed to. The nurses we spoke with mostly had a good understanding of people's healthcare needs and when to refer them for specialist support.

People told us the staff were friendly, caring, compassionate, and willing. We saw staff reassure people when they needed it. When one person became distressed a staff member sat and talked with them and stroked their hand until they felt better. A staff member gave another person a hug as they said they were feeling a bit sad.

The staff we spoke with were aware of people's preferences and interests. For example, they knew people's favourite songs and sang them, with the people in question joining in. They respected people's choices, for example some people liked to go to their rooms for a nap or to watch television after lunch and staff supported them to do this.

People told us they received care and support that was right for them. The care records we saw were personalised and included information about people's chosen lifestyles, choices and preferences.

People had mixed views about the activities provided. Some were satisfied with them but others said they would like more to do. The registered manager was addressing this and said new staff were in the process of being recruited.

The atmosphere at the service was positive and upbeat. People were comfortable and happy to share their views on the service, as were the staff. We noted many improvements including the redecoration of the premises, a high standard of cleanliness throughout, and further staff training in proving personalised care. The provider had systems in place to quality assure the service and to help ensure high quality care was being provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities. Medicines were safely managed and administered

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively. People were supported to maintain their freedom using the least restrictive methods.

Staff mostly had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people with respect. They communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. Some activities were provided.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good

The service was well led.

There was an open and friendly culture at the service and staff were approachable and helpful.

The provider and registered manager welcomed feedback on the service and used audits to check on the quality of the service.

Langdale Heights

Detailed findings

Background to this inspection

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

This inspection took place on 21 February 2017 and was unannounced.

The inspection team consisted of an inspection manager, an inspector, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing. Our specialist advisor had nursing expertise. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of dementia care.

We reviewed the 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 looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided. They told us they had noted improvements at the service.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with nine people using the service, two relatives, the director/nominated individual and the director/human resources, the registered manager, care manager, two nurses, and five care workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at six people's care records and nine people's medicines records.

Good

Is the service safe?

Our findings

At our last inspection on 31 May and 3 June 2016 the registered persons had not ensured that people using the service had been protected from abuse and that their systems and processes to prevent and investigate abuse had been followed.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding service users from abuse and improper treatment.

Following this inspection the provider sent us an action plan stating how they intended to ensure people using the service were safe and that staff were following safeguarding policies and procedures. At this inspection we found that the provider had followed their action plan and this breach in regulation was met.

People told us they felt safe at Langdale Heights. One person said, "I don't like being on my own, I feel quite insecure, so I like it here because there are lots of people around and that makes me feel very safe." Another person told us, "It's nice having friendly approachable staff who are here to help me, I feel much safer than when I was at home." And a relative commented, "I don't have any concerns about [my family member's] safety here."

Staff had a good understanding of their responsibilities to protect people from harm and understood the provider's safeguarding policies and procedures. All staff were trained in safeguarding and had been assessed as being competent at recognising the signs of abuse and knowing who to report this too. Records showed that since our last inspection staff had taken appropriate action if a person had appeared to be at risk. They had notified the local authority and CQC and had taken steps to ensure the person in question and others were safe.

Records showed that at times some of the people using the service could become distressed due to their mental health conditions and this could affect their behaviour. Staff were trained to understand and manage this in a positive way so people remained safe. The service used ABC charts (observation tools that analyse the triggers of certain behaviours) in order to identify hazards and mitigate risks. Records showed staff worked closely with community mental health professionals to develop support strategies for people and help ensure they received appropriate care at all times.

At our last inspection on 31 May and 3 June 2016 the registered persons had not done all that was reasonably practicable to minimise the risks to the health and safety of the people using the service.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Following this inspection the provider sent us an action plan stating how they intended to manage risk to ensure the people using the service were protected from harm. At this inspection we found that the provider had followed their action plan and this breach in regulation was met.

People told us some of the things staff did to reduce risk. One person said staff made them feel safe at bedtime by putting safety rails on their bed so they didn't fall out. Another person said, "The staff have told me not to walk on my own in case I fall over so if I want to walk they always come with me." During our inspection visit we saw staff accompanying this person when they moved about the premises.

Records showed that all staff were trained in moving and handling and we observed that this was always done in a safe manner. We saw staff support people using a hoist. This was done safely with the person being given constant reassurance to help them feel safe. One person told us, "I am sure the staff are all well trained because they are very confident at moving people about using hoists." When people needed two staff to assist them with their mobility, or particular equipment to keep them safe, this was provided.

Areas where people might be at risk were highlighted in their care records and risk assessments so staff had the information they needed to help keep people safe. For example, one person's care records stated they might be at risk of falling if they got up in the night and explored the premises. To reduce this risk staff were told to leave their bedside lamp on throughout the night and a sensor mat by their bed. Staff were further instructed, 'When I [person using the service] get out of bed the sensor mat alerts the staff that I'm up so would like the staff to attend to me as soon as it goes off as I tend to wander around other rooms.' This meant the risk to the person and others was reduced.

The staff we spoke with knew which of the people they supported were at risk of harm and could tell us what of and how to minimise this. Records showed risk assessments were reviewed and updated regularly and the advice and guidance in risk assessments was being followed.

People told us there were enough staff employed at the service to give them assistance when they needed it. One person said, "I feel very safe here. I have a panic button in my room and if I ever press it the staff are there within minutes." Another person commented, "Most of the time there are plenty of staff about so we are all very well looked after. Sometimes we have to wait but that is usually because people are busy helping others"

The staff we spoke with said there were enough staff on duty to meet people's needs. One staff member said, "We're busy at times but I've never been rushed off my feet. If I thought there weren't enough staff I would report it as it wouldn't be fair to the residents." During our inspection visit we saw that call bells were answered promptly and if people needed support they didn't have to wait long for staff to assist them.

The registered manager used a 'dependency tool' to calculate staffing numbers for the service. This helped her to work out the numbers of nursing and social care hours each person needed depending on their level of need. Records showed there was a nurse on duty at all times, a team of care workers, and management and ancillary staff. Staffing hours were flexible. For example if a person's needs increased due to illness extra staffing hours were provided to ensure they received safe and suitable care and support.

The provider operated a robust recruitment procedure. This included interviewing staff and obtaining police checks and references. This helped to ensure the staff employed were suitable and safe to work with people using care services.

All the people we spoke with said they received their medicines regularly. One person told us, "I don't have to worry about my tablets at all because the staff give them to me at the right time." People who were prescribed pain killers said that if they asked for these medicines they were given them immediately.

We observed a nurse undertaking a medicines round. This was done safely with accurate administration

records kept. One person was given a PRN (as required) inhaler. We asked the nurse what this was for and she said the person was recovering from a chest infection and needed an inhaler for occasional shortness of breath. This was in keeping with the person's recorded PRN protocol and showed that the nurse was following the prescriber's instructions and giving the medicine when it was needed.

Medicines were kept securely and at the right temperature to ensure they remained effective. Records showed staff checked storage temperatures daily to ensure they were within a safe range. Medicines policies and procedures were kept with medicines so staff could easily refer to them.

People's medicines records were mostly clear and accurate and showed that staff were following safe handling of medicines guidelines. Improvements were needed to the recording of one person's PRN medicine as it was not always evident from the notes what amount of medicine they had been given. We discussed this with the registered manager who immediately took action to address this issue.

Managers at the service carried out daily audits to check that medicines were being managed consistently and safely. Nursing staff worked closely with the local GP practice to ensure people's medicines were regularly reviewed and that the medicines they had been prescribed were suitable and appropriate for them.

Good

Is the service effective?

Our findings

At our last inspection on 31 May and 3 June 2016 the registered persons had not ensured that staff employed by the service had received the appropriate support and training to enable them to carry out the duties they were employed to perform.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

Following this inspection the provider sent us an action plan stating how they intended to ensure staff had skills and knowledge they needed to provide effective care. At this inspection we found that the provider had followed their action plan and this breach in regulation was met.

People told us the staff were well-trained. One person said, "The staff always know what to do if someone needs help." A relative commented, "The staff seem generally well-trained and competent and the nurse is very good and keeps me informed. All the carers seem to know how to use the hoist and equipment and seem to have a good understanding of how to care for [my family member]."

Staff had a comprehensive induction followed by further ongoing training. Records showed the majority of staff had completed the Care Certificate (an entry level induction in care), NVQs (National Vocational Qualifications), and service-specific training, for example, dementia care. During our inspection visit we observed staff providing people with effective care and support using their skills and knowledge. For example, we saw staff assist people to move safely, ensure their dietary needs were met, and give reassurance when people needed it.

Since we last inspected staff had attended a range of courses including: end of life care; falls management; challenging behaviour; continence care; person-centred eye care; kidney injury care; and PEG (percutaneous endoscopic gastrostomy) feeds. This helped to ensure staff kept their skills and knowledge up to date in order to meet people's needs effectively. They demonstrated this to us during the inspection with their knowledge of people's care and nursing needs.

We discussed staff training with a nurse and a care worker. Both said they were satisfied with the training they'd received. They told us training was followed up with formal and informal competency checks to ensure they'd understood what they had learnt. The care worker said, "We have a lot of training opportunities here. The [registered] manager is very keen for the care here to be excellent."

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 looked at how people's consent to care and treatment was sought in line with legislation and guidance. People told us they could choose what they wanted to do, for example what time they got up in the morning and where they wanted to spend their day, and staff respected their choices. One person told us, "Nobody forces me to do anything I don't want to. I get up when I want and go to bed when I am ready, so I still have some independence." Another person said, "My room is ok but I don't like being on my own. They [the staff] let me stay up late or all night if I want and sit in the sitting room where I can see the staff. This is my preference and no-one stops me."

We observed that staff always sought people's permission before providing them with care. All staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and also their right to decline care. One staff member told us, "We always ask people what they want doing and how they want it done. We never just takeover as that would take people's independence away. Some people need a bit of encouragement to get washed and things like that but we would never force the issue." Staff told us that if a person refused care to the point they were putting themselves at risk they worked with the person's GP and other healthcare professionals to address the issue.

Records showed that people's mental capacity was assessed when they were admitted to the service. If people lacked capacity to make certain decisions, and there were likely to be any restrictions on their liberty, staff sought authorisation from the DoLS supervisory body. This showed that staff at the service understood their responsibilities under the MCA and DoLS and only imposed restrictions on people when it was lawful and in their best interests.

We looked at how people's nutritional needs were met. People had mixed views about the food served. One person said, "The food is good and there is plenty of it." Another person told us, "The food is OK, we do get a choice but often it is a bit sloppy and always mash – it would be nice to have a bit of variety." Other comments included: "I don't always like the food but generally it is ok," and "The dinners don't always have much taste but I have to eat them."

Records showed that the providers carried out a 'service user meal satisfaction survey' in October 2016. Seventeen people responded and of those the majority rated the meals as 'very good' or 'good'. The registered manager said staff would continue to ask people for their views on the food and make changes where necessary in line with people's wishes.

We observed lunch being served in the lounge adjoining the main dining room. Here people stayed in their easy chairs and ate at individual tables. The television remained on and people ate in silence. Staff assisted people with their food as necessary but little was done to encourage people to interact and made the meal more of a social event. We discussed this with the managers who agreed to review the lunchtime experience to see if people were happy with it or if they wanted any improvements made.

We also observed the meal served in the main dining room. This was livelier and staff talked with people while they ate. People appeared to enjoy this interaction.

Records showed people had nutritional care plans in place. These identified their individual preferences and instructed staff on what action to take if people were at risk of poor hydration and nutrition, and/or swallowing difficulties. Where necessary people were referred to dieticians and the SALT (swallowing and

language therapy) team to ensure they received professional support if they needed it. Food and fluid charts were in place if people's intake required monitoring to ensure they were eating and drinking enough.

One person told us they had thickener in their drinks to make them easier to swallow. They said, "Not all the staff understand about my thickener in my drinks so I end up having to tell them." A relative said, "I am not sure what the problem is with the drinks sometimes but they put thickener in them and then they set and are too thick to drink. I have had to ask the lady in the kitchen and she has replaced them." We discussed this with the managers who agreed to address this to ensure the person's drinks were of the right consistency."

Staff told us the service was taking part in a local health authority project called ''Food First' that aimed to improving nutrition in care and nursing homes. They said they would use their learning from this to bring about ongoing improvements to the menus.

Between meals staff brought round a trolley with a wide range of drinks and snacks on it including tea and coffee, fruit juice, and cakes and biscuits. We saw people choosing things from the trolley. One person told us, "There is always fruit on the tea trolley and biscuits if you are hungry." Another person said, "I like it when the trolley comes round. There's lots of lovely things on it." Staff told us the trolley served as an enjoyable event for people and encouraged them to increase their intake of food and drinks.

We looked at how staff supported people to maintain good health and access healthcare services in the local community when they needed to. A relative told us, "The nurse is very efficient and good and always seems to be aware of people's conditions. She seeks advice from the GP whenever it is appropriate."

One relative said they were unclear about who was supposed to accompany people to healthcare appointments in the local community. We discussed this with the registered manager who said that if people needed accompanying to an appointment families were always asked first. If they were not available staff went with people although, except in an emergency, they did need notice to do this to ensure there were enough staff on duty.

Records showed that people had access to a range of healthcare professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, and referred them to the appropriate healthcare services.

The nurses we spoke with mostly had a good understanding of people's healthcare needs. They gave us an overview of people's nursing needs including their medicines, skin care and dietary requirements. They told us how they liaised with GP's and other external healthcare professionals including the SALT team, dieticians, and TVNs (tissue viability nurses). We saw notes of referrals and contacts made with these agencies in the care files we looked at. This meant people had access to the expert care and support they needed.

One person whose records we looked at had on ongoing health condition that gave cause for concern. We discussed this with one of the nurses who reassessed the person and agreed further action was needed to address their healthcare needs. Following our inspection visit the registered manager contacted us to say the person's GP was informed and a new care regime implemented for the person which included liaison with a relevant specialist. This meant the staff took action to ensure this person had effective ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us the staff were friendly, caring, compassionate, and willing. Comments included: "All the staff are good to me and look after us – I cannot complain"; "The staff are very friendly. This carer [pointed out one of the care workers] particularly is brilliant"; "All the staff are very helpful and kind and respect my wishes"; and "We are cared for very well I think."

A relative told us, "Whenever I come the staff are always pleasant to the residents and I have never seen anyone not being caring towards them."

Staff gave people reassurance when they needed it. One person told us, "I worry a lot and need to be reassured, the staff here are good at that and this helps me a lot." When one person became distressed a staff member sat and talked with them and stroked their hand until they felt better. A staff member gave another person a hug as they said they were feeling a bit sad. These were examples of staff having a caring approach to the people they supported.

People were encouraged to bring their own furniture and effects to the service to personalise their bedrooms. Most areas of the premises were homely with bright colours and a variety of pictures to add interest. One person had their own easy chair in one of the lounges. They told us, "This is my own chair I bought it from home. It stays in this spot as I like it here by the TV and I can see outside to the bird cage [aviary]."

Whilst most people appeared to have had a good standard of personal care, a few people had food stains on their clothes, unkempt hair, and teeth that didn't appear to have been cleaned. We looked at people's care plans to see how they were supported with their personal care. These showed that some people were resistant to personal care and staff used a number of strategies to encourage them to let staff assist them. The staff we spoke with said they tried to encourage people to have personal care but sometimes had to compromise with people so as not to distress them. This showed that staff understood the complexity of supporting people in a caring rather than a controlling manner.

The staff we spoke with were aware of people's preferences and interests. For example, they knew people's favourite songs and sang them, with the people in question joining in. Staff told us they used the 'All About Me' section in people's care plans to learn about their histories, likes, and dislikes.

Records showed that people and relatives were actively involved in making decisions about people's care and support when they were admitted to the service and during regular reviews of their care. Staff used a person-centred planning approach which helped to ensure people's needs and wishes were central to the way their care was planned.

Most of the people we spoke with said they were not aware that they had care plans as such, but they did tell us that staff knew their preferred routines, like and dislikes. One person told us, "I've been here a while now and staff know exactly how I like things done. If I change my mind I tell them. They do what I say."

People told us that staff mostly promoted their privacy and dignity. One person said, "I am quite a private person but I am never worried about my dignity because the staff are very respectful." Another person commented, "Mostly they do [respect my privacy] but sometimes they don't knock on my bedroom door before they come in." We discussed the latter with the care manager who said they would remind staff to always knock in future.

During our inspection visit staff used privacy screens in communal areas when assisting people to transfer and used blanket coverings to maintain their dignity. We observed two care workers assisting a person to transfer using a hoist. Both staff interacted with person, making them feel safe and reassured. When the manoeuvre was complete the person was left appearing comfortable and with a drink to hand.

After lunch some of people went to their rooms to have a nap or watch television. Staff told us that some came back down again for tea, but others stayed in their rooms and had their tea taken up to them. We visited some people in their rooms and they told us it was their choice to do this. One person said, "I like to keep to myself and go to my room in the evening. I still feel safe there because I have a buzzer. If I need anyone and they do pop in and out with drinks asking if I am OK." This showed that staff respected people's wishes to spend time on their own.

Good

Is the service responsive?

Our findings

At our last inspection on 31 May and 3 June 2016 the registered persons had not ensured that care was designed to achieve people's preferences and meet their needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

Following this inspection the provider sent us an action plan stating how they intended to ensure care plans were personalised and fit for purpose. At this inspection we found that the provider had followed their action plan and this breach in regulation was met.

People told us they received support that was right for them. One person said, "I want to be more independent and the staff know that so they help me to do things for myself." Another person commented, "Most of the staff do listen to me and do as I ask. I can do most things for myself so they generally let me get on with it. They are here to help if I need them." " A staff member told us, "We read people's care plans to find out how they want to be cared for and of course we ask them too."

The care records we saw were personalised and reflected the needs of the people using the service. Assessments were carried out prior to people coming to the service. Records included information about their health, personal care, and social needs. There was also information about people's chosen lifestyles, choices and preferences. For example, one person's care plan for night time stated, 'When in bed I like to listen to the radio and have the light left on until I fall asleep.' Another person's communication care plan advised staff to 'ask me clear, short questions and offer me a few choices as answers'. This type of detail helped to ensure staff provided people with personalised care.

Since our last inspection care plans had been re-written to ensure they were more personalised and an 'All About Me' section incorporated so staff were aware of people's histories, likes and dislikes. A printed laminated summary of each person's care plan was kept inside of their wardrobe doors so care workers had easy access to the important information about the person including their moving and handling, continence support, and other personal needs.

The care plans we looked at were comprehensive and detailed. They included the information staff needed to provide responsive care. For example, one person's care plan stated they were extremely active and as a result tended to lose weight. Records showed that through supporting this person with their nutrition staff had enabled them to achieve a healthy weight for their height and build. This person's skin integrity was also at risk and through monitoring this and applying creams staff had ensured their skin remained intact. We met this person and saw they were well-supported and continually offered drinks to prevent them from becoming dehydrated in keeping with instructions in their care plans.

Another person's care plan stated they were at risk of falls when they got up in the night. Their care plan stated, 'I will attempt to get up from bed in the night so I would like staff to ensure my bed is at its lowest

setting and a sensor mat and crash mat at the side of the bed.' We noted that this arrangement might restrict the person from getting up and walking around and could increase the risk of falls should they try to negotiate getting up unaided. We discussed this with the Registered Manager and staff and it was evident that their primary concern was the person's safety and they had no wish to restrict their movement. However the care plan did not reflect this so the registered manager agreed to re-write this so it was clear to staff the reasons behind the decisions made. This will help clarify that the arrangements in place are responsive rather than restrictive.

Records showed people had regular care reviews with input from the people themselves, their relatives, and health and social care professionals involved in their care. This helped to ensure that staff continued to provide them with responsive care taking into account their changing needs.

People had mixed views about the activities provided. One person told us, "I sometimes have a game of dominoes if someone has time but mostly I just watch TV." Another person said, "I like the fish tank in the lounge. It's bright and colourful and quite relaxing to look at." And a further person commented, "My interest is football and the staff know this so they often have a chat with me about who is winning." During our inspection visit staff played bingo with a group of people. This was a lively event and people appeared to enjoy it. We saw other staff have games of dominoes with people on a one-to-one basis.

Some people felt there were not enough activities at the service. Comments included: "There isn't much to do, mostly TV. Sometimes they put some music on and some people have a game of dominoes but otherwise not much"; "It's a bit like a prison because there is no-one to take me out so I am pretty much stuck in here"; and "I tend to sit in this chair every day from when I get up to when I go to bed." One person said they're like to be able to see the birds in the service's outdoor aviary but staff didn't have time to take them. Comments from relatives included: "There is not usually any form of entertainment when I come and most people are staring at the walls or watching TV"; and "They do put some flowers in the baskets outside and have a table but I have never seen any residents out there even in the good weather."

We discussed activities with the registered manager. She said that she usually employed two part-time activities co-ordinators but only had one at the time of our inspection. However she said she had recruited a replacement and also two volunteers who would be starting at the service the following week. She said this mean more activities for people and they would be able to get and about into the local community.

People told us what they would do if they had a complaint about the service. One person said, "I'd tell the staff. They do listen if you say something's wrong and they do something about it." Another person told us, "I'd tell my family or one of the carers." A relative said they would complain to one of the nurses.

One person told us they had broken their glasses and were worried about this. The care manager reassured the person and reminded them that the optician and already been told and was coming to the service that week to bring them two new pairs. This was an example of action being taken in response to a person raising a concern.

The provider's complaints procedure was on display at the service and included in the statement of purpose. Records showed that any complaints received were documented and prompt action taken to resolve them. For example, one complaint was investigated and resolved within an hour and feedback given to the person who made it. This showed staff taking a prompt and responsive approach to a person raising a concern.

Good

Is the service well-led?

Our findings

At our last inspection on 31 May and 3 June 2016 the registered persons had not ensured that their program to assess, monitor and improve the quality and safety of the service had been operated effectively in order to meet statutory requirements.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

Following this inspection the provider sent us an action plan stating how they intended to ensure the service's quality assurance system was operating effectively with any shortfalls being identified and addressed. At this inspection we found that the provider had followed their action plan and this breach in regulation was met.

We found that the service had improved. The atmosphere was positive and upbeat. The people using the service appeared comfortable and at home and many either smiled or spoke to us as we looked round. Staff were equally welcoming, greeted us warmly, and seemed happy for us to visit the service. The was an example of the service having an open and friendly culture.

A care worker told us, "After CQC's last inspection [the registered manager] and the owners have made the home so much better. The premises look nicer and staff have a better understanding of their roles. As a result the residents are happier and the staff are happier and we all enjoy working here now." We saw that parts of the premises had been redecorated and all the communal areas and bedrooms we saw were cleaned to a high standard.

People and relatives said they were happy with the service. One person told us, "I do like it here. The staff are lovely and kind and look after me very well. I have no complaints." A relative said, "The place is always kept clean which is nice to see."

There was a new registered manager and care manager in post, both of whom were experienced, qualified nurses. There had been a number of changes to the management team since we last inspected and some people were unsure about who was in charge. One person told us, "I have no idea if there is a manager. Is it a man or a woman?" Another person said, "I have never met the manager are they in the office somewhere?" We discussed this with the registered manager and care manager who agreed to ensure that all the people using the service knew who they were and what position they held at the service.

The providers carried out quality surveys to give people, relatives and visiting professionals to opportunity to share their views on the service. We looked at the results of the survey for people and relatives, carried out in October 2016. Eight people and relatives responded and the majority said they were satisfied with all aspects of the service. They also made a number of positive comments including: 'The staff are much better organised and supervised by management'; 'Social activities are improving and lots more events are happening in the home', 'Staff are exceptional and do everything possible to answer his [family member's]

requests and meet his needs', and home management very good and easy to approach.'

Seventeen visiting professionals had also completed surveys since our last inspection. All respondents said they were satisfied with the welcome they received, had been given the information they needed and supported with their visit, and felt that staff were meeting people's needs. They made numerous positive comments about the service including: 'nursing documentation clear and concise'; 'excellent welcome and information exchange'; 'attentive and helpful staff'; 'lovely clean and welcoming;, 'service users all happy and chatting to myself about how much they like the home'; and 'the new management and nursing staff are very well engaged and on top of the needs of the patients.'

The results of these surveys showed that overall people, relatives, and visiting professionals were of the view the service had improved and was providing good quality care.

Nursing staff and care workers told us they felt well supported by registered manager. One nurse said that due to her leadership and guidance, "I feel more equipped to deliver quality care." A care worker told us, "The senior staff are very supportive. [The registered manager] is very approachable and I could go to the owners any time I needed to." Another care worker commented, "This is a good home because everybody helps out and everybody's 'hands on' so the teamwork is good."

Records showed that regular meetings were held to support staff and provide them with training and guidance and we looked at the minutes for these. These showed that at a recent meeting the kitchen staff were asked to ensure they recorded people's daily menu choices so management could check that people were getting a varied diet of their choice. This had been done. Housekeeping staff had discussed infection control, decontamination procedures, and the service's laundry system. And care workers had discussed the importance of respecting people's privacy and dignity, and been questioned on what this entailed. This showed that staff were being supported to provide good quality care.

The provider had systems in place to quality assure the service. The providers, registered manager and staff followed these, carrying out a series of daily, weekly and monthly checks. These were both scheduled and random and covered all aspects of the service including care and support, risk, staffing, and the premises. We looked at the results of some of these audits including clinical, accidents and incidents, medicines, infection control, and care plans. The results of these audits were used to identify any shortfalls in the service and to give an overview of how well the service was running.

Records showed that as a result of these audits ongoing improvements were made to the service including the restructuring of care plans to make them more accessible, staff training in personalised care, and alterations to the premises to made them safer and more homely. These were examples of the providers and registered making continual improvements to help ensure high quality care was being provided.