Serenity Homes Limited

Edgecumbe Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 4 and 22 July 2017 and was unannounced. Edgecumbe Lodge is registered to provide accommodation for up to 21 people. At the time of our visit there were 21 people living at the service.

There was a registered manager in post. 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 our last inspection in June 2016 we rated the service overall as Requires Improvement. At that inspection we found breaches of Regulations 12, 15, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following that inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of those regulations. At this inspection we saw the provider had taken action as identified in their action plan. As a result improvements had been made. However although some breaches had been fully met, some had only been partially met and we needed to be satisfied that the improvements made would be sustained.

As a result of this inspection the service remains rated overall as Requires Improvement.

The appointment of the registered manager had helped rectify previous poor management of the service. An increase in the provider's oversight meant that a significant number of improvements had been made to help ensure that people were safe and received quality care.

Improvements had been made to help ensure people were protected from the risk of cross infection. This was because appropriate guidance had been followed. People were now cared for in a clean, hygienic environment. Improvements were still required to ensure infection control audits were completed regularly in order to ensure good practice was sustained.

Previously there were some areas where safety had been compromised because of the environment and poor maintenance. Although improvements had been made further improvements were required. Some maintenance checks regarding the safety of the premises had lapsed. Personal evacuation plans in the event of an emergency, had been reviewed and updated to protect people in the event of a fire.

At our previous inspection we found monitoring of the quality of the service had lapsed; audits had not been consistently applied and were not robust enough to ensure quality and safety. In addition the provider lacked knowledge and understanding about their legal obligations. Quality audits had now improved and provided clear accounts of monitoring of the service provision, they helped identify where further

improvements were required. Some audits had not been completed but this had been rectified by the end of this inspection. We (CQC) need to be satisfied that these will be sustained in the future.

Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Medicines were managed safely and staff followed the provider's policy and procedures.

The provider's recruitment policy and practices helped to ensure that suitable staff were employed. The manager and staff were able to demonstrate there were sufficient numbers of staff with a complementary skill mix on each shift.

People were helped to exercise choice and control over their lives wherever possible. Where people lacked capacity to make decisions best interest decisions had been made. The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People received a varied nutritious diet, suited to individual preferences and requirements. Mealtimes were flexible and taken in the setting people chose. People enjoyed receiving visitors and had made friends with people they lived with. They were relaxed in each other's company. Staff had a good awareness of individuals' needs and treated people kindly. Staff were knowledgeable about everyone they supported and it was clear they had built relationships based on trust and respect for each other.

People moved into the service only when a full assessment had been completed and the manager was sure they could fully meet a person's needs. People's needs were assessed, monitored and evaluated. This ensured information and care records were up to date and reflected the support people wanted and required.

The registered manager had settled into their role and had started to look at how they would continue to improve the service for people and staff. They had forged good relationships based on trust and confidence with everyone who used the service. The service was important to them and they wanted the best for people. There was an emphasis on teamwork and unity amongst all staff at all levels.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Although improvements had been made further improvements were required and needed to be sustained.

Measures had improved to help ensure people were protected from the risk of cross infection, however infection control audits had not been completed.

Areas of the home had been improved so that people were safer and risks were reduced. Information about how to protect people in the event of an emergency had improved and was up to date. However maintenance checks had lapsed.

There were enough staff on duty to support people safely.

Risks to people had been assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

Although improvements had been made in the home and grounds the lack of a maintenance person meant that further improvements were required.

Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff supported people who were unable to make choices themselves and, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health

and well-being, taking into account their nutritional requirements and personal preferences.

Is the service caring?

Good

The service remains Caring

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were required so that staff were responsive when working with emergency services.

Improvements were required around managing people's skin integrity and seeking advice from health professionals promptly.

People were encouraged to pursue personal interests and hobbies and to join in activities but further improvements were required.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Requires Improvement

Although improvements had been made further improvements were required and needed to be sustained.

The appointment of a registered manager had helped improve consistent leadership of the service.

Effective quality monitoring systems had improved. Audits were being completed to regularly assess the quality and safety of the services provided.

People and staff acknowledged the improvements in the home following the appointment of the registered manager.

The service notified CQC of events as required by law.

Edgecumbe Lodge Care Home

Detailed findings

Background to this inspection

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

This service was previously inspected in June 2016. At that time we found there were areas that required improvement. This inspection was conducted over two days by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The service was being monitored and supported by various health and social care professionals following two recent safeguarding concerns which were raised about people's well-being. We have referred to the intelligence reports we have received from those that visit the service.

During our visits we spoke with seven people individually in addition to observing people in communal areas. We had the opportunity to meet a visitor. We spent time with the registered manager, and spoke with 15 staff on duty. We looked at people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Requires Improvement

Is the service safe?

Our findings

Although improvements had been made in order to protect people who used the service, further improvements were required. We also needed to be satisfied that where improvements had been made, these would be sustained.

At the inspection of June 2016 we found people were not protected from the risks associated with cross infection because appropriate guidance had not been followed. Various parts of the home were not clean. In some areas the interior fixtures, fittings and furnishings were not in good physical repair and could not be effectively cleaned. The specific details of these are explained below.

Vanity units were in poor repair. The melamine had broken off and exposed rough porous chipboard. Bath hoist seats were rusty in places where the plastic coating had peeled away, the undercarriage of the seats were stained. As a result, effective cleaning was compromised in these areas and could harbour germs. Some areas of the bath hoists were rusty and the undercarriage of the bath hoist seats were stained. Other potential risks included carpeted toilets and bathrooms and wooden porous toilet seats. There were no sluicing facilities in the home so staff carried commode pans through the home to be emptied in communal bathrooms and toilets. The kitchen was predominantly made of stainless steel but there were areas that were rusty and could not be cleaned effectively.

One toilet facility on the main floor put people at risk. This was used by people throughout the day. The hand wash basin was situated outside of the toilet. This meant that people would be using the door knob and touching other surfaces before actually being able to use wash hand facilities. Some people had dementia and could potentially forget to wash their hands once they had left the toilet.

Deep cleaning was required in many parts of the home. There were no cleaning schedules. Infection control audits had not been completed. The provider was not following the Department of Health, Code of Practice on the prevention and control of infections, or other relevant guidance.

People did not always have enough electrical sockets, extension leads with extra sockets had been put in place. The leads were trailing and had not been safely secured in order to avoid trips and falls. People had access to the back garden by walking over a large concrete area. This area was cracked, with rubble on the surface and was very uneven in places. It was particularly a hazard for people who required assistance due to poor mobility and those who used walking aids. These were breaches of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

After the inspection of June 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. Overall we saw some significant improvements had been made. This included; refurbishment of all communal bathroom and toilet facilities, new equipment such as bath hoists had been purchased, and replacement of suitable flooring and vanity units. In addition, a sluice room and sluicing equipment had been put in place. The refurbishment of the kitchen was the next area for improvement in the provider's action plan.

Cleaning schedules were now in place and the overall cleanliness of the home had greatly improved. The domestic staff now had schedules to complete deep cleaning of people's rooms and communal areas once a month. Spot checks and checklists helped to ensure the cleaning in the home continued to be maintained to this standard.

However, on the first day of this inspection we found that infection control audits were still not being completed. In light of the amount of improvements that were required from the previous inspection the registered manager explained that this had unfortunately been overlooked. On the second day of our inspection we were provided with a completed infection control audit. The content and quality of the audit was satisfactory and would highlight where improvements may be required. The registered manager told us a staff member had volunteered to extend their role and become the homes infection control lead. The registered manager was in the process of looking at additional training to support this staff member and compiling a role specification to ensure the lead would be an effective attribute. We look forward to seeing their progress at the next inspection.

Additional electrical sockets had been installed and any trailing cables had been securely attached to skirting boards to reduce the hazard and risks of trips and falls. An area leading to the garden had been resurfaced to help reduce trips and falls for people who used the garden area.

At the inspection in June 2016 we saw people had personal evacuation plans in the event of an emergency. However they had not been signed or dated by the person who had written them and we didn't know how current the information was. We identified two people whose needs had changed regarding their mobility; their records did not reflect how they would be kept safe in the event of a fire or evacuation process. This was a breach of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

Improvements had now been made to rectify this and we saw that all plans had been reviewed to reflect people's current needs. Staff were aware of where the plans were kept so they could be accessed in the event of fire. The registered manager was in the process of adopting a colour key code system where staff would have a quick reference guide about how each person should be supported in the event of such emergencies.

Following the inspection in June 2016 and its shortfalls around the environment and health and safety it was evident that a full time maintenance operative was required. This was to ensure the general upkeep of the home, completion of urgent repairs and health and safety checks. The registered manager told us this had been a frustrating process. One person had been recruited but after a few weeks in post they decided they did not want to continue with their employment. The post was still being advertised at the time of this inspection. In the meantime the provider had failed to look at an alternative solution such as contracting to a private maintenance company. As a result of this we found that health and safety checks had not always been completed. This included; hot water temperatures, fire alarm, emergency lighting and call bell systems and equipment checks such wheelchairs and bed rails.

Twenty-four hours after the second day of our inspection these checks had been completed and an improvement plan was developed for any corrective measures. We were sent written evidence of all the checks to be completed daily, weekly and monthly in addition to a maintenance log checklist. We requested that the provider continue to send these to us monthly until we are satisfied that this would be sustained. The provider's quality compliance manager will continue with and monitor these checks until a maintenance operative had been recruited. The registered manager and compliance director wrote to us assuring that outside contractors were being sourced to provide assistance until successful recruitment of a maintenance operative. This was a rectified breach of Regulation 15 Premises and Equipment.

People told us they felt safe and that staff were 'very caring'. One person told us, "Previously I was always worried about falling at home, now I am here I have the support of two staff when I am walking around. I feel much safer". One visitor told us, "When I leave I feel my friend is in good, safe hands, the staff are attentive to her and she's seems relaxed and happy".

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Staff confirmed they attended safeguarding training updates and this was a good way to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

Staff understood their role in reporting accidents, incidents or concerns. Written accident and incident documentation contained details leading up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. The registered manager was in the process of changing the format so that the level of written detail was not compromised. In addition monthly audits had commenced to identify any trends to help ensure further reoccurrences were prevented.

Risk assessments were in place relating to people's health and well-being and how to respond to these. This included risks associated with, falls, weight loss, moving and handling and difficulty with swallowing and potential choking risks. People's records provided staff with information about these risks and the action staff should take to reduce these. We saw that two people who were at risks of falls, and had fallen on occasions, had been referred to occupation therapists for assessment and review and new walking aids had been provided.

People told us they always saw staff around the home and they were available when needed. Staff confirmed staffing levels were suitable and in general they did not feel rushed when caring for people. One staff member told us, "I will not cut corners or rush when I am supporting someone, the shifts are better organised and this has helped". Since the previous inspection the registered manager had reviewed staffing levels and had considered certain factors. This included dependency levels of people, the skill mix of staff on duty, the layout of the home, the leadership during each shift, and review of daily routines so that care support was not compromised. They also took into account that people's needs may increase requiring more staff support, for example with people's mobility and personal care. The staffing levels had been increased by one staff member during the day as a result of the review. In addition the registered manager told us if people's needs increased in the short term due to illness or in the longer term due to end of life care then staffing would increase.

Staff files evidenced that safe recruitment procedures continued to be followed. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

Requires Improvement

Is the service effective?

Our findings

At the inspection in June 2016 the service deployed 10 hours maintenance cover per week. This only accommodated urgent repairs and health and safety checks. The environment and gardens required improvement. There were no rolling programmes for planned and continued up-keep of the home. Some areas of the home particularly bedrooms lacked a personal touch and looked institutionalised. A vast majority of the bedrooms had a vinyl floor covering, of the style predominantly used in care home bathrooms and hospitals. People had not been asked when they moved into the home if they would prefer carpet flooring in their rooms. Where carpets were in place they were stained. Curtains had hooks missing so could not hang properly and those bedrooms that had blinds were broken. The home was looking tired and in need or redecoration. In some areas wallpaper had been scuffed off the walls revealing plaster. Paintwork was badly chipped. Some double-glazing had blown which meant condensation accumulated between the panes. People could not see out of these windows effectively. These were breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of June 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with given timescales. Overall we saw improvements had been made and the previous breaches had been partially rectified. This included a rolling programme of redecoration completed by outside contractors. Hallways, landings and communal areas had been re-painted and looked fresh and clean. Some bedrooms had been completed and further work was on-going, including replacement of blown double-glazing.

Unfortunately, the unsuccessful recruitment of a full time maintenance person meant that further improvements were still required. During our tour of the home we found various areas that required either urgent or general repairs. We saw three toilet seats had become detached from the pans and one bathroom didn't have a door lock facility. Some people's rooms on the basement floor were particularly dark. One person only had one light bulb that worked out of four. Although some improvements had been made following the previous inspection there were still freshly laundered curtains that needed to be hung and other curtains had missing hooks. It was acknowledged that the provider had made improvements with regards to the environment and we have taken into consideration the factors which compromised progress against their action plan. However strategies and further provision were required to ensure this continued breach was rectified within a prompt timescale. Following our visits the compliance director contacted an outside maintenance contractor to deal with all immediate remedial work. The new timescale is acceptable and we will be monitoring their progress to meet this action plan to ensure it is completed as stated.

Although partially met there was a continued breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff received an induction to help prepare them for their new role. Staff who had not previously worked in the care sector completed the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. The programme consisted of 15 modules to be completed within three months. A mentor system was also in place where all new staff were

linked with and shadowed by a senior staff member during shifts. This was to assist with continued training throughout the induction process and to consolidate their learning. One recently recruited staff member told us, "The induction was very helpful and the additional training in other areas has been great. I shadowed shifts until I felt confident to work alone".

Staff were encouraged and supported to increase their skills and gain a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff studied additional topics to help them understand the conditions and illnesses of the people they cared for and to enhance their skills. This included dementia awareness and person centred care. The registered manager had accessed training through a mix of training providers.

Staff told us they felt supported on a daily basis by the registered manager, deputy and other colleagues. Comments from staff included, "I think we are cared for and treated well", "I feel supported and the manager is a good role model" and, "I think we support each other well and the team work has definitely improved". Additional supervision was provided on an individual formal basis. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. The registered manager and deputy conducted practical observation sessions to help staff develop their skills, for example, during medicine rounds.

The registered manager had a sound knowledge about the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

People's legal rights were respected and any restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the DoLS it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and or independent advocates. There were systems in place to alert the registered manager when DoLS would expire and needed to be re-applied for.

Staff understood the basic principles of the MCA and how to implement this should someone not have mental capacity and how to support best interest decisions. There were no restrictive practices and daily routines were flexible. People were moving freely around their home, spending time together and with staff and visitors. They chose to spend time in the lounge, the dining room and their own rooms.

People told us they, liked the food, they never felt hungry and they made choices about what they had to eat. Comments included, "The food is tasty and I enjoy my food", "There are options to choose from and the cook is very good if I want something different" and, "The food is fine for me I have no complaints". People were consulted about menu choices and these were under review. The menus were nutritional and reflected traditional favourites and seasonal trends. We met with the cook who demonstrated a very caring nature and a genuine passion to provide people with food they would enjoy. One person said, "Nothing is too much trouble for the cook, she is a lovely lady". The cook told us she found the 'residents fascinating and enjoyed getting to know them and spending time with them'. They were very aware of personal dislikes and preferences and accommodated this at all times.

People's views were always sought after mealtimes to check if they had enjoyed their meal or whether it

could be improved. The cook recognised her responsibilities to report to staff if she had identified that people's appetites had reduced and may be feeing unwell or at risk of losing weight. Equally the cook told us staff were good at informing her of any special dietary requirements that needed to be facilitated. This included things such as diabetes, compromised swallow and fortified foods for those at risk of weight loss.

People's weights were checked monthly but frequency increased if people were considered at risk. Referrals had been made to specialist advisors when required. This included speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. These accounts also provided a good level of detail for all staff to read when they had been on leave so that were up to date about what had happened in their absence. All staff felt that communication had improved since the registered manager had been appointed, the joined up working had improved and key messages were not lost.

Good

Is the service caring?

Our findings

The service remains caring. We were introduced to people during our visit and we spent time observing them in their home. The atmosphere was relaxed and people appeared comfortable and confident in their surroundings. People told us they were 'happy and looked after well'. Comments included, "Oh I am so happy here, they really do care about me and I feel special", "They are very kind and I enjoy their company, all the staff will sit and talk with me" and, "It's the little things, just popping in to say hello, always checking to see if I need anything, I cannot fault them". One visitor told us the whole staff team were good people and they treated their friend 'very kindly'.

Staff told us they enjoyed coming to work and they were proud of the care and support they gave to people, they referred to people as family. We asked staff what they thought they did well. Comments included, "Staff treat people well, we are very caring staff, I think all the staff are very patient and respectful", "I enjoy speaking with residents and their relatives, it gives me pleasure and I think I have good relationships with them", "I find staff have a gentle approach and they treat people as if they were their own relative". We saw staff engaging with people individually playing a game, reading a book together or having a conversation. These interactions were positive and obviously meaningful to each person.

One member of staff spoke with us about how the staff team including the registered manager cared about each other and how this enhanced their philosophy to support people with kindness, respect and dignity. Their role enabled them to be an effective observer. They told us, "The atmosphere is so nice, everyone looks after one another, the staff approach is gentle and good humoured. Some people who live here can be low, sad or depressed at times and I see staff always trying to cheer them up". They explained they had little confidence when they started working at the home and that this had improved over time with support from the registered manager. They said, "The manager always works closely with staff and the residents, he has a gift of finding a balance of being friendly and approachable and yet maintains a professional boundary".

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, helping people to fasten their jewellery and access to weekly visits with the home's hair dresser.

Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounge areas in the home. Family and friends were invited to special events. A garden party had been organised the weekend after our first visit to the home and we were told up to 70 people had attended. All staff members had made a lovely effort to make the day enjoyable, including decorating the

home and gardens with banners and balloons and providing a barbeque and beverages.

Requires Improvement

Is the service responsive?

Our findings

Although there was evidence of a responsive service, improvements were required. At the time of our inspection a safeguarding concern had been raised by the emergency services. They had been called to the home because a person had slipped to the floor during the night and staff were concerned they may have injured themselves and assistance was required to support the person back to bed. During their visit to the home they asked staff if the person had a DNAR form (Do Not Attempt Resuscitation) in place. They were concerned that staff on duty did not seem to understand what this was and their answers were too vague. On the second day of our inspection we spoke with all staff on duty and found there was a mixed understanding about DNAR's, what they were, and where they were kept. It was evident that by using an abbreviation the paramedics had confused the night staff and they did know that some people had chosen not to be resuscitated. Further improvements were required around the staff's understanding so that they would be more responsive when working with emergency services in the future.

A further safeguarding concern had been raised by a community health professional. This was because staff had not recognised a deterioration in a person's skin integrity and pressure areas. Although there had been a level of intervention from staff this needed to improve and a more proactive approach was required in order to identify potential risks to this person's skin and pressure damage. Following support from health professionals suitable equipment had been introduced to assist prevention and further deterioration. At the end of our inspection the registered manager had sought additional training from two sources, in wound care and pressure area prevention and staff had been booked to attend these. In contrast the staff did tell us about one person who had recently been admitted to the home with a pressure sore and how with the support of the district nurse and a management plan, the pressure sore had now healed.

At the inspection of June 2016 the registered provider and staff had identified that activities needed to be reviewed and that although there were some meaningful activities available there was 'room for improvement'. The registered manager told us what progress had been made since the last inspection. They had attended two engagement events with the South Gloucestershire activity forum. This had equipped them with new ideas and access to training events. One thing they had identified, through consultation with 'residents' was that they preferred more one to one engagement than group activities. Care staff were responsible for arranging and providing activities on a daily basis. There were some activities that people really enjoyed and these would remain. This included board games, bingo, quizzes, exercise classes and reminiscence therapy. Staff also arranged movie days and beauty therapy sessions. Musical entertainers were booked and visited every two weeks. People told us they were not bored and chose what they wanted to join in with. More trips had taken place since the last inspection and people had enjoyed these, further efforts were required to ensure these increased and were sustained. It had also been identified that stimulation was required to support those people with dementia. We look forward to seeing further progress at our next visit.

The registered manager completed an assessment for those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was

detailed and supported the registered manager and prospective 'resident' to make a decision as to whether the service was suitable and their needs could be met.

The homes approach to care was person centred and care plans had improved since the previous inspection. They reflected that people had been fully involved in developing their plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. The registered manager wrote in their reflective account, "Care is approached with the philosophy of person centeredness, care is delivered with the service user as the main focus, where individual wishes, choices and preferences are not only documented but respected in every day practice".

Those people we spoke with told us they felt they had control over their lives and made decisions about how they were supported and the amount of help they required. Comments included, "I do what I like every day, most times I prefer to sit here and watch the world go by", "I enjoy going out with my family and it's equally nice to return home, I like my own company and spending time here in my room", "The staff are good company and they are always here to help if I need anything, they always ask what I want and if I am alright". Staff felt that people received care and support that was individualised. Comments included, "It's important they feel like this is their home and they choose what they want to do", "Although we have written documentation with people's preferences we ask people every day what they would like because they may have changed their minds", "The residents come first we always respect their choices and respect their decisions".

The service had a complaints and comments policy in place and this was shared with people and families on admission. The daily presence of either the registered manager or the deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home they knew people well and people were comfortable and relaxed in their company. Small things that had worried people or made them unhappy were documented in the daily records and gave accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

The registered manager wrote in their reflective record, "As a service we have learned to listen and value all players with whom we work with and look at their contribution and acknowledge that we all have a part to play. As a service we are happy to receive feedback from those who come into our service and on occasions this has influenced our practice and made us seek more support from health and social experts".

Requires Improvement

Is the service well-led?

Our findings

Although it was acknowledged that improvements had been achieved further work was required and strategies needed to ensure the standards reached would be sustained and further improvements made.

At the inspection of June 2016 there were inconsistencies around the management presence and oversight which meant that some previous practices around quality assurance and audits had lapsed. Provider visits took place but they did not capture where improvements were required. They needed to be more robust in order to support people who used the services. Often during their visits they would rely on hearsay rather than checking things out for themselves. Auditing of the service and facilities was not effective or sufficient. In some cases particularly around infection control and the environment there were no audits in place.

The provider was not actively seeking the views of people, relatives, staff, visiting professionals or commissioners about their experience and the quality of care delivered by the service. This had previously been achieved by sending questionnaires, followed by analysis and any action and response required based on the information received. In the absence of a manager these had lapsed. These were breaches of Regulation 17 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

The appointment of a registered manager had helped improve consistent leadership of the service. Despite identifying that some audits had been overlooked during our inspection this had been rectified immediately after the second day of our visit. Other audits, reviews and assessments had proved that they were a valuable asset to the service and had led to improvements. In addition they had enabled the service to formulate a longer term plan to drive further improvements and create new initiatives. Provider visits were more robust and effective. We looked at the written content of these and the level of detail had improved over time. They demonstrated that the visits had been useful. The registered manager confirmed the meetings with the provider had been positive and supportive but agreed that further improvements were required.

Previously the service had not always notified us of events as required by law. We identified two occasions where safeguarding concerns had been raised; each had been reported to other professionals but not to the Commission. We spoke with the provider about this and underlined their responsibility to submit notifications as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Following the previous inspection the registered manager had made improvements and had provided staff with guidance on what should be reported, in addition to the level of detail and what we needed to know. Appropriate notifications were now received promptly, they provided a good level of detail including the lead up to the event, what happened and what action was taken.

The registered manager had been in post for almost a year. When they commenced at the service one of their main priorities had been to address the breaches of regulation following the inspection that took place in July 2016. They had remained in regular contact with CQC and provided updates of progress being made

particularly around the environment issues. It was evident things had improved over the last year. In addition they had produced a detailed quality service review and annual improvement plan.

We spoke with people who used the service and asked for their views about the service and whether they feel supported by the registered manager. People said that overall there had been improvements in the home and they were satisfied with certain aspects of the service. Comments included, "I love the manager he always makes an effort to spend time with me and other people who live here", "I see the manager every day, he is my favourite and I have a soft spot for him" and, "I love living here, I couldn't ask for more". We spent time with the registered manager walking around the home, it was evident that people knew who he was and he brought a smile to their faces. We regularly stopped to speak with people, they reached out to hold the registered manager's hand and passed the time of day. It was evident the registered manager had gained people's trust and their best interests were at the centre of his intentions and future plans.

There was a sense of relief from staff with regards to recent changes and the new management structure in place. The staff team demonstrated a commitment to moving the service forward and improving the service provided. Relationships of trust and confidence in order to ensure the registered manager was respected and approachable were being forged. Since commencing their new post the registered manager displayed enthusiasm and passion about the service and those who used it.

Staff were complimentary about how the service had moved forward and, the registered manager's approach and how this had impacted on them. Comments included, "Everything is more organised, we have better direction and staff have a better understanding of their roles and responsibilities", "The registered manager is a good person and considerate, communication and the paperwork has improved", and, "The manager is definitely improving things and we receive praise. Equally he is there to guide and support us when things are not so good".

The registered manager wrote in their reflective account, "I attended insight training which helped me develop self-awareness, leadership styles and how to position myself in ways that will earn trust and confidence from people. Spending time on the floor helps me to understand the service better, its needs and how to find solutions. Leadership and leading by example is something I strongly believe in. It is the starting point and cornerstone of any successful business or project".

The registered manager was fully aware of the achievements made and where further improvements were required. They wrote, "On occasions we have been told about the things we didn't do well or some areas we can improve on. Sometimes we have answered difficult questions, and as a result we have changed ways of working and have needed to do more. My message to the team is, yes, the feedback we have received is not what we expected or wished for but, such feedback can only make us better". The registered manager remained enthusiastic about their roles and responsibilities and, it was evident they had the passion and determination to continue to improve the services provided so that people received safe care and treatment and an improved quality of life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure their was provision for urgent or general repairs at the service