

The Cottage Nursing Home Limited

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Inspection report

The Cottage
80 High Street, Irchester
Wellingborough
Northamptonshire
NN29 7AB

Tel: 01933355111
Website: www.thecottagenh.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 29 September 2016 was unannounced.

This was the fourth comprehensive inspection carried out at The Cottage Nursing Home.

Following our previous comprehensive inspection, on 17 and 18 May 2016 we gave this location an overall rating of 'inadequate', and placed them into special measures.

During our previous inspection we found there were no clear systems in place to log safeguarding referrals, or to ensure follow up action was carried out. We also found that people using the service were at risk of harm from some people who displayed behaviours that could challenge the service.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that risk assessments in place to protect and promote people's safety needed to be strengthened to ensure risks were managed effectively to keep people safe. There were inconsistencies with the recording and administration of medicines. Records were not always fully completed and we found that people did not always receive their medicines as prescribed.

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

In addition we found that people were not always protected against the risks associated with unsafe or unsuitable premises. Some areas of the service had not been maintained to a safe standard and repairs had not been carried out in a timely manner. This meant that areas of risk that may be hazardous to people's safety and health had not always been identified and rectified as soon as possible.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that there was no formal staff induction programme in place and there were gaps in staff training that failed to support them to develop their skills and knowledge.

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

During our previous inspection we also found that people were not always treated with compassion, kindness, dignity and respect. People did not always receive care that was responsive to their needs or focused on them as individuals. In addition we found that people were not enabled to participate in sufficient, meaningful activities that met their needs and reflected their preferences.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition we found that people were not always treated with dignity and respect and some staff were not always respectful of people's right to confidentiality.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the culture at the service was not person centred, but task focused. Quality assurance, health and safety checks and feedback from people had not been undertaken consistently and had not therefore effectively checked the care and welfare of people using the service.

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

The provider submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have met them by. We carried out this inspection on 29 September 2016 to see if the provider had made the necessary improvements to meet the breaches of regulation, and to review whether the service should remain in special measures. We found that the provider had implemented systems which had improved the provision of service. The regulations were met and, as such, the service is no longer in special measures.

The Cottage Nursing Home Limited is registered to provide accommodation and care for up to 53 older people, ranging from physical disabilities to people living with dementia. On the day of our visit, there were 33 people using this service.

The service did not have a registered manager in place, however; a manager had been appointed and they were in the process of registering with the Care Quality Commission (CQC). 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.

During this inspection, we found that people felt safe at the service and were cared for by staff that were trained in safeguarding principles. Staff had received training in safeguarding and were knowledgeable about abuse. Staff we spoke with were prepared to raise any concerns they had. Systems in place to assess and manage risks had been improved. Risk assessments were detailed and updated on a regular basis, to ensure they were accurate. Staffing levels were sufficient to meet people's needs and the provider had carried out recruitment to improve continuity of care. Systems for the storage, administration of medication had been improved to ensure that this could be done safely and there had also been significant improvements to the infection control practices at the service.

Staff training had improved and we saw that staff members had received training and refresher updates, to ensure that their skills were up-to-date. Staff also received support from the manager, including supervision and appraisal meetings. People's consent to their care was sought, and systems for the implementation of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had been developed. People had access to sufficient food and drink and were supported to see healthcare professionals when necessary.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

People received care that was responsive to their needs. Their needs were assessed prior to them receiving a service. This ensured the care provided would be appropriate and able to fully meet their needs.

Improvements had been made to the care planning process and we saw that care plans were detailed and comprehensive. They were updated on a regular basis or when there was a change to people's care needs. The service had a complaints procedure to enable people to raise a complaint if the need arose.

Improvements had been made to the leadership and management of the service. Staff were positive about the improvements and changes made at the service which inspired them to deliver a quality service. In addition improvements had been made to the quality assurance systems, which had been completed and were being used to good effect and to continuously improve on the quality of the care provided.

We could not improve the overall rating for this service from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were safe because staff knew how to report safeguarding incidents.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs. Recruitment practices were robust to ensure that staff members were suitable to work at the service.

Medication systems were robust and people received their medicines as prescribed.

We could not improve the rating for safe, from inadequate to good, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service effective?

The service was effective

Improvements had been made to training and support for staff to support them to develop their skills and knowledge. People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

Staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Good ●

Is the service caring?

The service was not consistently caring.

Requires Improvement ●

We saw that staff interacted with people who used the service in a kind and sensitive manner.

Staff were motivated to make sure people had good quality care that improved their well-being and their lives.

Staff had a good understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

Care was consistently provided in a way which respected people's privacy and upheld their dignity.

We could not improve the rating for caring, from inadequate to good, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

The service was not consistently responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

Staff understood the concept of person-centred care and put this into practice when looking after people.

There was a large range of individualised activities on offer at the service.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

We could not improve the rating for responsive, from inadequate to good, because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The vision and values of the service were understood by staff.

The staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this.

Requires Improvement ●

There was a range of audit systems in place to measure the quality of care delivered.

People, their relatives and staff were positive about the way the service was managed.

We could not improve the rating for well-led, from inadequate to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The Cottage Nursing Home Limited

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 29 September 2016 and was unannounced. The inspection was carried out by two inspectors from the Care Quality Commission and one specialist adviser. A specialist adviser is a person who has professional experience of people who use this type of care service. The specialist adviser had professional experience in relation to people living with dementia care needs, palliative care and care for older people.

Prior to this inspection we reviewed information we held about the service. This included reviewing past inspection reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Statutory notifications are information about important events at the service, such as safeguarding concerns, which the provider is required to send to us by law. We also spoke with the local authority and clinical commissioning group, who have commissioning and monitoring roles with the service.

During the inspection we spoke with two people about the care and support they received from the service. Most people at the service were unable to engage in conversation with us about their care, due to the complexity of their needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people's relatives, who were visiting on the day of our inspection, to seek their views of the service. We also spoke with nine care staff that included the operations manager, the manager, the clinical lead, three nurses and three care staff members. In addition we spoke with two activities

coordinators and the chef.

We reviewed care plans for nine people to see if they were an accurate reflection of the care that people were receiving. We also looked at staff recruitment files for four staff members, including staff members that had been recruited within the past six months. Records relating to the management of the service were also examined, such as audit and quality assurance checks to determine the level of service that was provided.

Is the service safe?

Our findings

During our previous inspection on 17 and 18 May 2016 we found that people were not always supported to remain safe in the service. There were no clear systems in place to log referrals, or to ensure follow up action was carried out. We also found that people using the service were at risk of harm from some people who displayed behaviours that could challenge the service.

This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

People using the service were safe. One person told us, "I feel safe because I only have to press my buzzer and someone will come." Relatives we spoke with also told us that they felt their family members were safe with staff. One relative commented, "I know [name of relative] can be difficult at times but the staff know how to keep her safe." A second relative said, "This is a secure environment and people are safe here."

Staff told us they had been provided with safeguarding training. They were able to explain how they would recognise and report abuse. One staff member explained, "If I was concerned about anybody I would report it straight away." A second staff member commented, "Our safeguarding training taught us to look out for changes in people's behaviour that might tell us if someone is being abused."

We saw evidence that staff had been provided with safeguarding training. One staff member told us, "We have had training recently. It was very helpful and taught us about the different types of abuse there are. It opens your eyes." Another member of staff said, "I'm a lot more aware of safeguarding and what to look for now we have had the right training."

The manager told us that safeguarding was discussed at staff meetings and during one to one supervision. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. Both documents contained clear information on who to contact in the event of suspected abuse or poor practice. We saw evidence that when required the service submitted safeguarding alerts to the local safeguarding team to be investigated.

During our previous inspection on 17 and 18 May 2016 we found that risk assessments in place to protect and promote people's safety needed to be strengthened to ensure risks were managed effectively to keep people safe. Risk assessments we looked at did not detail the control measures or actions to be taken to address the identified risk. This meant that risks were not always managed in such a way as to keep people safe.

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

During this inspection we found that improvements had been made.

Risk management plans were in place to protect and promote people's safety. Staff told us that they were aware of people's risk assessments. A nurse told us, "The residents' risk assessments are reviewed monthly or if their needs change. For example if they have had a fall their risk assessment would be updated."

We saw people had risk assessments in relation to bedrails, moving and handling, falls, nutrition and pressure damage. Where people were at risk of pressure damage special cushions and mattresses had been provided to reduce the risk of damage to their skin. People, who required the use of a hoist to assist with transfers, were assisted by two staff members to ensure their safety was promoted. We saw evidence that confirmed that people's risk assessments were reviewed monthly.

During our previous inspection on 17 and 18 May 2016 we found that people were not always protected against the risks associated with unsafe or unsuitable premises. Some areas of the service had not been maintained to a safe standard and repairs had not been carried out in a timely manner. This meant that areas of risk that may be hazardous to people's safety and health had not always been identified and rectified as soon as possible.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

We found that environmental checks were undertaken of the service. Where areas were identified to be in need of attention, an action plan had been put in place and we saw that concerns had been addressed.

We looked at the fire risk assessment and saw that this had been updated and actions recommended to make the fire risk assessment more robust had been completed. For example, one recommendation was for all staff to be trained to use fire extinguishers. Staff confirmed they had completed this training and records we looked at corroborated this.

The service had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency. We saw evidence that the service's fire risk assessment for the premises had recently been updated.

We found that all areas identified as needing attention at the previous inspection had been addressed. For example, we observed that fire equipment had been serviced and service certificates for employers' liability insurance, emergency lighting, fire alarm systems Gas and Portable Appliance Testing (PAT) were all up to date.

At the previous inspection on 17 and 18 May 2016 we found there were inconsistencies with the recording and administration of medicines. Records were not always fully completed and we found that people did not always receive their medicines as prescribed.

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

During this inspection we found that improvements had been made.

There were systems in place to ensure that people's medicines were managed safely. One person told us, "The staff bring me my medicines." A nurse told us, "We recently had updated training in the safe handling of medicines." Another nurse commented, "We usually have yearly updated training in the safe handling of medicines but we have had more than one this year. This has helped us a lot and we are getting all the training we need."

We found that medication administration record (MAR) sheets were fully completed and medicines were stored appropriately. A specimen signature record of all staff who administered medicines was being maintained. This was to ensure that any anomalies would be addressed promptly.

Daily temperature checks of the refrigerator and the room where medicines were stored were undertaken. This was to ensure medicines were stored in the right conditions. We checked a sample of the controlled medicines and found that the balance in stock corresponded with the record. All controlled medicines were stored in line with legal requirements.

We observed the lunch-time medicine round and found that medicines were administered in line with best practice guidelines. Staff administering medicines wore special red tabards with 'Do not disturb drug round in progress' written on them. This was to minimise the risk of staff getting distracted during the drug round. Some people had their medicines administered covertly. Evidence seen confirmed that this had been agreed with the GP, pharmacist, relatives and staff in the person's best interest and in line with the Mental Capacity Act 2005.

We saw evidence that people had individual protocols in place for medicines that had been prescribed 'as needed' (PRN). There was a homely medicine protocol in place and this had been agreed in consultation with the GP. Evidence seen confirmed that people's prescribed medicines were reviewed yearly by the GP; and the manager carried out regular audits of medicines.

Records demonstrated that medicines were audited and accounted for regularly. We saw there was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the service at any one time. This helped to ensure that any discrepancies were identified and rectified quickly.

Safe recruitment practices were followed. We found that staff had been recruited safely into the service. One staff member said, "Everything was checked before I could start working, references and my PIN number."

Records seen confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, references, job descriptions, evidence of up to date registration with the Nursing and Midwifery Council and Home Office Indefinite Leave to Remain forms in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and to meet their needs. One person told us, "I don't have to wait long if I need some help." A relative informed us, "There always seems to be enough staff around." A second relative confirmed, "I don't think there is a problem with the staffing levels here."

Staff confirmed that the staffing numbers were sufficient and enabled them to support people safely. They told us they did not feel under pressure or rushed when carrying out their roles. One staff member said, "Staffing is very good here. We have a good staff team and work well together." A nurse told us, "We are lucky here. They don't skimp on the staffing numbers."

The manager informed us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Our observations found that there were sufficient numbers of staff to ensure people's needs were met in a timely manner.

Is the service effective?

Our findings

During our previous inspection on 17 and 18 May 2016 we found that there was no formal staff induction programme in place and there were gaps in staff training that failed to support them to develop their skills and knowledge.

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

During this inspection we found that improvements had been made.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person told us, "I am cared for in bed and the staff know how to look after me." A relative said, "My [name of relative] has some complex needs. The staff are very good at making sure he gets what he needs. A second relative commented, "I think the staff have got better. They seem well trained and they seem to know what they are doing."

Staff told us they were well supported and had completed a range of training since our last inspection. They told us they had completed a Managing Challenging Behaviour and Dementia Awareness training course. All the staff we spoke with felt this had been useful as it enabled them to fully understand how to manage behaviours that could challenge the service that people may exhibit. One staff member told us, "The challenging behaviour course has made such a difference. It has made us more confident to know we are doing it properly. Before everyone did their own thing and what they thought was best."

We found that the induction programme had been improved and we saw a copy of the updated induction programme. The manager told us that they had also introduced a buddy system so staff new to the service would work closely with a more senior staff member until they were deemed competent.

We looked at the training records and found that an induction programme was now in place and all staff had received on-going training that was appropriate to their roles and the people they were supporting. This enabled staff to obtain the necessary knowledge and skills to look after people appropriately.

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We are getting lots of supervision and a lot more support. The new manager comes out to help us." The manager confirmed that each staff member received supervisions; appraisal and she had commenced spot checks of people's performance. Any areas of concern identified during the spot checks were discussed in supervisions and goals set to address the issues. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's consent was gained before assisting them with care and support. One staff member said, "We always explain to the residents how we are going to support them and gain their permission."

We observed staff during the inspection asking people for their consent before providing them with support and treatment.

Within the care plans we looked at we saw that written agreements had been obtained from people or family members to be supported and for photographs to be taken. Where people lacked capacity best interest decisions had been undertaken. The manager told us that 31 people living at the service were having their liberty restricted at the time of our visit; DoLS applications had been approved for 10 people by the statutory body and a further 21 were waiting to be approved. We saw where people required support or assistance, best interest decision assessments had been undertaken. This ensured that people's rights were promoted and respected.

We saw evidence within a person's care plan that a Do Not Attempt Pulmonary Resuscitation (DNAPR) order was in place. The decision made had been carried out in line with the current legislation and best practice guidelines. For example, the GP involved staff and family members in the decision making process. This ensured that the person's human and legal rights were respected.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. One person told us, "I like the food. Especially the Sunday lunch." A relative said, "I come and have lunch with [name of relative]. The food is always nicely presented and the chef is lovely. He always chats to us and knows what [name of relative] likes." We spoke with the chef who told us, "The residents are given choices; however if they did not like the choices on offer, I would prepare whatever they like."

We observed that the menu was displayed in the dining room and there were two choices provided that people could choose from for lunch and tea. We found that the chef was aware of people's food preferences and ensured that people were provided with high calorie meals and drinks. The service had introduced a dining experience where relatives were encouraged to have lunch with their family members in a restaurant style room. One staff member told us, "It's lovely. We recently had a couple celebrate their wedding anniversary and we provided them with a lovely meal and waited on them."

We found that the lunch time activity was flexible, relaxed and unrushed. Lunch was presented in an attractive manner to stimulate appetite. There were positive interactions between people and staff. People with special dietary needs such as soft diets were catered for. Prompting and assistance was offered by staff in a dignified manner. We saw staff provided clothes protectors to uphold people's dignity.

People who were at risk of poor fluid and food intake were closely monitored and provided with fortified meals and drinks. We saw a record was maintained of what they ate and drank. People's weights and body mass index levels were monitored monthly to ensure they were within the appropriate range. If needed, the

community dietician provided regular support and advice to the staff team.

People were supported to maintain good health and to access healthcare facilities. Staff told us that people were registered with a GP who visited the service when required. One said, "We have had a lot of input recently from different professionals, such as a Community Psychiatric Nurse, the dietician, and the community pharmacy."

Within people's care plans we saw a record was maintained of visits from health care professionals. If people had difficulties with swallowing, behavioural and mobility, specialist treatment would be obtained via the GP. Arrangements were in place for the chiropodist and optician to visit the service on a regular basis. In addition people received support from the community psychiatric team who would review their care and treatment if required.

Is the service caring?

Our findings

During our previous inspection on 17 and 18 May 2016 we found that people were not always treated with compassion, kindness, dignity and respect. Care was mainly task focused and did not take account of people's individual preferences and their dignity was not always respected. In addition the registered provider had not made suitable arrangements to ensure that people were enabled to participate in activities that met their specific diverse needs and reflected their interests.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

One person told us the staff treated them with kindness and compassion. Another relative commented, "The staff are great. I have never had a problem with any of them." A second relative told us, "They have a difficult job to do but they do it well."

One person told us that the staff knew them well and they knew what they liked. They said, "I get on really well with the staff. They are kind and patient. They always listen to me." A relative told us, "My [name of relative] has been here quite a long time. The staff know what they need and how to care for her."

Staff told us they knew people well and had been able to get to know their needs and preferences. One staff member told us, "The people who live here have great characters. It's a pleasure working with them." A second staff member commented, "We are given lots on information about people so we really get to know them well." Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported.

We spent time observing how staff interacted with people using the service. We saw that staff were tactile, compassionate and caring. We observed numerous instances where staff were able to de-escalate situations that had the potential to develop into volatile situations. We found that staff showed a good understanding of the individual needs of each person. We saw that staff communicated freely and easily with people whilst following the treads of their conversations, for example, conversations about feeding babies.

During breakfast, we observed that one person became distressed and started crying. Staff were aware of her personality and individual needs; they responded to her needs and offered reassurance that resulted in the person calming down and becoming less distressed.

We observed the activities coordinator de-escalate a potentially challenging situation, by using a doll to distract a person whilst communicating with them on a topic of interest. The person responded positively and remained calm. We also observed staff taking people for walks communicating as they walked with them. People responded by smiling and appeared to be enjoying the activity.

We saw that people were always offered choices or were involved in decisions about their day to day routines. For example, we saw that staff were able to respond to the behaviours demonstrated by each person, often using questions to gain a fuller understanding of the person's needs, whilst giving them choice. For example, "Would you like some toast?" "Would you like some cornflakes"? "Would you like some coffee"? One person told us, "Staff always ask me what I would like." A relative commented, "I do see the staff asking people what they would like." This demonstrated that staff supported people to communicate their needs and understand their wishes which in turn improved their quality of life.

Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported. Staff told us that the clinical lead was very knowledgeable about people using the service and one staff member said, "The communication is very good and that means we all know what is happening and are made aware of any changes to make sure we can meet people's needs." We saw there were staff hand-overs at the start of every shift to ensure any changes were relayed to staff to ensure people's needs were met. This meant that changes to people's care was recognised and the necessary changes made swiftly to ensure the person received safe and appropriate care that fully met their needs. We saw evidence within the care plans we examined that people's changing needs and wishes were closely monitored on a regular basis. Any changes that were needed were carried out in a timely manner.

The manager told us that at the time of our inspection there was no one using the services of an advocate. She said people were provided with information on how to access the services of an advocate and staff would support them in doing so if one was required. We found that some family members advocated on people's behalf when required.

During our previous inspection on 17 and 18 May 2016 we found that people were not always treated with dignity and respect and some staff were not always respectful of people's right to confidentiality.

This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made.

People and relatives told us that staff understood how to support people with dignity and they respected them. One person told us, "The staff are very polite and respectful to me." A relative commented, "The staff are very patient and even though someone might be shouting at them they are always respectful in how they talk to people." Another relative informed us, "You couldn't ask for nicer staff. They are very polite and treat people with dignity."

Staff were able to demonstrate how they ensured that people's privacy and dignity were preserved. One nurse said, "We always talk with people slowly and calmly. More importantly we give people time to respond." Another staff member told us, "We make sure curtains are drawn, doors are closed and whatever we are doing is what the person wants." This demonstrated that staff had an appreciation of people's individual needs around respect and dignity.

The manager confirmed that staff's care practices were observed to ensure that they were upholding people's privacy and dignity. This was done through on task supervision where staff were observed providing care to people. The manager would observe if the care provided was carried out with respect and ensured people's privacy and dignity was maintained.

We observed staff transferring a person who used the service from their wheelchair to an armchair. This

activity was done in a dignified manner. Staff ensured that the person's dignity was upheld and reassurance was provided.

One person and relatives we spoke with felt assured that information about them was treated confidentially and respected by staff. One relative told us, "I think staff understand that people's information is private. I come four times a week and I never hear them discussing other people."

Staff told us that the service had a confidentiality policy which was discussed with them at their induction. One staff member said, "We all know about confidentiality. We have a duty to only share information about people on a need to know basis." We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

During our previous inspection on 17 and 18 May 2016 we found that people did not always receive care that was responsive to their needs or focused on them as individuals. We found that decisions about people's routines were not always in line with their preferences and many people's daily routines were not person centred but task-led by the staff. In addition we found that people were not enabled to participate in sufficient, meaningful activities that met their needs and reflected their preferences.

This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that improvements had been made.

People and relatives told us they received good care that met their needs. One person told us, "The carers know me well. They know how I like things to be done." A relative commented, "I can't say anything negative about the care. They cope well with [name of relative] and he always seems well looked after." Relatives talked to us about how staff informed them about decisions in relation to their family members care. One relative told us, "Communication is good. If something happens they will call me and they keep me informed."

There had been no new admissions to the service since our last inspection. We spoke with the clinical lead who told us that people's needs were always assessed before they were admitted to the service and that people and their relatives were involved in the review process. We saw evidence that pre-admission assessments had taken place prior to people being admitted to the service. The clinical lead said that the service would take into account other people living in the service when they admit a person with behaviour that can challenge themselves and others

The care plans were very comprehensive, personalised and contained information on people's diverse needs. They included information on people's background, personal history; and how they wished to be supported. For example, their likes, dislikes, continence needs and any equipment that they may require to support their health and well-being and to maintain their independence. We saw that the care plans were reviewed on a regular basis or when there was a change to people's needs. This ensured that information about people was current.

There was no one living at the service with a pressure sore. We saw that people who were being nursed in bed were being turned two hourly and a record was maintained of the frequency of their turns. A system was in place to ensure that turning charts were completed appropriately. For example, nurses carried out regular checks at least three times daily to ensure that records were appropriately maintained. We saw that people's pressure area assessments were reviewed monthly.

We found that staff interactions were person centred and responsive to their needs. We observed a staff member encouraging a person to sit at the dining table for breakfast. The person did not wish to sit at the

table and their wishes were respected. The staff member provided empathy, reassurance, affection and compassion to the individual. There was lots of touching for example, the staff member touched the person gently on the shoulder to provide reassurance.

We also observed a staff member assisting a person using the service with their breakfast. There was good rapport between them. The person using the service said to the staff member, "I love you." The staff member replied, "I love you too." The staff member engaged and involved the person using the service with the activity. She said, "I have some porridge for you. Would you like some?"

During the lunch time activity we observed a staff member was able to deal with a person's behaviour that challenged others and themselves. Positive techniques were used to enable the person to focus on eating their lunch. This was carried out in a respectful, sensitive and reassuring manner.

There were no restrictions on visiting. Relatives and friends were able to visit without any restrictions. One relative said, "The staff always make me feel welcome anytime I visit." Our observations confirmed this. It was evident that the service supported people to maintain contact with family and friends.

We spoke with the two activity coordinators who told us that there were several activities that people could participate in, for example, outings to the shop, going out for dinner, reminiscence, sports, walks around the garden. We were told and we also observed that activities were needs led. For example, if a person did not wish to participate in a set activity, an activity of their choice would be provided. This showed activities provided were flexible.. One of the activity co-ordinators told us, "We are quite used to thinking on our feet to source a more appropriate activity." Another activity coordinator said, "I am assured that we are trying to provide personalised quality entertainment."

The planned activity, on the day of the inspection had been cancelled; however, the activity coordinators were able to do individual activities with people, such as hand massage, and interacting with them, whilst at the same time being aware of the wider environment. We also saw one person who on numerous occasions became anxious and started shouting. The activity person intervened on each occasion and engaged the person in conversation and walked with them around the building or in the garden.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I did make a complaint and that has been sorted now." A relative told us, "Yes I know how to make a complaint. I know who the manager is because we have met her and I would go to her."

Relatives told us they knew they could approach senior staff or the manager if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome. Each investigation was comprehensively recorded and a lesson's learnt approach was taken to drive improvement at the service.

People and their relatives told us they had been asked to provide feedback on the quality of the care provided. One relative said, "I have been given a questionnaire to fill in. I was also given one last year." Relatives commented that the standard of care provided by the service was very good. One told us, "I am more than happy with the care [name of relative] receives. I have no complaints."

The manager told us that satisfaction surveys had been sent out prior to our visit. They confirmed that

feedback on the quality of the care provided would be analysed when the surveys had been returned and any areas identified as requiring attention would be addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

During our previous inspection on 17 and 18 May there was no registered manager in post. We found the culture at the service was not person centred, but task focused. Quality assurance, health and safety checks and feedback from people had not been undertaken consistently and had not therefore effectively checked the care and welfare of people using the service.

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

During this inspection we found that improvements had been made.

There was not a registered manager at the service, however; a manager had been appointed and was in the process of registering with the Care Quality Commission (CQC). People and their family members were aware of who the manager was and were able to see them when required. One relative told us, "I came to the meet and greet to meet the new manager. I wasn't really sure who the previous manager was so it's nice that she has made the effort to meet us."

Staff told us that the new manager worked openly with them and was receptive to their comments or concerns. One member of staff commented, "The new manager is very down to earth. She will come out and work on the floor with us. We haven't had that before." They told us there was an open-door approach so that staff could approach them to share any ideas or issues they may have. The manager was aware of their regulatory obligations to report certain incidents, such as safeguarding concerns or disruption to service delivery. Our records confirmed that the CQC had received statutory notifications from the manager.

Staff told us that the culture and atmosphere at the service had improved and one nurse said, "I feel more supported now than I have done in the past." Another staff member told us, "I enjoy working here. Things have improved a lot and we are working well as a team." Other staff made similar comments. Staff we spoke with confirmed that they understood their rights to share any concerns about the care at the service and told us if they had any issues they could raise them and felt they would be listened to. A nurse commented, "I would be more than comfortable raising any concerns. I know they would be taken seriously and dealt with properly." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

We found that improvements had been made to staff support and staff training; and that all staff had completed essential training. In addition staff new to the service had been provided with induction training. Staff told us they received regular supervision and the staffing structure had been reviewed to ensure the skill mix of staff was appropriate to meet people's needs.

We found that regular staff meetings took place and suggestions made by staff were acted on. For example, a restaurant dining experience had been suggested by a staff member and we saw that this had been fully implemented. Regular staff supervision sessions had been fully implemented and the manager had recently

introduced an observation check of staff practice. Records we looked at confirmed these had taken place. In addition there was a supervision matrix for future supervision sessions. During the inspection we observed people and staff approaching the manager for a chat and she was available to give them the time they needed to talk.

We found that systems had been implemented to assess, monitor and improve the quality of care being provided by the service. Checks and audit systems had been completed and we found these were being used to identify areas in need of improvement or plan how improvements would take place. For example, we saw medicines audits occurred weekly, safeguarding referrals were audited daily and SSKIN bundles were audited twice a day. We saw that records were maintained of these audits; areas of concern had been identified and acted upon. We saw that care plans had improved as a result of regular auditing. Areas of the environment had been redecorated and enhanced as a result of regular environmental audits. This demonstrated that a managerial oversight to monitor the checks being carried out were effective to help drive improvements.

The manager told us that accidents and incidents were recorded and analysed for identified trends. We found that systems had been introduced to ensure people using the service were consulted about the delivery of care and treatment. The manager told us that service satisfaction surveys had been sent out to relatives of people using the service before our visit. There were surveys at the reception area for visitors to complete and we saw that staff were in the process of supporting people using the service to complete surveys. We also found that the manager had arranged a meet and greet event so relatives or people's representatives could meet the new manager. Relatives we spoke with were positive about this event and felt it was beneficial to meet the new manager. In addition we found that a newsletter had been produced to inform people about upcoming events at the service, an introduction to new staff and any other information of importance. This was displayed in the reception area of the service.

The manager and staff told us they were committed to the continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training.