Flightcare Limited

Swansea Terrace

Inspection report

108-114 Watery Lane
Ashton On Ribble
Preston
Lancashire
PR2 1AT

Tel: 01772736689

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 02 & 06 June 2016 and was unannounced.

At our last inspection in October 2015, we found a number of significant breaches of legal requirements. As such, we took urgent action to ensure improvements were made. The service was placed into special measures. Since October 2015, we have monitored closely the improvements that have been made through contact with the provider, the local authority and clinical commissioning group. During this inspection we checked to see what improvements had been made.

Swansea Terrace is registered to provide 24 hour nursing and personal care for up to 44 people and is located close to Preston city centre. There are two large communal rooms, communal bathrooms and en-suite washing facilities. At the time of our inspection there were 31 people who were using the service.

The service is required to have 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 the time of our inspection the service did not have a registered manager. A manager had been employed who was in the process of registering with CQC.

During our last inspection in October 2015, the service was found not to be meeting legal requirements in relation to: protecting people against the risks of avoidable harm and abuse, staffing, safe management of medicines, cleanliness and infection control, obtaining valid consent, meeting people's nutritional needs, privacy and dignity, person-centred care, good governance and statutory notifications about significant events at the service.

During this inspection, we found the provider had made significant improvements in all areas.

People were protected against the risks of avoidable harm and abuse. Following our last inspection, staff had all received training to help them recognise abuse and what action to take if they suspected abuse. The service had completed risk assessments relating to individuals' needs and the environment with plans to mitigate such risks.

Staffing levels at the home had been increased and staff were better deployed. This had led to a culture change at the home from a task-driven culture to one that was more centred on providing a good level of care to people. People were cared for by staff who had the knowledge, skills, experience and support to carry out their role. However, some staff had not received regular supervision and appraisal.

The service was operating effective systems for the safe management of people's medicines. However, we found some hand-written entries on records had not been checked and countersigned to ensure accuracy.

The service was operating effective systems with regard to cleanliness and infection control. Bathrooms were no longer cluttered and work had been carried out to seal flooring in certain areas of the home to aid with thorough cleaning and disinfection.

The service sought consent in line with legislation. However, consent documentation was not always completed fully. We have made a recommendation about this. People and, where appropriate, those close to them were involved in the assessment and planning process. This helped to ensure people's written plans of care accurately reflected their needs and preferences.

The change in staffing levels and the better organisation of staff meant staff had more time to spend with people and had begun to develop positive and caring relationships. It was clear staff knew people well.

People were supported to eat and drink enough to meet their needs. The service approached external professionals for guidance and advice as appropriate and incorporated this into people's plans of care.

People's privacy and dignity was maintained and promoted at all times.

The home employed an activities coordinator who explored people's interests and aimed to provide meaningful activities at the home. A variety of social events had taken place at the home since our last inspection.

The service had begun to hold regular meetings for residents, relatives and staff, for them to discuss ideas, make suggestions or raise concerns about the service with management. The service had undertaken formal satisfaction surveys to gain feedback about the quality of the service.

The home had a range of audits and checks that were operated effectively to assess, monitor and improve the quality of the service provided to people.

The service had clear lines of responsibility and accountability. Leadership at the home, although there was some instability due to the number of managers since our last inspection, was good. All the staff spoke highly of the provider and managers within the organisation.

It is noted that significant improvements had been made, however improvements are still required to embed good practice in relation to staff supervision, recording of medication administration and meetings for residents, relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found significant improvements had been made with regard to keeping people safe from avoidable harm and abuse. Staff understood how to recognise abuse and the action they should take in response.

Risk assessments in relation to individuals and environmental risk assessments were completed accurately and reviewed appropriately to ensure risks to people were managed safely.

Systems and processes for the safe management of medicines had been improved greatly. However, we found some handwritten entries on records had not been checked and countersigned by another member of staff to ensure they were correct.

Staffing levels and the deployment of staff had improved. Staff had more time to spend delivering care to people and were less task-focussed. Robust procedures were being followed to recruit suitable staff.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had received sufficient training to carry out their roles and additional specific training to help meet people's individual needs.

Staff spoke highly of the support they had received from management and supervision sessions had begun to be conducted. However, not all staff received regular supervision and appraisal to support them in their role.

The service had made improvements with regard to gaining valid consent from people and also with how they followed the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. However, we found consent documentation was not always fully completed.

People were supported to maintain a balanced diet and to drink sufficient fluids to meet their needs.

Is the service caring?

Good

The service was caring.

Since staffing levels and organisation of staff had improved, staff were able to spend more time with people and had got to know them well. This helped in developing caring and positive relationships.

People's preferences had been explored and incorporated into their plans of care. This helped to ensure people received care that met their needs, in the way they wanted it to be delivered.

The service had made improvements with regard to maintaining and promoting people's dignity and privacy.

Is the service responsive?

Good

The service was responsive.

Assessments of people's needs were being completed accurately and reviewed regularly. People's written plans of care were updated according to changes in people's circumstances.

People and, where appropriate, their loved ones, were involved in planning care, which helped make sure people's preferences were taken into account in the way care was delivered to them.

Guidance and advice was sought from external healthcare professionals as appropriate and used to inform care planning.

Activities at the home had improved. The activities coordinator was no longer being tasked to provide care, so they were able to work with people to provide stimulating activities and organise events at the home.

Is the service well-led?

Requires Improvement

The service was well-led.

The provider and Care Quality Manager had ensured staff were supported and guided through a period of significant change for the staff team. Staff all spoke very highly of management.

The service had begun to engage more with people and their relatives to gain their feedback with a view to further developing

the service.

Quality assurance systems were now being operated effectively to assess, monitor and improve the service provided to people.

Improvements are still required to embed good practice in relation to staff supervision, recording of medication administration and meetings for residents, relatives and staff.

Swansea Terrace

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 02 & 06 June 2016 and was unannounced.

The inspection was undertaken by two adult social care inspectors, including the lead inspector for the service.

Before the inspection, we reviewed all the information available to us about this service. This included information from the local authority and clinical commissioning groups, as well as information we had received from the provider about significant events at the service.

At the time of our inspection, there were 31 people who lived at the home. During the inspection we spoke with five people who lived at the home and two people's relatives. We also spoke with six staff, including the manager and care quality manager from the provider organisation.

We observed how staff interacted with people throughout the inspection and used the Short Observational Framework for Inspection (SOFI). SOFI is a way for us to gain an insight into people's experiences of care when they are unable to communicate with us directly.

During the inspection we also looked in detail at four people's care documentation and reviewed a range of records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

When we last inspected the service in October 2015, we found concerns with regard to people being protected against avoidable harm and abuse, how risks to people were managed, staffing levels, the safe management of medicines and infection control. Following the inspection, we took urgent action to ensure the provider made improvements to the service.

We have closely monitored improvements at the home through contact with the provider, the local authority and clinical commissioning groups. We undertook this inspection to check what improvements had been made.

People we spoke with told us they felt safe. Comments we received from people included: "Yes, I feel safe" And; "We're definitely safe enough, there are staff around all the time if you need anything". A relative we spoke with told us: "Since the last inspection, things have improved greatly. There are a lot more staff and they are more attentive. [Relative] is safe and in good hands."

We found the provider had taken steps to ensure people were protected against the risks of avoidable harm or abuse. Following our last inspection, staff had completed training which enabled them to recognise abuse and what action to take if they suspected someone had been abused. Staff training records confirmed this. Staff we spoke with were confident with regard to recognising abuse and knew how to report concerns to the management, Local Safeguarding Authority and CQC. We had received notifications from the provider following significant incidents at the home, where concerns had also been raised with the local authority. This showed improvements with regard to safeguarding people who may be vulnerable by their circumstances had been made since our last inspection.

When we last inspected the service, we found risk assessments, including those around falls, moving and handling, nutrition and pressure care, had not been reviewed and updated regularly. This meant they did not reflect people's current circumstances. During this inspection, we looked in detail at the written plans of care and associated documentation for four people who used the service. We found risk assessments had been completed accurately and were continually reviewed. Where people's circumstance changed, risk assessments and care plans were adjusted accordingly. This helped to ensure risks to people were managed to help keep them safe. For example, we saw one person who had experienced a number of falls in a very short time period. The service had reviewed the falls risk assessment for the person and, with input from external professionals, had implemented strategies to reduce the possibility of falls and any associated injury. This showed how the service reviewed the risks to people and took steps to manage the risks whilst helping people to maintain their independence.

When we last inspected the service we found the service had not ensured plans were in place to protect people in case of an emergency, such as a fire or flood. During this inspection we reviewed Personal Emergency Evacuation Plans (PEEPs) for each person who used the service. We found PEEPs had been reviewed and were reflective of people's current needs. We saw PEEPs were now implemented as soon as someone chose to move into the home. This helped to make sure people could be evacuated safely in an

emergency situation.

We saw the service had also undertaken a wide range of risk assessments with regard to the premises and the environment. Where issues or potential issues had been identified, risk management plans had been implemented to reduce the risks to people who used the service, staff and others.

When we last inspected the service, we found concerns with regard to the number of staff deployed throughout the home. At that time, everyone we spoke with raised concerns about staffing levels and we saw staff were stretched, which had led to a task oriented culture within the home. The home had been relying heavily on agency staff due to a high turnover of staff leading up to our inspection. During this inspection, we found significant improvements had been made in this area.

Everyone we spoke with told us staffing levels had improved since our last inspection and we observed this to be the case. Additionally, the deployment of staff was now better managed, with staff having responsibility for caring for people within certain areas of the home. This helped to ensure staff could provide assistance for people when they required, and led to a greater consistency of care because staff were able to get to know people better. We observed all areas of the home during our inspection and found staff were available and responded quickly to people's needs.

We reviewed staffing rotas and saw a consistent staff team was deployed during the four weeks leading up to our inspection. Staff we spoke with confirmed staffing levels and the organisation of staff had improved since our last inspection. One staff member told us; "Things have improved greatly since October. There didn't used to be enough staff but now we have time to make sure everyone gets the care they need." Another member of staff told us they used to find it very difficult to carry out their role because they used to be pulled from one task to another. They explained that now staffing levels and staff morale had improved they were able to make sure people's social needs were met as best they could.

We checked how staff had been recruited. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the home. The checks included written references from previous employers, a check with the Disclosure and Barring Service (DBS), formerly the Criminal Records Bureau (CRB) and interviews with staff, a record of which was kept in their personnel files. These checks helped to keep people safe by ensuring only suitable candidates were employed to deliver care to people who lived at the home.

When we inspected the service in October 2015, we found medicines were not managed safely. Systems for ordering, recording and administering medicines were in place. However, we found current national guidance regarding safe handling of medicines in care homes was not reflected in the medicines policies. We found a number of examples of medicines being unsafely handled that placed people at risk of harm. This included people not receiving important medicines because the service had run out and had not made sure they ordered more.

During this inspection, we observed staff administering medicines, spoke with people about how their medicines were managed and looked at the systems for ordering and recording medicines. Since our last inspection, the service had received support from the local clinical commissioning group with regards to medicines management. On the day of our inspection the new pharmacy supplier was at the home to provide training to staff. We found significant improvements had been made in the way people's medicines were managed.

Important details, such as allergies and any special instructions regarding medicines were recorded clearly

and attached to people's medicines administration records. People we spoke with told us they now received their medicines at the time they should and told us staff were now 'very good' with medicines. The systems at the home for managing medicines had been brought in line with guidelines from the National Institute for Clinical Excellence (NICE) which helped to ensure medicines were managed safely.

We saw a good example of how best interests processes had been followed for one person who lacked capacity to make decisions around medicines. The process was well recorded and had involved the person, their family, GP, pharmacist and representatives from the home. Records of the discussions and agreed action had been retained in the person's care file. A detailed care plan had been written around covert medicines administration and staff recorded the administration of the medicines in detail.

We did, however, find some issues with medicines which we highlighted to the manager and provider during our inspection feedback. We found an example of medicines that had been changed mid-cycle, which meant staff had to make hand-written entries on the person's medicines administration record (MAR). We saw the entries on the MAR had not been countersigned by another trained member of staff, which would normally indicate they had been checked and were correct. We did see other hand-written entries were countersigned by another member of staff. Additionally, we found some items on peoples' MARs were no longer required and should have been discontinued. We also found amounts were not always recorded for one person's medicine that was a variable dose, to be administered 'as and when required'. We received assurances from the provider and manager these issues would be looked into and resolved following our inspection.

The provider had implemented a comprehensive medicines audit since our last inspection. The audit helped to ensure the home's policies and procedures with regard to medicines management were being followed so people's medicines were managed safely. The issues we raised above had not been picked up yet because the medicines audit for the month had not yet been completed.

When we last inspected the service, we found concerns with regard to staff training around infection control. Sluice rooms were routinely left unlocked and domestic staff often did not turn into work which meant cleaning duties were neglected. We also saw a variety of equipment, such as hoists, slings and wheelchairs were being stored in bathrooms around the home. This made it very difficult to thoroughly clean and disinfect these areas. In addition, we found the flooring in bathrooms and toilets required maintenance.

During this inspection, we found all sluice rooms were locked, the hoists, slings and wheelchairs were no longer stored in the bathroom and work had been undertaken to seal the flooring in the areas about which we were concerned. We looked at all areas of the home and found them to be clean and tidy. Staff told us they had received training in infection control, which was confirmed when we looked at staff training records. We observed staff followed infection control guidelines and used appropriate Personal Protective Equipment (PPE), such as disposable gloves and aprons when required. There was a plentiful supply of PPE around the home.

Staff training and actions with regard to infection control helped to keep people safe by reducing the risks of the spread of infection around the home.

Requires Improvement

Is the service effective?

Our findings

When we last inspected the service in October 2015, we found people did not receive effective care, which was based on best practice, from staff who had the knowledge and skills to carry out their roles and responsibilities. We found multiple examples of where the standard of care had fallen significantly short of meeting people's needs. The home was unable to evidence staff training, inappropriate moving and handling techniques had been used by staff and staff had not received suitable support by way of supervision and appraisal. We also found valid consent was not always sought before people received care and the nutritional and hydration needs of all people who used the service were not being met.

Following our inspection, we took urgent action to ensure improvements were made and monitored improvements closely through contact with the provider, the local authority and clinical commissioning groups. During this inspection, we checked to see what improvements had been made.

People told us since our last inspection they had noticed a change in staff approach and they were confident staff knew what they were doing. One person told us; "I don't miss much, so I'd know, the staff all seem to know what they're doing" Another told us; "They helped me to learn to walk again with a frame after I had a fall at home. They are really very good". A relative we spoke with told us; "The staffing is much better now and they seem to be more on the ball. [Relative]'s needs are always met and she is well cared for."

We reviewed records of staff training and found staff had received a wide range of training since our last inspection. Topics that had been covered included safeguarding adults, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), understanding dementia and challenging behaviour, moving and handling, medication in care homes and food safety. Newly recruited staff were supported through a comprehensive induction. This helped to fully prepare them for the role they would undertake.

The provider explained following our last inspection the company trainer had carried out a training needs analysis and delivered training and refresher courses to the majority of staff. Staff we spoke with told us there had been "A vast improvement with training". They went on to explain that they felt they now had sufficient training to carry out their roles. Staff confirmed they had completed all mandatory training and had also received training in additional subjects. The extra training helped them to deliver better care for people, for example, those who were living with dementia or needed a special diet and support to eat and drink safely.

During our last inspection, we found staff were not being supported by way of regular and effective supervision and appraisals. At this inspection we spoke with staff and management about what improvements had been made in this area. We found the management had begun to hold regular supervision sessions and annual appraisals with staff. These helped to ensure staff had the right level of training and support for the role they were employed to carry out and gave staff the opportunity to discuss performance, development and any concerns. The manager told us they planned to hold supervision sessions with staff on a regular basis, whether as individuals or in a group, to cascade important information and best practice guidance. Although not all staff had received regular supervision and appraisal, we could

see improvements had been made in this area.

All staff we spoke with told us they had and continued to receive a good level of support from the management. The registered manager had left the home prior to our inspection and a new manager had been employed. They were in the process of applying to become registered manager. Staff described the management support as 'fantastic' and 'very supportive'. The provider employed a care quality manager and company trainer who had, with support from the local authority and clinical commissioning group, been overseeing and driving improvements at the home since our inspection in October. In addition, the provider attended the home on a weekly basis and spoke with all staff, to try and ensure they were receiving a good level of support.

This showed the provider had taken our concerns seriously at the last inspection and had taken action to improve the level of training and support staff received, in order for them to deliver effective care to people who lived at the home.

At our last inspection, we found the service did not always gain valid consent to care, in line with national guidelines and legislation. During this inspection, we spoke with people who lived at the home and reviewed their care records to see what improvements had been made. All the people we spoke with told us staff always knocked before entering their bedrooms and explained what they were doing before and during care interventions. People told us they were able to ask staff to come back later if they did not wish to get up or have personal care delivered at a certain time and staff always respected their choices. People also told us they were involved in drawing up their written plans of care and their choices and preferences had been taken into account.

When we looked at people's care records, we saw records which showed people were involved in the assessment and care planning process. Important information about people had been gathered and was reflected in written plans of care. We saw 'Care Plan Agreement' and 'Consent to Treatment' forms had been introduced since our last inspection. This was a formal way of recording a person's consent to care and treatment that was delivered by the service. However, we found in two of the four records we looked at, the forms had not been completed.

We would recommend the provider ensures records of people's consent to care and treatment are completed and retained appropriately.

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.

We found the home was working within the principals of the MCA. Staff we spoke with were able to confidently describe their responsibilities with regard to the MCA. The service had implemented decision-

specific assessments of people's capacity to make decisions, including whether they had capacity to consent to care. The assessments covered a wide range of specific decisions and included a very good level of detail around what the assessment was for and how the assessment had been carried out. This helped to demonstrate the service was acting in accordance with the MCA code of practice.

We found a good level of detail had been recorded with regard to best interests decisions. This included the decision to which the process related, who was involved in the process, a record of the discussion and the agreed outcome. The process helped to ensure that where someone was unable to make a decision for themselves, any decision was taken in their best interests, with regard to their known preferences.

The home had made applications under DoLS since our last inspection, but had not yet received authorisation for any of them. DoLS authorisations that were in place had been incorporated into people's written plans of care so staff had guidance available with regard to meeting the conditions of the authorisations. This helped to ensure that where someone was deprived of their liberty, any conditions stipulated in the authorisation were adhered to.

When we last inspected the service, we found people were not supported to maintain a balanced diet and to receive a sufficient amount of fluids. We raised serious concerns in this regard.

During this inspection, we checked to see what improvements had been made around people's nutrition and hydration needs being met. We looked at how people were supported to eat and drink enough to maintain good health. We observed mealtime experiences, spoke with people who used the service, relatives, staff and reviewed people's records to make a judgement.

We observed the lunchtime experience in both communal areas of the home where people were eating and spoke with people who preferred to eat in their bedrooms. We observed a relaxed and pleasant atmosphere over lunchtime. Staff were seen to offer people choices of food and drinks, and offered alternatives to what was on the menu, if people preferred. Where people required support from staff to eat or drink, this was provided in a very patient and dignified manner. People who chose to eat in their rooms told us they had no concerns with regard to the food and drinks provided to them.

When we last inspected the service, we found supplementary records, such as people's food and fluid intake were not accurate. We also found where people's level of intake was of very low, no action had been taken by the home. During this inspection, we found record keeping had improved greatly. We saw staff filled out supplementary records as soon as possible following the lunchtime period. Where there were concerns about people's food and fluid intake, referrals had been made to external professionals for support and guidance, which had then been incorporated into people's written plans of care. For example, where people required a specific texture of food or thickened fluids, we saw this was provided by staff at lunchtime.

We spoke with the person who was responsible for preparing the meals on the day of our inspection. They showed us records which contained important information about people, including allergies, preferences and any special requirements. They explained the information was passed to them by the manager when someone moved into the home or when someone's needs changed. This helped to ensure people's dietary needs could be met effectively.

Some people we spoke with raised concerns that the food was not always of good quality or to their liking. We raised this with the manager and provider during our inspection feedback and received assurances that work would be undertaken to ensure the food provided met everyone's needs and preferences, as far as possible.

During our last inspection, we found that although people could access external healthcare professionals, communication between the home and professionals was not always good and professional guidance was not always followed to ensure the health, safety and welfare of people who lived at the home. We saw improvements had been made in this area.

People we spoke with told us they were able to access their GP, district nurse and other professionals, including speech and language therapists and physiotherapists. This was confirmed when we looked at people's care records. Where advice and guidance had been received, we could see this had been incorporated into people's plans of care and, where possible, had been discussed with the person concerned or their family, where appropriate. This showed the service sought and acted on professional guidance appropriately.

Good

Is the service caring?

Our findings

When we last inspected the service in October 2015, we found the organisation of staff and staffing levels did not lend itself to the fostering of positive, caring relationships between people who lived at the home and staff. We also found people did not always receive care that was in line with their needs and preferences because information in care plans was not current. Additionally, staff were not always quick to respond to people and people did not receive a good level of stimulation. People and, where appropriate, their relatives, were not routinely involved in planning their, or their loved one's care. We also found people's privacy and dignity was not always respected and maintained.

All the people we spoke with, their relatives and staff told us that improvements had been made to how caring the service was. Due to increased staffing levels and better organisation, the staff team now had more time to spend with people. Staff were able to spend time fostering positive and caring relationships with people who lived at the home. Comments we received included; "Things are much better than when you were last here. The staff are much quicker now and someone is usually on hand if you need them"; "They are more attentive and are always making sure I'm ok" And; "Now that we are better organised and there are more of us, we don't have to rush and we can get to know more about everyone we care for".

We looked at care plans and associated documentation which showed the service had explored people's needs and preferences in detail when they first moved into the home and as part of a full care plan review following our last inspection. We saw care plans and risk assessments were regularly reviewed and contained a good level of detail to guide staff about how care should be delivered to each person. For example, one person's care plan contained information about which quilt the person preferred and how they preferred to 'snuggle up' with it. People we spoke with and their relatives confirmed they were involved in the assessment and care planning process, both initially and at regular reviews. This helped to ensure care was planned in line with people's needs and preferences.

We spent time observing staff interactions with people who lived at the home. We witnessed lots of caring, sensitive interactions and it was clear people were comfortable in the presence of staff. Staff we spoke with were able to tell us in detail about people's needs and their likes and dislikes, which showed they knew people well.

During our last inspection in October 2015, we witnessed staff discussing confidential information about people within earshot of others. Additionally, we found people did not always receive care and support when they needed it. For example, people having soiled themselves whilst waiting for assistance to go to the toilet, because staff had not assisted them in a timely fashion. We also found personal care, such as washing, shaving and mouth care was not being delivered to people.

At this inspection we saw improvements had been made. Staff had been reminded of the importance of confidentiality. We observed staff respected this by discussing sensitive and personal information discreetly. During our observations we noticed staff responded quickly to people if they requested assistance, for example, to go to the toilet. People we spoke with confirmed staff were on hand to assist and usually did so

promptly. We saw personal care was being delivered to people more consistently, which was confirmed through speaking with staff and reviewing records. People's privacy was maintained during personal care interventions, by closing doors and curtains.

This showed the service had responded well to the concerns we raised at our last inspection regarding privacy and dignity, and had made improvements in this area.

The service had contact details available for advocacy services. An advocate is an independent person who can represent someone's wishes and act in their best interests, without judging or giving their own opinion. Advocates can be very helpful to people who do not have anyone else to represent them, for example, someone who does not have regular visits from family members or friends.

People and their relatives confirmed there were no restrictions on visiting times.

Good

Is the service responsive?

Our findings

During our last inspection in October 2015, we found people did not receive personalised care that was responsive to their needs. People or those close to them, where appropriate, were not routinely involved in making decisions about their care. People told us and we saw care documentation which showed people's individual preferences were not explored and taken into account in the way care was delivered to them. There was no evidence available to show people were involved in regularly reviews of their care and treatment.

Following our inspection, we took urgent action to ensure improvements were made to the service. We monitored the improvements closely through contact with the provider, the local authority and clinical commissioning groups.

During this inspection, we check to see what improvements had been made.

We looked at assessments of people's needs and care planning documentation. We found assessments were now being completed accurately and were being reviewed regularly, in line with changes in people's circumstances, for example, following a fall or medical treatment. Similarly, written plans of care were reviewed regularly and changed when necessary, in accordance with people's needs. There was evidence in people's care plans to show, and people we spoke with confirmed, they were involved in reviewing the care that was delivered to them. This showed the service had made improvements with regard to responding to people's needs by way of assessing their needs, and planning and delivering care which met their identified needs in line with their preferences.

When we last inspected, we found referrals to external healthcare professionals were not followed up in a timely manner, or were not made at all. During this inspection, we reviewed records which showed such referrals were being made as appropriate. Guidance and advice from professionals was being used to inform care planning. For example, one person told us how they had been unable to walk when they first came to live at the home, but through guidance from a physiotherapist and patient assistance from staff, they had been able to regain their mobility.

The home employed an activities coordinator, who was responsible for exploring people's preferences and abilities. They provided activities within the home, as well as organised outings. At the time of our last inspection, the activities coordinator was unable to spend their time concentrating on activities because they were continually asked to assist with caring tasks. This meant the level of activities provided at the home had suffered greatly.

During this inspection, we spent time observing the activities that took place, spoke with people who lived at the home and the activities coordinator to see what improvements had been made. We saw people's preferences with regard to activities had been explored and a variety of activities were planned to take place in the home each week. People we spoke with told us there was more going on now than when we last inspected and spoke of a recent trip out as well as events such as singers coming into the home. The

activities coordinator told us things were much better from their perspective now, as they were able to concentrate on fulfilling their role and providing activities for people who lived at the home.

When we last inspected the service, we found there was no learning taking place as a result of feedback from people about their experiences or from complaints. The service was unable, at the time, to provide their complaints log or any formal feedback that had been received from people who used the service, relatives or staff.

During this inspection, we reviewed the provider's complaints policy and procedure. We found the policy and procedure was suitable and available to everyone who used the service and their relatives. The home had not received any formal complaints since our last inspection. We were told by people and their relatives that any issues were dealt with straight away to their satisfaction, rather than making official complaints. People we spoke with were confident any concerns they raised would be listened to and acted upon promptly. Everyone we spoke with told us they would be happy to approach any of the staff, the manager, or the provider with any concerns.

Since our last inspection, the provider had undertaken a satisfaction survey for people who lived at the home and their relatives. We reviewed the results of the survey which showed some very positive responses with regard to how people felt about the care provided by the home. The provider told us they intended to use any negative feedback to look at ways they could improve aspects of the service, to make people's experience of care at the home better.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection in October 2015, we found shortfalls in service provision which meant people and their relatives were not actively engaged in developing the service. Systems designed to assess and monitor the quality of service provision were not being operated effectively. The management and leadership at the home was poor. The service was not meeting the requirements of their registration as statutory notifications were not being submitted to CQC.

Following our inspection we took urgent action to make sure improvements were made. We monitored the improvements closely through contact with the provider, the local authority and clinical commissioning group.

We carried out this inspection to check what improvements had been made.

Since our last inspection, the home had employed a new manager, who was in the process of registering with CQC and a new care quality manager, who oversaw quality assurance for the provider group. The care quality manager, along with support from the local authority and clinical commissioning group had worked to implement significant improvements at the home. This resulted in people receiving a much better standard of care.

In order to engage people in the development of the service, regular meetings had been set up with people who lived at the home and their relatives. This helped the service to gain feedback about how they were performing and to discuss any developments to the service. The provider explained they were currently looking into how they could increase participation at the meetings to gain more feedback about the home and people's experiences of care. Additionally, the recent satisfaction survey that had been carried out had increased the level of feedback received from people and their relatives. This showed the service had taken steps to improve how they engaged with people in order to develop and improve the service.

We found the service had improved the way it used quality assurance systems. We discussed with the manager how they monitored quality and reviewed a number of audits that had been completed recently. We found where issues had been highlighted through audits and checks, action was taken to improve the service. This was evident as we saw significant improvements throughout the service delivered to people, as mentioned in earlier sections of this report.

Since our last inspection, the provider had employed three managers to run the home. The managers, with the exception of the current manager, had left due to personal reasons. This meant staff had not experienced stability with regard to line management. However, the care quality manager, the provider and the company trainer had all spent a great deal of time providing support to staff through what was a very challenging time for them. Staff all spoke very highly of the support they had received and of the new manager. The culture at the home had improved, with the focus now being on delivering high quality care for people rather than focussing on tasks that needed to be completed.

It is noted that significant improvements had been made, however the service would benefit from the stability of a registered manager and improvements in relation to staff supervision, recording of medication administration and meetings for residents, relatives and staff, to embed good practice within the service. We will check this during our next planned comprehensive inspection.

Since our last inspection, the service had submitted statutory notifications, as required.