

Princess Lodge Limited

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Inspection report

11 High Street
Princes End
Tipton
West Midlands
DY4 9HU

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Tel: 01215571176

Website: www.friendlycare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 27 January 2016.

At the last comprehensive inspection in August 2015 this provider was placed into special measures by the Care Quality Commission (CQC). We found that the provider was not meeting six of the regulations associated with the Health and Social Care Act 2008 which related to; safe care and treatment, notification of incidents, staffing and displaying their overall rating. In addition we issued two warning notices in respect of safeguarding people who use the service and good governance. We told the provider to take action to make improvements. The provider sent us an action plan outlining the actions they had taken to make the improvements. This inspection found that there was enough improvement to take the provider out of special measures.

The provider is registered to provide accommodation for 32 people who require nursing or personal care. People who live there have health issues related to old age and dementia. At the time of our inspection 22 people were using the service.

The registered manager had left their post in September 2015 but had not applied to cancel their registration and therefore remains on our register. A new manager for the service had recently started work and they told us they were planning to apply for registration with us. 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.

We found that overall medicines administration within the service was safe. The provider had systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern. The provider had a suitable number of staff on duty with the skills, experience and training in order to meet people's needs. Systems in place for recruitment ensured staff working at the service had the right skills, experience and qualities to support the people who used the service.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. Staff were able to give an account of what a Deprivation of Liberties Safeguard (DoLS) meant for people subject to them; however they were not clear about which people were subject to an authorised DoLS. The mealtime experience was well structured and encouraged people to identify it as a social event. Staff were knowledgeable about how to support people to maintain good health and accessed professional healthcare support for them when necessary.

Staff interacted with people in a positive manner and used encouraging language whilst maintaining their privacy and dignity. People told us they were involved in their own care and felt listened to. Those people who wished to were supported to continue to maintain their religious observances by their family; the

manager was planning some further work on accessing services within the local community for people. Staff provided support to people in a way that helped them to remain as independent as possible.

Staff were knowledgeable about people's personal preferences and what was important to them. The provider had not fully responded to complaints received in line with their own policy. Activities on offer to people were available for people based on group and individual preferences and abilities. People were asked to provide feedback about service through questionnaires and meetings.

People and staff spoke confidently about the leadership skills of the deputy manager and were positive about the impact the new manager would have. Structures for supervision and meetings for staff were in place; which allowed staff to be more involved in the development on the service. Systems for monitoring the quality and safety of the service were being undertaken at both service and provider level. The provider had worked hard to improve on internal systems, with support from external agencies to make improvements to the service after being placed in to special measures following our inspection in August 2015. The provider needs to evidence that in future they are proactive in making improvements and those made need to be sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were administered, handled and stored in a safe manner.

We saw that care was delivered in a way that ensured people's welfare and safety was considered.

The service operated safe recruitment practices and provided sufficient numbers of staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had failed to cascade important information about the progress of Deprivation of Liberty Safeguards applications to staff, in a timely manner.

People's nutritional needs were on the whole met effectively; however care plans were not consistently clear about how to support people with specific dietary needs.

People were supported to access specialist healthcare professional input from outside the service to meet their needs.

Is the service caring?

Good ●

The service was caring.

People and their relatives were complimentary about the staff and the care they received.

People told us they felt involved in their care and that staff supported them by explaining any issues they had about their care and treatment.

We observed that people's privacy and dignity was respected by the staff supporting them.

Is the service responsive?

The service was not always responsive.

The provider failed to demonstrate that they had fully responded to complaints in line with their own policy.

People were given the opportunity to provide feedback and express their opinions about the service.

We saw that care was delivered in line with the person's expressed preferences and needs.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

People and staff spoke positively about the recent changes and improvements they had seen at the service.

The necessary improvements in relation to quality assurance, safety and monitoring of the service had been implemented, demonstrating to us that the provider had a clearer oversight.

The provider had made improvements but due to the short time frame since our last inspection, having a new manager in post and currently being suspended to new admissions we could not be assured that the improvements seen could be sustained.

Requires Improvement ●

Princess Lodge 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.

The inspection of Princess Lodge took place on 27 January 2016 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. The service was under review by the local authority through their senior strategy process and at the time of our inspection were suspended from accepting any new admissions to the service.

We spoke with four people who used the service, four relatives, three members of staff, the cook, the deputy manager, the manager and the director of the service. We observed care and support provided in communal areas. Not all the people using the service were able to communicate with us so we used the Short Observational Framework for Inspection (SOFI) during the afternoon in the lounge area. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. These included reviewing three people's care records, looking at the staff training matrix, two staff recruitment records and eleven people's medication records. We also reviewed a range of records used in the day to day management and assessment of the quality of the service.

Is the service safe?

Our findings

At our previous inspection in August 2015 we found the provider to be in breach of the law as medicines were not consistently administered as prescribed. The provider sent us an action plan following our last inspection and gave us assurances that as a result of implementing new systems for auditing that the necessary improvements would be made. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

At this inspection people told us they were satisfied with how their medicines were provided. One person told us, "The nurses give me my medication every day and at the same time; they do tell me what they are for but I forget". Another person told us, "The nurses give me my medication, I think it is three times a day and they stay with me to make sure I have taken them. If I tell them that I'm in pain they give me something to get rid of it". A third person said, "They [the staff] give me my tablets everyday as they should and they have never forgotten to". A relative said, "When [person's name] is in pain the nurses will give her pain killers and [person's name] gets their medication every day". We observed staff supporting people to take their medicines; they were patient, ensured the person took them with plenty of water and provided answers to any questions they had regarding what the medicines were for.

We looked at the Medicine Administration Records (MAR) for eleven people. Records showed that people had been given their medicines as prescribed and where they had not received them a reason was clearly documented to explain why the medicine was not given. Sufficient quantities of people's medicines were available to ensure that people's healthcare needs were being met. When people were prescribed a medicine to be given 'when required', for example, for agitation we found that personalised supporting information was available to enable staff to make a decision as to when to give the medicine. However, one MAR we looked at it was not always clear when the medicine had been given or the reason it was given on each occasion. The manager agreed to look at this person and ensure records of administration were clear. People's medicines were not always reviewed regularly by a GP. We identified two people that would benefit from a review of their prescribed medicines. The manager agreed with this and explained that this had already been identified as part of their audit.

Medicine audits were undertaken which ensured consistent and safe standards were maintained. We also found that arrangements were in place for medicine stock checks. This meant it was possible to check the balance of all medicines to ensure they had been given as prescribed. We found that all the balances we checked were accurate. Medicines were stored within the recommended temperature ranges for safe medicine storage. All medicines were stored securely including special storage arrangements for controlled drugs.

At our previous inspection in August 2014 we found the provider to be in breach of the law as delivery of care did not always ensure the welfare and safety of people using the service. This included poor moving and handling techniques and equipment that was in place to reduce the risk of falls, was not always utilised effectively. The provider sent us an action plan following our last inspection. The plan gave assurances that staff retraining in moving and handling had been undertaken. On this, our most recent inspection we found

that the provider had made sufficient improvements in order to meet the requirements of the law.

We saw that staff were all up to date with moving and handling training. Staff we spoke with were clear about their role in using the equipment available to support safe practice and reduce risks for people. We observed staff using moving and handling equipment in such a way as to protect people from harm and in line with their individual needs outlined in their care plans. Seat and mattress alarm mats to monitor the movements of people at risk of falls were working effectively; staff were seen responding readily to any increased risks of a person falling. We found equipment used to support people to move and transfer had been regularly serviced. We saw that accidents and incidents were recorded appropriately and with sufficient detail. A staff member told us that specialist equipment such as sensor mats were now being used more readily to help prevent falls which they felt had a positive effect on reducing the number of falls.

At our previous inspection in August 2014 we found the provider to be in breach of the law as they had failed to assess and review people's changing needs in terms of risk, in a timely manner. We found that although events such as falls and significant weight loss that had occurred were documented, preventative action was lacking. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

We saw any potential risks to people had been assessed and any change in risk had been appropriately responded to in order to minimise the impact in the person's well-being. For example, people who were assessed as requiring pressure relieving equipment such as a specific type of mattress, had them in place. We saw that risk assessments had been reviewed at least monthly and sooner if there had been any incidents. These included the risk of falls, weight loss and use of bed rails. We saw that equipment required to transfer people was detailed in their moving and handling assessments; for example, the type and size of sling and slide sheets.

A relative told us, "They [their relative] now have an alarm pad on the chair and in the bedroom so if they move or stand up they [staff] know straight away and they are there in seconds". We saw that a person who experienced a number of falls had been referred to the falls team. Sensor mats were introduced to inform staff when the person was mobilising. This was recorded in their care plan and we found the sensor mats to be in place and in good working order. We observed a sensor mat alarm go off when a person repositioned themselves on their chair; staff responded immediately to ensure the person was safe. Other risk reducing strategies were being implemented to reduce the risk of people falling from their chair, for example they ensured one person always had objects to occupy their hands which minimised how often they reached out for other objects and therefore reduced the risk of them overbalancing and slipping or falling from their chair.

People and their relatives told us they were happy with the support available and that they felt safe when being supported by staff. One person told us, "I feel safe here because staff walk with me when I go to my room or the toilet making sure I don't fall over; it's the same in the shower always by my side to help me". Another person told us, "I feel safe when the carers help me with a shower they make sure I'm sitting on the chair properly and after when I'm getting dried they make sure I don't slip". A relative told us, "The home is clean, a good environment and is secure for the people that need keeping safe".

Staff we spoke with were able to give examples of how they keep people safe. These included, keeping doors locked, asking visitors who they are or for identification and making sure people were not neglected by ensuring they had access to health professionals. Staff told us they had completed their safeguarding training. They gave examples of types of abuse which included physical abuse and neglect. A staff member said, "I would report any concerns to the manager and I would take it further if no action was taken".

People had individual personal evacuation plans in place in case of fire. These identified the number of staff and equipment that would be required to evacuate the person. Staff were aware of what action to take in the event of a fire. We saw that care records identified if people were able to use a call bell. We saw that the call bells were located within people's reach and attached to bedding so they would not slip off.

We observed that the communal areas and individual rooms were clutter free making movement for people hazard free. We saw that checks were undertaken each day to ensure the environment was safe for people and action was taken if any hazards were identified. We saw that people had access to the equipment they needed to assist them to move within their reach. Records showed that assessments had been completed in respect of any risks to people's health and support needs. Staff we spoke with were aware of how to safely support people in relation to any identified risks, for example moving and handling and providing pressure relief to maintain healthy skin. The assessments referred to the individual's abilities and areas that they needed assistance with in order to avoid harm and reduce any related risks.

People and their relatives told us they had no concerns over staffing levels. Staff told us they thought the staffing levels were good. One relative said, "When I have been here I think there are enough staff to keep the residents safe and well cared for". Another relative said, "There always seems to be enough staff when I'm here and that's most days". A third relative said, "I think there's sufficient staff to look after everyone properly". We saw that there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, including answering of call and alarm bells. A staff member said, "At one stage staffing was pretty low but now we are fully staffed. We have some bank staff and only use agency staff if we are desperate". Another staff member told us, "Staff levels are usually very good. We don't often use agency". The manager told us they had only used an agency nurse once in the past three weeks and tended to cover any gaps in the rota through their own staff working additional shifts. The manager determined staffing levels in line with peoples changing health needs and dependency levels using a staffing guidelines tool.

We found that the provider had processes in place to ensure that staff recruited had the right skills, experience and qualities to support the people who used the service. We checked two staff recruitment records and saw that the provider had obtained appropriate pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. Staff confirmed that the appropriate checks and references had been sought before they had commenced their role. A staff member said, "I had to wait for my DBS before I could start work". We also saw that checks for nursing staff were undertaken with the Nursing and Midwifery Council (NMC), which confirmed that the nurses were eligible to practice. The provider demonstrated to us that they had utilised disciplinary procedures effectively to deal with poor practice within the service.

Is the service effective?

Our findings

On our previous inspections in August 2015 and October 2014 we identified that the provider had failed to ensure that an effective system was in place to prevent people being unnecessarily deprived of their liberty. Following our inspection in August 2015 we issued a warning notice to the registered manager and the provider. We found that the provider had failed to appropriately refer people using the service, for consideration by the supervisory body, in this case the local authority for authorisation of Deprivation of Liberty Safeguards (DoLS). 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). The provider sent us an action plan following our last inspection and outlined to us that training in relation to DoLS would be attended by all staff including the provider. They planned to organise group supervision sessions to discuss learning from this training and how it could be applied in practice. On this our most recent inspection we found that the provider had fulfilled the actions outlined and therefore made adequate improvements in order to meet the requirements of the law.

Staff told us that they try to seek people's permission before they do anything. A person told us, "I can come and go as I please as there are no restrictions on where I can and can't go". 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. Mental capacity assessments had been undertaken and decisions recorded to be made in people's best interests. A number of DoLS applications for consideration had been submitted to the supervisory body and the service was awaiting an assessment to be conducted on the people referred. However, two applications had been returned as authorised the week prior to our inspection. We spoke with the manager about how this information had been cascaded to staff and they told us that as yet this had not been done. Staff we spoke with were unclear about which of the people using the service had an authorised DoLS and those who were awaiting assessment. Staff told us they had received training and they demonstrated they had an understanding of DoLS. A staff member told us, "If the person lacked capacity I would record that decisions had been made in the person's best interests". The manager agreed to rectify this by speaking with all the staff regarding the current progress of any DoLS applications. In addition they said they would ensure that individual care plans were clear in relation to how staff should adhere to the authorisations in place. We observed staff gain people's consent before supporting them.

On our previous inspection in August 2015 we identified that the provider had failed to provide regular professional development to staff through supervision and appraisal. The provider sent us an action plan following our last inspection and outlined to us how they intended to implement heads of department for all areas who will have supervisory responsibilities for the staff they managed. On this our most recent inspection we found that the provider had made the necessary improvements in order to meet the

requirements of the law.

Staff we spoke with told us they had regular supervision. The manager said and we saw that they were providing supervisions to staff every 3 months and also competing group supervisions on a quarterly basis. One staff member said, "I had my last one about two months ago; if I need it, I could request supervision earlier". Another staff member told us, "I have had supervision with the new manager". We saw that the supervision provided was comprehensive and included checking staff knowledge regarding a number of key aspects of care and what action was planned if it required improvement, for example attending further training. We saw that all new staff were provided with an induction before fully commencing in their role. A staff member told us, "I had to shadow a senior for three shifts before I could work more independently".

People were complimentary about the abilities and skills of staff within the service. A person said "The staff seem to know what my needs are and they are good at helping me so they must be well trained". A relative told us, "The staff who didn't do their jobs properly have gone and been replaced with really good staff who know what they are doing and are competent through their training". Another relative said, "They [staff] know what they are doing". A third relative said, "I am confident they are well trained, you can tell the way they help [relative's name]".

Staff told us they were able to access and attend a range of training in a variety of subject areas that were appropriate to the people using the service, for example dementia care training. They described the provider as supportive of them undertaking mandatory and any additional training they identified. A staff member said, "I can see when I need to book training as there's a list of training I have done by the nurse's station to refer to". Another staff member said, "Most of us are up to date with our training". Records we reviewed demonstrated that staff received the appropriate level of training and updates to maintain and improve their knowledge.

People's dietary needs were recorded for staff to refer to in the kitchen area, however some of the information was not specific enough. For example, we saw that one person required a specific diabetic diet in their care plan; it stated they were to have a low glycaemic index food (GI). The information available in the kitchen stated only that the person was 'diabetic'. Staff, including kitchen staff we spoke with told us they generally took direction from the nurses in relation to what the person should have to eat after their blood monitoring was completed, which included non-diabetic foods. However we reviewed the persons care plan and this direction and level of detail was not included. We discussed this issue with the manager who said they would review the situation.

People spoke positively about the quality of food and drink available. One person said, "The foods not bad and there's drinks and fruit around if I need them". Another person said, "The foods good with two or three choices at lunch time and the sweet course is yummy. We normally have sandwiches for tea time but they will give me something else if I asked, like egg on toast". A relative said, "The meals seem okay and well presented on the plates with choices at each meal". We saw that people were weighed monthly. Staff told us that if people were losing weight they would be placed on a food and fluid chart and would be weighed more regularly. A staff member said, "We liaise with the nurses about any concerns". They went on to say that the nurses would then refer to the dieticians if necessary.

We observed lunch being provided. The dining tables were laid with the appropriate visual clues and prompts to support people living with dementia to anticipate that lunch was about to be served, for example, cutlery, glasses or jugs of drinks. A pictorial menu was provided in the dining area. People had two choices of main meal and two desserts available to them. Both meals were plated up and shown to the residents to support them to make their choice. We saw that one person wanted a smaller meal and not all

the types of vegetables that were shown on the plate; the person received their meal as they wanted it. We saw that food was hot, well presented and served with a choice of gravies. Staff were seen supporting people using gentle stimulation to eat 'a little more'. Staff were available to support people, for example, one person who was reluctant to eat was encouraged and helped by staff to have a few mouthfuls and then left to try to continue themselves. There was good interaction between the staff and people making lunch a warm and relaxed atmosphere. We saw that people had access to regular drinks. Fluid charts were maintained for people who required them; these showed the people had a good intake of fluids. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, received their meal in a timely manner.

Staff we spoke with had a good understanding of how to support people to maintain good health. We saw that skin integrity care plans were developed when required. In one record we reviewed we saw that wound dressing changes had taken place in line with the persons care plan and the wound had since healed. Care plans were in place for staff to follow in relation to a number of health issues, for example, diabetes. We saw that these gave details of how to help maintain the person's blood glucose levels and the action staff should take if the person's blood sugar were too high or low. We saw that one person's blood sugar levels were checked three times a day in line with their care plan.

Discussions with people and staff confirmed that people's health needs were identified and met appropriately. A person told us, "If I need to see my doctor staff will arrange this for me". Another person said, "They arrange for my GP to come in to see me if needed". A relative told us, "I told the nurses one day that [relative's name] had a tummy ache; they came straight away and saw him, they kept an eye on him and let me know how he was later on". Staff told us they were informed of any changes to people's needs in the staff handover meetings. A staff member said, "We report any changes in people's health to the nurses." Records showed people were supported to access a range of visits from healthcare professionals including GPs and opticians as necessary. We saw examples in records of staff accessing more urgent reviews by a doctor in response to people's changing health needs.

Is the service caring?

Our findings

People spoke highly about the caring attitude and kindness shown to them by staff. A person said, "Staff are nice and they look after me nicely too". A relative said, "The staff are attentive caring and compassionate, everything a good home needs". Another relative said, "They [staff] are very loving and caring towards [person's name]". Staff were observed to be caring, friendly and respectful to people. During our visit we spent time in the communal areas and saw that people were relaxed about asking staff for assistance. We observed many warm kind interactions between people and staff. We observed staff supporting people to move or transfer, giving them clear instructions and telling them what they were doing. Staff chatted happily to people which helped them to relax when being transferred by hoist.

People told us they were consulted about decisions regarding their care and had been given the necessary verbal or written information they needed. A person said, "The staff talk to me about my care and if it's what I want". One relative said, "I am involved in planning any care for [person's name]. If there are concerns about my relative they talk to me when I arrive or call me at home if it's urgent". Another relative said, "My relative has been having falls and once had to stay in hospital they called me at home straight away and told me what had happened they were very good at caring for my relative in this distressing state. I do feel totally involved". A third said, "They always tell us how he's been and keep us up to date when we visit". People told us that staff always took the time to verbally explain any issues or questions they had about their or their relatives stay, care and treatment.

A person said, "If I was upset or needed to talk to someone then I would speak to the staff, they always help me". We saw that staff took time to establish people's preferences and readily offered people encouragement and reassurance when they became distressed or anxious. Staff took time to ask people if they were 'ok' or if they needed anything. All the relatives and visitors we spoke with said they were able to visit the home whenever they liked and were always made to feel welcome. Visiting times were open and flexible.

People told us that staff respected their privacy and dignity when assisting them and encouraged them to try to do as much for themselves as possible. A person told us, "They [staff] close the door and curtains to make sure it's private and dignified". A relative said, "[Person's name] is always well presented". We saw that people wore clothing that reflected their individuality. People told us they had a 'pamper day' every week which included manicures and nail painting, the ladies we spoke to said they particularly enjoyed this. Staff gave examples of how they ensured people's privacy and dignity were maintained; for example shutting doors when they were delivering personal care and covering people's legs when they were being hoisted, particularly the ladies.

We observed staff communicating with people in a respectful manner and supporting them in a dignified and discreet way.

Information about local advocacy services including their contact details were not displayed. The manager rectified this during our inspection by displaying contact details for the local advocacy service and requesting leaflets for people to read. They told us they were not aware of anyone at the service who

currently required independent advice or support at present. Staff we spoke to were not aware of how local advocacy services could be accessed for people.

People told us they were enabled by staff to stay as independent as possible. One person told us, "They [staff] help me have a shower but I have to do the things I can and they will do the rest, like my back or parts I can't reach". Another person told us, "Staff will only wash the parts of my body that I can't reach which helps me keep my independence". A relative said, "Although there are enough staff to help [person's name] eat, the staff do encourage him to be independent". We saw that people had access to specialist equipment such as lidded cups to enable them to retain their independence with drinking. Staff told us they helped people retain their independence by supporting people to walk short distances if they were able and encouraged people with eating, only assisting when they needed help.

Is the service responsive?

Our findings

People told us that they were asked about how they would like their care to be delivered. One person told us, "The staff know how to look after me, they do it the way I like". A relative said, "Care plans have been discussed with me and I feel staff listen to what I'm saying". Another relative said, "I'm involved in care plan reviews and changes to medication". Pre admission assessments were completed prior to the person moving to the home, to ensure that the service was appropriate to meet the person's individual needs; these were then constantly reviewed and updated after the person moved into the home. Records we reviewed demonstrated that people had contributed to/or had been involved in the planning of care. Care plans had been regularly reviewed and updated.

People's care plans identified people's preferences. For example, what time people liked to go to bed and get up or what time people preferred to have their breakfast. One person said, "I do go to bed and get up when I want so I'm pleased about that". A relative told us, "[Person's name] is a very poor eater but we told the staff they always loved fast food, such as chicken nuggets so staff sometimes pop out and fetch some for them". Personal preferences included important instructions for each individual, for example one person didn't like loud noise so their care plan outlined that staff should move them to a quieter area. We saw staff adhering to this during our inspection. Staff we spoke with were able to discuss people's preferences and knew what was important to them. The activities coordinator had spent time with people and their families to gain more detailed information about people's personal, work and family history to use in their provision of group and individual activities. People's rooms had been personalised and displayed items that were of sentimental value or of interest to them.

People were supported to maintain relationships that were important to them to minimise their social isolation. We observed that people who spent much of their time in their rooms and in particular those people unable to utilise their call bells, were checked on a regular basis by staff. A person said, "I can go out if I want to, I can come and go as I please so that's not a problem as my relative comes and takes me out for lunch sometimes". We observed family and friends who were visiting were able to make themselves drinks and we saw staff chatting to them about their loved ones well-being.

People told us that a variety of activities were available within the service. One person said, "What I do like is there are things to do most days, nice activities to stop me from being bored". Another person told us, "There are lots of activities that go on to amuse us all but I do like my TV programmes". A relative said, "The staff are always cheerful laughing and joking with the residents and they try to keep them stimulated too". A relative said, "[Persons name] loves music and singing, they [staff] often have a sing song with him or they will help him move to his room to listen to music". We observed the activities co-ordinator spending time with each person in the lounge area. Some people were given musical instruments to use and others were seen joining in a sing song, which they were clearly enjoying. We saw that there was an activity programme displayed, with some individual sessions planned also; activities included baking and a 'pamper day'.

The service asked people about their cultural and spiritual needs as part of their assessment. A staff member told us, "I think there's a Catholic priest who comes in to see someone but the other denominations I don't

think so". A relative said, "My relative used to go to church every Sunday when at home but that doesn't happen anymore and I don't think they have services in the home either". We found that no regular visits from any local religious establishments were provided by the home, although some people had visits organised for them by their family. No one we spoke with had identified any spiritual or cultural needs that were not being met by the service. The manager advised that she plans to improve access to services for people to the local community, including the church and outlined her plans to us.

Consideration was given to ways in which people could be actively involved in expressing their views about their care, for example meetings took place to share information and listen to people's views. We saw that these meetings were arranged and attended by people using the service and their relatives with subjects for discussion such as the environment, plans for upcoming events and any concerns or complaints included. We saw that the provider had recently received feedback from questionnaires they had sent out to relatives but had not yet analysed this or shared this people, but planned to do so. The feedback we saw was positive.

We reviewed how the provider dealt with concerns and complaints. People we spoke with knew how to raise a concern or make a complaint and staff knew how to guide people if they wished to formally complain or raise any issues. One person told us, "If I had any concerns or needed to complain I would talk to the staff and I'm sure it would be addressed". Another person told us, "If I'm worried about anything they will sit down and listen to me and together we put it right". One relative said, "I know how to make a complaint". A staff member said, "We have a complaints procedure. I would follow that but I am not aware of any complaints". The provider's complaints procedure was clearly displayed for people and staff to refer to. We found the complaints process, including the timeliness of acknowledgements and responses to two complaints that had been received in December 2015 were not robust. However, the investigation of both complaints was clearly documented. The deputy manager told us they had responded informally to the complaints but as yet had not completed the formal written response. We saw that the complainant had been corresponded with by the deputy manager about their concerns by email to reassure them their complaint had been investigated and was being dealt with. This meant that although complaints were investigated the provider was unable to demonstrate to us how they had adhered to their own complaints procedure.

Is the service well-led?

Our findings

At our previous inspections in August 2015 we found the provider to be in breach of the law by failing to notify us and other external agencies of incidents that had occurred and affected people who used the service. We reviewed the notifications received from the service and we found that a number of incidents, including injuries people had sustained had not been reported. The provider sent us an action plan following our last inspection to advise us that a new accident/incident form has been introduced which has been designed to capture a greater level of detail when recording the details of events. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

The provider had improved their systems for reporting, recording and analysing incidents and accidents that had occurred within the service. We found that information contained within records gave detailed information about the incident, its effect on the person involved, immediate action taken, action taken to minimise any future occurrence and date these actions were completed. The manager understood their responsibilities for reporting certain incidents and events to us that had occurred at the home or affected people who used the service. The analysis of incidents was monitored by the provider on a regular basis. Staff told us that learning or changes to practice following incidents were cascaded down to them in daily handovers or at staff meetings. This meant that learning from incidents was shared to reduce risks for people and enable improvements in the future.

At our previous inspection in August 2015 we found the provider to be in breach of the law by failing to display the rating issued by us from our most recent inspection of the service in relation to the regulated activities undertaken at the premises. The provider sent us an action plan following our last inspection to advise us they had rectified this by displaying their most recent rating in an area that was accessible to people who used the service and also on their website. We saw that this action had been completed in order to fully meet the requirements of the law.

At our previous inspection in August 2015 we found the provider and registered manager to be in breach of the law by failing to demonstrate they had a clear oversight of the needs of people using the service and were failing to be proactive in identifying and dealing effectively with risks as they arose. This included a lack of appropriate application of the Mental Capacity Act (2005), failing to identify the need to report to and liaise with external health professionals for the reassessment of peoples changing health needs or implementing preventative measures needed to protect people from further risks. Following our inspection in August 2015 we issued a warning notice. On this our most recent inspection we found that the provider had made sufficient improvements in order to meet the requirements of the law.

During this inspection it was evident that the provider had worked hard to improve the quality of the governance of the service. They had accepted support from external stakeholders including the local authority and the CCG colleagues to make the necessary improvements which included staff training. A relative stated, "Things have got much better over the last few months so I'm really pleased about that. The care the staff provide is much better and more organised". We found that the systems in place to monitor

the safety and effectiveness of the service were now effective. Checks being completed included the health and safety of the environment, medicines audits, completion of staff competency, training and supervision. This meant that people's needs were being fully considered at both service level and provider level. We found that staff were more involved in the day to day monitoring of the service, for example senior care staff performed daily checks of the environment, staff competency and conduct. Staff we spoke with knew their responsibilities for reporting any incidents, omissions or risks to people.

We saw a number of improvements in relation to the monitoring and quality assurance of the service. However, the manager had only in post for three weeks and it had been less than six months since our last inspection findings, so we were unable to see how they and/or the provider had sustained the improvements made. In addition at the time of our inspection the provider was suspended to any new admissions by the Local Authority, so we need further assurances that when a higher number of people are using the service in the future, that the provider can continue to provide good quality care. We also need to take into account that whilst the service has a registered manager, we know they left in September 2015 and the new manager has yet to register with us. As we found issues that require improvement, the governance of the service is not fully effective as these issues would have been identified by them first. Therefore the service remains requiring improvement, but has improved sufficiently from being rated Inadequate and has been removed from special measures.

We asked people about their experience of living at the home. A person said, "I'm content here, the staff are caring and I can't think of anything I would like to change". Another person said, "Nice home, nice care and nice food". A relative said, "I think the place is well led and they are all very approachable here and helpful". Another relative said, "It's a brilliant home for my relative to live in. We are so very pleased with the carers and what they do for my relative".

People were able to identify who the managers were. The deputy manager had provided leadership within the service prior to a new manager being appointed. One person told us, "The staff are good and we have a new manager who seems nice". A staff member said, "[Deputy managers name] has been great and the place is better having [deputy manager's name] here". Staff told us that the manager and deputy manager were approachable and had lots of ideas about how to improve the service. We found that the manager was taking the time to get to know people; the deputy manager had a good knowledge about the people using the service and their needs.

Staff were clear about the leadership structure within the service and spoke positively about the approachable nature of the manager and deputy manager. One staff member told us, "The manager has just started. They have made improvements since they have been here; they are 'getting activities up to scratch' and have lots of new ideas". Our observations on the day were that people approached the management team without hesitation. Staff told us they felt they had been involved in the improvements that had taken place and knew about developments planned. The manager had held a staff meeting recently and planned a further one the week after our inspection. Staff told us they were benefitting from regular supervision and meetings. A staff member said, "We communicate more and support each other better; morale is a lot better". Another staff member said, "Things are levelling out; I'm happier working here, communication between team members has improved".

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff were aware of. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to.

