Nazareth Care Charitable Trust

Nazareth House - Lancaster

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out this inspection on 02 and 04 July 2018. The inspection was unannounced on the first day, which meant the people living at Nazareth House Lancaster, their relatives and staff working there didn't know we were visiting.

Nazareth House Lancaster is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nazareth House is registered to accommodate 43 people in need of personal care. Accommodation is provided over four floors with 43 single rooms, all with en-suite facilities.
Established in 1899 by the Sisters of Nazareth, the home is set in landscaped gardens, which includes a wildlife pond. There is also a greenhouse for people who like gardening and a sensory garden area for people to relax in. On the days of the inspection there were forty people living at the home.

There was a registered manager in place. 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.

The last comprehensive inspection of the service took place in June 2017. At this time, we found the service was not meeting all the fundamental standards. The registered provider failed to ensure sufficient numbers of suitably experienced persons were deployed to meet the needs of people who lived at the home. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014, and enforcement action was taken.

We also found people were not consistently treated with dignity and respect. This was a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection, we found the registered provider failed to ensure systems or processes were established and operated effectively to ensure compliance. They failed to maintain accurate records in respect of each person, including a record of the care and treatment and decisions taken in relation to the care and treatment provided. These were breaches of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

After the last inspection on 22 and 28 June 2017, we asked the provider to act to make improvements and

this action has been completed.

At this inspection, we looked at staffing levels at Nazareth House Lancaster. Staff were effectively trained and able to deliver care in a compassionate and patient manner. However, we have made a recommendation the registered provider review staffing levels at busy times.

Care plans we looked at highlighted risk, however, not all care plans we looked at detailed how to minimise the risk. We have made a recommendation about this.

The service had systems to record safeguarding concerns, accidents and incidents and acted as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the commission when required.

Staff we spoke with confirmed they did not commence in post until the registered manager completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at Nazareth House Lancaster.

People told us they had access to healthcare professionals and their healthcare needs were met. Documentation we viewed showed people were supported to access further healthcare advice if this was appropriate.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

Staff delivered end of life support that promoted people's preferred priorities of care.

We observed lunch time and noted people had their meal in one of two dining rooms or in their bedroom. People told us it was their choice.

We observed only positive interactions between staff and people who lived at Nazareth House Lancaster. There was a culture of promoting dignity and respect towards people. We saw staff had time to sit and chat with people. People who lived at the home told us staff treated them as individuals and delivered personalised care that was centred on them as an individual. Care plans seen confirmed this. One relative wrote, 'A wonderful place, thank you for everything you do.'

People told us there were a range of activities provided to take part in if they wished to do so. There was a comprehensive daily and weekly activities schedule at the home. We observed activities taking place and

saw these were enjoyed by people who participated.
There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided. People told us the management team were approachable and the registered manager took regular walks around the home to assess the environment.

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.

Staff were recruited safely.

Staff understood how to keep people safe from abuse.

Risks to people were considered and care plans developed to maximise their independence taking the risks into account.

Medicines were stored, administered and consistently recorded safely.

The home was clean and well maintained. We observed staff use personal protective equipment to protect people from infection.

Is the service effective?

Good

The service was effective.

The registered provider assessed people's care needs and delivered effective care and support to achieve good outcomes for people.

Care staff had the training they needed to support people effectively.

People ate a balanced diet, had enough to eat and drink and could access the healthcare services they needed.

The registered provider obtained people's consent to the care and support they received and did not restrict people unlawfully.

Is the service caring?

Good

The service was caring.

We saw staff were kind to people and people we spoke with confirmed this was the case. Staff respected people's privacy and dignity. We observed staff knocked on people's doors before entering and doors were closed before support was offered.

People were supported to maintain relationships with family and friends, and people's cultural and religious needs were met.

Care records promoted people's uniqueness, and people told us they were involved in planning and making decisions about their care.

People's end of life care wishes were discussed and documented. Staff had been trained to be respectful and support people to have a comfortable death.

Is the service responsive?

Good

The service was responsive.

The individualised and person-centred care and support people received had a positive impact on aspects of their lives.

The registered manager and care staff placed people at the centre of their care.

There were a range of daily and weekly group and one to one activities for people to participate in.

The registered provider had a complaints process and complaints were dealt with in line with their policy. There were numerous compliments about the service.

Is the service well-led?

Good

The service was well led.

The registered manager was qualified, experienced and committed to providing high quality care and support to people using the service.

The management team involved people, their families, care staff and health and social care professionals in reviewing and improving the service.

The management team promoted a positive culture within Nazareth House Lancaster that had created a team spirit.

The registered provider had systems and processes to monitor and make improvements.

Nazareth House - Lancaster

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 visit took place on the 02 and 04 July 2018 and the first day was unannounced. On the first day the inspection was carried out by one adult social care inspector. The second day was announced and carried out by two adult social care inspectors. At the time of the inspection there were 40 people living at the home.

Before our inspection visit we reviewed the information we held on Nazareth House Lancaster. This included all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone was able to verbally share with us their experiences of life at the home. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We watched how the staff interacted with the people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included seven people who lived at the home and four visiting relatives. We spoke with the registered manager, head of care, regional manager and three senior carers. We spoke with five carers, the cook, two kitchen assistants and a visiting health professional. We checked care documents of five people and a selection of medicine administration records. We reviewed recruitment documentation for six staff, and records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe in the care of staff. Comments received included, "Yes I am safe here." And, "I feel safe here." A visiting relative said, "[Relative] is massively safe, because they [staff] care for her." A second relative commented, "[Relative] loves it here and tells us she is safe."

At the last inspection in June 2017 we took enforcement action as there was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Staffing). We found there were not enough suitably experienced persons deployed to meet the needs of people who lived at Nazareth House Lancaster.

During this inspection, we spoke with people, relatives, staff and management and asked about staffing levels, and if staff could meet people's needs in a timely manner. We looked at rotas, asked about staff deployment, observed staff completing their daily duties and monitored response times to call bells. We did this to ensure there was a staff presence throughout the home and staff had suitable oversight to keep people safe. Whilst everyone we spoke with told us they felt safe, we received mixed feedback on staffing levels.

One person told us, "Staffing levels are low all the time." A second person said, "Not really enough staff but if I ring the buzzer staff do come." A third person commented, "They are a bit low during the daytime but I don't have to wait if I want one [staff member]." One friend stated, "They have enough staff, yes, always busy, plenty of staff around." One relative said, "There are enough staff about."

We spoke with staff to see if there was a plan to guide them on where they would work within the home and what tasks needed to be completed. Staff told us they worked in allocated areas within the home but should the need arise they moved to help and meet people's needs. All the staff we spoke with stated they felt people were safe. The registered manager told us since our last inspection they had increased staffing levels to ensure the main lounge had a staff presence every morning and over lunchtime. We observed this taking place during our two-day visit.

We observed a large medicine delivery during our visit. We asked who checked the delivery was correct and recorded the medicines into the home. We were told two staff were required to complete this regular task safely. This removed staff from supporting people or offering any oversight during this time.

We recommend the registered provider review staffing levels to assess the risk at scheduled busy times.

At the last inspection, the registered provider failed to ensure the proper and safe management of medicines. This resulted in a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we observed a member of staff administer breakfast time medicines. We looked at how medicines were prepared and administered. We noted the staff member spent time with each person

as they administered their medicine. They made eye contact with the person and never left until they had swallowed their medicine, offering gentle encouragement as they did so. One person told us "She is grand is [senior carer]. Comes with my pills all the time." A second person commented, "Staff do my medicines. I get them on time and when I need them."

Documentary guidance on how and when to administer medicines and creams were clear for staff to follow. The staff member signed the recording charts after each act of medicines administration. This is recommended in the good practice guidance, 'Care home staff administering medicines' from the National Institute of Health and Care Excellence (NICE).

Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures.

We looked at the 'as and when' medicines held within the home. We found one person's onsite stock did not match the recorded total. The registered manager told us they would investigate and share the outcome of their investigation. We noted the medicine fridges had two periods where daily temperatures had not? been recorded. This had also been identified in an internal audit by the regional manager and was being addressed.

As part of the inspection process we looked at accidents and incidents that occurred within the home. The service kept a record of all accidents and incidents. This allowed the service to assess all accidents and incidents to look for emerging patterns. Accidents and incidents were reviewed by senior management for trends and themes. We spoke with the registered manager who told us they also reviewed each incident and accident that occurred at Nazareth House Lancaster. As part of their lessons learned oversight we noted where necessary people had additional safety measures in to minimise the risk of injury. They also supported one person who had capacity with positive risk taking. They wished to remain as independent as possible. They had had several falls but only accepted support as and when they chose. This was fully supported and acknowledged by all staff we spoke with.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. Records we looked at showed employment checks had been carried out before staff commenced work. We spoke with four care staff about their recruitment to their roles. They confirmed they had interviews and Disclosure and Barring Service (DBS) checks had been sought before they could begin their employment. A valid DBS check is a statutory requirement for all people providing personal care within health and social care. This showed us procedures reflected good practice guidance.

There were procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the whistleblowing policy and knew which organisations to contact if the registered provider didn't respond to concerns they had raised with them. One staff member commented, "I wouldn't let anyone get poor care. If I don't speak for them, who will." Staff told us the registered manager mentioned safeguarding in all staff meetings and promoted alerting the local authority should it be necessary. We looked at minutes of a staff meeting and read, '[Registered manager] also reminded them [staff] that they did not necessarily need to inform him or go through him but could go straight to the local authority and/or CQC to raise a safeguarding alert'. This showed the registered manager kept staff knowledge updated to ensure people who may be vulnerable were protected from abuse.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their

support. These included moving and handling assessments, nutrition support, medical conditions, mobility, and environmental safety. The assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe.

We saw personal emergency evacuation plans (PEEPs) that guided staff on what to do should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We saw a fire risk assessment and staff we spoke with were knowledgeable of the support people required to evacuate the building if this was required. We carried out a visual inspection of the home and identified no concerns in relation to safety of the premises. All evacuation routes were clear and free from storage. We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety.

We looked at infection prevention and control processes within the home. We found the home was clean and tidy. The home employed domestic staff to carry out daily cleaning tasks. We observed staff wore protective clothing such as gloves and aprons to minimise the risk of the spreading infection. We saw checks were carried out to ensure the risk of legionella was minimised and water temperatures were monitored to ensure people were not at risk from scalds.

We visited the kitchen and saw there was a cleaning rota for scheduled tasks. The service had been awarded a three-star rating following their last inspection by the 'Food Standards Agency'. This graded the service 'hygiene standards are generally satisfactory'.

Good

Is the service effective?

Our findings

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One relative commented, "We couldn't have chosen a better place." A second relative commented, "[Relative] has improved so much, they are like they were two years ago, so mobile, gets up no problem." We could establish through our observations people received care which was meeting their needs and protected their rights.

At the last inspection in June 2017 we took enforcement action as there was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Staffing). The registered provider had not ensured staff were suitably deployed to meet the dietary needs of people who lived at Nazareth House Lancaster.

At this inspection, we saw staff in the morning offer mealtime choices for lunch. Several people declined what was available and suggested (and later received) their own preferred option.

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, they were aware of people who required sugar free food to manage their ongoing health conditions. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks and biscuits which included some people's favourite, pink wafers.

Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw when concerns about someone losing weight was identified, staff had responded and appropriate action had been taken. One person said, "I have put a stone on since I moved here."

We observed lunch being served in two dining rooms. The dining rooms were pleasantly decorated. Tables were dressed in table clothes and condiments were available for people on the table. The delivery of meals was relaxed and organised. People who required support received this from staff who took their time, sat alongside the person and chatted to enhance the mealtime experience. We observed a variety of drinks being offered during the meal.

The feedback on meals was mixed but people agreed there were plenty of options available to them. One person told us, "Food isn't the best, the braised steak was dried out." A second person commented, "The food is good to passable, more than enough. They are at us all the time to drink more." One relative said, "The food is great and varied." A second relative stated, "The food is fine, better since the new chef started." Due to the hot weather we observed the Sisters at Nazareth House offering people iced lollies after lunch to cool and refresh people. At the end of our inspection visit we shared people's views on the food with the registered manager and regional manager.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. We asked staff if they were supported and guided by the management team to keep their knowledge and professional practice

updated, in line with best practice. For example, we saw evidence the registered provider was researching current legislation, standards and evidence based guidance to achieve effective outcomes.

We saw the registered provider had a structured framework for staff training. Members of the management team had been trained so they could deliver moving and handling training to staff. We also saw letters from the registered manager to staff prompting staff to complete their electronic learning.

Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the supervision process one staff member told us, "It's really good, we have open communication and [registered manager] is really approachable." A second staff member commented, "They always say, how do you feel, just say it don't hold back and we can sort it out. It's good." This showed the registered provider had a system to ensure staff knowledge and management support promoted effective care for people who lived at Nazareth house Lancaster.

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).

From records viewed we saw that consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One relative told us, "Any problems they will call the doctor and ring and inform us." This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

Nazareth House Lancaster offered support to people on four levels. The corridors were clear to allow people to walk safely and we noted bathrooms had been adapted to allow people to bathe safely. Bedrooms and lounges had call bells that enabled people to summon staff when required. There was a lift between floors to allow people to move independently around the home. There was a chapel at the home where mass took place daily. This supported people's spiritual needs. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.

Good

Is the service caring?

Our findings

At the last inspection carried out in June 2017 we identified a breach of Regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found people were not consistently treated with dignity and respect.

At this inspection we spoke with people and their family members and friends to see if staff were kind, respectful and compassionate. One person told us, "Staff are very caring towards residents and they pull your leg in a friendly sort of way." A second person said, "All the staff are nice."

A relative told us, "You can't make love or put love into a home. Bringing [relative] here, I knew they would love her and they do." About a member of staff, they commented, "[Staff member] is the most dedicated, loving person. They see past people's behaviours and treats everyone the same." A second relative stated, "The carers are very nice, I think I will come and stop here myself." A visiting friend said, "It's a beautiful home and staff are kind and friendly."

The ethics and values that underpin good practice in social care, such as autonomy, privacy and dignity, are at the core of human rights legislation. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. Staff took time to stop, sit and focus on the person and the conversation. They made good use of appropriate touch and eye contact when they spoke with people and we saw this helped them to relax.

The registered provider was respectful of people's cultural and spiritual needs and equally respectful of people who did not have a practising faith. We observed people were treated the same by staff whether they visited daily mass or not. This showed the registered provider supported people's choices and fostered an environment where people's diversity was celebrated.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. One person told us, "I was involved with my care plan, yes I was." One relative told us, "They came and did an assessment, it was very informative." The plans contained information about people's needs and their wishes and preferences. Care plans were signed by people or their representatives. People told us staff offered them choices around their personal care. Observations confirmed staff offered choices to people when discussing person care, meals and daily activities. Staff used plain English and gave people time to respond to allow people to understand the conversation. This showed people were supported appropriately, were valued and actively involved in making decisions that affected them.

The was a 'What is important' section within the care plan. We saw in one care plan, 'Staff to be patient with [person] so she feels safe at all times.' We observed the person start a conversation with a staff member who had just stated they were going on their break. The staff member sat with the person and took time to have

a chat, concentrating on their interaction. We saw in a second care plan the person liked to wear jewellery. The person needed help with dressing and when we visited them we noted staff had taken time with the person's appearance and they were wearing their jewellery. This additional information ensured staff had information and an insight about people's unique characteristics.

We discussed advocacy services with the registered provider. They confirmed should further advocacy support be required they would support people to access this. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People were supported by staff that were trained and responded to the changing needs in their care. Staff we spoke with knew people well which enabled them to provide care that took account of people's personal routines and their likes and dislikes. One person told us, "Staff understand our needs at this home." One person's friend commented, "The service people receive is second to none, nothing too much trouble."

People and / or their relatives had been involved in developing their care plans, which detailed the care and support people needed. One relative told us, "My sister and I sat with [member of management] on what we expect. Everything was explained to us and strategies were within the care plan." Within the care plans we saw information around risk management around maintaining good skin care and nutrition. We saw care plans had comprehensive information on moving and handling support required and about people's ongoing health conditions.

However, whilst care plans highlighted risk, not all care plans we looked at detailed how to minimise the risk. For example, one person had a medical condition that required staff support. Documentation viewed did not clearly guide staff on what intervention was required. A second person behaved erratically when distressed. Staff we spoke with were unaware the care plan offered strategies to diffuse the situation. The staff were aware of how to offer responsive support to meet the person's needs. We shared our findings with the registered manager and regional manager. They told us they would review the care plans to ensure staff had documentary guidance to promote responsive personalised care. After our inspection visit we received information to show reviews had been completed.

We recommend the registered provider review all care plans and clearly record proportionate measures to control and reduce the risk of significant and avoidable harm to people and the strategies are accessible, shared with staff and regularly reviewed.

Nazareth House Lancaster looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

We saw one care plan guided staff on how to talk to one person so they received and understood what was being said. A second person took their glasses to a member of staff to be cleaned several times a day. This strategy had been agreed with the person to ensure the glasses remained unmarked which had previously occurred due to vigorous cleaning. The same person also benefitted from audio books being delivered to the home. The registered manager told us that they would make information available in any format to meet people's needs.

We looked at activities at the home to ensure people were offered appropriate stimulus throughout the day. Nazareth House Lancaster employed two staff to provide activities for people. Activities were also provided

by 'friends of Nazareth House' volunteers who gave their time to offer companionship and supported people in activities of their choice. We spoke to one relative who was going to become a 'friend'. They planned to carry on giving people their time, sitting and chatting with people. One 'friend' led a bible studies discussion group, and further volunteers drove the minibus weekly for trips out. On the day we visited, the hairdresser visited, daily mass, bible discussion, a quiz and karaoke took place. We also noted the person in charge of activities spent time with people ensuring they were happy and were sat with people they enjoyed spending time with.

We overheard a group discussion on sporting events on the TV. The group was predominantly people who lived at the home but included, staff and nuns and was only interrupted by tea and biscuits. We noted there was a full timetable of activities which included visiting musicians and choirs. The main lounge had recently got a large cinema screen for people to gather and watch films. One person told us, "There is always something going on every day, such as poetry club and quizzes galore." A second person commented, "I go and do activities downstairs all the time." Throughout our inspection visit there were friends and relatives visiting or supporting people out. One person said, "Visitors are made very welcome, very much so." A member of staff commented, "There is no curfew on when visitors come, they have stayed over in the past." This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. For example, one person told us they had raised a concern once and this had been addressed immediately. A family member shared they had raised a concern and this had been resolved. A staff member told us, "I have complained, [registered manager] did listen and did sort it out."

The registered provider had a complaints procedure which was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. We saw complaints when received had been investigated in line with company policy. This showed the registered provider had a system to acknowledge and respond to any issues raised.

We looked at how people would be supported at the end of their life to have a comfortable death. People's end of life wishes had been recorded so staff were aware of how to support people in their last days. We noted one person had medicines onsite to manage their deteriorating health should they be required. The registered manager told us they had participated in an end of life project led by Lancaster University. It involved analysis of end of life care, meetings with the university staff, training and staff interviews.

The registered manager told us, "It is about making sure advanced decisions can change a person's death to a positive experience as people choose how to die and their treatment." About end of life care one staff member said," I have had training but it is about being respectful to the person and their family. Give families time to be with the person, it's a common courtesy." This showed the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Good

Is the service well-led?

Our findings

At the last inspection carried out in June 2017 we identified a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered provider did not maintain accurate and complete records for each person they supported. Audits failed to identify and address the concerns we found during the inspection process.

At the last inspection, we also recommended the registered provider follow good practice guidance to ensure opinions of people who lived at the home are listened to and acted upon.

At this inspection we found action had been taken around issues highlighted at the last inspection. For example, the administration of creams was now signed on medicine administration records to simplify the process and allow greater scrutiny. Care plans we read reflected people's needs and were reviewed regularly. Audits were taking place by the management team and regional manager with issues being identified and acted upon. For example, accidents reviewed and additional advice and equipment sought to minimise risk.

We noted an independent agency made scheduled visits to ensure health and safety legislation was complied with, appropriate timely checks made and people were safe. We saw evidence the registered manager was in the process of introducing grab bags should people need to evacuate the building quickly. These would include emergency contact lists, foil blankets and torches, should they be required. There was also a business continuity plan that guided staff on the procedures and strategies to be followed in the event of an emergency. This showed risks and regulatory requirements are understood and managed.

We saw outcomes of surveys given to people relatives and staff. We saw people raised concerns about staff using mobile phones. We read staff meeting minutes that said, 'If staff are seen on their mobile phones they will be disciplined by management.' We looked at minutes of residents and relative's meetings. We saw requests were made for tea and coffee to be served after their meal. We observed cold drinks being offered at the start of the meal, and tea and coffee being offered at the end of the meal. We read concerns over the quality of the food provided. We noted in later feedback that since the recruitment of a new chef the food had improved and there was a greater variety on offer.

We read minutes of staff meetings and saw subjects related to training, safeguarding and staffing was discussed. One staff member told us, "That's how he [registered manager] updates people. He asks if there is anything we want to raise and there are no repercussions." A second staff member said, "Staff meetings are alright, we look at what could be improved on and [registered manager] always asks if we have any questions." This showed the registered provider engaged with people and sought feedback and was open to making changes and improvements to the service provided.

People we spoke with and relatives all told us they felt the service was well-led. One person commented about the registered manager, "He's a nice fella, isn't he." A second person stated, "He comes round to talk to me." A staff member told us, "He's a great manager, he's the right person for the job. He has a good heart

and actually cares." A second staff member stated, "[Registered manager] is always stopping, talking to residents, will always help them. He knows his job, he knows what he is doing."

We found the service did have clear lines of responsibility and accountability. Discussion with the registered manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service. The registered manager was supported by a head of care and senior carers who carried out management tasks. One relative told us, "Management is good, I know [registered manager and head of care], nothing is too much trouble for them." About the head of care, the registered manager told us, "[Head of care] is very good, she has done all the roles within the home and we work together well." A relative told us, "This home is [head of care's] life. If people are sick she comes back to sit with them and hold their hand."

In response to the survey question, 'what changes have you seen since the last survey?' One response we noted was, 'more support from staff towards each other, and management, which improves staff spirit and over all effects resident's happiness.' This was reflected in feedback we received from staff and the registered manager. One staff member told us, "We are a team here." A second staff member said, "We work together and help each other out." An agency staff member on duty commented, "I work here regularly, there is a great camaraderie between staff, it's good." The registered manager explained that since they no longer provide nursing care, and all areas of the home provide residential support, it has brought staff closer and improved teamwork. This showed the registered provider was fostering a positive person-centred culture.

Since the last inspection, the kitchen and dining room had been refurbished. The lounges had been decorated, and a new fire alarm system had been installed. The registered manager told us the plan was to replace the kitchen upstairs to offer better support to people who chose not to use the main dining areas.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included CQC, social services, healthcare professionals including GPs and district nurses.

The service had on display in the reception area of their premises their last CQC rating, where people could see it.