

Newco Southport Limited

Fleetwood Hall

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

.This unannounced inspection of Fleetwood Hall care home took place on 15 and 17 November 2016.

The home was last inspected in March 2016 and judged as 'inadequate' overall and placed into 'Special Measures.' We identified eight breaches of the regulations. These were in relation to safe care and treatment, dignity and respect, staffing, person centred care, governance, complaints, safeguarding and consent. We imposed a condition on the provider's registration to stop admissions into the home until the provider was compliant with the Health and Social Care Act 2008. This unannounced inspection took place to check if the provider had made enough improvements to enable us to remove the restriction on admissions to the home.

Fleetwood Hall is a large care home set in its own grounds on the outskirts of Southport. The home is registered to provide accommodation for up to 53 people across three units. The units include: a mental health unit that can accommodate men and women (separately) with enduring mental health needs, a dementia care unit that can accommodate six men and women and a general nursing unit for up to 14 people, both men and women

At the time of the inspection 26 people were living at the home.

A manager was present at the time of inspection but had not yet completed their 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.

Care plans had been re-written and contained relevant information for most people, however we still found some inaccuracies in care plans where information was either incomplete or inaccurate. We spoke to the manager about this and they have assured us they were taking action to address this for everyone at the home. The provider was still in breach of regulation.

At the last inspection we raised concerns regarding the staffing levels in the home. The provider was in breach of regulations relating to this. Some people now told us that the use of agency staff had decreased in the last few months, and there was a more consistent staff team. Staff told us they felt there were sufficient numbers of staff available to be able to complete their roles effectively; we did not observe anyone being left waiting for assistance in any of the units throughout the day. The provider was no longer in breach of this regulation.

Previously we raised concerns about staff's understanding of the Mental Capacity Act (MCA) 2005. At this inspection staff had a good understanding of the Act and associated principles. We found the provider had improved in this area however there were still some inconsistencies with how the MCA was applied. The

provider was still in breach of this regulation.

During our last inspection we raised concerns around people's dignity and safety. People living at the home and their relatives told us they now felt safe. The provider had made various improvements in these areas, which included separating the male and female units in the home to help protect people's dignity. These units provided mixed accommodation at the time of our last visit. The women living on these units told us this segregation was better as they felt comfortable in their home and their dignity was protected. The provider was no longer in breach of this regulation.

At our last inspection we found that people were not always protected from abuse and the provider was in breach of regulations relating to this. We found that the procedure for reporting and acting on safeguarding's had improved since our last inspection in March 2016. Records and certificates showed that all staff had completed training in this topic and were able to describe to us the action they would take if they felt someone was being harmed or abused in anyway. The provider was no longer in breach of this regulation.

During our last inspection we found that procedures were not robust and found errors with regards to the recording of medication which put people at risk of harm. During this inspection we looked at the procedure for storing, administering and recording medications. We found this had improved and people were now receiving their medications safely. We found medicine procedures were robust and changes had been made, including additional medicine training for registered nurses (RN's) and regular medicine audits by the manager. The provider was no longer in breach of this regulation.

During our last inspection, we identified that not all staff had received fire safety training and observed that some doors were being wedged open which was a potential fire hazard. At this inspection we saw that regular checks were being completed on the building, including fire safety checks. We saw that fire doors were now kept closed, and not 'wedged' open; the provider was no longer in breach of this regulation. All staff had received fire safety training; this was updated in the records we saw.

During our last inspection we found that staff did not always have the right training to support people and were not engaging in regular supervision. We identified a breach of regulation. During this inspection we saw that staff had been trained in subjects such as safe holds, (which is a form of restraint) safeguarding, fire safety and medication. We asked staff about their training and all staff confirmed they had attended training in the last few months and they felt this had improved their skills. We saw that staff were also attending regular supervision sessions and saw a supervision schedule on the notice board in the office. The provider was no longer in breach of this regulation.

We found during our last inspection that family members and people who lived at the home were not involved in decisions about their care and support, and the provider was in breach of this regulation. We saw that some improvements had been made, however two family members told us they were not always involved and would like to be more included. Other people told us they were now involved with their plan of care which had been discussed with them. We discussed this with the manager who was taking action to ensure family members were more involved, this includes setting up a family stirring group, chaired by one of the family member's. We saw this was work in progress and the manager was in the process of developing a feedback involvement form to send out to families. We found that enough improvement had been made so that the provider was not in breach.

During our last inspection, we found that recreational activities were not taking place which were meaningful or person centred, which meant that people were not receiving a person centred service. We

saw during this inspection that this had improved. There was now a 'Sky Café' where people and their families could choose to have Sunday lunch together, a hairdressing salon and a bar. We saw that regular functions had taken place and we observed people from other parts of the home having a 'dinning' experience in the sky café. We saw on one of the units people were making Christmas decorations. There was a clear ongoing plan for activities and people had been consulted with to ask them what they would like to do. The provider was no longer in breach of this regulation.

During our last inspection we identified that some complaints had not been responded too and family members did not feel listened too. We saw at this inspection complaints were being well recorded and managed. We received feedback from family members that this had improved. The provider was no longer in breach of this regulation.

During our last inspection, we identified a breach of regulation in relation to inconsistencies in the information recorded via the quality assurance system. At this inspection we checked the home's procedures for effective quality assurance. The quality assurance process had become more robust and the manager was more involved in audits and incident reporting so they had a good knowledge of what was going on in the home. The manager showed us a new quality assurance tool they were implementing, which encompassed more robust checks on care plans. The home's current quality assurance systems and processes however still need some further development as they had not picked up some of the issues we found relating to care planning and the MCA. The improvements made to date also need time to embed to ensure a consistent approach for the development of the service.

Everyone told us they felt safe at the home, and they liked the staff that supported them.

People told us they enjoyed the food and were given a choice about what they ate.

The overall rating for this service is 'requires improvement'. To achieve a rating of good would require a longer time frame to ensure all improvements have been implemented. We will review this on our next inspection.

Following this inspection we have removed the notice to restrict admissions and the service had begun a phased admissions process which was being monitored by ourselves and partner agencies

You can see what action we told the provider to take at the back of this inspection report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Care plans did not always contain enough information about the person and some inconsistencies were found such as missing information and some missing risk assessments. Care plans were sometimes difficult to read.

People were supported to receive their medications safely.

There were regular checks taking place on the environment and the provider had made some improvements around assuring fire safety. .

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service.

Requires Improvement ●

Is the service effective?

The service was not always effective.

There were some inconsistencies regarding the application of The Mental Capacity Act (MCA) 2005 and associated legislation. The service was still in breach of this regulation.

Most people told us they felt more involved and informed about their care plans, however some family members told us they would like to be more involved. The manager already had steps in motion to address this.

Staff training records showed that a programme of training had been rolled out to all staff over the last six months and staff had attended.

People's dietary needs were catered for and people told us they had enough to eat and enjoyed the food.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service.

Requires Improvement ●

Is the service caring?

The service was caring.

People we spoke with and their family members were complimentary about the care being provided by staff and said they had noticed a positive change in the staff team.

Staff we spoke with told us they enjoyed their roles and gave us some examples how they supported people in a dignified way.

We observed staff kindly interacting with people and using respectful language throughout the duration of our inspection. The atmosphere in the home was pleasant.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement 

Is the service responsive?

The service was responsive.

There was a lot more activities arranged for people and people we spoke with confirmed they were encouraged to partake in activities.

Family members we spoke with told us they had attended meals at the home and had enjoyed going for lunch with their relative.

Complaints were managed, and we were told that the manager was now 'listening' to people. We saw complaints were well documented and had been responded too.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Requires Improvement 

Is the service well-led?

The service was not always well-led.

The home's current quality assurance systems and processes still need some further development as they had not picked up some of the issues we found relating to care planning and the MCA. The

Requires Improvement 

improvements made to date also need time to embed to ensure a consistent approach for the development of the service. We have made a recommendation about this.

The manager had been in post since August 2016, and was in the process of completing their registration with us.

People told us they had been asked their opinions regarding activities and décor during the last few months, and confirmed the new director regularly visited the home and asked if everything was okay.

People and relatives were complimentary about the manger and the directors and said there had been noticeable improvement in home since they had been involved.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service.

Fleetwood Hall

Detailed findings

Background to this inspection

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

This unannounced inspection was undertaken on 15 and 17 November 2016. The inspection team consisted of an adult social care inspector, a pharmacist inspector, and two specialist advisors, one with a background of nursing and wound care, and the other with a background of mental health services.

Before our inspection we reviewed the information we held about the home. We looked at the notifications and other information the Care Quality Commission had received about the service. We contacted health and social care commissioners and providers to obtain their views of the service. The concerns they raised were incorporated into the inspection plan.

During the inspection we spent time with seven people who were living across the three units and spoke with two family members who were visiting at the time of the inspection. We contacted three relatives by phone following the inspection. During the inspection we spoke with: one of the directors; the manager; human resources manager; the maintenance person; two registered nurses; four care staff and the activities coordinator.

We looked at the medicine records for 11 people across the three units. We also reviewed two staff recruitment files for newly appointed staff and records relevant to the quality monitoring of the service. We looked round the home, including some people's bedrooms, bathrooms, dining rooms and lounge areas.

We carried out a Short Observational Framework for Inspection (SOFI) on the dementia care unit and the male mental health unit. SOFI is a methodology we use to support us in understanding the experiences of people who are unable to provide feedback due to their cognitive or communication impairments.

Is the service safe?

Our findings

The home was last inspected in March 2016, and received a rating of 'Inadequate'. We identified four breaches of The Health and Social Care Act 2008 for this domain. This was in respect of medicines not being managed safely staffing levels were inadequate, a lack of knowledge and training around safeguarding procedures and some areas of the environment, such as fire safety, were not safe.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet the breaches. On this inspection we checked to make sure requirements had been met and we found some improvements had been made to meet necessary requirements. Three breaches of regulation had been met and one breach remained.

We looked at people's care plans and how risk was managed as part of their care needs. We saw that the care plans had been re-written in June 2016. We found some anomalies in the care documents as information was not being recorded consistently, was difficult to read and in some instances not specific enough.. For example, we saw one person's skin integrity plan had not been recorded, despite the person being at high risk of their skin breaking down due to state of their current health. Two other people's care plans had information missing. For example, two people, who were diabetic, did not have a specific foot care plan in place which is an important element of diabetic care and people are placed at risk if they do not receive this. We raised this with the nurse in charge at the time of our inspection and they assured us they would take action to rectify this.

We saw that risk assessments were being reviewed monthly, and in most cases, 'no change' was written on the reviewing document; however, we saw examples when a change to the person's care plans would have been needed. For example, one person's dependency had increased, and we saw that they went from needing support from one carer for mobilising to two carers. Their care plan however had not been reviewed to reflect this change. Another person had experienced a fall from their wheelchair, which we were told was not their regular wheelchair. This information had not been incorporated in their risk assessment for mobility or had been risk assessed as a new piece of equipment which was safe for them to use.

Some of the information was difficult to find in people's care plans. We saw that it was a requirement that one person was weighed weekly, due to a risk of weight loss. We found the weight chart was with the person's care plan, but noticed there were some gaps, suggesting that the person had not been weighed. When we checked further through the care plan we saw a duplicated weight recording sheet with the correct weight and a recent date recorded. We raised our concerns with the manager at the time of our inspection and they assured us they were taking action to address these concerns.

We did see that all 'turn' (repositioning charts), fluid balance charts and wound care plans were completed appropriately for people, and when we spoke to the nurse in charge, they were able to explain the exact course of action they would take when monitoring and recording pressure ulcers.

We found some risk assessments to protect people from an assailant were also less robust. For example, we

found one person had been assessed as being a risk to others. The assessment concluded snooker cues and balls should be safely stored when not in use to prevent these items being used as weapons. However, our observations showed the cue and balls were left on the snooker table throughout our inspection. We raised this with the manager at the time of our inspection and they took action to remove these.

We saw the service used antecedent-behaviour-consequence (ABC) charts as a direct observational tool to collate information about events regarding untoward behaviours. We saw staff recorded their observations that had occurred before the behaviour was exhibited which included any triggers, signs of distress or environmental information. We saw the behavioural outburst was described and what happened immediately after. We also saw the time of the incident was recorded. However we observed some weaknesses in the management of untoward behaviours. We saw care plans recorded the need for staff to use diversional therapy when a person's mood was deteriorating yet we found no evidence of how staff were expected to divert people's attention.

We saw evidence on one isolated occasion where physical restraint had been used to protect a person from inflicting harm on others. Whilst the event was recorded we saw no record of the method of 'holding' or for how long. We also saw no evidence the restraint being used was the least restrictive option which is a key feature of the Mental Capacity Act 2005. We did see however, that this person had a DoLs in place to reflect this.

Our observation of care plans and our discussion with staff showed the service had a good understanding of good practice in the management of risk but little of this knowledge was being translated into responsive care planning to help mitigate risk. Records were lacking in detail to identify and take sensible and proportionate measures to control the risks. For example, we saw a care plan which identified a list of risks for a person with a psychotic illness. The identified risks included suicidal ideation, impulsive acts, attempts at self-harm and risks associated with social isolation. However the plan did not extend to describe how staff should mitigate these risks and how incidents associated with risk would be reflected in care planning reviews.

These examples highlight that the home was not always accessing risk to ensure people were kept safe from harm. We did highlight our concerns to the manager who accepted that more information was needed in people's care plans and they would take action to address this.

Even though some improvements had been made the provider was still in breach of this regulation.

This was a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe living at the home. One person said, "Oh yes, I feel safe." Someone else said, "Yes, no reason not to feel safe here." We looked at the procedure the home had in place with regards to safeguarding and how they ensured people were protected from potential abuse and harm. During our last inspection we found the provider was in breach of this regulation. We found during this inspection that appropriate referrals had been made to the local authority when needed and correct documentation, such as body maps for unexplained marks on people, were completed following any incidents.

Staff had also recently completed training in this subject, and were able to tell us the actions they would take if they suspected harm or abuse had occurred. One member of staff said, "I would report to the manager or whoever was in charge, unless it was about them, then I would contact the local authority."

These findings demonstrate that the provider was no longer in breach of this regulation.

We checked the staffing arrangements for the home. During our last inspection we found that there was insufficient staff on two of the units and people raised some concerns with us regarding the skill set of the staff. We undertook observations on two of the units during this inspection and spoke to staff that were on shift and people on the units. People told us the staffing levels had improved and there was always staff around when they needed them. Staff told us they felt this had improved over the last few months and there were more regular staff on shift. One family member did say they felt there could be further improvement in this area. We saw a procedure in place for further recruitment, which the manager told us, was work in progress. Our observations showed no one was being left for long periods of time unsupported, and there was always staff around. The provider was no longer in breach of this regulation.

During our last inspection the provider was in breach of the safe management of medicines. At this inspection we looked at the procedures the provider had in place to monitor the stock, auditing and administration of medications. We checked a sample of 12 MAR (medication administration records) for people over the three units. We also checked fridge temperatures to ensure they were within the correct range for the storage of insulin, and the storage of controlled drugs. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Legislation. We saw there were appropriate arrangements in place for the storage of controlled drugs, access was restricted and keys were held securely

We found that medicines were well managed. We observed people being given their medications in a kind and safe way. There were no gaps in the MAR sheets for the people we checked, and allergies and PRN (medication to be taken as and when required) were well documented and complete with a separate PRN protocol.

We informed the manager that the fridge temperature appeared to be higher at one stage, reading 16.5 degrees, which we queried with the nurse in charge. We found this was because the door was left open while stock was being checked and the thermometer had not been reset. We checked this again on the second day of our inspection and the temperatures were in the correct range.

We found that one person was prescribed a particular medication which could be prescribed for different medical conditions and we were unsure from looking at this person's care plan what the medication was prescribed for, the manager rectified this at the time of our inspection and updated this person's records.

We saw that the nurses had all undergone additional training in medication since our last inspection, records reflecting this and the nurse in charge was able to confirm this when we spoke with them. The provider was no longer in breach of this regulation.

We found during our last inspection that fire doors were wedged open which put people at risk if there was a fire as the door would not be able to close. We found during this inspection that doors were not 'wedged' open and were closed. This helped to ensure effective fire prevention.

We observed the environment around the home and found it was clean, odourless and clutter free. The provider had made some improvements to the environment which included redecorating of some communal areas, and replacing one of the floors in the home. We looked at maintenance records which showed that repairs had been reported and carried out. There was a log of repairs in the maintenance book. All checks on the environment had been completed, such as the gas, electric and PAT (portable appliance testing.) The provider was no longer in breach of this regulation.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

Is the service effective?

Our findings

During our last inspection in March 2016 we rated this domain as 'Inadequate'. We identified two breaches of The Health and Social Care Act 2008 for this domain. This was in respect of staff training, supervision and appraisal not being up-to-date and the principles of the Mental Capacity Act (2005) were not being adhered to when assessing people's capacity with specific decision making.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet the breaches. On this inspection we checked to make sure requirements had been met and we found some improvements had been made to meet necessary requirements. One breach of regulation had been met and one partially met, however the provider was still in breach of regulation's relating to consent.

We looked to see if the service was working within the legal framework of The Mental Capacity Act 2005. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. The registered manager was knowledgeable about the MCA and DoLS and knew the CQC (Care Quality Commission) needed to be notified when the outcome of any applications were known. However, our discussion with the manager demonstrated they did not have a full understanding of each person who was subject to DoLS.

We looked at two DoLS to which conditions had been attached. In one case we saw the conditions were being enacted however in another case the arrangements were less robust. The person had two conditions attached to the DoLS. One condition required the managing authority to make active attempts to stimulate the person and to record whether the staff's efforts were successful. Whilst we saw records of activities undertaken this did not appear to be as a result of the condition which had not specifically been translated into care plans. The authorisation further required the home to look at a review with the GP to rule out any possibility of any physical health issues that may be exacerbating the person's lethargy. The nurse we spoke with had no knowledge of this requirement and the care plans and annotations following visits from the GP did not record any attempts to fulfil the requirements of the DoLS requirements.

We spoke with the manager about the use of restraint which included the use of bed-rails. We saw a number of people had bed-rails in place. Scrutiny of two people's care plans demonstrated a risk assessment had been completed prior to the use of bed-rails. The risk assessment showed the person was at risk of rolling out of bed and the use of the bed-rail was to protect the person from harm. Whilst the assessment process

was correct we found the consenting process less so. The assessment form recorded the two people had consented to the use of bed-rails yet a mental capacity assessment recorded they lacked capacity to make decisions. We saw no evidence of a best interest process. We raised this with the manager at the time of our inspection who has since taken action to address these issues. We saw on the second day of inspection the manager had arranged for a best interest meeting to take place for this person. We found the approach to MCA and DoLS had improved since our last had improved since our last inspection. For example we saw that DoLS applications were well organised, including the dates when peoples DoLS were due to expire and when a review would be needed to determine if the person still needed to have the DoLS in place. Some further work needed doing to ensure this was in line with current MCA guidance

We also found the manager did not have a good understanding of people who may need advocacy nor of people who may have appointed attorneys through registered LPA (Lasting Powers of Attorney). A family member gave us an example of how they did not always get contacted when their relative required personal items, despite having LPA for finances. We were aware the manager had only been in post for a short time and had given priority to other shortfalls in the quality of service delivery. Our discussions assured us the manager would take steps to remedy the shortfall in their knowledge. We saw 15 standard DoLS authorisations had been granted with a further three authorisation submitted to supervisory bodies awaiting approval.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider was in breach of regulation's relating to staff development. This was because staff told us they had not been supervised or trained regularly, and we could not see evidence this had occurred. We spoke with staff again during this inspection in relation to this and checked training and supervision records. All staff we spoke with had been supervised and had had an appraisal. Training records showed that staff had attended a variety of training, some of which was still ongoing, in subject areas such as restraint, safeguarding, medication, wound management, and the MCA. Some staff still had to attend the MCA and restraint training and we saw this had been booked and incorporated into staff rotas. However, it was still not clear that theory had always been put into practice given the shortfalls demonstrated that the principles of the MCA had not always been upheld.

When we asked the staff about their training, they told us they found it useful. One member of staff said, "It was good, very informative." Another staff member said, "I found it useful, there has been loads of training going on lately." We asked people and their families if they had noticed any improvements in the staff skills due to the training, and people told us they had. One person said, "Oh you can definitely tell they [staff] have had more training." A family member said, "I think the staff are skilled." This demonstrates that improvements have been made in this area and this breach has been met. We asked a nurse if they had been trained in the use of physical restraint, they said, 'The training is on-going'

People we spoke with told us they enjoyed the food. One person said, "It's very nice, I can choose what I have." Someone else said, "It's always been nice, (the food) I have no complaints." We observed there was a menu displayed on the dining room wall, which showed dietary preferences, were catered for, for example, people could choose a vegetarian dish if they wanted.

People told us they had access to the GP anytime they felt poorly, and the staff supported them to make appointments. Families we spoke with had no concerns regarding this, and we saw from looking at people's records that any contact with other healthcare professionals, such as a GP or optician was clearly documented in people's care plans.

We saw in the dementia unit that there was a plan in place to make the home more dementia friendly. The provide had already started to put directional signs on doors, and some plans for redecoration had already been set in motion. We saw that parts of the unit were decorated with people's art work, and some people's bedrooms had already been decorated.

Is the service caring?

Our findings

During our last inspection in March 2016 we rated this domain as 'Inadequate'. We identified two breaches of The Health and Social Care Act 2008 for this domain. This was because on the mental health unit men there was not a dedicated female lounge or specific toilets/bathrooms for women, a caring approach by staff was not always sustained and people's personal histories, background and preferred routines were either not recorded or poorly completed for some people. People and/or their families were also not involved in on-going reviews of their care plans.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet the breaches. On this inspection we checked to make sure requirements had been met and we found improvements had been made to meet necessary requirements.

During this inspection, we spent time on the mental health unit and found the provider had now separated it into a male and female side. We asked people if they felt this was better for them, one person said, "Oh yes, I don't feel ashamed now." A member of staff told us, "It is more dignified for people; there are separate toilets and bathrooms now." We observed that people on both sides of the units were engaging in activities and looked happy. One person told us "It is nice and friendly in here." The provider was no longer in breach of this regulation.

We asked people living at the home if the staff were kind and caring. One person said, "Yes I like all of my staff," and "They are great." We spoke to a family member who gave us an example of when they felt the staff had gone above and beyond to ensure their relative was safe and looked after. The family said, "I was just so grateful to them, I cannot believe they did that for [family member.]" Another family member told us they had noticed improvement in the staff over the past few months. They felt on the odd occasion some agency staff could sometimes be abrupt, however the staff were mostly kind and caring.

People told us they could choose whether they were supported by a male or female care and staff supported them with this choice;

During this inspection, we observed care and support on the dementia unit and the male mental health unit. We observed kind and friendly interactions between staff and people who lived on these units. For example we observed one member of staff helping someone to eat their breakfast. We saw this support was given in a dignified and compassionate manner.

The home had advocacy information displayed for people wishing to access this service.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice

Is the service responsive?

Our findings

During our last inspection in March 2016 we rated this domain as 'Inadequate'. We identified two breaches of The Health and Social Care Act 2008 for this domain. This was in respect of care not being delivered in a way which was meaningful. There were also limited activities going on around the home to engage people.

We spent time during this inspection looking at what activities had been implemented since our last inspection and what impact this had for people using the using. We found that in general the approach to activities had improved during this inspection. There was now a 'Sky Café' which had opened on the middle floor of the home, which was often used as a 'themed' restaurant. For example, on different days of the week there would be meals served from different parts of the world, such as Spain. There was also a bar in the Sky Café and a hairdressing salon/beauty parlour.

We spoke to one of the activities coordinators who told us that they had recently been using the Sky Café as a restaurant/dining experience for people so they were able to eat with their families. We spoke to a family member who confirmed they had been invited for Sunday lunch with their relative and this was a positive experience. Another family member told us that the home had helped arranged an activity for their relative, which enabled them to have their lunch together, which is something they had not been able to do for a long time. The family member we spoke with was highly complementary about the staff for arranging this.

We saw that various charity events and themed parties had been happening at the home, and people confirmed they had enjoyed these. On the dementia unit there were various games and craft activities taking place. On the day of our inspection, the people from the dementia unit were having a 'dining experience' in the Sky Café.

We spoke to one of the directors who told us that the home had signed up to 'Oomph!' Oomph! provides a set of complementary services to enhance the mental, physical and emotional wellbeing of older adults, they do this by working with care staff to create inspiring activities for older people.

We saw that people had had their bedrooms redecorated and people confirmed they had been involved in the choices regarding this. One person told us, "I chose everything myself, it was nice to be involved." Overall, people were receiving care and support which was meaningful to them The provider was no longer in breach of this regulation.

We checked to see if people were involved in their care plans and reviews, and there were still some mixed opinions about this. One family member we spoke with told us they would like to be involved, but they could not recall being invited to any reviews. Some care plans we looked at had been signed by people who had the capacity to do so, however some showed no evidence of family involvement or advocacy involvement. We raised this with the manager at the time of our inspection and were shown evidence that information would be sent out to families involved in people's care inviting them to be more involved in the home and to attend a 'steering group.' One family we spoke with confirmed this would be taking place, and they had been asked to lead the group. We will check on the progress of this during our next inspection.

During our last inspection we found that the provider was not always responding to complaints in line with their policy, and we found the provider was in breach of regulations relating to this. We found during this inspection that the provider had made improvements in handling and responding to complaints. We asked one family member if they knew how to complain, and they told us the procedure was better. They said, "We feel like we are getting listened to now, which is an improvement." We asked people who lived at the home if they knew how to complain and they all said they did. One person said, "I would just speak to the manager." We saw that the complaints procedure for the home was displayed in the main hallway.

We looked at complaint that had recently been made, and saw that the manager had responded to the complainant in line with the provider's complaints policy. The provider was no longer in breach of this regulation.

The quality rating for this domain has been raised from 'inadequate' to 'requires improvement' reflecting the overall improvements made to the service. To improve the rating to 'Good' would require a longer term track record of consistent good practice.

Is the service well-led?

Our findings

During our last inspection in March 2016 we rated this domain as 'Inadequate'. We identified a breach of The Health and Social Care Act 2008 for this domain. This was in respect of lack of robust systems to monitor the quality and safety of the service. The service had not picked up on the issues we identified at this inspection. We also found that the provider had not reported all reportable incidents to CQC. The staff morale was low and there were concerns raised with the overall management and leadership of the home.

At this inspection we found this breach had been partially met though further improvement was needed to further develop overall governance of the home as current quality assurance systems and processes had not picked up some of the issues we found relating to care planning and the MCA. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The improvements made to date also need time to embed to ensure a consistent approach for the development of the service.

We recommend that the provider reviews their approach to quality assurance and takes action accordingly.

There was a manager in post who had been in post since August 2016 and was in the process of becoming registered with the Care Quality Commission.

We looked further into the processes for auditing the service during this inspection to see if any improvements had been made. The home was using the CQUIN scheme that was in use during our last inspection. This is a national scheme, which stands for Commissioning for Quality and Innovation. It is designed to focus on quality and innovation, and seeks to improve the quality of care in nursing homes. Pre-defined information is collated each month and forwarded to a central data base. We checked the reports for this, and saw that some issues had been identified and acted upon. We also saw as well as the CQUIN scheme, the provider had implemented additional quality assurance checks for medications and the environment, which had been effective in identifying any concerns in these areas. We saw that any concerns raised had been addressed. We were shown an implementation plan of a new quality assurance process that the provider was in the process of using which included an independent quality assurance officer completing regular audits on the home. This would involve them visiting the home every few weeks and effectiveness and compliance.

We saw that all policies had been re-written and now included up to date information. Staff were aware of these policies and their roles and responsibilities within them.

We asked staff about the leadership and management of the home. Staff were complimentary about the manager and the directors of the service. One staff member said, "[Manager's name] is fair, they get the job done." A family member told us they felt positive about the leadership of the service now, as there had been noticeable improvements.

We asked about how the manager gathers views and opinions from people who live in the home and their families. We saw that no additional feedback had been gathered since our last inspection; however, the manager showed us a form they had developed and was planning on sending out shortly, once they had been post a bit longer.

We saw that regular team meetings were taking place, and resident meetings, with the dates displayed on the board in the reception area.

We checked to see if the provider was displaying their ratings from our last inspection in March 2016, as this is a legal requirement. We saw that the ratings were clearly displayed in the communal area.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had not always ensured the principles of the Mental Capacity Act 2005 were being followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had not always ensured care planning captured all risks to people's health and well being.