

Park Avenue Ltd Hill House

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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 26 and 27 July 2017 and was unannounced. During our last inspection in November 2016, we identified five breaches of legal requirements relating to people's care at the home. This was because people were not treated with dignity and respect or in line with their consent and consideration of their choices. People's needs and risks were not always met and managed safely, and staff had not been provided with the guidance and direction needed to help do so. Systems to monitor and ensure the quality and safety of the service had not been robust. Our concerns at our last inspection led to a rating of 'Inadequate' in three out of five key questions and a rating of 'Requires Improvement' in two key questions.

Following our last inspection, we met with the registered provider and they assured us that the identified concerns would be addressed. The registered provider sent us a written action plan outlining how they intended to address and meet the breaches of regulations. A new manager joined the service in January 2017 and had registered in May 2017. At this inspection, we identified improved practice at the home and found that the previous breaches had been met, although further improvements were required. These improvements had been identified and were being addressed through systems in place at the home.

At the time of our inspection, Hill House was registered as a care home with nursing for up to 13 people who have a learning disability or autism and eight people were living at the home.

The registered manager of the home was present throughout our inspection. 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. People, staff and healthcare professionals we spoke with described the home and impact of the new registered manager positively.

People showed that they felt safe at the home and in the company of staff. Staff showed awareness of types of abuse that people could experience. Staff were confident they could approach the registered manager with any safeguarding concerns and that their concerns would be addressed. There were enough staff available who had been suitably recruited to help protect people living at the home.

Incidents were investigated and people's support needs reviewed to help reduce risks. Risk assessments and staff knowledge required further development in some areas to further promote people's safety. Health and safety audits were in place and routine maintenance checks had been introduced. Medicines management was safe and further identified areas of improvement were being addressed.

People were supported by staff who showed understanding of their needs and wishes and how to help meet these. Further guidance and training was planned to develop staff knowledge of people's needs and to help build on the improved practice we observed.

People were supported to make choices and their consent sought and improvements had been made to ensure adherence with the requirements of the MCA. Further progress was required around staff understanding of the MCA to help build on the improved practice we observed.

People were offered choices around their meals and told us they enjoyed food at the home. Further improvements were required to help ensure all people's dietary and hydration needs were always met. People were supported to have their care needs and health monitored with the support of additional health and social care professionals.

Improvements had been made in ensuring people were treated with respect and dignity. People often had a positive rapport with staff and showed they were comfortable and at ease at the home. People were being supported to make decisions about their care and we saw that plans were ongoing to always understand and meet the communication needs of people living at the home.

People often responded positively to their care and activity at the home. Improvements had been made and were ongoing to ensure care always met and reflected all people's preferences and individual needs. People received information about how to make a complaint and told us they would feel able to raise issues. Complaints were handled openly and used to drive improvements.

Systems were in place to support the running of the home and ongoing improvements to the quality of care provided. Leadership and staff guidance had improved and progress was ongoing to help involve all people in their care and development of the home. Further progress was required to ensure improved practice was fully embedded and records were not always robust.

This service has been in special measures. Services that are in special measures are kept under review and are normally inspected again within 6 months. We expect services to make significant improvements within this timeframe.

Following our last inspection of 15 November 2016, the provider immediately supplied their own action plan outlining how they would address the concerns we had identified. We also met with the provider in January 2017 to receive further assurance about action taken to comply with the regulations. After our report was published, we received a written action plan from the provider outlining how they had met, and would continue to meet the regulations.

During this inspection the service demonstrated to us that improvements had been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore this service is now out of special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Incidents and risks were reviewed to help promote people's safety. Improvements had been made to provide people with safer support and help manage their risks more effectively. We saw examples however where some risks were not always assessed and monitored as far as possible to ensure consistently safe practice.

People told us and showed that they felt safe at the home. People were supported by sufficient numbers of staff. People were supported to take their medicines safely and improvements in this area were ongoing.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People's choices were sought and respected by staff and improvements had been made to how the service met the requirements of the MCA. Further clarity was required around processes and staff understanding of the MCA to build on the improved practice we observed.

Staff showed an improved understanding of people's dietary requirements although further clarity and progress was still required in this area. People were offered choices and enjoyed meals at the home.

People were supported to access additional support to promote their health and wellbeing. People's needs and wishes were met by staff who received guidance and support in their roles. Planned training would help embed this practice.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect and enjoyed positive interactions with staff. Steps were taken and plans were ongoing to always meet all people's communication needs and

support their involvement in decisions about the home and their care.

Is the service responsive?

Good ●

The service was responsive.

People often responded positively to their support and to activities at the home. People received support in line with their needs although records did not always reflect this practice.

People were supported to complain if they needed to. Complaints were handled with openness and transparency.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Further progress was required to embed and sustain the improvements we saw and records were not always robust. Systems were in place to promote the safety and quality of the service and some people's feedback had been used to drive improvements to the home.

There was a new registered manager in place. People, staff and healthcare professionals showed that they valued the registered manager's approach and support.

Hill House

Detailed findings

Background to this inspection

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

This inspection took place on 26 and 27 July 2017 and was unannounced. This inspection was conducted by two inspectors and a specialist advisor in the care and support of people with learning disabilities. A specialist advisor is a professional who assists us with current practice knowledge and expertise through our inspections.

As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also referred to the action plan that the registered provider had submitted following our last inspection. To support our inspection planning, we also checked whether information about the service was available through commissioners of the home and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Some people living at the home were not able to talk with us about their care. During our visit, we spoke with three people living at the home about their care and observed the care of other people living at the home. We 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.

As part of our inspection, we also spoke with two relatives and two healthcare professionals. We interviewed three members of staff and an assistant psychologist supporting the home. We also spoke with the activity coordinator, two additional staff members, the registered manager and the nominated individual who is responsible for this service. We sampled three people's care records, three staff files and records maintained by the service about the quality and safety of the home.

Is the service safe?

Our findings

At our last inspection in November 2016, we rated this key question as 'Inadequate' and identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's risks were not always managed effectively. Incidents had not always been learned from and medicines management systems were unsafe. At this inspection, we found that the breach of regulation met although further improvements were still required.

We found that further improvements were required because two people's risk of causing harm to themselves had not always been minimised as far as possible. Although systems were followed to help manage this risk overall, their exposure to other potentially harmful risks in the environment had not always been considered to consistently promote their safety.

Further improvements were required to always support people to use equipment safely and comfortably. Since our last inspection, improvements had been made to ensure people's equipment was safe and suitable for their use. However, we saw that one person was hoisted over a further distance than necessary because of the limited space available. The person's risk assessment had not considered this issue and other factors which would help them always be supported safely. We also found that two people were not routinely supported to use their wheelchair footplates to promote their safety and comfort when using this equipment. The registered manager told us these issues would be addressed.

At our last inspection, medicines were not always stored safely and people were not always supported to take their medicines safely and as prescribed. At this inspection, improvements had been made in these areas. One person told us, "Staff get my medicines, and creams if needed." The registered manager monitored people's medicines use and people had received further support where needed, for example, where one person had continued to refuse their medicines and another person had experienced negative side effects to their prescribed medicines. We saw that people's medicines were stored safely and securely, and regular audits were conducted to help reduce errors. Staff were due to receive further training in this area and have their medicines competency formally assessed. Where we identified one medicines recording issue and one storage issue, action was able to be taken promptly to address both. One week before our inspection, an external medicines audit had led to some improvements to some people's medicines records and storage. We identified that clearer protocols for people's 'as and when' medicines would also help ensure these medicines continued to be used safely. People's medicines were managed safely and further improvements were planned to continue to promote safe, consistent practice in this area.

Improvements had been made since our last inspection to provide people with safer support and to help manage people's risks more effectively. Improvements had been made to how one person was supported to manage a leg wound and treat this in line with safe infection control practices. The person was offered reassurance by staff and had been supported to better understand how their leg wound would improve if they continued with their support plan. Staff we spoke with understood how other people needed to be cared for to reduce their risk of developing wounds and sore skin. At this inspection, we also found that incidents were monitored and managed effectively. This had helped reduce their reoccurrence and keep

people safe from harm. For example, one person's needs had been reviewed and managed more effectively, which had helped significantly reduce the occurrence incidents of challenging behaviour over recent months. Learning from these incidents had helped inform staff practice. Staff showed an improved understanding of possible triggers of people's challenging behaviours and responded proactively to support people to remain calm. People's needs were continuing to be monitored and reviewed to help embed this safe practice.

People told us they felt safe and we saw they were comfortable and at ease around staff. One person told us they felt safe because staff were always around. Staff had received safeguarding training and showed awareness of the types of abuse that people could experience. Staff told us they would raise any safeguarding concerns with the registered manager and felt confident that issues would be addressed. One staff member told us, "[I'm] absolutely confident that I would be listened to," and told us they had been encouraged to share any concerns they had. Safeguarding guidance was available to help inform people, staff and visitors how to raise concerns. Referrals to the local authority and other appropriate action had been taken where safeguarding concerns had been identified. Systems were in place to help protect people from abuse.

Systems were in place to help keep people and staff safe in the event of a fire and to promote the health and safety of the building. Since our last inspection, a maintenance support staff member had been recruited to complete regular health and safety checks and maintenance work. External fire safety training and guidance was provided to staff and fire drills were regularly held to help make people and staff familiar with this process. Improvements had been also made and systems were in place to help people safely manage their finances and ensure they would have access to their money as needed. This had helped promote one person's independence who told us they wanted to spend money on their phone in order to keep in touch with their friends.

People received one-to-one or close support from staff where needed to promote their safety. One person told us staff were available to support them we saw there were enough staff. A relative told us that there were, "Plenty of staff," who were visible at the home and available to accompany people to healthcare appointments. People were supported by sufficient levels of staff to have their needs met and the registered manager told us that the same group of agency staff were used on occasions where regular staff were not available.

Improvements had been made to recruitment processes and how this information was stored. Recruitment processes included checks through the Disclosure and Barring Service and character reference checks before staff started in their roles. Records we sampled supported this and a staff member confirmed they had undergone these checks before working at the home. One of two reference checks for another staff member was not available on file, however the registered provider assured us this check had been completed to support this recruitment decision. Suitable recruitment procedures were in place and had helped assess the suitability of staff to support people.

Is the service effective?

Our findings

Following our last inspection in November 2016, we rated this key question as 'Inadequate' and identified a breach of Regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always supported by staff who had the skills and guidance to understand and meet all of their needs. We also identified a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at our last inspection. This was because people's consent was not routinely sought and some people were subject to restrictive practices that failed to promote their dignity. At this inspection, we found that the two breaches of regulation had been met although further improvement was required.

The 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. At the time of our inspection, we saw that steps had been taken to inform people and visitors of the ongoing use of CCTV in communal areas and one person told us they did not mind that CCTV was in use. We found however that processes were not always followed when needed, to support people to make decisions about CCTV use in accordance with the MCA. The consultation process for the introduction of CCTV in December 2016 had not ensured that all people had understood and consented to this decision. Staff did not always show understanding of the MCA. Although staff understood how people expressed their choices and consent, guidance was not always available in people's care plans to outline the decisions people were able to make and how they might express these choices. The registered manager told us that these areas would be addressed to ensure clear and consistent staff knowledge in this area.

Further improvement was also required to ensure staff were always aware of all people's healthcare conditions and the specific support they needed to help manage these. Staff and the cook we spoke with did not demonstrate a clear or consistent understanding of who living at the home had diabetes. For example, staff did not know that one person had this condition and needed encouragement to choose healthy food options. One staff member commented, "[I'm] not sure of signs of ill health for diabetes," and told us that this would be identified by nurses at the home. We also found that further improvements were required to ensure that one person's dietary and hydration needs were always considered and met through their care planning. The person had been encouraged by staff to try some food which might have been difficult for the person to swallow. This food had been cut into small sizes to help reduce risk, however good practice guidelines reflect that this would not always be a safe food option according to the person's identified needs. The person's care plan did not have up-to-date guidance about how to always safely meet their food and hydration needs. A doctor had recommended in June 2017 that this person's needed to be encouraged to drink more water by staff, however this had not always been done. The registered manager told us that this would be addressed. This would help to build on the improved understanding shown by staff of how to always support people in line with their identified needs.

Improvements had been made since our last inspection to provide people with more effective support and

to more closely meet the requirements of the MCA. We saw that staff practice had improved and people's choices were promoted and their consent sought. For example, a person was asked by staff, "Can I take that back for you?" before their plate was removed from the dining table. Another person was asked which part of the garden they wanted to move to. A staff member described how they showed one person items to select and choose from, for example at meal times. Poor practice observed at our last inspection had ceased and improvements had been made to promote people's choices and wishes. For example, where one person had previously been subject to restrictive practices, the registered manager told us they had worked with staff to achieve a more suitable balance of promoting this person's safety and independence. We saw that this person moved freely around the home as they wished and responded well to the staff supporting and monitoring them. When the person's body language showed they were becoming anxious, staff understood the cause of this and helped the person to settle. This improved and less restrictive practice helped to promote the person's liberty and dignity whilst keeping them safe. Staff managed possible signs or indicators of people's challenging behaviours by redirecting them through activities, conversations and encouragement. A safe restraint policy was being developed to guide staff in the event that this support was necessary for people's safety. The registered manager demonstrated a clear approach that this practice would be a last resort and showed how this was avoidable through improved practice and planning around people's risks and support needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that DoLS applications had been made and authorised for some people living at the home. Since our last inspection, we found improved oversight by the registered manager of the conditions of those authorisations and when they were due to expire. Improvements were ongoing to the registered provider's adherence to the MCA.

At our last inspection, people's needs were not always met and understood by staff. Staff had not always received sufficient direction and guidance for example through training and induction processes. At this inspection, we saw improvements in this area. People were supported by staff who had an improved understanding of their needs and preferences and how to meet these. People who were able to speak with us positively described the support they received. Healthcare professionals involved in the care of some people at the home spoke positively about the support provided. One healthcare professional told us that staff acted on their advice and commented, "Staff are very organised and aware of people's needs." Staff told us they felt supported in their roles and attended regular staff meetings and supervision. A staff member told us about people's support needs and how their knowledge had developed during staff discussions, handovers, speaking with relatives and accessing people's care plans. The positive practice we often observed reflected improved guidance for staff about their role and responsibilities. The majority of core staff training was up-to-date and included training in safe working practices such as infection control, moving and handling practice, fire safety, food hygiene and First Aid. Staff who were new to care were supported to complete the Care Certificate as part of their role induction at the home. The Care Certificate is a set of minimum care standards that new care staff must cover as part of their induction process. Staff described how their induction had helped them understand their role and how to support people in line with their needs. At our last inspection in November 2016, we had been informed that staff were due to receive learning disabilities training from an external training provider. Although staff had received some training in this area and ongoing guidance about people's specific needs, this planned external training had been delayed due to changes in the training provider. Plans were being made to deliver external training tailored to the needs and wishes of people living at the home, to help build on the improved guidance in place for staff.

At our last inspection in November 2016, people were not always supported to have sufficient and balanced food options in line with their needs and choices. Improvements had been made in this area. People were offered choices and told us they enjoyed meals at the home. One person told us, "I love my food... [it's] very tasty and we have what we want." Another person told us, "The food is alright," and confirmed that they were offered choices. People were offered menu choices before each meal or alternative options if they wanted something different. One person chose the same food each lunchtime and a staff member told us, "We offer something different, but that is what [the person] wants." People were regularly offered drinks and received encouragement and assistance during mealtimes as needed. Although there were further areas of improvement in this area, staff we spoke with knew people's general dietary needs where they would not be able to inform staff of these and two people were provided with fortified drinks where healthcare professionals had recommended their use. A new cook had joined the home since our last inspection and we saw that they had improved access to and understanding of guidance around people's dietary requirements.

At our last inspection in November 2016, all people's health needs and symptoms were not always monitored to help them to stay well. At this inspection, we found that improvements had been made in this area. People were supported to access additional healthcare support as needed to promote their health. One person told us that staff helped look after their health needs. We saw that some people were accompanied to healthcare appointments by staff and a nurse contacted the local doctor for advice having identified that two people might be unwell. People's healthcare needs had been reviewed with input from relevant community health professionals. Healthcare professionals we spoke with told us they were pleased with how people's needs were met and that staff contacted them if they had any concerns. Healthcare professionals' comments included: "[The registered manager] acts on any issues raised," and, "[Person] has been happy... if something is not in place, it's developed." People had hospital passports which contained guidance about their support needs and wishes. This meant that key information could be shared to help other healthcare professionals meet their needs in the event that people needed to go to hospital. People's health and wellbeing was maintained with support from staff and other healthcare professionals.

Is the service caring?

Our findings

At our last inspection in November 2016, we rated this key question as 'Requires Improvement' and identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always treated with respect and dignity and involved in their care decisions. People were not always supported in a comfortable and suitable environment. At this inspection, we found the breach of regulation had been met and improvements in these areas had led to an improved rating of 'good' in this key question.

At this inspection, we saw some improvements had been made around supporting people to express their views and wishes. A staff member told us, "[We] try by all means to understand what [people] want." Two people watched the news and the activity coordinator told us they talked to people about current affairs to help them understand and be reassured about news topics. People received information in more accessible formats to help promote their understanding and to be aware of activities and plans taking place. Residents' meetings were held regularly where people discussed aspects of their care and support. One person commented, "[We talk about] all sorts of things." Two people told staff they wanted to talk about menu planning again during the next meeting and so this was being planned. Easy-read newspapers and resources were made available and we saw one person read out information loud while a staff member listened. We saw that people's views were acted on and had led to some changes, for example, having alternative drinks choices at the home. The registered manager told us work was still underway to help always understand and meet all people's communication needs, for example to capture their views and experiences of the home. Since our last inspection, additional guidance had been developed around people's communication needs. For example, one person's care plan stated that they needed time and prompts, and to look at and listen to the speaker in order to take in and understand information. We saw this person was addressed in a friendly way by staff although further improvement was needed to fully embed this guidance and ensure this person was always approached in a way that would allow them to understand and respond to the information received. Improvements were ongoing to ensure all people could always have the time and information needed to understand and make decisions, and to express their views.

At our last inspection in November 2016, we found that people did not always reside in a comfortable and dignified environment. Improvements had been made and maintenance work undertaken to address this. One person told us that their room was comfortable and commented, "I love my bed... I want [to keep] it as it is now." Another person proudly showed us things that were valuable and significant to them in their bedroom and told us they enjoyed spending their time there. Some people and staff had been involved in upgrading the sensory room in March 2017 to reflect their choices. The person who had showed us their bedroom keenly volunteered to show us the sensory room and how to set up the lights and other parts of this room. The registered manager told us that the improvements made so far had ensured the home was comfortable and functional, yet they had ongoing plans to make Hill House more homely and individual to the people living there.

At our last inspection in November 2016, people were not always treated with respect and dignity. At this inspection we saw that improvements had been made. We saw that people were at ease and comfortable at Hill House and some people had developed positive rapport with staff. We saw occasions where people showed affection towards and laughed with staff. When the registered manager came into a communal area with some paperwork, a person said to them, "Anything for me?" Two people enjoyed playing a game with the activity coordinator and another person later enjoyed a board game over a drink and biscuits with another staff member. People and staff spent time together and people were supported to feel more comfortable at the home.

Improvements had been made around how people's privacy and dignity was promoted. One person told us staff spoke to them nicely and we observed staff approach and treat people with respect. Staff checked that people were okay and kindly assisted them. For example, staff assisted a person with the door as they left the room and one person discretely knocked a bathroom door to check that another person was okay. We saw improved practice in the privacy people had and in managing their support needs with discretion. People we spoke with told us their privacy was respected and they had the space they needed. One person who chose to spend most of their time in their bedroom told us, "[A staff member] comes up often," to check they were okay and if they needed any support. Another person told us that staff always waited for a reply before entering their bedroom and commented, "[Staff] knock and stand by the door." We saw that a nurse went to a private area of the home where they would not be heard, to phone the local doctor to discuss two people's symptoms. Staff we spoke with provided examples of how they promoted people's dignity and our observations confirmed this.

People were supported to maintain relationships that were important to them. One person told us they had friends at the home and we saw that they got on well with staff. A healthcare professional who monitored this person's care commented, "[The person's] social network is increasing and [they find] activities engaging." Another person told us they had visitors to the home as they pleased. A relative told us staff were kind and caring and commented, "Staff always offer us tea and biscuits [when we visit]." Further work was underway to help promote people's independence. An assistant psychologist supporting people described improvements made since our last inspection to help promote people's independence and autonomy. They provided an example where CCTV had been used to enable one person to make a hot drink on their own where they had previously required support from staff to do this. The person's safety was monitored through the CCTV to enable positive risk taking. Staff practice had improved and care planning was ongoing to help always promote and maintain people's independence.

Is the service responsive?

Our findings

At our last inspection in November 2016, we rated this key question as 'Requires Improvement'. This was because people did not always have access to activities of choice and interest to them. At this inspection, we identified improvements in these areas which had led to an improved rating of 'good' in this key question.

Since our last inspection, additional guidance had been added to people's care plans and we saw improvements around how people's needs were met. People described their support positively and how it was based around their wishes and preferences. One person told us, "I can have a shower when I want," during the day or night based on their chosen plans. One person chose to spend longer at the dinner table after other people had finished their meals and staff told us this was the person's preferred routine. One person showed that they were content spending time with staff and satisfied with their support. A relative told us, "They've really looked after [person's name]." People were being supported to develop routines and spend their time as they wished.

Further work was planned to continue exploring people's individual needs with input from healthcare professionals. Records we sampled showed guidance was often in place for staff around people's needs and wishes, although some care plans required further detail in relation to some people's healthcare conditions and how this affected them. The registered manager told us they were working with other healthcare professionals to learn more about how one person's healthcare condition affected them and to understand the experience of another person who could not express their views verbally. We saw that further guidance was needed around one person might present as low in mood to help inform staff practice. Ongoing work in this area would help ensure people's care planning provided a clear and tailored picture of all people's needs and wishes.

People's care and support needs had been reviewed with input from additional healthcare professionals. This had helped some people experience an improved quality of life and to receive support that more closely met their needs. For example, one person's behaviours were managed more effectively and the number of incidents involving their challenging behaviour had decreased over recent months. We observed that this person interacted positively with staff, who adopted a calm approach when the person became anxious. An assistant psychologist told us the person's behaviours were more closely monitored and their medicines had been reviewed to further promote their wellbeing. The assistant psychologist commented, "[The person] is not so sleepy and is more engaged, it's really nice to see." Where another person sometimes expressed inappropriate views, the assistant psychologist was developing guidance that would be accessible to the person. This would help develop the person's understanding and encourage them to use more appropriate language. The registered manager told us that people's needs continued to be reviewed and their individual support needs explored over time.

At our last inspection, all people were not always made aware of activities taking place and were not always supported to do things of interest to them. We saw that improvements had been made in these areas and people had improved access to activities of interest to them. Two people told us about their plans to start college courses in September 2017 and that they were looking forward to this. The registered manager told

us another person benefitted from spending time in the newly developed sensory room and swimming. We saw that this person spent time relaxed in the company of staff and had improved access to activities. One person told us, "[The activity coordinator] is always doing activities and asks me what I want to do." We saw that this person later spent time playing a game with another person and the activity coordinator. Both people laughed and smiled during this game and told us they were enjoying it. A healthcare professional commented: "The activities coordinator has a fantastic relationship with people." People took part in a regular exercise session of moving to music with the activity coordinator and staff. We saw that one person smiled and moved along to the music and another person danced with staff. Staff encouraged people by dancing and joking with them to help make the session more fun and people responded positively to this. Where a third person showed that they no longer wanted to take part, staff respected this and the person chose to watch the activity whilst having a drink. After the exercise session, the activity coordinator said, "Well done... did everyone enjoy that," to which people said they had. A pictorial activities plan was on display at the home and we saw that this was often followed. A relative told us they saw that one time when people had said they wanted to go out, they did so shortly after. Activity plans at the home were continuing to be reviewed with people's input, to ensure they were always in line with people's needs and preferences. Ongoing developments in these areas would help ensure all people's needs and wishes could always be considered and met through effective activity and care planning.

At this inspection, we saw that information had been made available to help people and relatives understand how they could make a complaint. People told us they would go to the registered manager if they wanted to complain. One person told us they felt that their concerns would be addressed. A relative told us, "I would go to [the registered manager] first, I found him very good, really on the ball with everything going on." Complaints raised at the home had been dealt with in a transparent manner. A written apology and explanation had been issued to one complainant for example, and action taken in light of the concerns they had raised. Systems were in place to analyse and learn from complaints and issues and we saw that a recent issue had been discussed during a staff meeting to promote learning. The registered manager told us they were updating the complaints procedure so people and relatives had more guidance about how to escalate their concerns if they were dissatisfied with the home's complaints processes. Systems were in place to effectively address complaints.

Is the service well-led?

Our findings

At our last inspection in November 2016, we rated this key question as 'Inadequate' and identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were ineffective systems to drive improvement and always safely manage people's risks. People had not always been treated with respect within an inclusive culture and staff were not always directed and equipped to meet all people's needs and wishes. The registered provider had failed to uphold their responsibilities to the Commission and to meet all of the regulations. After our inspection, we met with the registered provider and they provided us with an action plan immediately following our inspection outlining how they would address our concerns. The registered provider later submitted a formal written action plan outlining how they would meet the breaches of regulation identified at our last inspection. At this inspection, we identified improvements in these areas and that the breach of regulation had been met. Further improvements were required however to embed and ensure the consistency of improved practice.

We identified that improvements were ongoing in respect of medicines management, completing staff training plans and continuing to develop people's care plans and care around their individual risks and needs. We saw some examples where improvements was not fully embedded, for example, where staff did not have full awareness of the support some people needed, for example to safely manage their risks and conditions.

Although we saw overall improvements in how people's risks were managed, risk assessments and care plans did not always reflect this and provide a clear picture of people's care and support needs. People's care records were not always robust and did not support the positive practice we observed or reflect that people's needs were always met. For example, records to monitor aspects of some people's daily personal care did not show that their support had always been timely and in line with their needs. Where it had been recommended that one person needed to drink more water, recent care records we sampled did not show that this guidance had been followed to promote their health.

Improvements were ongoing to ensure that people could always be involved in decisions about their care and developments at the home and in accordance with the MCA. Four people and four relatives had completed satisfaction surveys in June 2017. The findings of these surveys had been analysed and found that the majority of responses were positive. Plans had been developed to help capture the views and experiences of some people living at the home where possible and this process was ongoing.

Records did not always reflect the action taken for example where routine health and safety checks had found unsuitable water temperatures. We saw that maintenance checks and repairs were often undertaken as needed although records did not always reflect that this work had been undertaken as often or promptly as planned. The registered manager told us that record keeping in this area would be improved to reflect how the health and safety of the home was maintained. We saw that the home had previously received a very poor food hygiene rating score. The kitchen was clean and there were regular cleaning schedules and guidance in place about people's dietary requirements. The registered manager told us they oversaw these checks and had plans to develop lead staff roles to help ensure and oversee the safety of the home. The home was awaiting a new hygiene inspection to ensure they were meeting food hygiene requirements.

At our last inspection in November 2016, people had not always been treated with respect within an inclusive culture. We saw improvements had been made at this inspection. People were comfortable and at ease around staff and better supported to be involved in their care and express their wishes. One person told us, "[The registered manager] is a nice man." A relative commented, "[The home] seems to be improving all the time." People's needs were more closely met and understood, following reviews and input from healthcare professionals. The registered manager showed an understanding of people's needs and a passion for continuing to improve how people's needs were met. We saw that improved guidance and leadership had allowed people to receive more effective and compassionate support from staff. Healthcare professionals spoke positively about the developments at the home in recent months. A healthcare professional involved in the care of one person told us the registered manager had always been, "Honest and upfront," during care discussions and commented, "The new registered manager's presence has dramatically changed things for the better." People had improved access to activities of interest and responded positively in the company of staff. Some people's feedback had been used to make changes at the home and the registered manager had ongoing plans to further develop feedback processes to meet the communication needs of all people living at the home. The home's complaints process was available in an accessible easy read guide and was being updated to ensure people and relatives could escalate their complaints if they were not satisfied with the home's response. Complaints and concerns raised with the home had been openly shared with staff and used to help drive further improvements.

At our last inspection in November 2016, people's needs and wishes were not always met by staff who were directed and equipped for their roles. At this inspection, we saw that improvements had been made in this area. A staff member told us, "[The registered manager] is strict but fair and not a person you'd be afraid to approach about anything." Another staff member told us, "[The registered manager] is approachable, we're able to raise concerns, we have a good working relationship." Staff told us they felt supported in their roles and comfortable approaching the registered manager with queries or concerns. Systems were in place to help develop staff knowledge and ensure their role responsibilities were clear. This included regular informal knowledge checks by the registered manager and discussions of policies and practice during regular staff meetings. The registered manager had a hands-on approach in sometimes supporting people alongside staff. Staff also commented that they received support and information from healthcare professionals working closely with the home. Resources and guidance had been sought and guidance arranged to help support staff and their development. These improvements would be further embedded through the delivery of upcoming training planned around people's individual needs and risks.

At our last inspection in November 2016, the registered provider had failed to uphold their responsibilities to the Commission and to meet all of the regulations. At this inspection, we found the registered provider had met the previous breaches of regulation. The registered provider had recruited a new manager in January 2017 who had registered in May 2017. Our discussions with the registered manager showed they were aware of their responsibilities to the Commission and committed to continue to drive improvements at the home. The registered manager had a system in place to prioritise and monitor ongoing areas of improvement at the home, and had some plans underway for areas of improvement that we also identified during our inspection visit. This progress was overseen by the registered provider and the registered manager told us they felt supported in their role. Improved systems were in place to oversee and ensure practice was suitable, for example for recruitment processes and how risks, incidents and complaints were managed. This had helped to drive improvements to the safety and quality of the service. We saw that appropriate referrals to partner agencies and notifications to the Commission had been made in light of some incidents that had occurred. The registered provider was also meeting their legal requirement to display our previous inspection ratings at the home. The registered provider had plans to appoint a deputy manager to assist in the leadership and management and to help sustain ongoing improvements at the home.

People, relatives, staff and healthcare professionals had been informed through consultations of proposed changes to the regulated activity of nursing care at the home. These changes would lead to increased responsibility for care staff, for example, to undertake senior responsibilities and support people with their medicines. Planned training for staff would help to further develop their knowledge of people's specific support needs and risks and how to help meet these. The registered manager told us that care was being taken to prevent this transition from having an impact on the care and support provided to people living at the home.