

Bupa Care Homes (CFHCare) Limited

Perry Locks Nursing Home

Inspection report

398 Aldridge Road
Birmingham
West Midlands
B44 8BG

Tel: 01213560598

Date of inspection visit:
29 June 2016
30 June 2016

Date of publication:
18 August 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 29 and 30 June 2016. The first day of the inspection was unannounced.

We last carried out a comprehensive inspection of Perry Locks Nursing Home on 23 and 24 June 2015. At that inspection we found there were three areas where the service was not meeting regulations. These related to the monitoring of the service, staffing levels and failure to inform the commission about information we are required to be notified about. We served a warning notice regarding staffing levels. At a follow up inspection on 21 October 2015 we found that improvements to the arrangements for staffing had been made and the warning notice was met. The provider sent us an action plan detailing what action they had taken in respect of the other areas where they were not meeting the regulations.

During this inspection we found the provider had made many improvements to the service. Although improvements had been made on how the service was monitored some further improvements were needed.

Perry Locks Nursing Home is registered to provide accommodation and nursing care for 128 people who have nursing or dementia care needs. There were 107 people living at the home when we visited. The home is purpose built and consists of four separate buildings. Perry Well House is for people with dementia. Brooklyn House, Calthorpe House and Lawrence House provide nursing care for older people. The service had a number of intermediate beds across the four houses. Intermediate beds means specialist care to people who have been discharged from hospital but need extra support before they return home.

A registered manager was in place and 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.'

Improvements to the service had been made to ensure that a good quality service was provided to people that used the service. Although many improvements had been made to the service some further improvements were needed.

Improvements were needed to the management of medicines to ensure people received their medicines safely and as prescribed.

People felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported by staff that were kind and caring. People were mainly treated with dignity and respect.

Staff understood people's needs well. Staff received the training and support they needed to carry out their role and meet people's individualised needs. There was sufficient staff to meet people's needs.

People received sufficient food and drink to remain healthy and choices were available. Most people were happy with the meals they received.

People were able to consent to the care they received where they had the capacity to do so. Where people did not have the capacity to make decision systems were in place to ensure that their human rights were protected, but were not fully effective.

People were supported to have things to do either in a group or on an individual basis.

People felt listened to and able to raise any concerns they may have.

Systems were in place to monitor and improve the quality of the service and the service people received had improved although further improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's medicines were not always managed safely.

Staff understood how to keep people safe and what to do if they suspected abuse. There were systems in place to ensure sufficient staff were available to meet people's needs.

Recruitment practices were in place to ensure suitable staff were employed.

Is the service effective?

Good 

The service was effective.

Staff were supported to meet people's needs effectively because they had received training and supervision to do so.

People received sufficient food and drink to remain healthy.

People's rights were protected because systems were in place to ensure that people were not unlawfully restricted. Arrangements were in place to ensure staff's knowledge in this area improved.

People were supported to maintain their health and wellbeing.

Is the service caring?

Good 

The service was caring.

People felt staff were kind and people were supported to receive care in the way they wanted.

People's privacy, dignity and independence were promoted.

Is the service responsive?

Good 

The service was responsive.

People's needs were met by staff that knew their needs.

People and their relatives were listened to and arrangements were in place to respond to complaints.

People benefited from the arrangements in place to ensure that activities were planned and interesting.

Is the service well-led?

The service was not consistently well led

There was a registered manager in post. Many improvements had been made and an open and inclusive environment had been developed.

Systems were in place to monitor and improve the quality of the service. Some further improvements were needed to ensure a consistently good quality of service was provided.

Requires Improvement 

Perry Locks Nursing Home

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 the 29 and 30 June 2016 and was unannounced on the first day. The inspection team consisted of one inspection manager, three inspectors, an expert by experience and a specialist advisor. An expert by experience is someone who has experience of caring for someone who uses this type of care service. A specialist advisor is a health care professional with training and experience related to the needs of the people using the service.

We looked at information we held about the provider prior to the inspection. This included statutory notifications the provider had sent us. Statutory notifications are information about important events which the provider is required to send us by law. We asked the local authority and the commissioning group for any information they held about the provider. We used this information to help us plan our inspection.

During the inspection we spoke with 26 people and we spoke with six relatives. Some people were unable to speak with us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of understanding the care of people who are not able to communicate with us.

We spoke with the registered manager, provider representative and 16 staff. We looked at records including parts of three care plans and ten medication administration records. We looked at four staff files. We sampled records from health and safety, complaints and quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our previous inspection we found the arrangements in place for ensuring sufficient staffing arrangements were not effective and did not ensure people's wellbeing and safety. These findings evidenced a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice and we carried out an unannounced follow up inspection on the 21 of October. We found that the provider had taken steps and made improvements to ensure that the regulation was met.

At this inspection we found that the registered manager had continued to build on the improvements to staffing arrangements that we saw at our focused inspection. The service had experienced a number of staff changes and a more stable staffing structure was now in place. The use of agency nurses had reduced drastically. A skills mix analysis was carried out daily so that staffing needs across all four houses' was managed more effectively. A new middle shift had been introduced in Perry Well house in response to people's needs and some care hours had been transferred to nursing hours to ensure adequate nursing hours were available on each house. Most people and relatives told us that there were adequate staff available to meet people's needs. One person told us, "The staff respond quickly when I ask for help". Another person told us, "Staff are kind. Some are more attentive than others. They always help when you ask. You might have to wait a few minutes while they finish something else". Staff told us that staffing levels had been improved across the service. A staff member told us, "Staffing levels are a lot better now. I feel like I want to come to work now and I enjoy my work." Our observations showed that staff were available in communal and dining areas and that request from people to meet their needs were mainly met in a timely manner. However, a few people told us that they waited a while for staff support or that sometimes staff were rushed. A few relatives told us that on some occasions there may not be many staff available to meet their family member's needs. A relative told us, "There are enough staff if everyone is in. If there are one or two off sick then they had to borrow staff from other units". A relative whose family member was being cared for in bed felt that not enough checks were carried out by staff. We saw that hourly safety checks and reposition charts were in place to demonstrate that frequent checks were made by staff of people cared for in bed. The registered manager told us that the provider had developed a new method to determine staffing levels and she would be reviewing staffing levels in accordance with this.

We looked at the management of people's medicines on all four houses. Most people received their medication as prescribed. A few people did not always get their medicines as prescribed. For example, one liquid medicine that should be taken orally was mixed with water before being given. There was no record available to show that staff had checked to see if it was safe to do this and that it would not alter the effect of the medicine. We saw one person that had been prescribed an antibiotic eye drop for seven days. At our inspection, they were still being given the drops after nine days. The unit manager said that she would ensure that no more was administered to the person. We found that records were not always clear enough to show how specific medicines should be administered. For example, where people were prescribed eye drops, records did not consistently record which eye the drop should be used in. The nursing staff told us that they know which eye to administer the drop in from memory. This is not safe practice and put people at unnecessary risk of having the medicines administered incorrectly. Care staff applied prescribed creams to people's skin. We looked at the records for people who were using medicinal skin patches. The records

showed where the patches were being applied to the body. However, the patches were not being applied and removed in line with the manufacturer's guidance which could result in unnecessary side effects. Body maps were available to staff to show where the creams should be applied. However, when we looked at the records for three people who were prescribed creams. The carers' daily notes did not record that these creams were being used regularly. A person's skin may become dry and sore if creams are not applied as often as the doctor intended.

Some people needed to have their medicines administered directly into their stomach through a tube. Written protocols were in place to inform staff on how to prepare and administer nutrition but these lacked information around medicines. More information would help staff to prepare and administer the medicines to meet people's health and welfare needs.

People told us that they got their medicines on time. One person told us, "We get our medicines when we need them and can ask if we need anything like for a headache". Medicines were being stored securely, and at the correct temperatures. Controlled drugs were stored and recorded correctly, and regular checks had been carried out. We found that medicines with a short expiry date were dated when opened. Daily checks were undertaken to ensure that medicine administration records (MAR's) were completed accurately. We found that the majority of MAR charts documented what people had been given. Some medicines were prescribed to be given only as and when people required them, known as "when required" or 'PRN'. We saw that clear PRN protocols were in place for people informing staff when to give the medicine. This meant that people would be given their medication consistently and at the times they needed them.

One person told us, "Yes I do feel safe". Another person told us, "Staff never shouts at me. They never rush my care". A relative told us, "[Person's name] is safe. There is always staff around. The staff are efficient". Some people we met were less able to verbally express their feelings and experiences. During our observations we saw that people were relaxed and appeared to be comfortable in the home and with the staff supporting them.

Staff we spoke with knew what action to take to keep people safe from the risk of abuse and avoidable harm. Staff were able to describe the different types of abuse and their role in protecting people. A staff member told us "Any concerns I would raise straight away and I know [Manager's name] would deal with it straight away and report it on to social services". Records showed that staff had received safeguarding training. Staff knew how to escalate concerns about people's safety to the provider and other external agencies. The registered manager was aware of her role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

One person told us, "The staff are good they are around and look after me well". We saw staff actively tried to minimise risks to people. We saw staff guiding people safely to reduce the risk of falls, ensuring pressure relief equipment was in place to reduce the risk of developing sore skin and ensuring people were offered drinks and snacks regularly to reduce the risk of not eating and drinking enough. We saw staff assisting people to move from chairs into wheelchairs and vice versa. This was completed safely and people were not rushed. We saw that people being cared for in their bedroom were positioned in bed according to their care plan. Staff we spoke with were aware of the risks for people and what was in place to help reduce these risks. Some people had swallowing difficulties and had been assessed by a healthcare professional and required their drinks to be thickened. However, when we spoke with staff it was not always clear what consistency people's fluids should be thickened to. The registered manager told us that they had identified that this was an issue and were planning training to improve this aspect of care.

Staff knew how to report incidents and accidents and procedures were in place. We saw that a system was in place to monitor accidents and incidents across the service and we saw that patterns and trends were monitored by the registered manager and if needed action taken to reduce risks.

The provider had emergency procedures in place to support people in the event of a fire. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order. Staff we spoke with confirmed they had received fire safety training. Staff had also completed training in basic life support. The provider and registered manager told us that they were exploring cardiopulmonary resuscitation (CPR) training. This is a lifesaving technique that greatly increases the survival rate of people who have a cardiac arrest.

Staff told us that they had completed a range of checks before they started work. We saw on two staff members files that it was not clear about the action that had been taken to ensure references were sought from their previous manager. The registered manager confirmed this information to us after our visit showing the home was following appropriate recruitment procedures. One person's Disclosure and Barring Service check was from a previous employer. The staff member had been in post for a number of years. The registered manager told us that it was now the provider policy to repeat these checks every three years and they were in the process of ensuring repeat DBS checks for all staff that had been employed for more than three years. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

Is the service effective?

Our findings

People and relatives that we spoke with expressed confidence that staff had the knowledge and skills needed to meet people's needs appropriately. A relative told us, "I feel that the staff are trained and they care for [Peron's name] well". Another relative told us, "The staff are very good and they are efficient at their job". Staff told us they received the training and support to carry out their role. A staff member told us, "We do training updates every year". Another said, "I have done dementia care training. I feel like I learnt a lot and how important it is to give people reassurance". Staff told us that they could approach the nurse, unit manager or the registered manager if they had any concerns about their role. Records showed that there was a planned approach to training and that over 90 % of staff were up to date with their training. Where training updates were needed we saw that unit managers were notified so that dates could be scheduled in and planned for.

The registered manager told us that clinical training and supervision for nurses took place. We saw records of the training plan. There were also plans in place for peer supervision sessions to commence and nurses we spoke with confirmed this. This should ensure that clinical staff reflect on their practice, discuss individual nursing cases in depth and identify areas for improvement and further training needs. The provider had a clinical team who provide support to services to improve areas of clinical practice. The provider's representative told us that the team had recently provided training on the prevention of dehydration.

Staff told us that they had completed an induction before they started working for the service. Staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of adult social care workers. The registered manager told us that a new supervision format had recently been implemented. The registered manager told us that the focus of these would be to look at an individual staff member's personal development and would also focus on key areas of service delivery to ensure that staff's understanding of their responsibilities in these areas were embedded. We saw that The Mental Capacity Act (MCA) safeguarding and privacy and dignity were areas identified for these sessions.

The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure 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. At the time of our last inspection we found that applications had been made for authorisation to the local authority but we had not been informed of when the applications had been authorised. We saw that the registered manager had a system

in place for monitoring progress on applications. We had been notified as required of applications that had been approved and the required paper work relating to the approval had been put into people's care records. However, the registered manager told us that she was still waiting on the paper from the local authority for some applications that had been approved and a number of applications had still not been processed. Staff we spoke with confirmed they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent.

We saw that staff regularly sought consent from people before attending to their daily living needs and almost all our observations were positive. A relative told us, "Staff always talk to [Person's name] and asks for her consent". A staff member told us, "We talk to people about their care all the time. We ask if they are okay and how they like things done". However, we did see on a few occasions that staff carried out care task without people's consent. For example we saw a person was repositioned in their wheelchair and this was not discussed with the person. We also saw a staff member put a clothes protector on a person, again this was not discussed with the person.

We observed lunch and evening meal and saw staff attending to people's needs. The atmosphere was calm and pleasant. One person told us, "The breakfast is really good, cornflakes and full English and in the afternoon we have fruit platters. No complaints at all". Another person told us, "We always get a choice and there are pictures to help you make your choice". Staff appropriately supported people who needed assistance to eat their meal. We saw that staff supported people and were patient and unhurried. We saw that people who had lost weight or were at risk of weight loss were provided with a diet that was modified to boost the number of calories they received through the addition of butter and cream to dishes. We saw that where people had difficulties in swallowing food, soft and pureed meals were available. Fluid and food intake records had been completed for people assessed as being at risk of poor nutrition or dehydration so that staff could check that people were getting enough to eat and drink. We saw that a choice of meals were available and this included meals to meet people's cultural dietary needs. Some people told us that the meals were not always cooked to their tasting and flavour. The registered manager told us that they were always considering how meals could be improved and that the chef purchased some food items from local providers to improve on the taste and authenticity of the food provided.

People's health needs were being monitored and actions taken to ensure they were met. People we spoke with told us that they had access to healthcare when they needed. One person told us, "They always inform the doctor if you are unwell, and the doctor comes quickly. If there is a fall they won't let you up until they call the medics". Relatives told us that they were kept informed about their family members' health and well-being. One relative told us, "They always inform me when they have to take her to hospital". Another relative told us that they were always kept informed about their family members care.

Is the service caring?

Our findings

At our previous inspection we saw a few interactions that were not respectful towards people. We saw that at times staff had difficulty responding to people's requests for care in a timely way and some staff that we spoke with had only limited knowledge of people's needs.

At this inspection we observed mainly positive interactions between staff and people who used the service and we saw that people were relaxed with staff and confident to ask them for support. We saw that some people had difficulty in expressing their needs and we saw and heard staff respond to people in a patient and sensitive manner. We saw that most staff were calm and not hurried in their approach.

People who lived at the home told us that staff were caring. One person told us, "The staff are fine, very caring, they're nice and I really like them. Another person told us "They look after me pretty well and we have some laughs". A relative told us, "It's very homely here. Staff talk to [Person's name] and hold her hands a lot".

People told us that staff knew what help they needed. One person told us, "Staff knows about me. They know the things that are important to me". Staff told us that they had got to know the likes and dislikes of people by talking with people and their relatives and by looking at their care records. We saw that people were supported to make choices and decisions about their care. Choices included what clothes people wore and how people spent their day.

Most people told us staff respected their dignity. We saw that when people were supported to move from a chair to a wheelchair and a blanket was used to ensure the person's dignity was promoted. We saw a staff member knocking a person's bedroom door and they said, "Hi [person's name] are you alright. Can I come in". They waited outside until the person told them it was okay for them to enter their bedroom. A person told us that some staff did not knock on their door before entering and we also saw some incidents of staff entering people's bedrooms without knocking the door first. We discussed this with the registered manager who was disappointed to hear this and assured us that she would follow up on this through the unit managers and the staff supervision process.

We saw that people were dressed in clothes that they liked and that promoted their dignity and reflected their individual tastes, gender and cultures. One person told us, They [Staff] wash and iron my clothes nicely, it makes me feel nice". We saw that people's spectacles were clean and people looked well cared for. We observed that during a mealtime that people were offered hand wipes and tissues and staff took care to wipe the face of a person they were supporting to eat their meal promoting their dignity.

People were supported to be independent. For example, we saw that people were supported to mobilise independently with equipment such as walking frames and wheelchairs. A person told us, "I am happy and trust the staff". They went on to tell us that staff supported them well and ensured that they were able to direct their own care and where possible maintain their independence and they self-administered some of their medicines. The service provided a number of Enhanced Assessment Beds (EAB). These are specialist

care provided to people usually for four weeks who have been discharged from hospital but need extra support before they return home. A person who was staying at the service short term told us, "The staff encourage me to do things. I walk by myself and they coax and encourage me. I can now walk a lot better".

People who lived at the home and their relatives told us that visitors were made welcome. We saw relatives visiting their family members throughout the day and staff were welcoming and polite. A relative told us, "I visit a few times every week and the staff are lovely and friendly and make me feel welcome. They always offer me a drink".

A quarterly newsletter was produced to keep people informed about Perry Locks. This asked people for comments about the service as well as telling them about upcoming events taking place in the service.

Is the service responsive?

Our findings

People we spoke with told us that staff were responsive to their requests, for example helping them with their personal care, helping them to move safely or getting them a drink. People received care and support from staff that knew them and had the information they needed to provide appropriate care. One person told us that they had been supported by staff to remain independent. We saw that this person retained responsibility and autonomy over aspects of their care. Staff were able to tell us about people's individual choices and preferences and we saw that these were recorded in people's care records. We saw that records showed consideration to person centred care, for example we saw that a person records recorded that when they have their dressings changed they liked to listen to music.

Relatives told us that they had been asked for personal information about their family members' likes, dislikes and life histories. Relatives told us that they were kept up to date of changes in their family members care and were involved in the planning of their care. A relative told us, "Staff always talk to me and ask my views on things". Another relative told us, "I was concerned about [Person's name] weight gain. [Staff member's name] were great and there are plans in place to control and monitor this now".

We looked at the arrangements for supporting people to participate in activities or maintain their interest and hobbies. There was a programme of activities available within the service which included various group activities and less frequently activities on a one to one basis. The service employed three activity co-ordinators. During our inspection we saw a range of activities taking place across the service. These included quizzes, music, spin the arrow. On the second day of our inspection we saw that a planned activity with an external drama group took place on Perry Well and people from the other houses were invited to attend. There was a real buzz about the show as staff made preparations to the lounge where the show was to take place. Since our last inspection to the service it was positive to hear that progress had been made on organising trips out for people. Some people had been on a trip to the city centre and a recent meal out to a local pub had taken place. A person told us, "We went to the pub yesterday, we do that quite often. We went to Western Super Mare last year and we are going to Wales in August which will be nice". People told us that religious services took place at the service.

We observed that there was limited opportunity for activities for people being cared for in their bedrooms. We also observed on Lawrence House that there was a period in the day when music was playing and people seemed disengaged. When we explored this further we were told that a variety of music was played in this house and this included music to reflect the preference and cultural background of all the people that lived there. We also observed some periods of time mid-afternoon on Lawrence, Brooklyn and Calthorpe when staff were present in communal areas but engagement with people was minimal. This was discussed with the registered manager at the time of our inspection.

The registered manager told us that they were in the process of having Wi-Fi installed and would shortly be going live with this. People that we spoke with were really looking forward to this development as this would open up a number of leisure and community opportunities for people across the service.

We saw that staff were responsive to the needs of individuals. A person requested to go out on a planned trip that coincided with their medical treatment. Staff responded to the person's request and made the necessary arrangements on their behalf so that they will be able to go on the trip. Staff told us that an assessment had taken place to provide a specialist chairs for a person cared for in bed so that they would have the opportunity to access communal areas of the home and reduce social isolation.

The provider had taken steps to create a nicer environment for people to live in. Refurbishment work had taken place throughout all four houses and when we visited work was nearing completion. People told us that they had been involved in making choices about the décor and floor coverings.

The provider told us that the number of people cared for on EAB beds on Perry Well House was impacting on the care of the people who lived there long term and they made the decision to reduce the number of EAB beds. Perry Well House was cause for concerns at previous inspection and we saw that this house was now a much calmer and responsive environment for people to live in. In addition and as part of the refurbishment plan Perry Well House will move to Brooklyn House and vice versa. This will mean that the number of dementia beds will reduce and there were plans in place to then develop the house into a dementia friendly environment. This showed that the provider was responsive to the needs of the people it provided a service to and was making the improvements needed to achieve this.

We saw that the systems in place to ensure that staff responded to people's changing needs had been strengthened. Staff told us that the handover of information between staff had improved and these meetings were now recorded. We saw that daily meetings were held with each unit manager and the heads of department. We were invited to join the meeting. We saw that concerns and risks to people's welfare was discussed as well as good practice issues. The meetings were organised and structured and focused on the health and wellbeing of the people that used the service.

Relatives told us that they would speak with staff or the house manager if they had any concerns. A relative told us that they had lots of concerns about their family members care in the past. However, they told us that things had improved and the staff were 'caring' now. We saw that information about how to raise concerns were available in public areas for visitors and the people that lived there to see. We saw that there were systems in place for recording and investigating complaints. Records looked at showed what action had been taken to resolve concerns. We had passed some concerns to the registered manager to investigate under their complaints procedures. The registered manager has always responded to these in a timely manner and kept us informed of their investigation process.

The service had the support of an Admiral Nurse. This is a registered mental health nurse with specific experience of working with people living with dementia. We spoke with the nurse who told us that she offered support and training to staff to encourage them to support people in a way that is person centred and she also provided support to people's relatives. The Admiral nurse told us that she would be supporting the service through the period of change with the service for people living with dementia moving from one from one environment to another. She told us she would be involved with ensuring that the new environment was dementia friendly.

Is the service well-led?

Our findings

At our previous inspection we found three breaches of the regulations. These related to the effective monitoring of the service, staffing levels and failure to inform the commission about information we are required to be notified about. We served a warning notice regarding staffing levels. At a follow up inspection on 21 October 2015 we found that improvements to the arrangements for staffing had been made and the provider had taken action to ensure that they complied with the regulations. The provider sent us an action plan detailing what action they had taken in respect of the other areas where they were not meeting the regulations.

We saw that the provider had a quality assurance policy for the continuous monitoring of the service. These included a range of systems and audits for monitoring the service. We saw that many improvements had been made since our last inspection and there was now a structured approach to monitoring the service. A range of meetings and audits took place in the service to seek people's views and to also monitor care practice. Systems were in place to identify and take action to reduce the risk of harm to people. However, we identified some areas that required further improvement to ensure the health and wellbeing of the people using the service. For example, improvements were needed to aspects of medicine management and record keeping. Improvements were needed to the safe use of modified foods and systems in place to ensure staff were aware of any restrictions on people were not always effective. The registered manager responded positively to the inspection feedback. She showed us the homes improvement plan that was in place to drive quality and safety across the service. This showed that the registered manager and provider were committed to continuous improvement and development of the service.

We saw that a regional manager, quality manager and Admiral nurse [a nurse who works and supports people living with dementia] visited the service to complete audits and review specific areas of practice. A service improvement plan was in place with evidence of actions taken to make improvements that had been identified.

Most people that we spoke with told us that they were satisfied with their care. Relatives were mainly positive about their family members care. Some relatives told us about problems that had happened in the past and that they had noticed that things had improved and they told us that things were more settled at the home. A relative told us, "She [The registered manager] walks around a lot and is very visible. She always asks how we are and our views on things. No criticisms of the place".

Staff were positive about the support they received to do their job. They told us that many improvements had been made. Staff spoke highly of the registered manager. They told us, "She get things done" and "She is really approachable and cares about the home and the people". We saw that the registered manager was visible in the home.

Staff described an open culture. We saw that different meetings took place including with night staff, at house level and with senior staff. A more structured approach to staff supervision had recently been introduced. These will provide the opportunity for staff involvement in the development of the home. Staff

told us that they understood how to report any concerns and if needed knew about the whistle blowing procedures.

People and relatives had been invited to attend meetings to discuss developments and improvements in the home and relatives that we spoke with confirmed this. We saw that surveys had been used to capture feedback. The results of the most recent satisfaction audit carried out in December 2015 identified some key areas for improvement including activities and meal quality. The registered manager told us that they continued to look at how activities across the service can be provided in a way that is equitable for all. She told us that the use of volunteer support was being promoted to support the work of the activity team. She told us that they were also providing work placements for students on college programmes as this provided valuable additional support for people who enjoyed one to one time to talk with someone or do an activity. The registered manager told us that improvements had been made in respect of the communication between people and the kitchen staff on the quality and choice of food.

There was a registered manager in post. We saw that the registered manager had standards she expected of the staff and presented as a positive role model. She had overall responsibility for the management and leadership of four houses' and was supported by four unit managers. She had a vision for the future development and continuous improvement of the service. She presented as committed to the development of staff so that they could meet the changing needs of the people that lived at Perry Locks. Statutory notifications had been completed in a timely way and sent to the Care Quality Commission as required. Notifications are sent to inform CQC about events or accidents that happen and help us to monitor and or identify trends and take appropriate action.

The service had received complaints about people's care and also safeguarding investigations had taken place. The registered manager told us that they had made improvements as a result of these. For example, staff handovers had been improved and an alert tool had been introduced as a quick reference for staff to inform nurses of any changes in people's needs.

The registered manager had organised a staff awards and fundraising event. This celebrated staff achievements so staff felt valued and raised money for the activity funds for the service.