

Warwick Park House Limited

Warwick Park Care Home

Inspection report

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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 16 and 18 July 2018 and was unannounced.

Following an unannounced comprehensive inspection on 24 and 25 May 2017 we told the provider to make improvements to how people's medicines were managed and to how people's care needs, and risks associated with their care were recorded and known to staff. We told them to ensure people's call bells were answered promptly, and to document people's mental capacity. In addition, we told the provider to improve their quality monitoring processes, to help identify when improvements were required. Following our inspection, we met with the provider to ask them how they would improve the service for people. They told us they would strengthen their governance processes.

The Commission considered its enforcement policy, and took enforcement action, which was to impose a condition on the provider's registration. This meant on a monthly basis, the provider was requested to carry out an audit of people's medicines and of care records; submit a summary of their findings to the Commission, and demonstrate what action was being taken to improve the service and to meet regulation. Since July 2017 the Commission had been receiving and reviewing the provider's monthly returns, which had demonstrated ongoing improvement at the service.

We carried out an unannounced comprehensive inspection on 14 and 15 November 2017. Our inspection was brought forward because we received information of concern about people's care. The findings of that inspection found that the information submitted by the provider to the commission about improvements they were making, had not always been fully accurate and did not always reflect the current regulatory position within the service. Following our inspection, the registered manager submitted a detailed action plan to the commission. The action plan set out how they intended to make urgent changes regarding the safe management of people's nutritional needs. As a result of the inspection the provider also decided not to provide nursing care in the future.

The Commission considered its enforcement policy, and took enforcement action, which was to impose further conditions on the provider's registration and place the service into special measures. This meant on a monthly basis, the provider was requested to carry out an audit of how they were monitoring the quality of the service and how they were keeping people safe; submit a summary of their findings to the Commission, and demonstrate what action was being taken to improve the service and to meet regulation. Since the inspection, the Commission had been receiving and reviewing the provider's monthly returns, which had demonstrated ongoing improvement at the service.

Services in special measures are kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our

enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This inspection was to check whether sufficient improvements had been made.

Warwick Park Care Home is registered to provide accommodation and personal care for up to 50 older people. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation and facilities are spread over two floors, with access to the lower and upper floors via stairs or a passenger lift. There are shared bathrooms, shower facilities and toilets. As well as two lounges, a dining area, a conservatory, a garden and decked seating area. On the days of our inspection there were 20 people living at the service.

A manager had been employed to manage the service. They had been in post for four months and were in the process of registering with the commission. 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.

At the last inspection we found people's care was not provided in a safe way. We found concerns with the way people's medicines and risks relating to their health needs were managed. We found people were not always moved in a safe way and that staff were not always trained to meet people's specific needs. We found that changes to people's needs were not always identified and acted upon; and that the care they received was not always based on best practice. We also found that staff did not attend people promptly when called.

At the last inspection we also found that the Mental Capacity Act 2005 (MCA) was not always followed and staff did not always know how to support people to communicate. We found that people's care plans were not all complete and did not always reflect individual preferences. We found that people were not always treated with dignity and respect, their confidential information was not always protected and they were not supported effectively at the end of their life.

We found people were not always protected by the provider's infection control procedures and that people were exposed to the risk of consuming hazardous substances such as cleaning fluids.

At the last inspection we found the service was not well led. We found that the provider and registered manager had not embedded learning from investigations and had not implemented systems and processes that enabled them to effectively assess and improve the quality of the service. We found that the service did not reflect up to date practice or promote a person-centred culture.

At this inspection, we found improvements had been made; however, we found some improvements were still required.

We found improved checks were in place which helped ensure medicines were managed safely. However, these had not identified that people's confidential medicines records were regularly left unattended in communal areas. People told us they received their medicines on time and in their preferred way.

At this inspection we found people's health needs were well known to staff who ensured people received the help and support they required. Staff monitored people's health and where necessary, changes to people's needs were identified quickly, shared with the staff team and appropriate action taken. Risks relating to people's needs were known and understood by the staff team, however the level of risk to people had not always been assessed to ensure it was an acceptable level.

People told us they felt safe using the service. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected. However, the provider's safeguarding policy did not reflect the procedures of the local safeguarding authority. Staff ensured people were not put at risk by items, such as cleaning fluids.

At this inspection we found the staff workload had been reduced so they were able to respond to people more promptly when they called. The time it took for staff to respond to call bells was monitored regularly to ensure improvements were sustained. There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. Checks were carried out on new staff members, however, staff members who had recently started working at the service had started work at the service before DBS checks applied for by the service had been returned. This was not in line with the provider's policy.

At this inspection we found information from all monitoring activities including complaints and incidents, were used as learning to improve the service. Audits and governance arrangements had been developed and improved, however they had not identified some of the concerns we found during the inspection. The manager had made changes, in consultation with people, to ensure the service reflected up to date practice and legislation. The manager had worked hard to develop a positive, person centred culture in the service and was consulting people and staff about what the service values should be.

Staff training was up to date. Staff had completed training relevant to people's specific needs and people reported feeling safe when they were supported to move by staff. The manager and staff had recently updated their training and regularly attended local care forums and training opportunities in order to ensure people benefitted from care based on best practice.

At this inspection we found people were treated with dignity and respect. People were supported with care and understanding if they became anxious, however details of how to best support people at these times was not always included in people's care plans. People's communication needs were known and respected by staff members. People had mental capacity assessments in place, when appropriate

We found care plans had been re written in consultation with people and where appropriate their friends or family. However, where people could no longer communicate their routines and preferences to staff, these had not been recorded in people's care plans. People had care plans in place that contained detail about how they would like to be cared for at the end of their life. People told us staff were responsive to their needs.

We found a breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.

We also made recommendations relating to risk assessments, recruitment, the content of people's care plans and maintaining the confidentiality of people's medicines records.

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate 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?

The service was not always safe.

People were not always fully protected from risk because improvements were needed in risk management processes.

People were not always protected from the risk of unsuitable staff being employed because improvements were needed in their processes.

People's needs when they experienced anxiety were not recorded in a way that enabled staff to support them consistently.

There were sufficient staff on duty to meet people's needs safely.

People were protected by staff who could identify abuse and who would act to protect people.

Staff followed safe infection control procedures.

Requires Improvement ●

Is the service effective?

The service was effective.

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People's needs, likes and dislikes regarding food and drink were clearly recorded and known to all staff.

Staff had a good understanding of the Mental Capacity Act and promoted choice whenever possible.

Good ●

Is the service caring?

The service was caring.

People were looked after by staff who treated them with kindness and respect.

Good ●

People and visitors spoke highly of staff. Staff spoke about the people they were looking after in a caring way.

People felt in control of their care and staff listened to them.

People said staff protected their dignity.

People were supported in their decisions and their preferred methods of communication were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

Care plans were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

Opportunities available for people in the home were being developed according to people's individual interests.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There had been improvements in the way the service was monitored. However, some further improvements were still required.

There was a positive culture in the service. The manager provided strong leadership and led by example.

The manager had a clear vision about how they wished the service to be provided and ensured they consulted people before making any changes.

People's feedback about the service was sought daily and their views were valued and acted upon.

Staff were motivated and inspired to deliver individualised care.

Warwick Park Care 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.

The inspection took place on 16 and 18 July 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used a similar service.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with seven people and three relatives. We reviewed six people's records in detail. We also spoke with 11 staff and reviewed three personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager reviewed the quality of the service. This included a range of audits, minutes of meetings and policies and procedures.

Is the service safe?

Our findings

At our last inspection on 14 and 15 November 2017 we rated this key question as inadequate; this was because people's health and medicines needs were not assessed, managed in a safe way or met by a consistent staff team, people were not moved safely by staff. It was also because infection control procedures and learning from investigations were not embedded in staff practice.

Staff had a good knowledge of risk relating to each individual's needs. Risk assessments were in place regarding most of people's needs and were supported by care plans which described what action staff needed to take to reduce the risk to the person. However, the level of risk remaining following the actions described in the care plans, had not been assessed to show whether they reduced the risk sufficiently for the person.

We recommend the provider seeks advice about assessing and recording the impact of control measures used to reduce risks to people.

Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. However, two staff members had begun working in the home before new DBS (Disclosure and Barring Service) checks had been returned. Instead, the provider had relied on the information from recent DBS certificates the applicants had provided from previous employment. This meant the provider had failed to check if there had been any changes to the person's criminal records or suitability to work with vulnerable people since the previous DBS check had been carried out. Following the inspection, the provider informed us they had changed the recruitment processes in the service to ensure this did not happen in the future.

People were protected by staff who understood their responsibilities for keeping people safe. Staff had completed safeguarding training and information about how to recognise and report abuse was displayed in the home. There was a safeguarding policy in place but this stated that the person in charge, who received the allegation of abuse, should investigate it. This did not reflect the safeguarding policy from the local authority. By the end of the inspection, this policy had been updated.

Occasionally people became upset, anxious or emotional. Staff members understood how to support people at these times but this had not always been detailed in their care plan. For example, one staff member described how they had helped one person calm down by joking with them and telling them, "We're one big family and we'll always be here for you." However, this was not reflected in detail in the person's care plan.

We recommend the provider seeks best practice in ensuring all staff have access to information about people's psychological needs to ensure staff are consistent in their approach.

At our last inspection people did not always get their medicines on time or as prescribed. At this inspection we found people received their medicines on time and in their preferred way. The manager had ensured medicines administration records (MARS) were completed clearly and accurately and where instructions from the GP were not clear, they had requested clarification. We observed staff taking time with one person who had several tablets; ensuring the person had taken them, but not rushing them. One person took their

own medicines and there was a risk assessment in place to check they were safe and able to do this. It also guided staff to regularly monitor that the person continued to take their medicine safely.

At our last inspection people's medicines were not always safely managed. At this inspection we found medicines were managed, stored and disposed of safely. Staff had completed training and competency assessments before they were able to administer people's medicines. The manager told us they had changed the way medicines records were checked. The manager and senior staff completed a spot check of medicines every month, this helped ensure staff were following procedures correctly and helped avoid future errors. The manager had also booked a local pharmacist to complete an audit of the service's medicines management.

At our last inspection people living with long term healthcare conditions did not always get the help and support they needed. Also, people who had risks associated with their nutrition, did not always receive the correct diet and professional advice was not always followed. People who were at risk of losing weight were not effectively monitored to ensure prompt action was taken to recognise weight loss and to seek advice. At this inspection we found people's care plans and risk assessments had been re written to ensure the details staff needed to meet people's needs were clear. Records monitoring people's health, such as records of how much they had had to eat and drink and how much they weighed, were completed accurately by staff. Senior staff and the manager then checked the records had been completed and that any changes were acted upon. These records were now only put in place for people who needed these aspects of their health monitoring. This reduced the demands on staff and helped ensure these were completed when required.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary, changes had been made to reduce the risk of a similar incident occurring in the future. At our last inspection people were not always protected by the provider's infection control procedures and items which posed a risk to people if consumed, such as cleaning products were left unattended. At this inspection we found people were protected from the spread of infection and by staff who handled potentially hazardous substances in a safe way. The manager completed a 'daily walk around' check to monitor staff's practice in this area.

People felt safe living at Warwick Park Care Home. A relative commented, "[...] is definitely safe here. I can walk away knowing she is well looked after and safe." People knew who to raise any concerns with and were happy to do this. One person told us, "I would tell the carer who would tell the manager." A staff member told us that since the last inspection, "People are happier and more settled and feel safe here." At our last inspection people who required assistance to move were not always supported safely, when being assisted with moving and handling equipment. At this inspection we found people were moved safely. Staff had recently refreshed their training and one person confirmed, "Their training is good regarding my hoist."

At our last inspection some people had had to wait over 20 minutes before they received assistance. At this inspection we found staff were not rushed and acted quickly to support people when requests were made. The provider and manager had reduced the workload of staff members which enabled them to attend to people's needs more promptly. They regularly monitored the time it took to staff to respond to people's call bells. One staff member told us, "You can see a huge difference. We can get to people when they need us. We work as a team and if someone needs something, the cleaners can even go in and check what the person needs and let us know."

Is the service effective?

Our findings

At our last inspection on 14 and 15 November 2017 we rated this key question as inadequate. At this inspection we found improvements had been.

At our last inspection we found staff had not all completed courses specific to people's individual needs which meant they did not always have the skills and knowledge to support people effectively. Since the last inspection, staff had re done the training the provider identified as mandatory. They had also completed other training to meet people's specific needs, such as training about obsessive, compulsive disorder (OCD) and depression. The manager confirmed staff now understood people with these needs better and as a result supported them more effectively. People told us staff were skilled in meeting their needs. One person commented, "As far as I am concerned the staff are well trained."

At our last inspection we found people's care and support was not always based on best practice guidelines, helping to ensure the best outcomes for people. At this inspection the manager had ensured best practice information relating to people's individual needs was included in people's care records. They had also encouraged staff members to become champions for different aspects of care provided. They explained, "We have wellbeing, food and fluid, end of life and continence leads." These all helped ensure the home was reflecting best practice in these areas. Information was also displayed in the service about consent, confidentiality and safeguarding. This helped ensure people and visitors recognised best practice and understood what they should expect from the service.

New members of staff completed an induction programme. This included training as well as time shadowing existing staff and reading care plans which helped ensure they knew people and their needs before they supported them. The manager told us they wanted to make sure new staff members not only suited the needs of the residents but also fitted in and worked well with existing staff. They hoped this would improve the service people received and had extended the probation period of new staff in order to achieve this.

People told us they liked the food and were able to make choices about what they had to eat. Comments included, "The food is very good; usually two or three choices and there's snacks if I want" and "You get what you want. If you don't like something they will give you an alternative". A staff member confirmed, "If we've got it, they get it!" During lunch we observed staff being attentive to people's needs, helping them with their food and engaging with them in conversation.

People were encouraged to give feedback about the food and to share any ideas they had. A new cook had recently started. They had consulted people about any changes they would like and were using more fresh fruit and vegetables as a result. The manager had also spent time checking with people that they were happy with the food the new cook provided.

Clear information was recorded in people's care plans and in the kitchen about people's likes, dislikes, preferences and needs. These were well known to staff and respected. When necessary, staff monitored

food and drink intake to ensure all residents receive enough nutrients in the day. Any changes were updated promptly and shared with all staff. One relative told us, "The girls noticed [...] couldn't tolerate a food and they changed it immediately"

At our last inspection we found people did not always receive an organised and prompt response to their changing health and social care needs. At this inspection we found people's health and related needs were described in their care plans and monitored by staff. Staff were particularly knowledgeable about people's needs and this helped identify any changes which may need referring to external professionals. One person had recently been diagnosed with a chest infection so a temporary care plan had been put in place to ensure staff knew how to support them.

People benefitted from living in a home that was regularly adapted and changed to meet their diverse needs. The manager and staff had spent time reflecting how the areas of the home could be better used. They had also consulted people and sought feedback about any changes made.

At our last inspection we found the Mental Capacity Act 2005 (MCA) was not always followed. At this inspection we checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. Most people living in the service had the capacity to make their own decisions. However, where people lacked capacity, a mental capacity assessment had been completed and staff were aware of how to support people in their best interests. The PIR added, "Steps are taken to secure advocates for people lacking capacity who have no next of kin."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks. We observed staff asking for people's consent and giving them time to respond at their own pace. People had been asked to sign their care plans to confirm they consented to the care they received.

Is the service caring?

Our findings

At our last inspection on 14 and 15 November 2017 we rated this key question as requires improvement. We found People's dignity was not always respected and some staff did not treat people with compassion. At this inspection we found improvements had been made.

People felt well cared for, they spoke highly of the staff, the manager and the quality of the care they received. Compliments received by the service included, "I cannot thank the staff enough for the care and love they showed to my mum. She loved the home" and "The care you gave to both mum and dad was exceptional. They wanted for nothing." Staff clearly cared about the people living in the home and this was evident in the way they talked about and looked after people.

People were treated with kindness and compassion by staff who knew them well. A relative told us, "Ask any of the staff including the cleaner and the cook how mum is and they know." Staff showed concern for people's wellbeing and highlighted anything that suggested a person may not be well. People told us, "The staff are very, very observant" and "I decided to stay in bed quite late one morning and the staff were really concerned!" They added that staff checked to make sure they were not feeling unwell but respected their choice.

People were able to maintain relationships with those who mattered to them. Visitors told us they were always made to feel welcome and could visit at any time. One relative confirmed, "It is always welcoming. The staff will often ask me about mum. They care."

At the last inspection we found staff did not always know how to effectively support people to communicate. At this inspection we found staff knew people's individual communication needs and used this knowledge to ensure people were involved in making decisions about their care. There was a range of ways used to make sure people's views and opinions were heard and these were recorded in people's care plans. One person left signs outside their door to tell staff if they didn't want disturbing. Staff respected whatever information was on the notes. Another person could not hear very well and their care plan guided staff to talk close to the person's ear. People told us, staff listened to them and took appropriate action to respect their wishes.

Staff's in-depth knowledge of people helped ensure people were treated equally and their diverse needs were met. Staff knew and understood each person's cultural, gender and spiritual preferences. A compliment received by the service confirmed, "You treated dad as an individual and with respect, taking time to have a chat with him and getting to know him."

Staff told us people were encouraged to be as independent as possible. One person had responsibility for paying the gardener from petty cash once per week and another person had expressed interest in ensuring the birds living in the service were looked after well. The staff and manager were finding a way to enable the person to do this.

At the last inspection we found people were not always treated with dignity and respect and given emotional support. At this inspection we found staff were able to spend more time with people. This had enabled them to ensure dignity and respect was demonstrated throughout their work. One person told us, "They always knock before entering my room and then ask to come in." Staff had also been able to develop closer relationships with people which helped them understand when people might need emotional support.

At the last inspection we found people's confidential information was not always stored securely. At this inspection we found staff understood how to protect people's confidentiality. Care records were stored securely and staff ensured conversations involving people's personal information were held in private. However, we found that people's medicines administration records (MARs) which contained people's confidential information, were being left unattended in communal areas, whilst staff administered people's medicines. The manager immediately acted to ensure these were locked away and communicated the change to all staff.

We recommend the provider explores best practices for good governance processes that ensure confidentiality is considered at all times and can be monitored.

Is the service responsive?

Our findings

At our last inspection on 14 and 15 November 2017 we rated this key question as requires improvement. At this inspection we found improvements had been made.

At our last inspection we found some care plans had not been fully completed and people's individual preferences were not always recorded. At this inspection the manager told us they had rewritten everyone's care plans to help ensure they were easy to understand but still included all the detail they would need about people. People confirmed they were involved in planning their own care and making decisions about how their needs were met. One person explained, "I saw my care plan and signed it off." A relative also said that they and their husband had been very involved in their mother's care plan. However, when people could no longer tell staff what their preferred routines were, even though staff knew these and respected them, they were not always detailed in people's care plans.

We recommend the provider seeks best practice to ensure care plans reflect people's routines and preferences, particularly for people who can no longer verbally express their wishes.

People's care plans had been reviewed every month to check they remained up to date. During the inspection, the manager also consulted people about how often they would like to be involved in reviewing their care plan. These preferences had then been recorded.

People told us staff were responsive to their needs. One person explained, "They are attentive without being overbearing. They have it down to a 'T'. A good balance." People were given choice about all aspects of their lives. For example, people could choose how and where they spent their time and had been consulted about which bedroom they preferred and how they would like the home decorating. Resident's meetings were used to gain people's views of the home and activities. People had requested a cat to live in the home, so this had been provided. People had not all met the cat yet as it was being enabled to get used to the home slowly; however, it had been introduced to everyone via a photo on the recent newsletter. People's individual interests were also used to develop the opportunities available in the home. One person wanted to grow tomatoes, as they had always done this, so this was being arranged and a piano had been bought because one person used to play the piano. Another person was completing an Open University course and an area of the home had been allocated as a study for them to complete their work.

The staff were deployed in a way that supported the way people preferred to spend their time. For example, most people preferred to spend time in their rooms so the staff team were enabled to spend time in people's rooms with them, doing whatever it was they preferred. These times were then recorded for people. One staff member told us, "I think it's a lovely idea, people can look back at what we've done and talked about, and their family can see too."

At our last inspection people were not always supported effectively at the end of their life. At this inspection we found people were treated with dignity and respect at the end of their life by staff who had received training in end of life care. Staff members also took time for family members at this time. A compliment

received by the service confirmed, "The care you gave to myself and my family in the last stages of dad's life helped us to deal with his passing." Staff had recently attended the memorial service of one person who had moved out of the home before they died. People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.

The service had good links with the local community. Children from a local nursery regularly visited the home to do activities with the people living there. The manager was exploring further ways they could engage with the local community. They told us, "I will ask the residents how they feel about inviting other people in. When you see [...] happily covered in stickers from the children, it's worth it!" People's religion was discussed with them and any requests, such as a religious leader attending the home, were complied with.

People living at the service did not require information in any specialised formats. However, the manager told us they planned to seek information during the admission process about people's needs in the area and provide information in a format that suited their needs. Policies and procedures across the service were also being developed to reflect the Accessible Information Standard.

People knew who to talk to if they had a complaint and were confident they would be resolved. Comments included, "If I had a complaint and anything was wrong I would talk to the manager", "I would tell the manager, she sorts things out quickly" and "I have never had any problem which has not been solved." The PIR stated, "Complaints are thoroughly investigated and practice improved where necessary, actions are used as learning points for staff and used during supervision sessions." When resolving complaints, the manager ensured actions were focused around the needs of the individual; for example one person had complained the room was not as clean as they would like. The person told the manager which their preferred cleaner was and this cleaner was allocated to clean the person's room whenever they were working.

Is the service well-led?

Our findings

At our last inspection on 14 and 15 November 2017 we rated this key question as inadequate. At this inspection found improvements had been made but that further improvements were required.

At our last inspection we found checks completed by the provider and the systems and process used to help monitor the quality and safety of care people received had not always been effective in identifying areas requiring improvement. Since the last inspection the provider had been sending the commission monthly reports on the action they were taking to improve the service. We found the monitoring of the quality of the service had improved. The PIR stated, "A new suite of audits have been implemented to monitor the quality of the service provided." These covered all aspects of the service and a plan had been created which clearly stated how often each audit was to be completed. Any concerns that were highlighted had been acted upon to help drive continuous improvement within the service. However, audits had not identified that people's confidential medicines records were left in communal areas whilst medicines were being administered. They had also not identified that the level of risks relating to people's needs had not been assessed and that new staff had been allowed to work before their DBS had been returned.

The provider had not ensured systems and processes to monitor the quality of the service were always used effectively to identify areas for improvement. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that actions from investigations were not always embedded into practice. At this inspection we found information from all monitoring activities including complaints, incidents, and investigations were used as learning to improve the service. For example, following complaints raised by people, the manager had met with relevant staff members and supported them to reflect on their actions. Actions to improve the service were then communicated to all staff. The manager then regularly checked with people to ensure they were happy with the action taken.

People, relatives and staff all knew who the manager was and told us the home was well led. One relative said, "I don't want my mum to go anywhere else but here." Feedback we received about the manager was overwhelmingly positive. One person told us, "They're on top of things here. The manager listens, she is thoroughly patient and personable, and she acts. She leads from the front and pulls up all the staff and holds their respect." A staff member told us that they found the manager to be "an inspiration" and another staff member confirmed, "[The manager] is doing a fantastic job. There's been a massive change. It's not so stressful and people are happier."

Since the last inspection, the provider had made the decision to no longer provide nursing care at the home and to reduce the number of people admitted to the service until the level of quality had improved. At the time of the inspection, the manager had been in post for four months but had previously worked in the home so knew the people living there and the staff well. They told us, "It was the right decision. It's a different home. We got the best outcome and we're getting time to embed all the changes."

The manager was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. They planned to recruit more staff before admitting new people to the home. They had also put plans in place to help ensure that as the number of people living in the home increased, the level of quality would remain the same. They told us they were training the senior staff to carry out some of the tasks they completed, so they would be able to delegate responsibilities to them in the future. As the manager, they would then maintain an overview of these tasks. They explained, "The staff are all happy to increase their knowledge and skills." One staff member confirmed, "[The manager] has been open and explained why things need doing so I understand, she's really upskilled me. It's made me feel more confident and it increases your self-esteem."

The manager clearly cared about people and staff and was creating a positive culture in the service. Staff members told us they felt happier at work and that this enabled them to care for people better. Comments included, "It's a pleasure to come to work now" and "It's an amazing atmosphere. There is a huge improvement in how things are run. It reflects on the residents. It's a happy place and we have more time for people. They tell you it's an amazing place and thank you a lot. It's nice to hear that." The manager confirmed, "The residents say the staff seem happier and aren't as rushed."

At our last inspection we found people did not live in a service whereby the provider's values helped to promote an open, inclusive, empowering and person-centred culture. Following the change to the registration of the service, the manager was involving people, visitors and staff in deciding what the values of the home should be. A notice board in the home was being used for people to add their suggestions. Staff had encouraged people to have their say and any ideas had been added to the board. The manager told us, "I am passionate about being person centred." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff spoke about making the service 'people's home'. One staff member explained, "I tell people, 'It's your home.' Even though we work here, we're really guests." A compliment received by the service confirmed, "The warmth and friendliness from you all has given us a homely feel."

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager told us they completed a daily check around the home which included observing staff interaction with people, checking if people were happy, checking the environment and various records. This helped ensure any concerns were highlighted and acted upon quickly. Residents meetings were also held regularly to consult on any changes and request people's ideas for the home. Following the meeting, a newsletter was shared with everyone so people who had not attended still knew what had happened and had the opportunity to contribute their views.

Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Staff meetings were regularly held to discuss changes and areas for improvement and for staff members to share any concerns or ideas they had. One staff member told us, "We can suggest things. We all put our ideas in." The registered manager told us staff were encouraged and challenged to find ways to enhance the service they provided. This included being encouraged to attend external development and training opportunities. The manager explained, "Staff are now asking me what they can be responsible for."

At our last inspection we found people did not live in a service which was continuously and positively adapting to changes in practice and legislation. At this inspection we found the manager attended various local social care forums. These had enabled them to develop relationships with other care home managers and had given them further ideas about how to improve the service. They had also helped them to keep abreast of best practice, changes to legislation. They explained that as a result of a meeting they had attended, people were now more involved in the staff recruitment process. The manager told us they felt

supported by the nominated individual and the provider and could contact them for advice whenever necessary.

People, visitors and staff all described the manager and staff as approachable, open and honest. The manager explained they were always open and honest about the rating of the service when people were interested in using the service. They asked each person interested in the home to read the previous CQC report. They also asked that they then came to visit so they could see how the service had improved. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems and processes to monitor the quality of the service were always used effectively to identify areas for improvement.