

Ranc Care Homes Limited

Park View Care Centre

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

We inspected Park View Care Centre on 16 and 17 November 2017 and the inspection was unannounced.

Park View Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Park View Care Centre provides accommodation, personal and nursing care for up to 88 older people. There are two units in the home, Beech and Oak, which accommodate people with nursing needs; and two, Ash and Cedar, which accommodate people living with dementia, however only one dementia unit, Ash, was open at the time of the inspection. There were 49 people at the service at the time of our inspection. People were living with a range of care and health needs, including diabetes and Parkinson's. Many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more physically independent and needed less support from staff.

At the last comprehensive inspection in September 2016 the overall rating for the service was Requires Improvement. Five breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. The provider failed to: ensure there were sufficient numbers of staff deployed to meet people's needs; to ensure risks to people were minimised; to ensure quality assurance systems were robust; to apply the principles of the Mental Capacity Act consistently and to manage complaints effectively.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good.

At this inspection we found that some improvements had been made and the breaches had been met. There are still improvements to be made and embedded to ensure improvements were sustained. We found one new breach of Regulation.

The service did not have a registered manager in post at the time of 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. There was a manager in place who was in the process of applying to become registered.

Staff had not been consistently recruited safely. Gaps in employment had not been discussed and recorded. References were inconsistently obtained.

People told us they felt safe living at the service. They were protected from the risks of abuse, discrimination and avoidable harm. Risks to people were assessed, identified, monitored and regularly reviewed.

People were supported by sufficient, regular staff who knew them well. Staff levels were monitored to make sure they had enough quality time to spend with people. Staff completed regular training and were supported through one to one supervision and appraisals by the manager.

People's medicines were stored, managed and disposed of safely. People were protected from the risks of infection. The service was clean and staff wore the correct personal protective equipment when needed.

Accidents and incidents were reported, investigated and reviewed and lessons learned were shared with staff to improve safety.

People's physical and mental health were regularly assessed to make sure they received effective care and support. They were supported to eat a healthy diet and to drink well.

Staff liaised with health and social care professionals to make sure people received co-ordinated care and support. People were supported to stay as healthy as possible.

People had access to communal areas, such as lounges and the garden. Signage was designed to help meet people's needs and promote their independence.

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

People were treated with kindness and compassion. Their privacy and dignity were maintained and promoted. Staff showed a genuine concern for people's well-being. Staff spoke with people, relatives and each other in a kind and caring manner. People were given the information they needed, when they needed it and in a format they could understand. They were supported to maintain their religious beliefs.

People and their relatives were involved in the planning of their care. They were supported to keep busy and enjoyed numerous activities both in and outside the service. People were supported to maintain relationships with the people who were important to them.

People knew how to raise a concern or complaint, felt they would be listened to and that action would be taken if needed.

People's choices for the end of their life were discussed with them and recorded so that staff could manage, respect and follow their wishes.

People, relatives and staff felt the service was well-led. The leadership was visible and the manager promoted a culture of openness. They led by example and coached and mentored staff.

People's views and those of their relatives, staff and health professionals were encouraged and feedback was used to drive improvements in the quality of the service.

The manager and staff worked with the local authority and multi-disciplinary teams to ensure people received consistent and co-ordinated care.

Regular checks and audit were completed by the manager and the quality improvement manager to continuously drive improvements. Action plans were discussed with staff to ensure shared accountability.

Notifications had been submitted to CQC in line when they were required. The rating from the previous CQC report was displayed at the service and on the provider's website in line with guidance.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

The provider had not followed their recruitment process to make sure new employees were honest, trustworthy, reliable and safe to work with people.

People were protected from the risks of discrimination, abuse and avoidable harm. They were also protected from the risk of infection. Risks to people were assessed and monitored to help them stay as safe as possible.

Medicines were stored, managed and disposed of safely.

Lessons were learnt when things went wrong and advice from health care professionals was acted on.

There were sufficient numbers of staff to provide people with the support they needed.

Is the service effective?

Good 

The service was effective.

People's needs and choices were assessed, monitored and reviewed regularly.

Staff training and supervision had improved and the manager had plans in place to continue this.

People were supported to maintain a balanced diet and to eat and drink sufficient.

People had access to health care professionals when needed. Staff worked with the local authority and multi-disciplinary teams to provide co-ordinated care.

There was clear, dementia friendly, signage around the service. People had access to communal areas and the gardens.

People were supported to make their own decisions. Staff understood the Mental Capacity Act.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion by staff who knew them well. They were supported to express their views and make decisions.

People's privacy and dignity were respected and promoted.

People were supported to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning of their care.

People were supported to keep occupied and follow their interests and hobbies.

Complaints were recorded, investigated and responded to in line with the provider's policy. These were monitored to identify patterns.

People's preferences for their end of life care were discussed and recorded.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was no registered manager at the service.

Systems and checks were being continually developed and embedded to monitor the quality of the service.

Leadership of the service was visible. An open and transparent culture was promoted by the management team and staff.

Staff felt supported by the manager and the organisation. They worked with health and social care professionals.

People, relatives, staff and health professionals were encouraged to provide feedback about the quality of service.

Park View Care Centre

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 17 November 2017 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone in a care home setting.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by the Care Quality Commission. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We looked around all areas of the service and grounds. We met and spoke with 20 people living at the service and three relatives. We spoke with 11 members of staff, the quality improvement manager, deputy manager and the manager.

Some people were not able to explain their experiences of living at the service because of their health conditions so 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.

We observed how staff engaged and spoke with people. We looked at how people were supported with their daily routines and activities and assessed if people's needs were being met. We reviewed five care plans. We looked at a range of other records including seven staff files, safety checks and records about how the quality of the service was managed.

We last inspected Park View Care Centre in September 2016 when we identified a number of concerns.

Is the service safe?

Our findings

People told us they felt safe living at Park View Care Centre. They said that staff responded quickly when they pressed their call bells. One person showed us their call bell and said, "This is what you press – and they come and help. I think they are pretty good".

People were not supported by staff who had been consistently safely recruited. We reviewed seven staff files. Each one contained an application form which had information about people's employment history; however three of the forms did not contain a full employment history or any record that these gaps had been discussed at interview.

References were requested before new staff began working at the service. However, one staff file contained two references from previous colleagues and did not include a reference from the most recent employer. Not all new staff were asked to complete a medical questionnaire to show they were fit and well to carry out their role. Four staff had been asked about this during an interview. One member of staff had left the service and had been re-employed. No new checks had been completed to make sure this person was still suitable to work at the service and there was no record of what the person had done in-between leaving and re-joining the service.

The manager and quality improvement manager took immediate action and arranged for a full audit of the staff files to be completed. They contacted us two days after the inspection with the shortfalls they had found and with details of the action they had taken to address these. This included obtaining a written explanation of gaps in employment and completion of medical questionnaires. The interview questions form was updated to prompt the interviewer to address any gaps in employment to reduce the risk of this happening again.

The provider failed to ensure fit and proper persons were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Criminal record checks with the Disclosure and Barring Service (DBS) were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services. Staff told us they attended an interview and that checks were carried out before they started working at the service. When needed, staff files contained evidence to show the person's right to work in the UK. Each staff file contained proof of people's identity, such as a copy of a passport or driving licence, and proof of their address.

Nurses Personal Identification Numbers (PIN) were checked to make sure they were registered with the Nursing and Midwifery Council (NMC) and a note of the expiry date was kept to prompt the registered manager to check the PIN was kept in date. Nurses were completing the NMC revalidation when required. This is a process that all nurses and midwives need to follow to maintain their registration with the NMC by demonstrating they are practising safely and effectively.

At the last inspection in September 2016 the provider failed to ensure risks to people were minimised and people did not always have a call bell within reach. We took enforcement action and told the provider to make improvements. Improvements had been made. The breach found at the last inspection had been met.

People were protected from the risks of abuse, discrimination and avoidable harm. Staff completed regular training on how to keep people safe. They understood the procedures on how to report any concerns and knew what signs and symptoms to look for. They felt their concerns would be listened to and that action would be taken to keep people safe. There were systems in place to keep people's money safe if they wanted their money looked after for them. Audits were completed to check people's monies. The manager monitored any wounds or bruises people had to make sure people were kept as safe as possible. They reported incidents to the relevant authorities, when needed, in line with guidance.

Risks to people were assessed, identified and monitored. Risk assessments noted potential risks and gave staff guidance to follow on what actions were needed to reduce risks and keep people as safe as possible. Risk assessments were reviewed and updated as changes occurred and kept up to date. For example, when people were unsteady on their feet their mobility was assessed and measures put in place to help them stay as safe as possible. People used equipment, such as walking frames or trolleys to steady themselves. Staff made sure that people's walking aids were within reach.

Some people had behaviours that may challenge others and the risk of this was assessed. Occasionally people became anxious, emotional or upset. Staff knew people well and spoke with and supported them in a caring manner. Staff took time to support people when they became agitated. There was guidance for staff on what might trigger a person's behaviour. Staff told us how they distracted or diverted people and reassured them to reduce any sign of anxiety. During the inspection people were relaxed in the company of each other and staff.

When people were at risk of developing pressure areas staff worked with health care professionals to keep their skin as healthy as possible. People had special equipment, such as mattresses and cushions, to help prevent pressure areas. There was guidance for staff to follow to check the equipment was on the correct setting and to make sure it was working properly. When people remained in bed staff told us they supported them to change position to protect their skin and this was recorded. People were supported to move safely and staff spoke with people to explain what they were going to do and reassured them as they supported them.

People were able to call for staff using a call bell. These were within easy reach for people. People told us that they knew how to use the call bells and staff responded quickly when they pressed their bell. When a person was visually impaired staff made sure they knew where their bell was. For example, one person had the bell attached to the ear of a soft toy which they kept at their side and they were able to locate it easily when they needed to.

Staff knew how to keep people as safe as possible and understood their responsibilities for reporting accidents and incidents to the manager. Records of these were reviewed by the manager who met with the nursing team to discuss any possible patterns or themes. When a trend had been identified, action was taken to refer people to the relevant health care professionals, such as dieticians and speech and language therapists, to reduce the risks and keep people safe. Guidance from health care professionals was followed by staff.

At the last inspection the provider failed to ensure sufficient staff were deployed to meet people's needs. We

told the provider to take action. Improvements had been made. The breach found at the last inspection had been met.

People and their relatives said that there were enough staff and that they were there when they needed them. One person said, "There is always someone here in the lounge. If I am in my room they pop their head in to check I am alright" and a relative commented, "The staff are very good. The help [my loved one] with their lunch. There is always someone around". Staff told us that there were enough staff on duty and that they had time to spend with people without feeling rushed or 'task orientated'. The staff duty rotas showed there were consistent numbers of staff on duty each day and night. The manager assessed people's needs and used a dependency tool to decide how many staff were needed on each shift. They monitored the staffing levels and skills mix and increased the staffing levels when needed to make sure people had the support they required. There were contingency plans to cover any emergency shortfall, such as sickness. During the inspection staff were not rushed and call bells were answered quickly. Each unit used a staff allocation sheet so that staff knew what their responsibilities were and which people they were supporting.

People were supported to have their medicines safely and on time. Staff completed training on medicines management and their competency was assessed through observation by nurses and senior staff. People told us, "They [staff] give me my medicines. They tell me what I am taking, they are very good" and "I didn't like my tablets, so they give me one to drink now instead". A relative commented, "They seem to have a good system".

Medicines were stored and disposed of safely. The temperatures of medicines rooms were checked to make sure they were within safe limits. When medicines needed to be refrigerated and there was suitable storage for this. Some medicines required additional records and the registers for these were accurately completed.

Staff made sure people had taken their medicines before they signed the medicines record. When people declined their medicines this was clearly recorded and monitored and the persons GP was contacted if they regularly declined their medicines.

When people needed creams to help keep their skin healthy there was guidance about where the cream should be applied and how often. Some people had been prescribed 'when required' medicines, such as pain relief. There were protocols for staff to follow to make sure these were taken at the right times and that they were effective. The guidance for staff about 'when required' and homely medicines. Staff were knowledgeable about people's medicines, why they needed them and how they preferred to take them. People's medicines were reviewed by their doctor to make sure they were still suitable.

Medicines audits were completed and when a shortfall was identified this was discussed with staff and action was taken to reduce the risk of it happening again. For example, the most recent medicines audit noted that one person's photograph on their medicines record was not very clear and that a person's medicine was due to run out three days later. Action had been taken to take a new photograph and to re-order the person's medicine.

Regular health and safety checks of the environment and equipment were completed to make sure it was safe. For example, water temperatures were checked by the maintenance team to make sure people were not at risk of scalding. Fire exits were clearly marked and kept free of obstacles. Each person had a personal emergency evacuation plan (PEEP). A PEEP sets out the specific physical and communication needs of each person to ensure people could be safely evacuated from the service. Staff completed regular fire drills and knew how to respond in the case of an emergency.

The service was clean and hygienic and free from unpleasant odours. Staff understood their responsibilities in relation to hygiene and infection control, completed training about this and wore personal protective equipment, such as gloves and aprons. Some staff were due to refresh their training and this had been scheduled. The kitchen was clean and well organised. Foods were stored safely and fridges and freezer temperatures were checked to make sure they were correct. Toilets and bathrooms were clean and had hand towels and liquid soap for people and staff to use. Clinical waste was disposed of using the correct yellow bags and placed in a clinical bin.

Is the service effective?

Our findings

People received effective care from staff who had the skills and knowledge to carry out their roles. One person told us, "They [staff] explain what they are going to do when they help me. They are very good".

At the last inspection the provider failed to ensure the principles of the Mental Capacity Act (MCA) 2005 had not been consistently applied. We told the provider to make improvements. Improvements had been made. The breach found at the last inspection had been met.

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.

Staff completed training about MCA and understood their responsibilities. Staff assumed people had capacity and supported them to make day to day choices, such as what they wore and how they wanted to spend their time. When people were unable to make a decision themselves staff met with their representatives and health professionals to make sure decisions were made in their best interest. An easy to read summary of the MCA was available for people and their relatives to explain how decision making processes worked and when people needed support to make decisions in their best interest. This included information about independent mental capacity advocates (IMCAs). An IMCA supports people with making decisions and makes sure that the MCA is being followed.

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. Applications had been made in line with guidance and people were awaiting assessment by the local authority.

At the last inspection there was a lack of complete and accurate records on people's food and fluid intake. We told the provider to make improvements. Improvements had been made. The breach found at the last inspection had been met.

People were supported to eat healthily and maintain a balanced diet. People enjoyed their meals and felt there was a good choice of dishes. People said, "The food is very good, they are not mean with it" and "I really enjoyed my lunch, they make it look nice, yes I always eat it". A relative commented, "Yes I think [my loved one] would soon tell them if they didn't like the food. I think on the whole it is pretty good".

People's nutritional needs were assessed and met. The catering staff knew people well and had a good understanding of their individual dietary needs, preferences and choices. There was information in people's care plans and in the kitchen about any specific dietary requirements, such as a diabetic diet or pureed

meals. When people needed 'soft diets' these were well presented with each food item pureed separately so that people could see and taste the individual foods.

People's weight was monitored to make sure it was stable. If people had lost weight or required professional support the dietician or speech and language therapist had been consulted appropriately and their advice followed. For example, some people had their meals fortified with full fat milk, cheese and other high fat products and others were prescribed with fortified drinks. Some people had food and fluid charts in place to enable staff to monitor their intake and help them stay as healthy as possible. These were completed accurately with details of how much food people had eaten and how much fluid they had drunk and their total intake. The manager checked that staff had completed these correctly and discussed with nurses when any action was needed to monitor people more closely or to refer them to other health care professionals.

Some people had difficulty in swallowing and were prescribed a thickening powder to change the consistency of their drinks. Thicker drinks travel more slowly down the throat making it easier and safer for people to swallow. Staff were aware of this and told us how they prepared these drinks.

Mealtimes were social occasions and people sat together in dining areas. Tables were set with cloths and napkins, condiments and flowers. Menus were displayed on each table and included pictures of the meals. People were not rushed and could take as much time as they needed to enjoy their meals. When people needed support with their meals this was done discreetly. Staff sat with people, chatted and engaged with them and supported them to eat at their own pace. When people had finished their meal we heard staff ask them if they would like anything else. People were supported throughout the day to have drinks and snacks.

People's needs, preferences and choices were met by staff who were trained in their roles and knowledgeable. Staff completed a two week induction when they began working at the service. Staff told us that the induction included completing initial training on important topics, such as moving people safely and keeping people safe, and that they spent time shadowing experienced colleagues to get to know people and their preferred routines. The provider was in the process of introducing the Care Certificate as part of the induction process and training the management team to implement this. The Care Certificate is an identified set of standards that social care workers adhere to in their daily working life. It was developed to help new care workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff we spoke with were knowledgeable and told us they completed training on topics, such as equality and diversity, health and safety, fire awareness and fluids and nutrition. Additional training to help staff perform their roles effectively included dementia awareness, pressure ulcer prevention and basic life support. Staff put their training into practice. For example, we observed staff moving people safely and constantly reassuring them whilst they supported them. Some staff were due to complete refresher training and this was being monitored and arranged by the manager. Training courses had been booked to ensure staff training was up to date as soon as possible.

Since the manager had been at the service staff told us they had been receiving regular one to one meetings to discuss their personal development. There were annual appraisals for all staff. Competency checks were completed by the management team to check that staff skills remained up to date and that they followed best practice.

Nurses received clinical supervision and were supported with their revalidation. Revalidation is a process

that all nurses and midwives in the UK need to follow to maintain their registration with the Nursing and Midwifery Council (NMC). It helps nurses demonstrate that they practice safely and effectively and encourages them to reflect on the role of the NMC code in their practice and demonstrate that they are 'living' the standards set out within it.

People's physical, mental and emotional needs were assessed when they were considering moving into the service. The management team liaised with other care providers and the local authority to make sure people's move between services was completed effectively. People's care and support needs were regularly reviewed to make sure their preferences and choices were met. Staff referred to guidance from expert professional bodies, such as the National Institute of Care Excellence and the Royal Pharmaceutical Society, to ensure they were working to current legislation. Staff worked cohesively with local NHS health professionals. The service had recently been chosen to pilot a new NHS diabetes scheme.

People were supported to stay as healthy as possible. People's day to day health and well-being needs were noted in their care plans and staff followed these to ensure people's needs and preferences were met in the way they chose. When staff were supporting people with their medicines they explained what medicines were being given and what it was for. They were patient and did not rush people and made sure they understood.

People's health care needs were regularly reviewed and any changes in their health were recorded. When needed, people were referred to other health care professionals, such as speech and language therapists, dieticians or the falls team. Advice given from health care professionals was followed by staff. People also had access to GPs, dentists, opticians, chiropodists and hearing specialists when required. When people moved between services the manager worked with other service providers to ensure the move was carried out effectively.

There was clear, dementia friendly, signage around the service. This included larger coloured signs on the doors to bathrooms to support people to identify them easily. People and their relatives told us they had good access to the grounds of the service and enjoyed spending time outdoors. One person commented, "I love looking out at the garden, every day I sit here and look at the birds, the flowers and all the changes I am so lucky. I have the best view out of everyone I am very satisfied. I prefer to be in my room but I feel looking out here [through the window] that you bring the outside in. They [staff] fill the bird seed tray up for me so I can see all the birds saying hello, this is the best seat - I can see it all". A relative said, "The garden is wonderful makes such a difference and [my loved one] adores plants and all the colours so that was very important to us. We go out all the time, in the summer we sit outside - the garden is well looked after. I tend to take [my loved one] out after lunch and the staff are good at helping get them organised".

Is the service caring?

Our findings

People and their relatives told us the staff were kind and caring. One person commented, "If I am feeling a bit low they [staff] bring me lots of drinks to keep me going, juice and tea. They are always looking to see if I am ok - they do care for me". A relative said, "I can visit at any time and there are different lounge areas so I can take [my loved one] to sit in any of them just to have a change of scenery".

There was a calm and welcoming atmosphere at the service. The staff spent quality time with people to make sure their needs were met and they were not rushed. Rotas were planned and staff were deployed to make sure there was sufficient time to spend with people. Staff were smiling and happy in their work. The manager and staff spoke passionately about people and the care and support they gave. They showed a genuine interest in people and sincere concern for their well-being. Staff spoke with people and each other in a kind and caring way.

Staff had built strong relationships with people and their loved ones; staff knew people well and understood their preferences, needs, likes and dislikes. People were relaxed in the company of each other and staff. Staff spoke with and supported people in a respectful and professional manner that included checking that people were happy and having their needs met. People's friends and family were able to visit whenever they chose and there were no restrictions on this.

Staff communicated with people in different ways. They spoke slowly and clearly with people and waited patiently for responses. People were given the information they needed, when they needed it and in a format they could understand. Some people were shown pictures to help express their views. Signs around the service included pictures and were mounted low enough so that people could see them.

People and their loved ones were involved in the planning, management and reviewing of their own care. When people needed additional support from an advocate this was arranged. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. Information was provided to people in a way that was easy to understand.

People's care plans included information about people that were important to them and their preferences. This included people's preference of how they would like staff to address them and staff followed this. Staff completed a 'map of life' for each person which included information, such as when and where they were born, what music they liked to listen to and what hobbies or interests they had. People also had a 'my life story' booklet in their rooms which contained further details and photographs. Staff used this information to enable them to hold meaningful conversations with people and their loved ones. Staff told us that when they found out something new about a person they added it to the booklet.

People told us their privacy and dignity were respected. Staff referred to people by their preferred names. Staff knocked on people's doors and waited for a response, explained who they were and why they were there. They were polite and respectful. When people preferred to be supported by a male or female carer

this was clearly recorded in their care plan and followed by staff.

People's independence was encouraged and promoted. People were supported to do the things they wanted / were able to do. Staff had an attitude of wanting to enable people to do the things they chose rather than doing things for them.

People were supported to maintain their religious beliefs. Some people were visited by a catholic priest whilst others attended church services when they wanted to.

Is the service responsive?

Our findings

People told us they were happy living at the service and their needs were met. One person said, "They [staff] know I like looking at all my pictures and I have my books here, they help to keep them nice and clean and sometimes they come and sit with me and look through them. I love my room and seeing the birds they help fill up the bird tray on the window so I can wait for them to come. I love my jigsaws I sit and do my jigsaws I don't need any help. I don't want to keep going downstairs to listen or do other stuff".

At the last inspection the provider failed to operate an effective system for managing complaints. We told the provider to take action. Improvements had been made. The breach found at the last inspection had been met.

People and their relatives told us they knew how to complain or raise a concern and felt comfortable doing so. They felt the management and staff would take action to resolve their concerns. The provider's complaints policy and process was displayed throughout the service. Complaints were managed effectively and in line with the Provider's own policy. The manager addressed and resolved any concerns quickly. They checked complaints to identify any themes and concerns and complaints were discussed with staff and used as a learning opportunity to improve the quality of care. A compliments and concerns box was located in the main reception area for people, relatives, health professionals and staff to feedback their views and opinions on the quality of the service.

As far as possible people were involved in planning their care with staff. Each person had a care plan which detailed information for staff about people's physical and mental health needs, any medical conditions, how much people could do for themselves and what support they needed. Staff followed the information in the care plans to ensure care and support was provided in the way people preferred. People's likes, dislikes and preferences were understood by staff.

People were supported to keep busy and there was a culture of inclusivity. A team of activities staff who provided activities seven days a week and entertainers from outside the service visited regularly. People told us they enjoyed music and movement sessions and arts and crafts with a local children's nursery. During the inspection there was a music session and people were smiling, laughing and clapping. People requested what songs they wanted to hear. They passed the microphone to each other and took it in turns to sing. Some people chose not to take part in the singing and were engaged by staff with passing each other balloons. People commented, "He is a lovely lad [member of staff], does all the singing makes us smile, he really is good with lots of balloons, the music makes me feel good" and "I had a lovely morning always singing, I can't hear very well but I can hear the singing and it makes me smile". There was a very jolly atmosphere. Staff supported people to go out for walks, shopping or accessing the local amenities, such as the nearby coffee shop.

There were dementia friendly areas throughout the service such as a laundry area where people could sort clothes and pretend to iron. There were 'rummage boxes' for people to go through and a dressing table with a mirror and items such as necklaces.

When people were unable to spend time in communal areas with others, due to their health conditions, the staff made sure they spent time with them on a one to one basis. People told us that staff read to them and chatted with them. Staff told us they did not like the thought of people missing out on having some fun just because they were in bed. People had enjoyed a 60's themed event and staff had supported them to make tie dye sheets. Staff explained that for those people who stayed in their room they bought turkey basters so that people could squirt the dye onto the material instead. There were photos of people really enjoying themselves with this event and it showed the different ways that people were supported and empowered to join in.

People were supported to maintain relationships with the people that were important to them. Staff supported people to use computer software to chat with loved ones over the internet. Relatives told us that staff made a note for them about what their loved ones had been doing and one relative commented, "The book system works well. They [staff] write down every day what [my loved one] has done so that is good for us to look at, it works well".

Staff spoke with people and their families about any preferences and choices for their end of life care including religious and spiritual preferences. These discussions were clearly recorded so that staff could manage, respect and follow people's wishes. Staff worked closely with other health professionals, such as GPs and the hospice nurses, to make sure people stayed comfortable and pain-free. Staff completed training about end of life care and were knowledgeable of people's individual wishes. Some people had made advanced decisions, such as Do Not Attempt Cardiopulmonary Resuscitation; this was recorded so that people's wishes could be acted on. These were reviewed to make sure they were still what the person wanted.

The manager and staff had received numerous cards from families to thank them for their care and support. A relative had written to the manager and staff and noted, 'Thank you all for the care, compassion and sympathy shown to [our loved one]. This was shown from the very first assessment up until their passing. The same compassion was shown to us all when we were in attendance at their bedside. All the staff encountered are to be complimented on the way they helped us over a very difficult time'.

Is the service well-led?

Our findings

People, their relatives and staff told us they felt the service was well-led. They were positive about the recent changes in the management of the service. People said, "I have met the latest manager and I hope she stays" and "The new manager seems very good and is always popping in to check on us all". A relative said, "I must say it is starting to feel much better I think the management at the moment feels stable which is a good thing and some improvements seem to be taking place".

The service was run by a manager and although they had started the application process to be registered with the Care Quality Commission (CQC), they had not yet gone through the process. The provider failed to meet the requirements of their registration with CQC. The provider was aware of their responsibility to have a registered manager because the condition was recorded on their registration certificate. A registered manager is a person who has registered with CQC. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirement in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was supported by a deputy manager and the quality improvement manager.

There was clear, visible leadership at the service and a culture of openness and transparency was promoted. 'Duty of candour' posters were visible throughout the service. These noted, 'We are committed to being open, frank and honest with individuals and their representatives when things go wrong'. There was a clear and open dialogue between people, relatives, staff and management. Management and staff spoke with each other openly and honestly and with a mutual respect. Staff told us, "There have been improvements in the service and staff morale has improved" and "There is an open culture and [the manager] is supportive and open to ideas". They said they felt that they were listened to and that action was taken when needed to improve the service.

The manager had a clear understanding of their role. They were knowledgeable and experienced and showed the integrity needed to lead a service. They had a clear vision for the service which staff understood and promoted. They worked with staff and led by example, mentoring, coaching, advising and inspiring the staff team. The manager set high standards and addressed any identified shortfalls through performance management of staff when needed.

At the last inspection quality assurance systems had not been sufficiently robust to highlight the continuing shortfalls found during the inspection. Records had not been maintained accurately or consistently. We told the provider to take action. Improvements had been made. The breach found at the last inspection had been met.

The manager and quality improvement manager completed regular checks and audits to monitor the quality of the service and to ensure people were receiving the care and support they needed. Regular checks on the environment, infection control, accidents and incidents and medicines were completed. The manager monitored falls, bruises and wounds to check for and identify any trends or patterns. Regular meetings were held with nurses to discuss people's physical and mental health and make sure that all the

relevant health professionals were involved in their care. Action plans were discussed with staff to ensure shared accountability and that lessons could be used as a learning opportunity to improve quality. We found shortfalls around the safe recruitment of staff and the manager and quality improvement manager took immediate action to address this.

People, their relatives, health professionals and staff were encouraged to provide feedback to the manager about the quality of the service. Regular surveys were sent and the results analysed. The manager checked to see if there were particular areas for improvement and took action.

The staff team worked closely and supported each other. Staff told us they were able to give honest views and opinions and talk about the things they felt the service needed to improve and how it could be achieved. They said they were invited to discuss any concerns during staff meetings. They said the manager listened to them and they had confidence in them. Minutes of the meetings were kept to make sure that all staff were updated with the discussions. These meetings were used as group supervision and learning opportunities.

The manager had completed 'dining experience' audits to make sure that people were receiving a good quality of service. They had noted that people did not always get offered sauces with their meals. Action was taken to ensure salt and pepper was on each table along with a selection of sauces in sachets for people to choose from.

The manager and staff worked in partnership with the local authority and multi-disciplinary teams to make sure people's needs were met.

Staff understood the provider's whistle-blowing process and knew that they could take any concerns to external agencies, such as CQC or the local authority, if they needed to. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

All service that provide health and social care to people are required to inform CQC of events that happen, such as a serious accident, so CQC can check that appropriate action was taken to prevent people from harm. The manager notified CQC and the local authority in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating on a notice board in the office and on their website.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	The provider failed to ensure fit and proper persons were employed.