

Sanctuary Care Limited

Upton Dene Residential and Nursing Home

Inspection report

Caldecott Close
Chester
Cheshire
CH2 1FD

Tel: 01244569825
Website: www.sanctuary-care.co.uk/care-homes-north/upton-dene-residential-and-nursing-home

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an inspection of Upton Dene on the 21 and 24 May 2018. Both visits were unannounced.

Upton Dene is a 'care home'. 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.

Upton Dene residential and nursing home provides a range of support options including residential care, dementia care, nursing care, palliative care and respite care. The service has 74 bedrooms all with ensuite facilities. At the time of our inspection there were 59 people living at the service.

The service had a manager who was applying to become registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was present during the days of our visit.

We previously carried out an unannounced comprehensive inspection of this service on 15 February 2017. At that inspection we rated the service as requires improvement as we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

On this visit, we found the two breaches identified at our last visit had been addressed.

We found the ordering system for medications had been improved and was made more robust. This meant that people always received their prescribed medicines and that there were sufficient stocks of medication available for people. PRN care plans were in place to enable staff to identify when PRN medication such as pain relief medication should be offered and administered.

This visit found that medication audits were more robust and if any issues were identified; immediate action was taken to address these. This meant that medication systems were more robust and in turn people could be sure that they would receive their medication. A clinical lead had been employed by the service since our last visit in February 2017. As part of this person's role, pressure mattresses were checked to ensure that they reflected the weight of individuals in order to promote their skin integrity. Records outlined that checks were made frequently and our checks confirmed that pressure mattresses were at the appropriate setting.

Medication management was now robust. Medication was appropriately stored with people receiving their

medication when they needed it. Staff had received training in medication awareness and had had their competency checked.

Staff were aware of the types of abuse that could occur. Systems were in place for the reporting of allegations and staff were aware of who they could contact to raise any concerns,

Risk assessments were in place for individuals. These related to risks from health or other conditions they may have had as well as from the environment. These were up to date and checked regularly. Personal evacuation plans were in place for each person. These considered the support people needed if an evacuation of the building had to be made in an emergency.

The premises were clean and hygienic. Equipment used such as portable hoists had been serviced and were fit for purpose. Portable appliance, fire detection and firefighting equipment had been serviced.

Recruitment of new staff was robust. Appropriate checks had been made to ensure that people who came to work at Upton Dene were suitable to support vulnerable people.

Accidents and incidents were recorded. These in turn were analysed to ensure that future prevention or re-occurrence could be minimised.

The registered provider had acted in respect of the breaches we had identified during our last inspection. A plan of action and remedial steps had been devised to ensure that any issues were addressed.

The nutritional needs of people were met. We have made a recommendation about the delivery of meals at lunchtime.

People had the risk of being malnourished assessed with appropriate action taken. People's weights were monitored in line with recommendations from risk assessments. People were referred to appropriate health professionals when dietary or other health issues had been identified.

Staff received the training and supervision they required. The registered provider was operating within the principles of the Mental Capacity Act 2005.

The design of the building offered people with internal and external communal space available. The decoration and signage included within the building assisted those who were living with dementia.

Staff interactions with people were patient and kind. People told us that they felt that their privacy was respected and that they were treated in a dignified manner.

People were given the information they needed. This was either done verbally or in a pictorial format as determined by their communication needs.

Assessments used by the registered provider identified the main health and social needs of people who used the service. These were then translated into a care plan which in all cases were person centred and evaluated regularly.

A structured programme of activities was in place. Practice ensured that people's preferred level of activities, for example, in groups or on a one to one basis, were met.

A robust complaints procedure was in place. Complaints made were investigated promptly. The manager had sought to adopt a proactive approach to dealing with complaints by canvassing the views of people and acting before a formal complaint was made,

The manager maintained a presence within the building and was knowledgeable about the needs of people. The manager was seen as supportive and approachable by the staff team.

A series of effective audits were in place covering medication, care planning and environmental issues. The registered provider also had systems in place to comment on the quality of care within the service.

The views of people who used the service and their families were gained and acted upon.

The registered provider always informed CQC of significant events and displayed their current rating in line with legal requirements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Medicines management was now robust.
People told us that they felt safe living at Upton Dene.
The premises were clean and well maintained.
The recruitment of new staff was robust and protected people who used the service.

Is the service effective?

Good ●

The service was effective.
The registered provider operated within the principles of the Mental Capacity Act.
The nutritional needs of people were met.
Staff received the training and supervision they needed to perform their role.

Is the service caring?

Good ●

The service was caring.
People were treated in a caring, dignified and respectful manner.
People were enabled to make choices about their lives.
People were given information in an appropriate format.

Is the service responsive?

Good ●

The service was responsive.
A robust complaints procedure was in place with an emphasis on dealing with initial concerns informally.
An effective activities programme for people was in place.
Care plans were person centred and outlined the support people needed to keep them healthy.

Is the service well-led?

Good ●

The service was well led.
Improvements had been made to audits which in turn enhanced the quality of support for people who used the service.
People who used the service and their relations were consulted and included in the development of the service.
The registered provider always informed CQC of any adverse events that affected the wellbeing of people who used the service.

Upton Dene Residential and Nursing Home

Detailed findings

Background to this inspection

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

The inspection was carried out to assess if any improvements following our last inspection on 15 February 2017 had been made.

This inspection took place on the 21 and 24 May 2018. Both visits were unannounced.

The inspection team consisted of one Adult Social Care Inspector and an Expert By Experience. An expert-by-experience is a person who has experience of caring for someone who uses this type of care service.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at seven care plans, four recruitment files, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to seven people who used the service and four relatives. We also spoke to the registered manager, deputy manager, area manager and six members of staff and a volunteer. We also observed care practice and general interactions between the people who used the service and the staff team.

As part of our inspection, we ask registered providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR was returned to us when we asked.

We also spoke to the local authority contracting and safeguarding teams to gather information they had on

the performance of the registered provider. They were continuing to monitor quality of support within Upton Dene.

We checked to see if there had been a recent visit from Healthwatch. Healthwatch is an independent consumer champion created to gather and represent the views of the public. No visit had been made since our last visit in February 2017.

Is the service safe?

Our findings

People commented positively on how safe they felt living at Upton Dene. They told us "Safety is very important to me especially since my memory is failing and I am safe", "Yes I do feel safe here" and "staff always respond quickly if I need assistance". Other people told us that they considered the environment to be a "safe one".

Our last visit in February 2017 identified that medication management was not safe. This had included people not receiving medication in a timely manner and people had not received the medication they required because of deficiencies in the medication ordering system used by the registered provider. In addition to this, body maps used for the administering of creams were not always completed to assist staff with administering and care plans were not available for everyone to guide staff on when to administer medication when needed (known as PRN) such as painkillers for example.

Most of the shortcomings in the medication system had centred on places designated as 'discharge for admission' (D2A) and 12 places had been designated in the nursing unit for this. These places were no longer present or used during this visit. However, the registered provider had acted to ensure that medication systems were now safe and met the needs of people who used the service.

A medication ordering system had been put into place. This included a clear process for the ordering and receipt of medication linked to dates each month where the staff team needed to take steps to ensure medication would arrive in a timely manner. As a result of this system, people always received their prescribed medication when they needed it. Audits of medication were available which provided staff with a clear indication of the stock of medication that should be present at any given time.

PRN care plans were now in place. These outlined when medication such as pain relief should be offered to individuals. The plan provided clear steps on when the offering of this medication was appropriate. Consideration had been given to the communication needs of people. There were individuals living with dementia who were not always able to tell staff when they needed painkillers for example. The PRN care plan was based on a recognised tool which assisted staff to determine when individuals would need their medication to ease discomfort.

Body map charts were in place enabling staff to know exactly where prescribed creams should be administered and as a result be effective in treating health conditions. These had been completed in all cases. The body maps also served as a tool for staff to record any unusual marks on people's skin that warranted further investigation.

Medication was appropriately stored when not in use. Stocks of medication tallied with the medication administration records (MARS) and there was sufficient medication available to meet the health needs of people. Some medications required storing in a medication refrigerator. These were locked when not in use and the temperature monitored throughout each day to ensure that they would be as effective as possible.

Staff who were responsible for the administration of medication had received training in this and had had their competency checked to ensure that they would do this safely. People who administered medication wore tabards requesting that other staff members did not disturb them during this task and this was respected. We observed medication being offered to people in a supportive and personal manner. People told us "I always get my medication when I need it". A relative told us "I am very impressed with the way they deal with medicines".

The registered provider is no longer in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During a tour of the home we found two doors that required to be locked at all times or when not in use; were unlocked. We raised this with the registered manager who addressed this immediately. Equipment used to assist people such as portable hoists had been serviced regularly in line with legal requirements. All portable appliances had been regularly tested and firefighting and detection systems had been serviced and tested at regular intervals to ensure their effectiveness. Other checks made extended to water temperatures and safety in respect of gas and electricity supplies.

The premises were clean and hygienic. The registered provider employed domestic staff who attended to their role during our visit. Domestic staff used personal protective equipment (known as PPE) such as disposable gloves and aprons to prevent the spread of infection. PPE were sufficient in stock for staff to use. Hand sanitisers were available in the building as well as handwashing guidance. No offensive odours were noted during our visit and all areas were clean and fresh. People said, "It's very clean here, they come and do my floor for me every day".

Staff were clear about the types of abuse that could occur and knew how to report such concerns. They were confident that the management team would refer any issues to the local authority safeguarding team so that any allegations could be investigated and appropriate action taken. Staff confirmed they had received training in this as part of their ongoing training and for one person as part of the induction process. Our records indicated that any allegations of abuse made since our last visit in February 2017 had been reported.

Staff were aware of the whistleblowing process. They told us that if they had any concerns, they could raise this internally with the registered provider or refer to external agencies such as CQC. A procedure was in place for staff to raise any care concerns. No whistleblowing concerns had been received by us since our last visit in February 2017.

Measures were in place to recognise the risk faced by people in their daily lives. This extended to risks associated with their health and the environment. Risk assessments were in place to recognise the risk people faced from malnutrition, falls and pressure ulcers, for example. Other risk assessments were in place relating to the specific needs of people who used the service. All risk assessments were evaluated monthly with any changes recorded. The information was retained in care plans and meant that staff could promote the wellbeing of people who used the service. Other assessments related to the risks associated with the environment. These had been reviewed and updated appropriately.

Each person had a personal evacuation plan (known as PEEPS). These provided staff with considerations they had to take to safely support people if they needed to be evacuated in the event of an emergency such as an outbreak of fire. These plans took the individual physical needs of each person into account, such as their mobility, as well as ensuring that psychological needs were also considered, such as providing reassurance. These plans had been regularly reviewed.

The service recorded any adverse incidents or accidents that occurred. The patterns of these were analysed to ensure that future reoccurrence was minimised. Where applicable, pressure adaptations had been introduced into people's rooms where it was assessed that they were at high risk of falls. Patterns had identified, for example, that there was a high prevalence of falls in the evening. Action has been taken to minimise this where possible through staff supervision and assistive technology.

Staff rotas were available. These provided evidence that staffing levels were maintained to meet the needs of people who used the service. We found that staff were always around to respond to people's needs and to assist them. Staff told us that they considered staffing levels to be safe and responsive to people's needs. Many people who used the service and their relatives told us that there were enough staff available to meet their needs. They told us "staff are always quick to respond". Some people told us that they preferred being supported by permanent staff and not agency staff who occasionally worked within the service. Their views had been made known to the registered manager. The use of agency staff had been high but had now been reduced due to increased recruitment of new staff to the service. Staff told us that the use of agency staff had been reduced and that this had ensured continuity of care within the service.

The recruitment process was found to be robust. Information in recruitment files of people who had come to work at Upton Dene since our last visit included an application form, interview notes and references. Further checks included a Disclosure and Barring Service check (known as a DBS) and this confirmed that people had not received any past convictions that would mean they were not suitable to support people who used the service. Members of staff had recently undergone the recruitment process and considered it to be fair and thorough. Information was also available confirming the identity of each member of staff.

The registered provider responded to those events within the service and looked to see if lessons could be learned from such events. Our last visit to the service in February 2017 had identified breaches in medication management. This visit noted that the impact on people using the service from not receiving prescribed medications had been looked at and appropriate robust changes to the ordering of medication made to prevent future re-occurrence.

Is the service effective?

Our findings

Staff received the training they required to perform their role. This had included mandatory health and safety training as well as dementia awareness, medication and safeguarding training. Registered Nurses were provided with clinical training to assist them in meeting people's needs. A training matrix was available enabling the registered manager to identify what training was due to be undertaken by the staff team. Staff confirmed that they received a variety of training and that it was to a good standard. Staff also told us that they had been provided with the opportunity to undertake a National Vocational Qualification (NVQ) at different levels and felt that the registered provider had taken their personal development into account. The same applied to registered nurses who told us that they received support in evidencing professional development when their registration was due for renewal. People told us "They [staff] know what they are doing".

Staff received supervision in line with their role. This included observations of care practice, one to one meetings and staff team meetings. Appraisals had been given to staff members of longer standing on an annual basis. A supervision matrix was in place outlining when people were due for one to one supervision.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes 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.

The registered provider was operating within the principles of the Mental Capacity Act. Staff confirmed they had received training in this and were able to give a summary of how capacity should be taken into account and how the best interests of people could be determined in their support. There was evidence that when applicable, authorisations seeking restrictions on people in their own best interests had been sought from the local authority and all authorisations were in date. A mental capacity assessment was completed on all people enabling the service to identify those who could make decisions for themselves. People had been assessed as having different levels of capacity. Some people had been assessed as having limited or little capacity. Where this was the case, the registered provider had assessed capacity and then proceeded with best interest meetings on all aspects of care. This ensured that the rights of people were upheld and that care practice was in their best interest. Once an assessment of capacity had been completed and it was determined that a person had reduced capacity, the registered provider applied to the local authority for a deprivation of liberty authorisation (known as a DoLS). Applications had been made and granted. A delay in

processing authorisations by the local authority was recognised with a timescale for completion being provided to the management team. A clear audit of authorisations granted was in place outlining the timescale when such authorisations would expire and trigger a process of re-assessing people's capacity.

Records indicated that the health needs of people were promoted. When needed, people were referred to health professionals such as GPs, dieticians or opticians. Records provided an ongoing commentary on the health issue and what steps needed to be taken once health issues had been identified and a course of treatment agreed.

People were supported with their nutritional needs and risks considered. Those at risk of malnutrition had their weights monitored weekly and referrals to dietitians were made if appropriate. This was in turn reflected in risk assessments (known as MUST scores). Care plans demonstrated a clear plan of action in those instances where people were at risk and supplements prescribed to promote their health. Food and fluid charts were maintained where appropriate and these demonstrated whether people were adequately hydrated.

People had mixed views of the food they were provided with. Comments ranged from "the food is excellent" to "it could be better". The registered manager was aware of these comments and had sent out questionnaires to people to determine how this could be addressed. Other people told us that they received a balanced diet and they felt that there was enough fresh fruit and vegetables. Many people said that if they didn't like something they could ask for something else. People said they could eat in their rooms if they preferred. People also told us that there were always drinks available.

We observed lunchtime in one dining room. Menus were available although there did not appear to be any pictorial menus in that area. This reflected the communication needs of people there as other areas did have pictorial menus for each day. Tables were appropriately laid with cutlery and other utensils. Food was nicely presented.

We observed that the delivery of meals did appear to be staggered meaning that people were provided with their meals at different times, sometimes 10 to 15 minutes apart. We recommend that the registered provider look into this so that improvements could be made in the delivery of meals. Lunch was a pleasant event. One person told us "We always have a laugh at our table".

One person was being assisted to have their meal. Staff supported this person in a patient and gentle manner.

Meals were prepared in the main kitchen. This was a clean and well-equipped facility with sufficient food stocks to meet people's needs. The kitchen had been rated as 5 during a food hygiene inspection in 2017. A rating of 5 is the best possible score than can be achieved.

Kitchen staff had access to the dietary needs of people. This included whether they had health conditions such as diabetes, for example, and the manner in which their meals should be presented; for example the consistency of the meal.

Once prepared, meals were transferred to each living area in a heater trolley to a small kitchenette area adjacent to the dining room. Each kitchenette was clean and hygienic.

The design of the building met the needs of people who used the service. Corridors and doorways were sufficiently wide enough to enable people who used mobility aids to move through the building unhindered. Many facilities were in place to enable people to socialise. Many lounge areas were available within the

building as well as more informal seating areas. Other facilities included a hairdressing room which was in use during our visit and a 'cinema' area. The decoration of the service enabled people who lived with dementia to orientate themselves within the building, for example through the inclusion of signage. The decoration of the building was presented in such a way to take the needs of people living with dementia into account. Decoration of some doors contrasted with the rest of the building, again to assist people to identify key areas. Passenger lifts were available to assist people to move from floor to floor.

A garden area was available. This was accessible to people and was used during our visit. The day was hot and people were protected from the sun with sun cream, hats and shade if required.

Is the service caring?

Our findings

People told us that they considered the staff team to be caring towards them. They told us "[Staff] are really good", "[Staff] are very patient and caring", "[Staff] are fabulous" and "[Staff] have been so helpful to me". People told us that they felt relaxed with the staff team and had developed positive relationships with them "We really do get to know staff. I have friends here but I look on the carers more as my friends, they're lovely".

People stressed that their privacy and dignity was maintained at all times. They told us that staff always knocked on their bedroom door before entering and were always asked to make choices in decisions in their everyday lives. They also told us "[Staff] always ask before doing things; they do it in a nice way". People told us that there were a number of rooms and other areas where they could receive visitors in private.

Interactions between staff and people who used the service were patient and kind. People who required support received this in an unhurried manner. One person who was being assisted to eat was supported by staff in a patient and helpful manner. Another person who was being transferred using a portable hoist was supported in a caring and supportive manner. All staff dealt with the people in a friendly and caring way and greeted them using their preferred terms of address.

Staff told us how they maintained the privacy and dignity of people. They told us that consideration was made to ensuring that people were covered with towels during bathing and that curtains and doors were always closed when they supported people with personal care. People were also able to receive visitors in private.

Information was provided to people. This was either done verbally or through the use of pictorial images to assist with their communication needs. This was evident particularly on the activities board as well as on pictorial menus.

The communication needs of people were taken into account. Care plans included details of how people could have any sensory difficulties overcome with the provision of glasses or hearing aids. In some cases where people were living with dementia, staff were provided with a clear guide on how to effectively communicate with them and how certain actions or phrases demonstrated people's preferences or how they were feeling.

People were always informed on how they were to be supported by the staff team with explanation's given. People who required assistance with mobilising were always asked about where they wanted to sit; for example in the dining room or whether they wanted to join in with an activity. Staff always respected people's wishes.

People were provided with the opportunity to personalise their own living space. For instance being encouraged to bring in photographs, pictures and other personal items in order to stamp their identity on their living space.

People were well dressed and well groomed. People looked cared for with staff seeking to ensure that people's personal appearance was maintained at all times.

Is the service responsive?

Our findings

People told us they felt staff knew their needs and preferences. Comments included "[Staff] know me well and know what I like" and "They really get to know you". People told us the staff team were quick to respond to any requests they had and reacted promptly when they summoned for assistance. This response had extended to those who summoned help by using call alarms. They told us that staff were "quick to respond".

The registered provider had employed an activities co-ordinator to run a programme of activities within the service. A programme of activities was in place and people were encouraged to join in with social activities and groups. Information on this was on prominent display in all areas of the building and was presented in pictorial form to assist people to better understand what activities were being held that day. The activities coordinator told us that apart from group activities, emphasis had been made on identifying those people who preferred their own company or had routinely preferred not to join in with social groups. While these preferences were respected, the activities co-ordinator had sought to identify whether one to one activities were preferable to people. This involved one to one chats with people, reading books or doing crosswords. In this way, people could be involved in stimulating activities but at a level that was more preferable to them. This also ensured that people were not at risk of social isolation.

In house activities were in place which included light exercise. We observed one session and found that people who were participating in this enjoyed it and there was lots of laughter and positive interactions between all those involved. One person did comment that they felt that there needed to be more trips out to places of interest. This is something that the registered manager was aware of and was looking to develop.

The activities co-ordinator was supported in their work by other staff and some volunteers who had come to offer their time at Upton Dene. We spoke to one volunteer who commented that they had felt they had been welcomed by the staff team and felt the work they did was appreciated. They outlined how they had been able to support the psychological wellbeing of people they came in to contact with and had no concerns about the quality of support provided by the registered provider.

Prior to coming to live at Upton Dene, people had their needs assessed. These included the registered provider's own assessment tool as well as information from agencies that were involved in people's care such as local authorities. Assessment information included all details of each person's specific needs both health and social needs and specific preferences. Details were in place about all aspects of a person's daily life so that a decision could be made by all involved as to whether the service was a preferred place for them to live.

Assessment information was then translated into a plan of care. Care plans were person centred and included personal preferences for each person and the way they wanted to be supported. There was an emphasis on the social history of people which provided staff with relevant information on interests that people had had in the past or the occupations they had had. Included were details of the spiritual needs of people. We spoke with people who confirmed that they had been able to continue to attend church services as outlined in their care plans.

Care plans referred to the support people required if they experienced any distress. A clear plan of action was in place in those circumstances with the emphasis on the staff team to provide reassurance and respond in a person-centred manner to alleviate such distress.

Care plans were reviewed on a regular basis and there was evidence that people who used the service, where possible, were involved in these reviews. The registered provider had recruited a clinical lead member of staff whose role was to monitor health needs such as weight loss and frequency of falls. This had enabled a person-centred approach to the health needs of people to be adopted and as a result, care plans demonstrated a responsive approach to the needs of people as they occurred. Where people experienced short term health issues such as chest infections, for example, there was evidence that short term care plans were introduced to ensure that the condition could be treated effectively.

Care plans were supplemented by daily record sheets. These provided an ongoing account of the progress of individuals, any significant events that had occurred or any social events that they had been involved with. Daily records were detailed and accurate.

A complaints procedure was in place. This outlined the timescales for investigation and what people who had concerns could expect from this process. Complaints records were maintained. These demonstrated that the manager responded to complaints in a timely manner and detailed the investigation of such complaints and outcomes. The manager told us that they had sought to adopt a proactive approach to complaints. This had included dealing with any issues before the complaints became more formal. Recent comments in respect of food had resulted in a questionnaire being sent to people asking for their specific comments about food and how this could be improved upon. This demonstrated a proactive approach to dealing with potential complaints. One relative had sought to prevent staff from using a person's patio door as a "cut through" to access other areas. A note had been put up but this had not been effective. We raised this with the manager who said that they would look into this.

While no-one was receiving end of life care during our visit, provision was in place to reflect the personal preferences of people when they reached this stage of their life. This included personal preferences such as funeral arrangements and other spiritual considerations. People had also consented not to be resuscitated and this information was readily available to staff to refer to if the need arose.

Is the service well-led?

Our findings

People were aware of who the manager was and other members of the management team. Their comments reflected the positive experiences they had had through the running of the service. They told us "Brilliant, can't fault them", "The care is very good, you can't fault it really", "I've had a good service from everyone and "They [staff] are really good".

Our last inspection identified that the registered provider had improved audits within the service but that improvements were still needed. This had resulted in a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These included, for example, incomplete actions from medication audits and incomplete records relating to correct pressure mattress settings to maintain people's skin integrity.

Improvements to the medication audits were found on this visit. When daily audits were undertaken, any required actions were swiftly identified and actioned. This meant that medication audits were more robust and promoted the health and wellbeing of people who used the service.

Since our last inspection in February 2017, the registered provider had created a role for a clinical lead. This person's role was to look at all clinical issues such as wound care, pressure ulcer management, weight loss and falls. As part of this role, the settings of pressure mattress had been included in their brief. As a result, we found that pressure mattress settings had been routinely checked to ensure that people's skin integrity was maintained. Any findings from the clinical lead was feedback to the management team as part of an ongoing audit within the service. This ensured that the health needs of people were met.

A range of audits were implemented by the registered manager so that the quality of care could be monitored. These included medication audits, care plan audits and gaining the views of people who used the service and their relations. There was evidence that any issues arising from these audits were feedback to the management team and actioned in a timely manner. Daily briefings were also held to identify ongoing issues with specific individuals involving members of the management team and the clinical lead. The registered provider was no longer in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Surveys had been sent out to people and their relations to enable them to comment on the quality of care provided. The results of these were fed back to people. In between annual surveys additional surveys had been sent to gain the views of people where specific concerns arose, for example, with the provision of some aspects of meals.

The manager had set up meetings with people who used the service and their relatives. These were held frequently and gave people the opportunity to raise issues that they had or areas that were positive. The manager had sought to invest time to enabling these forums to happen so that an accurate picture of the wishes of people and their families could be outlined and resolved if needed. In addition to this, a representative of the registered provider visited the service frequently to comment on standards of support

provided. This person was present during our visit and demonstrated a clear knowledge of issues identified at our last visit as well as the actions taken to address them.

The service had a manager. They had applied to become the registered manager with us and were still going through that process. They had become manager since our last visit in February 2017. The manager demonstrated a knowledge of the individual needs of people and maintained a presence within the service. Staff told us that they felt supported by the registered manager and that the service had improved since they had come into their role. Specifically staff told us that the manager had sought to identify their strengths and to encourage their professional development.

Registered providers are required by law to inform CQC of important events that happen at the service. The manager had informed us of specific events which they were required to do by law and they had reported incidents to other agencies when necessary to keep people safe and well.

The registered provider had a comprehensive set of policies and procedures for the service, which were made available to staff along with other relevant up to date information and guidance. This information assisted staff to follow legislation and best practice when providing support and care to people.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.