Olney Care Homes Limited

Bay House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Bay House is situated in the Buckinghamshire village of Olney. It is registered to provide accommodation to people who require personal care and can accommodate up to 24 people, some of whom may be living with conditions such as dementia. At the time of our inspection there were 18 people living at the service, in a mixture of single and double-occupancy bedrooms.

Following our previous comprehensive inspection on 19 January 2016, we gave this location an overall rating of 'inadequate' and placed them into special measures.

We found that there were ineffective systems in place to manage accidents and incidents, including those of potential abuse. External agencies had not been informed of such incidents and investigations and analysis of incidents and their causes had not taken place, which meant that lessons were not learned and preventative action was not taken. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were not effective or robust recruitment processes in place at the service. The service had not carried out sufficient checks to ensure that staff were of good character and suitable to perform their roles. This included Disclosure and Barring Service (DBS) criminal record checks and references from previous employers. This meant that the provider had not sought assurances that staff were suitable to work with people. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the service did not have appropriate steps in place to ensure the principles of the Mental Capacity Act 2005 (MCA) were complied with. Mental capacity assessments were not carried out and there was a lack of evidence to show that people's capacity had been considered when decisions were made on their behalf. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were ineffective systems in place to provide sufficient managerial oversight and quality assurance at the service. Checks and audits were not carried out on a regular basis to help monitor, assess and improve the quality of care that people received. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read the report from this comprehensive inspection by selecting the 'all reports' link for Bay House on our website at www.cqc.org.uk.

The provider submitted an action plan to tell us how they would meet these regulations and the timescale they intended to have them met by. We carried out this unannounced comprehensive inspection on 12 July 2016, to see if the provider had made the necessary improvements to meet these breaches of regulations, and to see whether or not they should remain in special measures. We found that the provider had

implemented a number of changes and new systems to meet these regulations and, therefore, the service is no longer in special measures.

The service had a registered manager. 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 of the Health and Social Care Act 2008 and associated regulations about how the service is run.

Systems had been introduced to ensure that accidents and incidents were reported and managed appropriately. The registered manager was aware of the requirement to notify and involve external organisations and had introduced processes to ensure that this occurred. Action was taken to investigate incidents and take appropriate action to prevent future incidents from occurring.

Recruitment processes at the service had been reviewed and background checks had been completed for all staff members, to ensure that they were suitable to work with people. Recruitment files had been re-organised to help demonstrate that these changes had been made. There were sufficient numbers of staff to meet people's needs and provide them with the care and support they wanted.

Staff members had been provided with training in the MCA and systems had been put in place to ensure that the principles of the MCA were applied. Where necessary, mental capacity assessments were completed and best interests' decisions were made for those people who were unable to make decisions for themselves.

The provider and registered manager had introduced a number of checks and audits to help them assess and monitor the care being provided. They used these to identify areas for improvement, as well as where staff were performing their roles well.

Risks to people and visitors to the service were managed. Assessments were carried out to help identify risks and steps were put in place to reduce the level of risk, whilst still allowing people to be as independent as possible. People's medication was also well-managed so that they received medicines when they should and medicines were stored and recorded correctly.

Staff members received appropriate training and support to enable them to perform their roles. Training was arranged in a number of different formats to meet people's different learning styles and staff also received additional support in the form of observations and supervisions. This enabled them to discuss any concerns they may have, as well as any performance issues or development needs.

People were supported to have a balanced and healthy diet based on their individual choices and preferences. Staff were aware of people's specific dietary needs and, where required, referrals were made to the dietician to help manage this. Staff also interacted with a range of other healthcare professionals to ensure that people were able to attend all the appointments they needed to.

Staff treated people with kindness and compassion and spent time engaging in activities and conversations with them. People and their family members were familiar with staff members and had developed positive relationships with them. They had also been involved in planning people's care and consulted by the service regarding any changes or updates necessary. People's privacy and dignity were important to staff members and they worked to preserve this at all times.

Care was person-centred and sensitive to people's individual needs and wishes. Assessments were completed on admission to the service to ensure staff could meet people's needs and these were used to

develop more robust long-term care plans. These care plans provided staff with specific information they needed to help provide people with the care they wanted.

The service provided a range of activities for people both within the service, and local area. There was an activities coordinator who worked to provide people with stimulation and entertainment and they were supported by members of staff to ensure this process kept going.

The service welcomed people's feedback and had systems in place to receive and act on complaints and compliments. No complaints had been received, however there were processes to ensure they were appropriately handled and information was on display about how to make complaints both internally, and to external organisations, such as the Care Quality Commission.

There was a positive and open culture at the service. People and their families were aware of the current situation at the service and had been supportive of the care that they received. They were aware of who the registered manager was and felt they were approachable and easy to get along with. Staff felt well supported by the registered manager, and were keen to perform their roles and help the service to improve.

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.

Improvements had been made to the systems in place for recording and reporting accidents and incidents, including potential incidents of abuse. Appropriate referrals were made to external organisations in a timely manner.

Staff recruitment procedures and records had been reviewed to ensure that staff members were recruited robustly. Checks were carried out to ensure that staff members were of good character and suitable for their roles.

The registered manager had implemented changes to the way that risks were managed at the service. Risk assessments now contained information about specific risks to each individual and provided staff with guidance and control measures to help them manage those risks.

Systems were in place for the safe management of people's medication. Staff were appropriately trained and audits of medication had also been introduced.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements had been made to the systems in place to ensure the service was meeting the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards. Consent to care and treatment was sought by staff on a regular basis.

Staff received training and support to help them perform their roles. They had completed a wide range of training since our previous inspection and also had the opportunity for regular supervisions with senior staff.

People were supported to have a full and balanced diet. They were given choices of what they wanted to eat and drink and staff were aware of people's specific dietary requirements.

Where necessary, the service worked with people's healthcare professionals, such as GP's or district nurses, to ensure their healthcare needs were being met.

Is the service caring?

Good

The service was caring.

Staff had developed positive and meaningful relationships with people and worked hard to ensure their needs were met.

People were involved in the planning of their care and the running of the service. They were asked for their views and opinions and these were used to ensure that people were cared for the way they wanted to be.

The service took steps to ensure that people's privacy and dignity were maintained at all times.

Is the service responsive?

Good

The service was responsive.

People received person-centred care from the service. Staff were aware of people's specific needs and wishes and care plans had been updated to ensure they were reflective of this.

There was a range of different activities carried out at the service. These were based on what people enjoyed and were flexible to ensure that people were able to do what they wanted to each day.

Complaints and feedback were welcomed by the service. There was a system for receiving and acting on complaints from people, however none had been received since our previous inspection. The service had received a number of compliments relating to the care that people received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements had been made to the quality assurance processes at the service. A number of checks and audits had been implemented and used to help improve the quality of care at the service.

There was a positive and open culture and staff had worked hard to ensure that people were happy and well settled.

People and staff members were aware of who the registered manager was and felt well supported by them.

Bay House

Detailed findings

Background to this inspection

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

This inspection took place on 12 July 2016 and was unannounced. The inspection team comprised of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to this inspection we reviewed the report from our previous inspection of the service, as well as information we held about the service and provider. This included statutory notifications which the provider had sent to us. These are information about specific incidents or events, for example safeguarding alerts, which the provider is required by law to send to us. We also reviewed information regarding improvement action plans at the service which had been regularly sent to us by the provider and the local authority, who have a commissioning role with the service.

We used a number of different methods to help us understand the experiences of people living in the service. We spent time talking with eight people and six of their relatives to help gain their views and opinions about the care and support they received. We also observed how staff interacted with people and how they supported them at key times of the day, for example during meal times. We also 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 spoke with four members of care staff and two seniors to help understand their views of the service and the support they received from the provider. In addition, we spoke with; the registered manager, the deputy manager, the activities coordinator and the cook.

We reviewed care records, including medication records, for seven people to ensure they were reflective of people's specific needs and the care that they received. In addition, we reviewed staff recruitment records for six staff members, including training and supervision records, to ensure staff had been safely recruited

and were supported in their roles. We also looked at further records relating to the management of the service, including quality assurance systems, to determine how effective they were.

Requires Improvement

Is the service safe?

Our findings

During our 19 January 2016 inspection, we found that there were ineffective systems in place to protect people from potential abuse. Staff members were trained in safeguarding and were aware of the need to raise concerns, however; there was a lack of robust procedures in place to make sure that incidents were reported to the appropriate external organisation so that they could be investigated fully. This was a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements in this area. The registered manger told us that they had a greater awareness of the need to involve external organisations, such as the local authority safeguarding team or the Care Quality Commission (CQC) if they had any concerns. Our records showed that notifications of safeguarding alerts had been sent to us by the service. We also saw that a system had been implemented to ensure that incidents were logged, referred appropriately and tracked by the registered manager. This meant that incidents were now managed appropriately to ensure that people were safe and lessons were learned to try to prevent similar incidents occurring in the future.

People told us that they felt safe at the service. They had no concerns regarding their care and treatment and did not feel that they were at risk of abuse or improper treatment. One person said, "I do feel safe and I am quite happy." Another person said, "I'm safe and there's no pressure." People's relatives also told us that they were confident that staff worked to protect people from harm or abuse. One relative said, "He's definitely kept safe."

Staff members told us that they had received safeguarding training since our last inspection. They explained that this had been useful as it helped them to keep their knowledge of what to do if they suspected abuse current. Staff were passionate about keeping people safe and worked to ensure they were not exposed to abuse or improper treatment. They were able to describe the action they would take if they suspected this had occurred. One staff member said, "We would be mortified if someone was being abused, we would never do anything like that. After the last inspection we are more aware of things like that, we go back on body maps and are more vigilant in checking pressure areas and so on."

During our previous inspection on 19 January 2016, we also found that staff recruitment processes were not robust and did not protect people from the risk of unsuitable staff being employed. The provider was unable to demonstrate that all staff had a current Disclosure and Barring Service (DBS) criminal record check, or that sufficient employment references had been sought for each employee. This was a breach of Regulation 19 (1)(a) (2)(a) (3)(a) (5)(a) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We found that the provider and registered manager had taken action to drive improvements in this area. The registered manager told us that all staff now had a valid DBS check carried out and that any missing references had been sought, including for staff members that had been employed at the service for a number of years.

The registered manager showed us that staff recruitment files had been re-organised to make them more

user-friendly and to ensure they contained the correct information. We saw that staff recruitment files contained evidence of an up-to-date DBS check and that references had been sought from previous employers for all staff. Where staff members had existing criminal convictions or cautions on their application form and DBS certificate, we saw that the registered manager had met with them to discuss these. They explained that they needed to make sure that people were of good character and suitable to be working with people. In addition, these staff members were closely supervised during their probationary period. We also saw that staff files contained a recent photograph of staff members to help ensure that staff were easily identified. Full employment histories had also been sought for each member of staff and gaps in these had been explored by the registered manager.

People told us that they felt there were enough members of staff on shift to ensure that their needs were met. They explained that they didn't have to wait to receive the support they needed and that staff were able to spend some time with them, rather than having to rush between tasks. One person said, "There are enough staff." Relatives also felt that staffing levels were sufficient to meet people's needs.

Staff members told us that there were enough of them on each shift. They explained how staff were allocated within the service and that there was often an additional 'spare' member of staff, to support staff and to help cover any busy periods or breaks. One staff member said, "There is enough staff on shift to do what we need to do. We have five staff on the floor each day which is enough."

Staff and the registered manager also told us that there was no need to use agency staff as there were enough staff employed by the service. They explained that shifts were covered in advance and that staff members were always flexible and willing to help cover any gaps, such as for sickness or annual leave. During our inspection we observed that there was enough staff to meet people's needs and to ensure that people were not waiting for staff to attend to them. We saw that staffing rotas were consistent and showed that the same numbers of staff were on shift each day and that agency staff were not used by the service.

Risk assessments had not previously been sufficient to ensure that people's safety was maintained by the service. Risk ratings did not indicate how they had been calculated and there was a lack of information regarding control measures in place to guide staff in how to mitigate the risks identified.

Improvements had been made to the way that risks were assessed and managed at the service. Staff members told us that work had been done to revise the risk assessments in people's care plans to ensure they provided them with the information they needed to keep people safe. People had risk management plans in place to address different risks around their support. The staff we spoke with felt confident that the care plans and risk assessments helped them support people safely. We found that the actions that staff should take to reduce the risk of harm to people were included and that for example, any triggers for behaviour that may have a negative impact on others or put others at risk, were detailed along with steps that staff should take to defuse the situation and keep people safe. Where action was required to mitigate risks, we found that this had been taken. For example, if a person had a high Waterlow score, we saw that action had been taken to ensure they had a profiling bed, pressure mattress and pressure cushion in place. Where a person's nutritional score was high, we saw that they had been weighed in accordance with the risk and that if a referral for further intervention had been identified, that this had been done. Risks were managed in such a way as to keep people safe.

Accident and incident recording procedures were in place and showed that the registered manager had been made aware and action taken where necessary. Staff told us that accident and incident forms were now completed appropriately and we saw evidence of completed forms within people's records, along with a log which enabled staff to overview incidents at a glance for people. The registered manager told us that

they overviewed all accident and incident forms so as to identify any trends or changes that could be made to reduce the numbers of these. This information was then used to identify ways in which the risk of harm to people who lived at the home could be reduced.

We observed that fire safety equipment was regularly checked and that fire drill procedures were present and up to date. We found that people had Personal Emergency Evacuation Plans (PEEPs) in place; however the registered manager told us they intended to work on these to make them more robust and to provide staff with more detailed information about how to transfer and support people in an emergency situation.

Medication was given to people in a safe manner. One person said, "Oh yes, I get my tablets, I have just had them this morning." Another person told us, "They ask me if I need painkillers and I tell them if I do." A third person told us, "I get my medicine on time three times a day."

We saw that people interacted positively with staff during the medication round. The deputy manager told us they had worked hard since our last inspection to make improvements in respect of medication. They showed us how they had devised forms to monitor the temperature of the room, stock balance forms and expiry date audits. They said, "I just want things to be right, we have worked really hard to make sure we do the medication in the right way." The medication room was in good order and clean and tidy, which made it easy to locate things when needed.

We observed that the Medicines Administration Records (MAR) charts were completed appropriately, with no gaps and omissions. They had a clear photograph of the person so that they could be easily identified.

Medication was kept securely in a locked room when not in use. The service had a monitoring system in place to make sure medication stock levels were accurate. We saw that the amount of medication in stock corresponded correctly to MAR charts, was in date, and could be disposed of appropriately if necessary.

People received their medicines as prescribed and that medicines were stored and administered in line with current guidance and regulations. There were suitable arrangements in place for the safe administration and management of medicines.

Requires Improvement

Is the service effective?

Our findings

During our inspection on 19 January 2016, we found that the service did not have systems in place to act in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were not supported by the service to make best interests decisions when they were unable to do so for themselves. There was also a lack of understanding of the principles of the MCA or formal assessments of people's capacity when they were unable to make decisions for themselves. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found that the provider had made improvements in this area. The registered manager told us that they had arranged for specific training for all staff in this area and that care plans now took the MCA into account if necessary. In addition, they had updated their procedures for the implementation of the MCA and had introduced formal mental capacity assessments to be carried out if it was thought that people lacked the capacity to make their own decision. Records confirmed this to be the case.

When people had been assessed as being unable to make complex decisions, the registered manager and staff explained that they would ensure that there were records of meetings with the person's family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests.

Staff told us they had received training about the rationale for assessing people's capacity and that this had been really helpful in reminding them of the importance of making sure that people's level of capacity was assessed on a regular basis. One staff member told us, "Mental capacity training has really made us think about best interests, decisions and what people want. We now have new consent forms and involve people in planning and any decisions about their care." Since our last inspection, we found that the service had taken action to make improvements in respect of the consent systems and processes. Each person's file had a clear consent form for photographs, sharing of information, administration of medication and consent to care and treatment. These forms were linked to whether a best interest decision needed to be made, which staff felt flagged up an important part of the process for them, reminding them of whether this needed to be taken into account.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager was aware of their responsibilities in relation to DoLS and had sought authorisation from the appropriate authorities to lawfully deprive some people of their liberty. This ensured that people were cared for safely, without exposing them to unnecessary risks.

Where possible, staff members sought people's direct care both to agree to the content of their care plans in in respect of their day-to-day care from staff. People confirmed that staff asked them for their consent before delivering care. One person said, "Yes, they always ask me." Staff told us of ways in which they gained consent from people before providing care; for example, using non-verbal methods of communication, showing pictorial images or by direct questioning. Our observations confirmed that staff gained consent from people before providing them with support.

People felt that staff were well trained and had the necessary skills and knowledge to meet their needs and provide them with appropriate care and support. One person told us, "They seem to be trained for care. All my needs are catered for." Relatives also told us that they felt staff were well trained and knew what they were doing.

Staff members told us that they had received a lot of training since our previous inspection. There were no new staff members on shift during our inspection; however staff and records confirmed that all new staff underwent a comprehensive induction process, which covered the Care Certificate. This ensured that new staff members received training and support to help them develop their skills in key areas needed for their roles. Staff members also told us that they had received a lot of on-going and refresher training, which helped to make sure their skills were current. One staff member said, "We've done loads of training since you were last here." Another told us, "Training has been really good, it's good to have reminders and to learn new things to help you give the best care you can."

The registered manager showed us that there was a number of training courses booked for staff to take part in, including during the afternoon of our inspection. They had implemented a range of different training courses including the MCA, safeguarding and manual handling, delivering courses internally, through the local authority and via distance learning providers. This had helped them to organise a number of courses for each staff member. There was also a training matrix in place, which allowed the registered manager to track each staff members' training and ensure that it remained current and up-to-date.

Staff members also told us that they received regular supervision from senior staff and management at the service. They told us that this was a useful opportunity to discuss any concerns they had, or to raise some training or development needs they may have. The registered manager told us that supervisions were also opportunities to share information with staff and address any performance issues with individual staff members. We saw that staff had regularly scheduled supervisions as well as spot checks to ensure they were performing their roles to the standards of the service.

People were happy with the food they received. One person told us, "I really do like the food here; I get the things I like." Another person said, "I don't disagree with the food here - if i ask for anything, they are very pleasant and would get it for me." A third person told us, "The food is very good and the chef is good, and we get enough choice." People's relatives were also positive about the quality of the food at the service. One relative said, "There's a roast on a Sunday and he loves his food!" Another told us, "He appreciates his food and eats lots, and sometimes needs help." We also saw that relatives had left positive written comments about the food at the service. One relative had written, 'Excellent meals provided in the kitchen and especially wholesome and beautifully cooked, balanced meals.'

The cook said, "People can have the food they like, I have a list of the things that people like and what they don't like and if they need a special diet, then staff tell me. I make sure that they like what they get as food is so important." We observed people having breakfast and lunch and found that the meal time was relaxed. People chatted with each other and staff and we found that they were encouraged to eat at their own pace. Staff also supported and assisted people when required to eat their meal. They did this with care and

patience and engaged well with the person they were supporting, to help them feel relaxed and at ease.

We also observed people requesting and being provided with a choice of drinks and snacks throughout the day. Dietary and food preferences were recorded in people's care plans, to ensure staff had easy access to this information and could meet people's specific needs. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake that provided detailed information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietitian or GP.

People told us that they always got to see a healthcare professional if they need to. One person said, "Well yes, they call the doctor if I need them to." Staff told us that it was important that they acted on changes in people's condition and that they had open access to the local district nursing teams and GP surgeries.

Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to other professionals such as the dietician or speech and language therapist.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by members of staff. Staff worked hard to build strong and meaningful relationships with people, and were aware of their specific needs and interests which helped them with getting to know people. People and their relatives made positive comments about the care they received from staff. One person told us, "I think they are lovely. I like them all." Another person said, "The staff all nice and no-one's ever rude to me, they are always polite." A third person told us, "The place is good and the staff are very good. They treat me with respect."

People's relatives were also positive about members of staff at the service, and the way that their family members were treated. They confirmed that there were positive relationships between people and staff, and that they were well treated when they came to visit. A relative told us, "I can't fault the way he is looked after." Another said, "She tried another home but this is so much better." We also saw written feedback from relatives about the care that their family members received. One stated, 'I feel happy; she is being looked after by people that truly care.' Another person wrote, 'She tells me she is happy, she likes a laugh and a joke and you and your staff take the time to have fun with her, to chat to her, to help her with anything that she needs.'

Staff were enthusiastic about the care and support they provided. During our conversations with them they spoke with affection about people. Staff had pride in their work and wanted people to have the best care they could. They were keen to tell us that morale had improved over recent months and that this improved team spirit had helped them to provide better care. Staff were also willing to go the extra mile to ensure people were happy and their needs were being met. For example, one staff member told us that they had purchased some clothing for one person on their way into work, as they knew they had some items which needed to be replaced. We observed staff to be keen and motivated and attentive to people's needs and requests.

Staff were aware of people's body language and any non-verbal cues which showed how they were feeling and attended to people with a smile. They paid attention to people and paid them meaningful compliments, for example, we heard one member of staff saying, "You look nice today." They went on to discuss the person's loved one coming in to visit them. This made the person feel valued. People were observed to be comfortable in their surroundings and were enabled to bring in personal possessions to make their rooms individual and give them some comfort.

People told us that staff often asked them how they were so that if any aspect of their care needed to be changed it could be. They confirmed that they felt included within their care. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed that people were offered choice, for example, in relation to the time they got up in the morning or what clothes they wanted to wear for the day. People had been involved in making decisions about their care.

Information about the service was available to people and their family members. They told us that they were

provided with a guide to the service when their package started and felt that they could get any information they needed from staff members whenever it was needed. We saw that there was information on display throughout the service, such as previous inspection reports and the provider's complaints policy.

People's dignity and privacy was respected. One person told us, "Yes, they knock on my door." Another told us, "The staff are good and treat me with respect." We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people's individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. We observed that staff treated people with dignity and were discreet in relation to any personal care needs.

There were several communal areas within the home and people also had their own bedrooms which they were free to access at any time. There was also space within the service where people could entertain their visitors and where family members were free to eat meals with their relatives. The registered manager told us that the home had open visiting hours and we observed this to be the case. On the day of our inspection, visitors arrived early and were encouraged to spend time with their loved ones, to have lunch and engage in any activities that were taking place. There was also a well maintained garden and access to a patio area for people to use.

Good

Is the service responsive?

Our findings

Since our previous inspection on 19 January 2016, the service had implemented a number of changes and improvements to people's care plans. They were more person-centred, showing evidence of people or their family being involved in the compilation of the care plans and the review process to ensure they remain reflective of people's current needs.

The registered manager told us that a lot of work had been done with people, their relatives and members of staff to ensure that care plans were more person-centred and reflective of people's individual needs and wishes. Staff members confirmed that they had been involved in this process and felt that the changes to the care plans had a positive impact on the service. One staff member told us, "The care plans are a lot better now, they are really person-centred." Another staff member said, "Absolutely the care here is person-centred, definitely. It's about making it better, trying our hardest." Discussions with members of staff showed that they had a clear understanding of people's needs and wishes, and these were also reflected in the content of their care plans.

We looked at people's care plans and saw that they were written in a person centred manner and gave a clear indication of people's preferred routines, likes and dislikes and any other relevant information. For example, in respect of their mobility, preferred activities and personal life histories. Files were indexed with clear photographs to identify people and showed that a pre-admission assessment had taken place before people had been admitted. From the pre-admission assessment, care plans were devised, based upon people's needs or specific health conditions, which then guided staff as to the care that people required. Additional information had been provided for staff as to specific disease processes or conditions, so that they could gain a better understanding of the impact that these had upon people and their needs. For example, aphasia and dementia.

The registered manager told us that they were now reviewing care plans on a regular basis, to ensure they were up-to-date and reflective of any changes in people's care or support needs. We saw that care plans had been evaluated on a monthly basis and updated when people's needs had changed. Records also indicated that a needs assessment for each person was completed regularly to ensure that the support being provided was adequate. Staff told us that care plans were important documents and needed to be kept up to date so they remained reflective of people's current needs. Care plans were based upon the individual needs and wishes of people who used the service. People's likes, dislikes and preferences for how care was to be carried out were all assessed and reviewed monthly. Care plans contained information on people's health needs and about their preferences and personal history, including people's interests and things that brought them pleasure. They were written in a person-centred way which reflected people's individual preferences. People were encouraged to be involved in the planning of their care and support where possible.

We also saw written feedback from relatives which confirmed that they had been involved in reviewing their family member's care. One relative had written, 'We have a review of the file with the manager to check all the information and care plan was up to date."

The registered manager told us that staff held daily meetings to pass on current information or concerns about people who used the service. When changes took place, this information was communicated in a timely manner to all relevant staff. We observed staff throughout our inspection, updating each other and ensuring that people were receiving the correct care when changes had occurred.

Our observations showed that staff asked people their individual choices and were responsive to these. We saw one person being supported by staff to mobilise in a calm and relaxed manner, so that they could safely navigate their way to where they wished to go.

People had numerous opportunities to be involved in hobbies and interests of their choice. One person told us there were a number of activities organised throughout the week, all of which they really enjoyed. During our inspection we observed people being supported to access a bowling activity. This session was well attended and promoted a feeling of well-being, with lots of happy, smiling faces. Those who could not participate were not left out, as staff communicated with them and as a result, they felt included.

The activity coordinator spent time showing us some photographs of recent events that had taken place, for example, a fashion show, planting tubs and doing arts and crafts. It was obvious that people had gained great pleasure from this activity and staff told us of some of their memories of the day. Photographs of various activities had been placed on the wall for all to enjoy. The activity coordinator told us, "I love it here; we try really hard to give people what they want. I am the crazy activity coordinator, I know what people like but I try hard to give them choices and new things to do, to keep them busy and occupied if that's what they want."

We spoke with staff who told us they would spend part of each day talking with people who did not wish to participate in any group activity and other people who wished to stay in their rooms to ensure people were not becoming socially isolated. People also had the ability to maintain good links with the local community and had visited a variety of nearby places, including a garden centre and church.

People we spoke with were aware of the formal complaints procedure in the home, which was displayed within the home, and told us they would tell a member of staff if they had anything to complain about. People told us the registered manager always listened to their views and addressed any concerns immediately. The registered manager said that they felt they were visible and approachable which meant that small issues could be dealt with immediately; this was why they had a low rate of complaints. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. Records confirmed that there had been no complaints since our last inspection. There had however, been a number of very positive compliments, especially since the publication of our last inspection report.

Requires Improvement

Is the service well-led?

Our findings

During our 19 January 2016 inspection, we found that management systems at the service were ineffective and failed to ensure that people received safe, effective and high quality care. Incidents were not always managed appropriately and external organisations were not always informed of specific incidents, such as safeguarding concerns. There was also a lack of quality assurance and managerial oversight systems in place at the service to help the registered manager and provider assess, monitor and improve the quality of care provided at the service. In addition, the registered manager was not aware of changes to regulations governing the delivery of care at the service. This was a breach of Regulation 17 (1) (2)(a)(b)(f) of the Health and Social Care Act 2014.

During this inspection we found that significant improvements had been made in this area. The registered manager was able to tell us about the most recent regulations and their obligations within them, including informing the Care Quality Commission (CQC) of certain incidents or events. They also told us that they had implemented a number of new checks and audits to provide them with greater oversight of the service. They explained that this had already helped them to identify some area for improvement and they had implemented a number of changes as a result.

Staff members told us that they were aware of a number of changes to the management systems at the service, which had been implemented by the registered manager. One staff member said, "We have a lot more paperwork now, more audit checks like personal care, care plans and health and safety. We check care plans daily to make sure it is right." They told us that the registered manager now conducted more regular audits around the service to ensure care was being provided correctly. They also told us that the registered manager and deputy manager conducted random spot checks where they observed the performance of individual members of staff. These checks were used to discuss positive areas of staff performance, as well as to raise any areas which required some development.

The deputy manager explained to us that they had put some specific checks and audits in place around medication management, to ensure people's medicines were well managed and that any errors were quickly identified. We saw that these checks were carried out regularly and that action had been taken in response to the concerns raised. In addition, since the introduction of these checks, we saw that there had been a reduction in errors.

The registered manager showed us that they had established a range of different audits, including checks of care plans, risk assessments, staff files and the general environment. These had been recently established and there were plans in place to carry them out on a regular basis. The registered manager told us that they used these checks to help improve the service and also involved staff members regularly to help them and provide a different perspective of potential problems. Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. We saw any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had sent appropriate notifications to CQC as required by registration

regulations and saw that the latest regulations were available in the main office for them to refer to.

Prior to this inspection the provider had sent us information regarding a new organisation that they were establishing a contract with to help them with their management and compliance systems. They registered manager told us that this was not yet up-and-running but it would provide them with an addition level of oversight at the service, as well as support in areas such as policy development and human resources.

There was a positive and open culture at the service. People were clearly relaxed and familiar with each member of staff and happy to spend time with them engaging in activities or just having a chat with staff and other people. All the staff that we spoke with were very committed to their roles and had worked hard since our previous inspection to help the registered manager implement the changes that were necessary at the service. They told us that they had taken the results of the previous inspection very hard and were determined to put things right in time for this inspection. One staff member told us, "It did hurt last time around as we all care so much. We have worked really hard to try to make things better." Another staff member said, "We really do care. It makes you more determined, we learnt from things to improve. We all spoke about things to make sure we got them right." We saw that staff were passionate about their roles and worked to generate a positive atmosphere at the service.

The registered manager told us that they wanted to provide good quality care. It was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care. They were also keen to learn new skills to help them develop themselves, so that they could be more effective in their role. For example, they had enrolled on an Information Technology (IT) qualification which they completed outside of their usual working hours. They told us that this was to increase their IT literacy which would have a beneficial impact on the service.

People and their family members clearly knew who the registered manager was and spoke highly of them. They told us that they felt all the staff, including senior and management staff members, were friendly and approachable and willing to help them with any concerns they had. This culture helped people to feel relaxed and at home at the service and had helped them to settle into an unfamiliar environment when they moved in. It also helped people's family members to feel comfortable and at ease with their loved ones living at the service. One person told us, "The manager comes round and talks to me." A relative said, "The manager has been very helpful to me."

Staff members were also positive about the support they received from the registered manager. They explained that they were able to go to them with any issues or concerns that they may have and were confident that a solution would be found. In addition, staff told us that they felt the registered manager's leadership skills had developed since our previous inspection, which had been instrumental in driving the recent improvements at the service.