

MAPS Properties Limited

The Limes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 3 July 2018. The inspection was unannounced.

Our previous inspection had identified seven breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risk assessments for people and the premises were not adequate. There was also a lack of understanding by staff of safeguarding issues. Recruitment processes were not robust. People were not supported with their nutritional needs. Neither were people supported with their independence and choice. We also found that quality monitoring was poor. At this inspection we found that improvements had been made. However, the service was not ensuring that people received their medicines in safely.

Following the last inspection in July 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Caring, Responsive and Well-led to at least good. This action plan has been completed. After the July 2017 inspection and the rating of Inadequate the service was placed into special measures. Following this inspection and the rating of Requires Improvement the service has been removed from special measures.

The Limes 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. The Limes accommodates up to 46 people in one adapted building. On the day of our inspection there were 31 people living in the service.

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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our inspection of July 2017 found that risks to people living in the service had not been identified or managed effectively. At this inspection we found that significant improvements had been made. Risk assessments were in place and appropriate actions were in place to mitigate any identified risks. However, there was one area which still caused us concern. This was with regard to the crushing of medicines. Some medicines are not suitable to be crushed and the advice of a pharmacist should be taken before crushing medicines. We found that in some cases medicines were being crushed and this could be putting the person at risk. We raised this with the service during the inspection and they have now made appropriate referrals. People were also being administered their medicine covertly. This is medicine which is administered without the person's knowledge for example concealed in food. The service had not always followed the appropriate best practice guidelines when doing this.

People felt safe while being supported by the staff. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and

confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had been trained in a range of skills which enabled them to provide people with effective care and support. There were sufficient staff to meet people's assessed needs.

People told us that staff treated them with respect and courtesy. During our inspection we observed this in practice with staff responding to people's needs in a caring and compassionate manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Appropriate applications had been made to the local authority where it had been identified that people needed to have a restrictions to their liberty authorised.

People's nutritional needs were met. Where necessary people's food and fluid intake was monitored effectively. People told us, and we observed that meal times were an enjoyable experience.

The service management team had a clear vision for the development and improvement of the service. People and staff told us that they were approachable and responded well to any suggestions. However, quality control measures in place had not identified the concerns we have raised regarding medicines.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Medicines were not always administered safely.

Risks were assessed and actions put in place to mitigate any identified risks.

There were sufficient staff to meet people's assessed needs.

The service had appropriate cleaning and infection control measures in place.

Is the service effective?

Good ●

The service was effective.

The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required. Staff sought people's consent before providing care and support.

People were supported to eat and drink according to their needs, wishes and choices.

Staff had the appropriate skills to meet people's assessed needs.

Referrals to external healthcare services were made promptly when necessary.

Is the service caring?

Good ●

The service was effective.

The registered manager was aware of the requirements under the Deprivation of Liberty Safeguards and had made applications as required. Staff sought people's consent before providing care and support.

People were supported to eat and drink according to their needs, wishes and choices.

Staff had the appropriate skills to meet people's assessed needs.

Referrals to external healthcare services were made promptly when necessary.

Is the service responsive?

Good ●

The service was responsive.

Care plans were reviewed regularly to ensure they met people's needs.

Staff communicated with people effectively.

People had a choice of activities to participate in.

The service had a complaints procedure.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring processes did not always identify short comings.

People and staff were involved and engaged with the service.

The management team had a clear vision for improvement of the service.

The Limes

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 comprehensive inspection took place on 3 July 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by an experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all the information we had collected about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted nine community professionals for feedback. We received feedback from three professionals.

During the inspection we spoke with five people who used the service and three visiting relatives. We spoke with the provider, the registered manager, the regional manager, the cook and kitchen assistant. We also spoke with five members of the care staff team. These were the deputy manager, two senior carers, and two care assistants. Not everyone living in the service was able to speak with us about their experience of living in the service. We observed how care was provided to people during our inspection.

We reviewed four people's care records. We also reviewed four recruitment records, staff training records, the compliments/complaints log and accident/incident records. We checked medicines administration, storage and handling. We reviewed a number of other documents relating to the management of the service. For example, the registered manager's audits and the quality assurance records.

Is the service safe?

Our findings

Our previous inspection in June 2016 found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our inspection of July 2017 found this breach continued and that the service was also in breach of Regulations 13 and 19. The inspection of July 2017 rated this key question as Inadequate. At this inspection on 3 July 2018 we found that improvements had been made in respect of Regulations 13 and 19 as staff demonstrated a good awareness of safeguarding and recruitment procedures had been improved but there was a continued breach of Regulation 12. However, this was in different area to previous breaches which had been in relation to risk assessment and management. At this inspection we found that this had improved but there was a breach of Regulation 12 with regard to the management of medicines.

We had concerns that some practices associated with administering medicines presented a risk to people. This was to crush some medicines, following advice from a GP, and in one case, a speech and language therapist in conjunction with the GP. Although staff were acting on the GP's advice, the care plan did not indicate discussions with the pharmacist to verify that this was suitable and safe, or whether there were other alternative liquid preparations. For some of these medicines, crushing was unsuitable due to the way the medicines were designed to work and potential risks of side effects.

One person's care records showed the GP advice was that a medicine in tablet form, usually used to treat loss of bone density, could be crushed. This was contrary to the maker's patient information leaflet about the medicine, which gave detailed information about how people needed to take it to reduce the risk of harmful or unpleasant side effects. The information leaflet included the need to take the medicine whole. It was also contrary to the printed medicine administration record (MAR) supplied by the pharmacy. The person's care plan indicated that the person's medicines should be crushed due to swallowing difficulties. We spoke with the registered manager and the regional manager about how the person took this particular medicine. They were unable to confirm from the records whether it was crushed when administered as it was administered by night staff. Since the inspection visit the service have confirmed that, although this person received their other medicines crushed due to swallowing risk, this particular medicine was not crushed and that referrals have been made to the GP and pharmacist. Unclear instructions as to whether medicines can be crushed could lead to people receiving their medicines in an inappropriate form leading to side-effects.

We found other medicines where the MAR indicated the GP's prescription advice that they could be crushed but where the pharmacist labelled blister packs clearly showed the medicines needed to be given whole and not crushed or chewed. This presented concerns that the medicines would not work as they were intended to and that people were at increased risk of unpleasant or harmful side effects.

This was a breach of Regulation 12 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014 Act.

Some people were administered their medicines covertly. This is medicines which are administered without

the person's knowledge for example concealed in food. The National Institute for Clinical Excellence guidelines were not always followed. The guidelines say that a best interest meeting should be held before the administration of covert medicines. We found that although the service was recording a best interest decision, consultation had not always included the involvement of appropriate people. For example, relevant health professionals (including the prescriber and pharmacist) and an individual who could communicate the views and interests of the person using the service.

We observed one occasion where a staff member administering medicines, left blister packs of medicines on top of a medicine trolley. This happened briefly before medicines were secured to prevent accident. This was an isolated incident as we subsequently observed all medicines were secured in the trolley when they were left unattended.

We noted one missing signature on the MAR for earlier in the day of the inspection. This was for an antibiotic prescribed for administration four times each day, so the record did not clearly show the person was given the medicine as prescribed. We spoke with a senior member of staff and with the deputy manager about this. We were able to establish, from discussions and from the balance of remaining medicines, that staff had given it to the person as the prescriber intended.

There were stock checks and "running totals" of medicines provided in boxes rather than blister packs prepared by the pharmacy. We checked balances of two people's medicines received, signed as given and remaining in stock, and found these were accurate. This supported that they were accurately recorded and given as the prescriber intended.

MAR chart folders contained information about people's allergies to medicines. This should contribute to minimising risks to people's safety identified at our last inspection in July 2017, where a person was administered a medicine to which they were allergic.

We found that staff made use of a "body map" chart to record the application of pain relieving patches for one person. This showed where on the person's body staff had applied them and that the site varied to avoid any skin irritation. It also enabled checks that they were removed properly before staff applied a new patch or to ensure they had not become detached for some reason. We observed that there was only one occasion where staff had not signed to confirm removal of the old patch.

Where people were prescribed medicines for occasional use when they were needed (PRN), the MAR folder contained clear guidance about the reasons for these. This included medicines for pain relief, constipation or when a person became distressed and anxious. The guidance also showed, in relation to the medicine for anxiety, how the frequency of use should trigger a review with the GP in the interests of the person's welfare. There was also clear guidance stating staff needed to seek medical advice if a person refused three successive doses of the same medicines. This contributed to clarity about when staff should act to promote a people's welfare.

Senior staff confirmed to us that it was only staff members who had medicines training who were allowed to administer these. They told us that they had their competence to do so assessed from time to time, to make sure they observed safe practice.

The management team or senior staff, carried out regular audits of medicines, including ensuring that records were accurate and staff training was up to date. These showed where any concerns were identified, they were addressed and when action was taken if any improvement was needed. There were only isolated issues and occasional missed signatures that were investigated and resolved to promote safe management

systems.

People told us that they felt safe when receiving care and support. One person said, "I do feel safe here and have no worries about anything." Another person said, "I have no concerns here as I think I am safe."

Care plans we viewed showed that risks to people from receiving care and support were assessed and appropriate actions put in place to mitigate any identified risks. For example, the risk assessment for one person showed they were at high risk of developing pressure ulcers. The actions put in place to mitigate the risk were specialist equipment and regular position changes to reduce the risk. We found that the equipment described in the risk assessment and re-positioning was being carried out as recorded in the care plan risk assessment.

Risks associated with the premises were also managed appropriately. For example water temperatures were checked regularly to ensure they were within acceptable limits. Minor defects in the service, such as broken lights bulbs, were identified and referred to the maintenance staff who dealt with them promptly.

Staff spoken with confirmed they had training to recognise and respond to suspicions of abuse or harm. They told us what sorts of things would lead them to be concerned. One member of the care team was also aware that a change in a person's behaviour might indicate concerns if they were unable to express these verbally. All of staff were clear in their obligation to report their suspicions to a member of the management team. The deputy manager was aware of their role should concerns be reported to them. This included the need to gather essential information from anyone reporting concerns, to check the person's welfare and to seek advice about suspending a staff member if necessary. They also told us that they would report to the local authority's safeguarding team, who are responsible for investigating concerns of abuse.

People told us that there were sufficient staff to provide the care and support they needed. One person said, "They are good at turning up if I need help. I can press my buzzer in my room or if I am in the lounge there are always staff talking and working with people." A relative told us, "If [family member] needs anything there is always somebody around."

Care staff told us how they were deployed around the home and allocated to different areas to support people. One commented that some people's dependency was increasing and so they were very busy, but all felt there were enough staff to meet people's needs safely. We observed that staff were available and intervened promptly when people needed assistance. The management team told us that staffing levels were assessed using a dependency tool which was reviewed monthly or earlier if required. They also told us how they ensured that there was a member of the management team on duty at weekends to oversee the service and speak be available to speak with relatives if required.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining a full employment history, gaining written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service (DBS) and conducting pre-employment interviews.

We found the service was clean and odour free. We noted that there were cleaning schedules for the kitchen to help minimise the risk of infections associated with food preparation or storage. Catering staff told us how they ensured frozen food was packed away promptly. Food needed for the next day was defrosted in the fridge to promote safety. We observed that staff had access to gloves and aprons when they assisted people with personal care. Staff received training in infection control which was regularly updated.

There were systems in place to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors, for example with medicines had been identified. The management team followed this up with competency checks to ensure best practice.

Is the service effective?

Our findings

Our inspection of July 2017 found breaches of Regulations 11 and 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rated this key question as Requires Improvement. The breaches related to applications under the Deprivation of Liberty Safeguards and support with nutrition. At this inspection we found that improvements had been made and have rated Effective as Good.

People told us that staff sought their consent before providing care and support. One person said, "Before they do anything for me they always ask if I am happy with what they are going to do. Nothing is too much trouble for them." A relative told us, "They always ask [relative] if they are happy when they do things for them and if not, what would they like."

We observed that staff asked people whether they needed assistance before they intervened. For example, we saw one person struggling to eat their lunch. A staff member asked whether they needed any help and sought their permission before assisting to cut up some of their food.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions of authorisations to deprive a person of their liberty were being met.

Staff spoken with confirmed that they had training in the MCA. Our discussions showed that they were aware of the importance of seeking permission from people to deliver their care. They told us how they would try to explain what was needed and to secure the person's cooperation. Staff were also aware that people's health could affect their abilities to understand the care that was necessary, for example if they had an infection. They described a flexible approach to delivering personal care, distracting the person if they refused care, returning at a later point or asking a different member of staff to attend. They recognised the importance of acting in people's best interests to deliver essential care.

We asked staff whether anyone had an authorisation to deprive them of their liberty under DoLS. Not all of the staff we spoke with were confident whether any were in place. Most thought that there were not, although one staff member thought one person might have a DoLS in place. They were not aware what this covered. However, they specifically told us that they would need to take the least restrictive options for people's welfare.

The registered manager had applied to the local authority for the appropriate authorisations under the

DoLS. Where there had been a delay in the authority authorising these they had been reviewed to confirm they were still appropriate.

People told us that they enjoyed the food provided. One person said, "I like the food here, particularly the breakfasts which I really enjoy and I have more than one. I also like yoghurts." Another person said, "The food is pretty good here and I enjoy the lunchtimes. I really like the salads here, they are very tasty."

We saw that people had a choice of what to eat at mealtime and were given time to eat their meals. When we arrived at the service, some people were still eating their breakfast. We noted that one person asked staff if they could have a cooked breakfast at 10.30am and this was provided.

The registered manager provided us with a file of information showing progress within the service. This included photographs of meals although none of these were in use as an additional method of communication and encouraging choice. However, staff showed people the two main meal options available, in addition to the menu being displayed in large print. This enabled them to see the meals and make a choice.

Catering staff told us that people were able to have something else, like jacket potato, soup or a sandwich, if they did not want what was on offer. We saw that this happened during our inspection visit. For example, one person had decided they did not want either of the options shown but would like mashed potato with cheese on the top. Staff provided this but also checked whether they would like ham or a sausage with it.

Another person asked if they could have a sausage sandwich rather than the main meal. Staff offered them ketchup with it. Where one person had not eaten much but was drinking well, a staff member shared this with a more senior member of staff so it could be monitored later in the day.

We noted that there were no "snack baskets" from which people could help themselves. The menu showed the majority of food was not "finger food" for people who were living with dementia and might find this an easier way of eating. However, we did see that staff offered people fresh fruit, cut up if necessary, during the morning of our inspection visit. One person finished their lunch with a bowl of chips, which they could eat with their fingers.

Catering staff explained to us that the menu was devised between them and the registered manager. They told us that predominantly, people liked "traditional" type meals that they had eaten for most of their lives. However, they explained to us that the service operated a "resident of the day" system. On their particular day, people could choose something particular they would like to eat. Catering staff explained that one person enjoyed having fish and chips from the chip shop. Another person had said they would like lasagne and catering staff told us that, initially, they had purchased individual portions. They said that they had discussed this further and included it as an option on the menu for everyone and it was proving popular.

We observed that staff offered people drinks regularly and encouraged people to drink because it was hot weather. During the morning of our inspection visit, staff offered people cold drinks as well as hot ones. We observed that two people were not asked if they would like orange or blackcurrant. However, most people were asked which of the two flavours they would like.

Where necessary we saw that people's food and fluid intake was monitored effectively.

Assessments were undertaken before people came to live at the service, so the service could be sure it was able to provide the care people needed. These were regularly re-assessed and reviewed to ensure their

needs were being met. Protected characteristics under the Equality Act, such as religion and sexual orientation were considered as part of this process, if people wished to discuss these.

Care was delivered by staff with the skills and knowledge to provide effective support. One person said, "I think they really know what they are doing." They then went on to describe a particular procedure staff supported them with. They went on to say, "They take great care. They also talk to me to make sure I am happy with what they are doing." Another person said, "I think they are well trained, in fact I think they are very good. It's luck if you find the right place, and I have."

Staff spoken with told us that the majority of their training was through e-learning on the computer. They said that they did receive face-to-face practical training in fire safety, moving and handling and in first aid. Two staff commented to us that there had been some recent face-to-face training with the new regional manager but they had not yet been able to participate.

The deputy manager told us that the Care Certificate was not in use at the home. This represents best practice in delivering induction for staff who are new to working in care. However, a staff member told us that they felt their induction training for this home provided them with the skills and knowledge required for their role. They said this included completion of e-learning and that they were able to shadow an experienced member of staff until they were confident about their responsibilities.

Staff spoken with told us that they received supervision. Supervision is needed so that staff have the opportunity to discuss their performance and development needs with a colleague in a more senior position. Staff told us this happened once every three months. They said that their senior staff were approachable if they had any queries and felt well supported in their roles.

The deputy manager showed us how structured recording sheets had been developed to assess the practical skills and abilities of staff while they carried out their duties. They told us that this was a new system and they had not yet used it for staff they supervised.

The staff team worked together to ensure people received effective care. A handover sheet between shifts was in use which updated staff coming on duty with any changes in people's needs. The service also held daily meetings attended by senior carers, the housekeeper, and member of the management team to ensure people were receiving consistent care and support.

People told us that referrals were made to other healthcare professionals when required. They described having ready access to their GP and said they only had to ask and an appointment was made. Others spoken with told us how they had had visits from the chiropodist and optician arranged by the service.

The service was arranged over one level. On the day of our inspection we saw that people had ready access to the garden. Each room had a call system to enable people to request support if needed. Communal walkways were clear and free from hazards minimising the falls risks for people who liked to walk independently around the service.

Is the service caring?

Our findings

At our last inspection of this service in July 2017 we found a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breach was in relation to respect for people's privacy and personal choice. At that inspection this key question was rated as Requires Improvement. At this inspection visit, we found the service had improved and the service was no longer in breach of the regulation. We have rated caring as Good at this inspection.

People described the care as being good with attentive and supportive staff. One person said, "The people here are very caring. Nothing is too much trouble for them. If I need anything doing then they will do it with a smile. We always have a good laugh."

In our discussions with staff, they spoke respectfully about the people they supported. We also observed that they addressed people by name, making eye contact to gain people's attention, and talking to them politely. A person told us, "They tend to use your first name which I like as it makes me feel at home." A relative said, "They [staff] are very good at using [family member's] first name and they always get down to [their] level to talk to [family member] to talk to them when they are sat in a chair which is really sensitive."

We saw that, where people were spending time in their bedrooms, staff knocked on the doors before entering. However, they did not always wait for permission or pop their heads around the doors to ask if they could go in. We did not observe any staff being discourteous.

One staff member spoken with was very clear about a person's preferences and how they did not like to feel rushed when they were being supported. They understood the importance of chatting to the person while they delivered personal care so they could engage them. They were also aware of another person's preference not to receive care from staff of the opposite gender. They told us that this never happened for the person as they found it distressing.

One staff member gave us detailed examples of how they supported a person to make choices, particularly in relation to the clothes they liked to wear. This included showing the person items so they could choose between plain or patterned items and then exploring what colour they would like.

Staff sat alongside people they were supporting, engaging them in conversation, and assisting them at their own pace.

The service held regular meetings with people living in the service and relatives to express their views. A relative said, "We have regular resident and relative's meetings which are a great opportunity to come up with new ideas for the residents like changes to the activities." Another person said, "We also go to the monthly resident's meetings on a Tuesday afternoon. It is an opportunity to give an input on the way the home is run."

Is the service responsive?

Our findings

Our inspection of July 2017 found a breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rated this key question as Requires Improvement. The breach was in relation to the quality of care planning and people's individual preferences not being respected. At this inspection we found that improvements had been made and have rated Responsive Good.

When people moved into the service they were given the choice of reviewing their care plan with staff three monthly, six monthly or yearly. The registered manager told us that most people chose to review their care plan three monthly and that relatives were also involved in the review. Care plans we reviewed demonstrated people and their relatives were involved in regular reviews with action taken when required.

Care plans were reviewed and updated by staff monthly to ensure that they met people's needs. Each person was resident of the day once a month and their care was reviewed on that day.

The service employed an activities coordinator. They told us that activities were planned with regard to people's interests. For example some people were supported to knit which they had engaged in before they moved into the service. However, activities were also changed if people requested or other circumstances intervened. For example, the day of our inspection it was sunny and we saw that some people were being supported with activities outside in the service garden. The regional manager shared with us plans they had for further developing activities to reflect people's life history and preferences.

People told us that staff were aware their needs and preferences. One person said "The staff are very good here at looking after me. They all seem to put you first. If you ask for anything then they just make it happen." Another person told us, "I go out with my family. I am able to choose what I want to do. This afternoon I wanted to watch Wimbledon instead of watching the entertainer so I went to my room."

Staff communicated with people in a way which met their needs. For example when choosing what they wanted for their lunch, where people could not understand the choices if asked verbally, the options were shown to the person. This meant they could make the choice of what to have. Picture options of the food were also available but the regional manager told us that they had found it more effective to show people the physical choice.

People told us that they knew how to make a complaint and would feel confident doing so. However, nobody spoken with could remember an instance of having felt the need to complain. The service had an appropriate complaints procedure which was displayed in the service.

At the time of our inspection nobody was receiving end of life care. However, we spoke with a relative of a person who had recently died in the service. They said, "All things that were needed to be done to make [family member's] life better were always carried out. We had no concerns about [family member's] time in the home." End of life care had been discussed with people and their relatives and people's wishes in this respect recorded.

Is the service well-led?

Our findings

Our previous inspection in June 2016 found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our inspection of July 2017 found this breach continued. This was because systems to assess, monitor and improve the quality of the service had not been implemented. Also, that care plans were not accurate or complete. At this inspection we found that improvements had been made in respect of Regulations 17 and the service is no longer in breach of the regulation. Our inspection of July 2017 rated this key questions as Inadequate, at this inspection we have rated the service as Requires Improvement in this key question.

People told us they believed the service was well managed. One person said, "We think the manger is very good. She is friendly, open and approachable." A person who was visiting the service following the death of a relative said, "I think the home is well managed and that is why I am here as I was coming to thank them for all they did for my relative and the support they gave my [relative]."

Our previous inspections had identified concerns with the quality of the systems in place to monitor the quality of the service provided. At this inspection we found that quality monitoring systems in place were effective in ensuring the quality of the service provided in all areas except medicines. Medicines quality monitoring had not identified the concerns we found in relation to the crushing of medicines and the obtaining of the appropriate consent to do this. However, we found that in all other areas the management team were pro-actively monitoring the quality of the service provided. These included regular manager walk arounds and night time visits of the service to monitor staff providing care and support. Audits were completed by the registered manager on a regular basis. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up.

Staff spoken with described members of the management team as approachable. One told us that they felt able to make suggestions for improvement. Another explained that they felt the support of a regional manager was ensuring improvements were made. They said that the regional manager looked at how they were doing and they got feedback about how things were going.

One staff member identified improvements around mealtimes and how people were supported, along with the introduction of menus on tables. Another staff member said that the layout of one communal area had been amended. They explained that previously chairs had been arranged around the edges and that this was rather institutional. They felt that the current arrangement allowed people to spend time in smaller groups and was more homely.

Staff spoken with said that they would be confident a friend or relative of theirs could live at the home and be properly cared for.

The service worked in partnership with other organisations to make sure they were following current

practice, providing a quality service and the people in their care were safe. These included the local G.P and community health professionals.

Regular meetings with people and relatives meant that people were encouraged to share their views and experiences of the service. People and relatives told us that they valued these meetings and the opportunity to express their views.

We spoke with the provider regarding their plans for the development of the service. They told us about actions they had taken following our last inspection and how some of their plans had not proceeded. They told us they were committed to developing and improving the service. This commitment was demonstrated with the recruitment of a regional manager who was supporting the service to improve. The regional manager shared with us some of their plans for driving improvement in the service. The management team were receptive to feedback and keen to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some practices associated with administering medicines presented a risk to people.