HC-One Limited

Springwater Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 March 2017 and was unannounced.

Springwater Lodge Care Home provides nursing and personal care for up to 50 older people and people living with dementia. On the day of our inspection there were 31 people using the service.

Springwater Lodge Care Home is required to have 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. At the time of our inspection a registered manager had been in place since November 2013.

During our previous inspection on 8 September 2016, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the plans in place for people at the end stage of their life. Concerns were identified with the systems and processes in place to assess, monitor and improve the quality of service. This included how risks relating to health, safety and welfare of people were monitored and mitigated.

During this inspection we checked to see whether improvements had been made. We found improvements had been made and these breaches in regulations had been met. Some ongoing improvements were required in relation to care records to ensure consistency and the accuracy of information available for staff.

Staff understood how to identify and report allegations of abuse. Risks associated to people's needs had mostly been assessed and risk plans were regularly reviewed. Accidents and incidents were appropriately investigated and assessments of the environment were carried out to ensure it was safe. The hoist and stand aid were found to be unclean and people did not have individual slings for the use of the hoist or a risk assessment in place for its use.

There were sufficient staff available on the day of the inspection and a new system had been introduced to monitor call bell wait time. The registered manager was closely monitoring staffing levels and reporting this to senior managers. Staff had been appropriately recruited; checks had been completed in relation to their suitability before they commenced their employment.

People received their prescribed medicines safely and these were stored and managed safely. Some concerns were identified with the recording of people's allergies.

Improvements had been made to the cleanliness, hygiene and the prevention and control of infections but concerns were identified with some equipment that was unclean.

Staff received an induction and the ongoing training and support necessary to enable them to carry out their

role effectively and safely.

The principles of the Mental Capacity Act (2005) had been followed when decisions were made about people's care. However, some inconsistencies were found in how mental capacity assessments had been completed and best interest decisions made.

People's nutritional needs had been assessed and planned for. People received a choice of what to eat and drink and independence was promoted. The staff worked well with healthcare professionals in meeting people's health needs which they assessed and monitored for changes.

People were supported by kind, caring and compassionate staff that showed dignity and respect. Staff were knowledgeable about people's needs, preferences and routines and responded well to their comfort needs.

People had access to independent advocacy information should they have required this support. People and their relatives, if appropriate, were involved in review meetings that discussed the care and treatment provided by staff.

People's preferences and routines were recorded but they did not always receive care as they wished. People received opportunities to participate in activities including community visits.

The provider's complaints policy and procedure were available. People were confident that the registered manager and staff would respond to concerns raised.

The systems used to assess the quality and safety were being used more effectively and some new audits and checks had been implemented. A continuous action plan for areas requiring improvement was in place.

People who used the service, relatives and staff were positive about the leadership of the service. People received opportunities to share their experience and views about the service if they wished.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had received safeguarding training and were aware of their responsibility to protect people from harm.

Risks associated to people's needs had mostly been assessed and were regularly reviewed. The hoist and stand aid was found to be unclean and people did not have their own individual slings when using the hoist.

There were sufficient staff available on the day of our inspection and safe staff recruitment processes were followed.

People received their medicines safely. The recording of people's allergies were not clear.

Improvements had been made to cleanliness, hygiene and the prevention and control of infections.

Is the service effective?

Good

The service was effective.

People were supported by staff that received an appropriate induction, training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 (MCA) when needed. However, there were inconsistencies in how assessments and best interest decisions were completed.

People were supported with their nutritional needs and they received a choice of meals and snacks were readily available.

People had the support they needed to maintain good health and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good

The service was caring.

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs, preferences and routines.

Independent advocacy information was available for people. People were involved in opportunities to review their care.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good

The service was responsive

People were involved as fully as possible in their pre-assessment and ongoing review of their needs. Care plans were reviewed regularly.

People's preferences in relation to some aspects of their care were not consistently met. Activities were available to meet people's individual preferences and interests.

People's views were listened to and there was a system in place to respond to any complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to monitor and improve the quality of the service provided. An action plan was in place to drive forward some shortfalls but further time was required for new systems to fully embed and be sustained.

People and their relatives received opportunities to share their experience about the service. Staff told us they would be confident raising any concerns with the registered manager and that they would take action.

People who used the service and staff were positive about the changes and improvements being made by the registered manager.

Springwater Lodge Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 6 March 2017 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and an expert by experience. An expertbyexperience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, and Healthwatch to obtain their views about the service provided.

On the day of the inspection we spoke with three people who used the service and three visiting relatives or friends for their feedback about the service provided. We observed staff interacting with people to help us understand people's experience of the care and support they received. 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 the registered manager, an area director for the provider, the cook, a domestic person, a nurse, an activity coordinator and four care staff. We looked at all or parts of the care records of six people

along with other records relevant to the running of the service. This included records of staff training, recruitment and records of associated quality assurance processes. We also checked the management of medicines.

After the inspection we contacted five relatives for their feedback about the service their family member received.

Good

Is the service safe?

Our findings

People told us that they felt staff supported them safely and protected them from harm. One person said, "I am not afraid here. The staff keep me safe. They know where I am. I have seen no bullying." A relative told us, "I have no concerns about safety, if there are any incidents between people the staff respond quickly."

Staff we spoke with showed a good understanding of their role in regard to safeguarding people in their care. They were able to describe the different types of abuse people could be exposed to and what they would do about it. One staff member said, "Go straight to the manager, and take it further if I needed to." Staff told us they would use the whistleblowing policy the company had in place and they were aware they could go to the local authority but they also had confidence the registered manager would deal with any safeguarding issues raised to them. Another staff member we spoke with told us they received regular safeguarding training and there were posters in the staff room to give staff advice on how to manage any incidents of concern.

Records viewed confirmed staff had received appropriate adult safeguarding training. Where concerns had been identified about safeguarding issues, records showed the registered manager had taken appropriate action and had worked with the local authority to investigate these to protect people's safety.

People were positive that any risks associated to their health and welfare needs had been assessed and were known and understood by staff. A relative said, "I'm involved in discussions and decisions about risks, the care plan was changed recently due to an increase in needs and safety."

Staff told us the risks to people's safety were assessed when they first came into the service and reviewed regularly. The nurse we spoke with told us their job was to, "Plan strategies to keep people safe and make sure staff know what to do to give safe care."

The nurse was able to discuss a recent risk assessment they had undertaken to manage a person's challenging behaviour. They explained they worked with the staff who cared for the person to develop the risk assessment ensuring there was information on how to avoid particular triggers. We viewed the risk assessment and saw the information the nurse had described was in the care plan. We also spoke to a member of staff who was able to describe what measures they took to manage the person's behaviour.

There were risk assessments in people's care records relating to tissue viability, nutrition and weight, choking, mobility and falls. One person who was living with dementia had a unique way of mobilising. The risk assessment we viewed highlighted the risks to the person and how staff could support them whilst still allowing them some independence. The risk assessment also highlighted that the person became distressed if staff attempted to hoist them and was at significant risk of injuring themselves or other during the process. The risk assessment gave staff alternative strategies to enable them to move the person safely without the hoist.

Whilst we saw examples of staff supporting people appropriately with moving and handling and they did

this sensitively, we saw an example that could have been better. For example, a person was sat in their wheelchair and a staff member moved them without checking the person's foot was on the foot plate. The person's foot was on the ground as they were being moved which could have caused an injury or discomfort. However, the staff member soon realised and placed the person's foot on the foot plate.

We checked people had the required equipment in place to meet their needs such as a hoist and stand aid and clinical equipment to meet healthcare needs. We found equipment was in place and was being monitored and serviced appropriately. However, the hoist and stand aid was found to be unclean. It was also identified that the slings in use were communal slings, staff we spoke with told us the slings were washed regularly, but not in-between each use. This meant there was a greater risk of people being exposed to cross infection. We discussed these issues with the registered manager and area director who agreed to take immediate action to make improvements.

Accidents and incidents were recorded and monitored by the registered manager and we found action had been taken to mitigate risks from reoccurring. This included referrals to external healthcare professionals and additional resources provided to meet people's needs. People had emergency evacuation plans in place that informed staff of their support needs in the event of an emergency evacuation of the building. Staff had information of action to take in the event of an incident affecting the running of the service. This told us that people could be assured plans were in place to ensure they received a continuous safe and effective service.

We received a mixed response from people and relatives about staffing levels. Whilst some people thought there were sufficient staff, others felt more staff were required. One relative said they thought staffing levels reduced over a weekend whilst another relative said weekends were no different. The staff rota showed that numbers of nursing and care staff were the same over a period of seven days. No person raised any concerns about the length of time they had to wait for staff to respond to their needs. People and relatives also said that whilst they acknowledged staff were busy they found staff tried to spend time with people as much as possible.

Staff told us that people were safe and had their individual needs met, they said that whilst they were busy they tried to make time to spend with people. One staff member told us, "Staffing had been ok but we are getting more service users and I feel we are on the cusp of needing more staff due the dependency levels." The member of staff told us they had discussed this with the registered manager. The registered manager confirmed this to be correct and that they were monitoring people's dependency needs and that these were regularly reviewed and discussed with senior managers. They also said that a new electronic system was in place that monitored the length of time it took for call bells to be answered. The registered manager said that this was also being used as a tool to monitor if staffing levels were sufficient. We looked at these records that showed call response times was of no concern. The registered manager said that at present they felt staffing levels were sufficient.

We found that whilst staff were very busy they tried hard to sit and spend time with people wherever they could. Staff were noticeably busier on the first floor where many people had greater dependency needs due to their healthcare needs. We found sufficient staff were available on the day of our inspection; however we were aware that the service was not fully occupied.

There were safe staff recruitment and selection processes in place. Staff told us told us they had supplied references and undergone checks including criminal records before they started work at the service. We checked that nursing staff were registered with the Nursing and Midwifery Council to confirm they were safe to practice. Records confirmed staff had been recruited safely and nursing staff were registered

appropriately.

No person who used the service or relative expressed any concerns about how medicines were managed and administered.

We observed people being given their medicines by the staff. We saw that they did this in a systematic way. They explained to people what they were doing and gave them the time that they needed to take their medicines. Records confirmed staff had received ongoing appropriate training in the administration and management of medicines.

We found that people were receiving their medicines as prescribed. We looked in detail at the medicines and records for 10 people living in the service. Records were kept of medicines received into the home, given to people and disposed of. There were no gaps on the administration records and any reasons for people not having their medicines were recorded. Clear records were made of when to give the next dose of medicines, to ensure that people got their medicines on time. Records showed that any creams and ointments people had been prescribed were applied by the care staff. When people had medicine patches applied, records were being kept to ensure that they were applied and to different parts of the body.

People were not always protected against being given medicines that they were allergic to. Their allergies were recorded on their identification sheets in the medicines file and on their administration records. In three records we looked at there were discrepancies in the information recorded leaving people at risk of being given a medicine that they were allergic to. We discussed this with the registered manager who agreed to take immediate action to resolve this issue.

Some people had been prescribed medicines on a when required basis. Information was available to show the staff how and when to administer these medicines, so that they are given in a clear and consistent way that meets people's individual needs.

Medicines were being stored securely, and at the correct temperatures, for the protection of people. Controlled drugs were stored and recorded correctly. These are prescription medicines that are controlled under the Misuse of Drugs legislation.

At our last inspection we identified that the service was not always clean and hygienic. Since our last inspection the local clinical commissioning group had visited the service and completed an infection control audit. At this inspection we found improvements had been made. New cleaning schedules had been introduced. Records confirmed daily and deep cleaning was being completed. Observations around the service showed there was regular cleaning taking place. We noticed some malodours on the first floor, these were discussed with the registered manager who was aware of the issues and had measures in place to try to resolve them.

Good

Is the service effective?

Our findings

People who used the service and relatives were positive that staff were skilled and competent in understanding people's needs. One person said, "Staff try their best. Always two [staff] use the hoist with me. They get a lot of training." A relative told us, "The staff can't do enough for [relative] they understand their needs very well."

Staff told us that they were satisfied with the induction, training and support opportunities provided. One staff member told us they had received a very supportive induction. They said they had undertaken the company's e-learning package as well as the moving and handling training and then they had a number of shadowing shifts before taking on their role completely. Staff told us they received regular training in the areas they required to undertake their roles. One member of staff told us there was a mixture of face to face and e-learning. The staff member told us they were undertaking further training to assist them in a new role [senior care staff]. They told us they had received support from their colleagues who they had been shadowing as well as undertaking some e-learning. Staff said that they had opportunities to discuss their work and review their training and development needs, which included appraisals of their work.

Records viewed confirmed induction, training and supervision had taken place. The continued development of staff ensured the care they provided people with was effective and in line with current best practice guidelines.

We observed staff to be organised and communicated effectively with each other. There were systems in place to ensure staff were kept up to date about people's needs such as face to face handover meetings, and the use of a communication book and diary. Daily 'flash' meetings were held by the registered manager with heads of department such as nursing, kitchen and domestic staff. We found staff to be knowledgeable about people's individual needs; this included the signs and symptoms of an infection and people's emotional health and well-being.

Feedback from relatives was that their family member was involved as fully as possible in their care and that staff gained their consent before care and treatment was provided. Some people had lasting power of attorney for care and welfare decisions, which gave a named person the legal authority to consent on their behalf. We saw examples of do not to attempt resuscitation orders (DNACPR) in place. These had been completed appropriately.

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 and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff we spoke with understood the importance of allowing people to make their own decisions where possible. One senior member of staff told us they observed their colleagues explaining what they were doing before giving any care to people. The member of staff told us their colleagues would let them know if people had refused care and that they worked together to find ways to offer assistance to people without distressing them.

Staff demonstrated they had knowledge of the MCA. One member of staff said, "[The act] is there to protect the vulnerable. People who struggle to communicate or make decisions." Records confirmed staff had received MCA and DoLS training.

Where there were concerns about people's freedom and liberty records confirmed the registered manager had made applications to the supervisory body for assessment. This showed us that the registered manager had taken correct action to ensure people were not unlawfully restricted.

The information in people's care plans around MCA and DoLS was varied. For example one person's record showed there had been a number of mental capacity assessments and best interest meetings for different aspects of the person's care. For example, their unique mobilisation methods and their refusal to take their medicines. There were clear rationales as to why particular aspects of care were undertaken in the way they were. The best interest meeting had established that in order to maintain good health the person required their medicines. As a result of their regular refusal to take them, the decision to give the medicines covertly was undertaken. Covert means putting the person's medicines in food or drink without their knowledge. This decision was supported by the health care professionals involved in the person's care and well as their relatives. The decision was supported with input from the pharmacist to ensure if the medicines were given in food or drink this would not impact on their effectiveness.

However there was a lack of information in other files we viewed. Records were not always clear about how best interest decisions had been made, who was involved and the date these had been completed. The registered manager agreed to review these documents.

Some people who used the service were living with dementia and experienced periods of high anxiety that resulted in behaviours that could put themselves and others at risk. Plans were in place to support staff of the strategies to use to support people effectively.

People who used the service and relatives considered the food to be very good. One person said, "The food is absolutely lovely. No good trying to lose weight." Another person told us, "The food is excellent. I have a choice. If they haven't got it they buy it."

We observed there was a plentiful supply of water, juice and warm drinks in the dining, sitting and bedroom areas. To support people with their independence some people were seen to use adapted cups that were easier to hold or were helped to drink with straws. Kitchen staff were observed during the morning to go to each person and ask them which choice of two meals they preferred. The sitting and dining area had fruit bowls and snacks available and we saw staff regularly asked people if they required a snack.

People's nutritional needs were being met. Staff we spoke with showed a good understanding of the different support people required to help them with eating and drinking. There was a file with people's diets and preferences in the kitchen and this was updated by the cook and care staff when required. The cook

also had information on a whiteboard to alert staff to particular issues related to people's diets.

On the day of the inspection we saw staff supported people with care and confidence. Where people required support with eating and drinking this was provided sensitively and staff were patient and unhurried.

We saw people's weights were monitored regularly and where people had lost weight they had been referred to the dietitian. We viewed a consultation letter from the dietitian in one person's file and saw a number of recommendations had been made. This had not been transferred into the person's relevant care plan or diet sheet. However, when we spoke to a member of staff about the person's diet they were aware of these changes and discussed the person's diet with us.

People told us, and records viewed confirmed, they had access to external healthcare professionals when they needed it and they felt their day to day health needs were being met. One relative said, "The G.P visits regular and local nurses do blood and other tests. [Relative] has been to the hospital for end of life care appointments. The staff are good with end of life work."

People's health needs were met and we saw in the care records we viewed we saw there was input from health professionals when required. One member of staff said, "Absolutely [people's health care needs are met] the GP is really good and comes in each week." Staff told us they had support from an external practice nurse and people's health needs were reviewed regularly.

We spoke with a visiting healthcare professional who gave positive feedback about how staff supported people with their health needs. This included timely and appropriate referrals and where recommendations were made these was implemented. They added that staff were knowledgeable and competent in meeting healthcare needs.

Good

Is the service caring?

Our findings

During our previous inspection on 8 September 2016 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the plans in place for people at the end stage of their life.

At this inspection the registered manager told us that there was no person receiving end of life care. However, they told us of the changes they had made to ensure documentation reflected people's wishes in how they received care at the end of their life. Since our last inspection staff had also received further training in end of life care.

People told us that they found staff to be kind and caring and that they felt happy living at Springwater Lodge Care Home. One person told us, "I'm extremely happy. I can go home for visits. I like the staff, I like it here." Another person said, "I can't fault them [staff] at all, I like them."
Relatives gave positive feedback about the approach of staff. One relative said, "If I bring [relative] back late from visiting home they [staff] bring them a cup of tea. If they say they're a bit down then they talk with them and sing to them." Another relative told us, "They [staff] put their arms around [relative] to comfort them."

During our inspection we saw a number of positive interactions between the people using the service and the staff who cared for them. The staff we spoke with knew the needs of people well, including their history, preferences and what was important to them. All staff told us they enjoyed working at the service. One staff member said, "I love my job, I've worked here 24 years. The paperwork might be lacking in places but I know people really well. Every day is different, there's been improvements in the last six months, we are working well as a staff team."

Staff were responsive to people's comfort needs and gave reassurance and showed compassion when people became anxious. For example, we saw how staff supported a person living with dementia to have a toy that represented a baby that gave them great pleasure and comfort. Another person woke up suddenly distressed and shouting. A staff member responded immediately and gave reassurance, they sat with the person and comforted them and then struck up a conversation to distract the person who soon became relaxed and settled.

During the inspection staff was observed to communicate in a friendly way with people. The staff asked people what they wished for and gave explanation before they provided support. The staff approach was person centred despite how busy staff were with practical tasks.

We observed that some people chose to spend large amounts of time in their room, staff were aware of the risk of self-isolation that this posed. We observed staff to regularly check on people's welfare. Records confirmed that people's level of engagement with staff in terms of activities they participated in were recorded. This told us that whilst people's choice and preferences were respected their emotional needs and welfare were monitored.

The registered manager told us that they had a plan in place for people to have a formal review of their care and treatment. We saw this plan that confirmed the process of review had started. Some relatives we spoke with confirmed they had recently attended a meeting. One relative said, "Yes, we had a review meeting very recently with the nurse." Another relative told us, "I reviewed the care plans on behalf of [relative] at Christmas time."

People had care plans that informed staff of what their needs were and how they preferred to have these met. Care records demonstrated people and their relatives where appropriate, had been involvement in the development and review of care plans. One member of staff told us they really valued the input from relatives in ensuring all the relevant information about a person's needs, preferences, likes and dislikes were captured in the plan. They said, "Yes relatives are involved in the care plans, we need their input and we use it a lot."

Information about independent advocacy support was available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. This meant should people have required additional support or advice, the provider had made this information available to them.

People told us that staff showed them dignity and that they respected their privacy and were polite. One person said, "Staff ask me if I am ready for a wash. They cover me with a cloth for my dignity." Another person told us, "I feel I am treated well. I feel that they [staff] check my privacy when I am changed." A relative said, "Staff always knock on the door when they come in."

Throughout the inspection we saw staff treating people with respect and dignity and ensuring their privacy. The nurse we spoke with told us they saw care staff dealing with personal care with tact and discretion.

People's independence was promoted and respected. Two people said they valued being able to move about with walking frames or walking sticks and being able to partly wash and clothe themselves. One person said, "I am an independent minded person. I eat sometimes in my room and sometimes in the dining room. I can manage to feed myself." A relative told us, "The staff are encouraging [relative] to use their abilities after their stroke. They can feed themselves and write up to a point with their right hand."

Staff were observed to encourage people with their independence. For example, encouraging people to eat and drink independently as much as was possible and comfortable.

People told us that there were no restrictions about when their family and friends visited and this was confirmed by visiting relatives. The importance of confidentiality was understood and respected by staff and confidential information was stored securely.

Good

Is the service responsive?

Our findings

People and their relatives where appropriate, had been involved in the person's pre-admission assessment. A relative told us that before their family member transferred from hospital to Springwater Lodge Care Home the registered manager had visited them at hospital to complete an assessment of their needs. These assessments are important to ensure the service can meet people's individual needs before admission, to enable staff to provide a responsive and personalised service.

Following the assessment of people's needs, care plans were then developed to support staff to understand what people's diverse needs were and how to respond using a person centred approach. The care plans we viewed had a lot of information for staff to enable them to give individualised care. We discussed one person's plan with a member of staff who highlighted the information in the plan was individual to that person. It assisted staff with strategies and information on what was important to that person and their continuing individual needs, safety and welfare.

We found care plans were regularly reviewed and amended when people's needs changed. Where people were living with a particular health condition we found examples of information fact sheets to support staff's awareness and understanding in these conditions.

People told us that they had been asked their preferences in relation to their care and support. One person said, "I prefer a female member of staff and I am always looked after by female staff." People told us they had been given a choice about their preference of a shower or bath and the frequency of these. However, two people told us they were not receiving the support with personal care as they wished. We looked at these people's care records and whilst their preference was clearly recorded, daily notes showed they had not been provided with a bath or shower at the frequency they had requested. We discussed this with the registered manager who agreed to discuss this with staff.

People told us they were involved in opportunities to discuss their care and treatment. One person said, "We have endless discussions about my needs after my surgery. The talks are sensitively handled." Records confirmed people and their relatives where appropriate, were invited to participate in meetings about the care and treatment provided by staff.

People told us about the activities they enjoyed. One person said, "I enjoy doing jigsaws, word searches and occasional visits outside. I enjoy watching television." Another person told us, "I like talking books. I did a course of flowering arranging though I could only see shadows." A relative said, "There is a monthly church service. A lot of entertainments come in. My relative gets a large sized bingo card to play with." Whilst another relative whose family member was living with dementia said that their family member liked to be active and that this was important to them but they were unsure of the activities that were offered and they participated in.

The service employed two activities co-ordinators who worked a total of five days. They had an established activity calendar that they said was developed taking into consideration of people's interest, hobbies and

pastimes. They also told us that the activities were not fixed but were flexible to accommodate people's wishes and discussed in meetings of people who used the service.

The weekly activity timetable was visible for people. A church service was held at the service once a month for those who wished to participate. For people who preferred to stay in their rooms the activities co-ordinators spent one to one time and examples were given of jigsaw puzzles, quizzes, memory work and personal stories. The service has a minibus to enable people to access the community. Records showed that people enjoyed a range of activities that included visits to garden centres or shops. Singalong sessions were also provided and external entertainers visited.

People who used the service and relatives told us they would go to any of the staff or the registered manager with any concerns. Not all were aware of the complaints policy but felt confident that the staff or registered manager could be approached and would respond appropriately.

Staff showed a good understanding of how to deal with complaints. When asked how they would deal with a complaint one member of staff said, "I would speak to the person personally and try to resolve the issue. But if not I would make sure the manager knew and I would record the actions."
Another said, "I would do what I could to sort things but if not make sure I told the person in charge."

The provider's complaint procedure was available for people if they wished to make a complaint. Where a complaint or concern had been received these were responded to in a timely manner.

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection on 8 September 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the systems and processes in place to assess, monitor and improve the quality of service. This included how risks relating to health, safety and welfare of people were monitored and mitigated. During this inspection we checked to see whether these improvements had been made.

We found that whilst action had been taken to meet this breach in regulation, there were some areas that required further improvement with regard to the information staff had available about people's needs.

The registered manager told us about the improvements they had made in the last six months. This included using the systems and processes in place to monitor quality and safety more effectively. They said that they had previously tried to complete these tasks independently and recognised that they needed to delegate some tasks and responsibilities to senior staff within the team. The registered manager said that they had received continuous support from the area director who visited the service weekly and other senior managers within the organisation.

We looked at the audits and checks in place and found records included a daily walk around of the service completed by the registered manager. New systems had been implemented in the monitoring of infection control measures. The provider had also developed a 'resident key clinical indicator system' that monitored each person's healthcare needs. We found that this was an effective tool that reviewed and tracked people's health needs and it enabled the registered manager to access information quickly and easily. Daily, weekly and monthly tools were in place to review areas such as staff training, medicines management, health and safety and care records. Where improvements had been identified action plans were in place to drive forward the work required. The registered manager told us that since our last inspection new care documentation had been introduced and that further time was still required for this to be fully established. Our review of care records found this to be correct.

We found that the information available to staff about people's needs still required improvement. For example, some care records contained incorrect information which was confusing for care staff. This was in relation to two people's specific communication needs. Another person had a particular health condition that was incorrectly recorded and provided staff with no information about the person's actual health condition. A person who had epilepsy and required medicine to be given as required had instructions on when to give this and how much. However, there was no guidance for staff of the action to take if this was not effective. We discussed these issues with the registered manager and area director who agreed to take immediate action and review this information.

The registered manager had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of their registration with the CQC and other agencies, such as the local authority safeguarding team. The registered manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

People who used the service and relatives were positive about the service and said they had seen improvements within the last six months. This was in reference to the cleanliness of the service and the organisation of staff. A person told us, "It ticks over okay [the service].The manager deals with problems straightway." Relatives spoke highly of the registered manager. One relative said, "The manager is very good, they are visible when I visit, have a good manner about them where they show empathy with residents, I have no issues." Another relative described the registered manager as, "Lovely, I can't fault them, they are on top of everything, very understanding and approachable."

A visiting healthcare professional that visited the service weekly gave positive feedback about the service. They told us, "I've seen improvements. It's a pleasure to visit, it's well organised and a calm environment and the staff are competent and responsive."

Additionally staff felt improvements had been made and said the registered manager had worked hard to make changes. A staff member told us, "It's been a difficult time since the summer of last year but the manager has worked really hard to improve things, I think it is better." We received good feedback about both the registered manager and area director. Staff said they were visible and approachable. The nurse said they had been very well supported. There was an open culture among the staff. One staff member felt if they had made a mistake they could go and tell the registered manager and get things sorted out. Staff told us they received regular supervision and that the sessions were useful, allowing them to discuss any issues they had and highlighting where they may need support.

Not all people were aware of the provider's satisfaction surveys. A feedback form was seen at the entrance area of the service. A meals opinions book with current feedback forms was also seen in the downstairs dining room.

People who used the service and relatives with were aware of meetings for people who used the service and some had attended. One person said, "We have resident meetings every so often. The activities organiser arranges the meetings. We can make any comments and ask any questions." They added, "I go to the meetings and we discuss food, treatments, activities and whatever anyone wants to bring up." Records confirmed what we were told.

Staff told us and records confirmed that regular staff meetings were arranged. Staff were positive that they could raise any issues, concerns or make suggestions. Records demonstrated that the registered manager was clear with staff about their expectations and roles and responsibilities were made clear resulting in staff being accountable for their work.