White Ash Brook (Accrington) Limited

White Ash Brook

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?	Good

Summary of findings

Overall summary

This inspection of White Ash Brook was carried out on the 20 and 21 December 2016 and the first day was unannounced. We last visited White Ash Brook on the 26, 27 April and 4 May 2016. Breaches of legal requirements were found. These were in relation to medicine management, risk management, nutrition and quality monitoring. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

Following the inspection of White ash Brook meetings had been held with the registered persons, Care Quality Commission (CQC), the safeguarding team and commissioners of services. Quality Improvement Planning meetings had continued to discuss and monitor progress made and to also provide support and guidance on how to improve the service people received. After the last inspection we took enforcement action to stop any admissions to the service without prior consent from CQC. This was to ensure best practice was firmly embedded into the service. The provider agreed to this decision. As a result of this inspection we have written to the provider of our intention to remove this condition we imposed.

During this inspection we found improvements had been made and the service was meeting the current regulations.

White Ash Brook is a purpose built home registered to provide accommodation, nursing and personal care for up to 53 people. Accommodation is provided in single en-suite rooms located on the ground floor. Communal lounges and dining rooms are also on the ground floor. The gardens are easily accessible to people using the service. The home is situated in the small town of Oswaldtwistle and close to local amenities. There is a car park for visitors and staff. At the time of this inspection there were 15 people resident at the home.

There was a manager in post who was registered with the Care Quality Commission. A 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.

All the people, their relatives, and a visiting professional we spoke with told us the service provided a good level of care and support that placed people at the heart of their care. We found people's rights to privacy, dignity, and freedom of choice was embedded into the culture of the home and people's diversity was embraced.

People living in the home told us they felt safe and very well cared for. They considered staff were always available to support them when they needed any help.

Recruitment processes and procedures that were followed ensured new staff were suitable to work with vulnerable people. We found there were enough staff deployed to support people effectively at all times.

Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. Staff was clear about their responsibilities for reporting incidents in line with local guidance and staff knew how to report any poor practice.

Risks to people's health, welfare and safety were managed well. Risk assessments relating to people's care were good and staff were familiar with the needs of people at risk of poor nutrition, falls, and pressure ulcers. Charts used to monitor people at risk were being used effectively.

There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines. Staff responsible for administering medicines had been trained.

All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately. Staff felt confident in their roles because they were well trained and were supported by the registered manager to gain further skills and qualifications relevant to their work. They were motivated and committed to provide a high quality of care.

Training was being provided to support the staff to deliver safe and effective care and support. Staff training needs was being routinely assessed and planned for, and staff received regular supervision.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People told us they enjoyed the meals. They were provided with a nutritionally balanced diet that catered for their dietary needs. Staff worked closely with healthcare professionals to ensure people's dietary needs were met.

People we spoke with considered staff were kind and caring. We found staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care. We observed people's dignity and privacy was being respected. Staff had a good understanding of people's personal values and needs and had been trained to ensure people's right to privacy, dignity, independence, choice and rights was central to their care.

People had a plan of care that covered all aspects of their daily lives and embraced their diverse needs such as faith and gender issues. Care plans were complimented by an 'All about Me' booklet that provided staff with guidance and direction on how best to support people and to be mindful of what was important in people's lives when providing their support.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

Communication between all staff was good. People's care and support needs were discussed on a daily basis.

Activities were varied and meaningful and people benefitted from individual and group sessions that provided stimulation. There was a happy atmosphere observed in the home and Christmas activities were

on-going. People told us they had enjoyed a 'turkey and tinsel' party and were enjoying the festive activities taking place.

The complaints procedure was displayed in the home and we found processes were in place to record, investigate and respond to complaints. Complaints raised were taken seriously and action taken to bring about resolution.

People using the service, relatives, health care professionals and staff considered the management of the service was good and they had confidence in the registered manager.

There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being. We found regular quality audits and checks were completed to ensure any improvements needed within the service had been considered and action taken.

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

People told us they felt safe. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe recruitment processes had been followed.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training and supervision.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were trained and supervised and were given enough information to care for people they supported.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people had access to healthcare services and received healthcare support.

People were supported to eat and drink and their nutritional needs were effectively monitored.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion and people were able to make decisions and choices in their daily lives.

Staff responded to people's request for assistance in a timely manner and promoted their dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

People had completed care plans based on their assessment of needs that were kept under review. Communication was good in ensuring all staff were kept up to date with people's presenting needs.

People were supported to take part in a range of suitable activities and supported to keep in contact with families and friends.

People told us they could raise any concerns with the staff or managers and had confidence issues raised would be dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People made positive comments about the management and leadership arrangements at the service and there were systems in place to seek people's views and opinions about the running of the home.

Quality monitoring systems were effective in ensuring risk to people's health and welfare was managed and there was a clear leadership structure in place.

Staff had access to a range of updated policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

White Ash Brook

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 20 and 21 December 2016 and the first day was unannounced.

The inspection was carried out by one adult social care inspector and one adult social care inspection manager.

Before the inspection we reviewed information we had received about the service since our previous visit. This included the provider's action plan and updates we had received at regular intervals, which set out the actions they planned to take to meet legal requirements and any statutory notifications received from the service. We also reviewed information we received from commissioners of services and other health and social care professionals who attended regular Quality Improvement Planning (QIP) meetings, organised by the local authority with the provider.

During the inspection we spoke with eight people who used the service, the registered manager, four care staff, the cook, two domestic staff, four relatives and a visiting healthcare professional. We reviewed five people's care records and other documentation relating to risk for all people. We looked at service records including three staff recruitment and induction records, staff rota's, training and supervision, minutes from meetings, complaints and compliments records, medication records, maintenance certificates and development plans, policies and procedures and quality assurance audits.

We observed care and support in the communal and dining room areas during the visit and spoke with people in their rooms. We looked around the premises

Good

Is the service safe?

Our findings

During our comprehensive inspection of the service carried out on 26, 27 April and 4 May 2016 we found people were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was a breach of regulation 12 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made regarding medicine management. We checked the medicines and records for all the people in the home, this included Medicines Administration Records (MARs) and care plans. We looked at how medicines were managed within the service and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Assessment and care planning showed people's medicines had been confirmed on admission with relevant people and their medicines were being kept under review.

Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. MAR charts were provided and all the MAR's we checked were complete and up to date. Handwritten entries had been countersigned to check for accuracy. Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Medicines for returning to the pharmacy were recorded and stored in a cupboard. We discussed the need to put a lock on this cupboard. The registered manager arranged this straight away.

Where new medicines were prescribed, such as antibiotics, these were promptly started. People who had medicines for 'as required' or variable doses these were also managed well. Where people had been prescribed topical creams, body mapping was used to illustrate and show staff where the creams were to be applied.

Training records showed staff responsible for medicines had completed a safe handling of medicines course. Medicines were regularly audited. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

At the last inspection we found improvements were needed to ensure arrangements to respond appropriately and in good time to people's changing needs was effectively managed. This was a breach of regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found significant improvements had been made to ensure risk management was effective. We looked at five people's care plans. We saw a wide range of risk assessments in use that included Waterlow (pressure ulcer risk assessment/prevention policy tool), MUST (Malnutrition Universal Screening Tool), falls, and moving and handling. Charts used to support staff to monitor these risks were

being completed properly and information used to determine the action staff needed to take to reduce the level of risk. We saw evidence risk assessments were being kept under review.

We looked at the recruitment records of three members of staff. We found appropriate checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We asked people using the service of their opinion regarding staffing levels. One person told us, "The staff always have time to see to everything we need." And, "There is always someone about. I get the help I need and when I need it." The registered manager told us cover for sickness or annual leave was managed well with existing staff and the number of agency staff used had been reduced as staff vacancies were filled. Staff and people spoken with confirmed the registered manager was available throughout the day and there was an on call system in place for any out of hour's emergencies. Staff told us there were enough staff to spend time with people and to give them the support they needed.

We found the staff understood their role in safeguarding people from harm. We discussed safeguarding procedures with staff on duty. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting their concerns to registered manager and the local authority. Staff told us they had completed safeguarding training.

There were policies and procedures in place for staff reference relating to safeguarding including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff we spoke with knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

Records were kept in relation to any accidents and incidents that had taken place at the service, including falls. The records were reviewed by the registered manager and follow up action, such as referral to a GP or other health care agency was clearly recorded. Learning from incidents had included for example medicine management. This resulted in a review of the accountability of agency staff undertaking this duty, and further safe handling of medicines training provided for staff to ensure people were kept as safe as possible.

Staff had also been trained to deal with emergencies such as fire evacuation, basic life support and to support the safe movement of people. There was a key pad access to leave the home and visitors were asked to sign in and out of the home. This helped to keep people safe.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. We noted staff had access to personal protective equipment (PPE) such as hand gels, paper towels, disposable gloves and aprons throughout the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. We noted staff had been trained in infection control.

There was sufficient equipment to launder and maintain people's clothes and different coloured bags were used to separate contaminated waste and laundry. Domestic and laundry staff worked each day and cleaning schedules and sufficient cleaning products were available.

The environmental health officer had given the service a five star (maximum score) rating for food safety and

hygiene. Most of the staff had completed Food hygiene/handling training.

Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, regular checks in relation to fire, health and safety and infection control. Emergency evacuation plans were also in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe. Equipment used at the service such as hoists, wheelchairs and bath chairs had been regularly tested to ensure their safety. The service had contingency plans in place to deal with emergencies such as a fire, flood, gas leak and loss of power to the home.

Good

Is the service effective?

Our findings

People we spoke with felt staff were skilled to meet their needs. They said, "I think they are really nice. They certainly know what they are doing." "I have no problem with the staff. They know me and what I need. I only have to ask and it's done. I'm very happy here. All of the staff are really nice and do a good job." And "They are very good and see to whatever I need day and night. I only have to ring my buzzer and they are there." A healthcare professional told us they had no concerns about the staff knowledge and skills and commented, "The staff seem to be confident and competent. They keep records to a good standard and will follow instructions very well."

At our last inspection of the service carried out on 26, 27 April and 4 May 2016 we found the provider had failed to ensure that the records used to support staff to effectively monitor people's nutritional and hydration needs were being maintained appropriately. This was a breach of Regulation 14 (4)(a) of the Health and Social Care Act 2008 (Regulated Activities)

At this inspection, we found the required improvements had been made.

We noted risk assessments had been carried out to assess and identify people at risk of malnutrition, weight gain and dehydration were being used appropriately. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP, Speech And Language Team (SALT) and dietician as needed. Charts were maintained to support staff keep a record of nutritional intake for people at risk.

We observed lunchtime on two days of our visit. The dining tables were appropriately set and condiments and drinks were available. Aids to support people to maintain their independence and dignity were provided such as plate guards. People were given a choice of meals and drinks. The cook we spoke with told us she asked people every day what their choice from the menu was and if people did not like what was on offer an alternative was provided. Menus were kept under review and changes made in response to feedback from people. We found the meal time was unhurried and staff offered support and encouragement to people in a sensitive way when they needed it.

People we spoke with told us they enjoyed the food served. One person said, "I had a bacon sandwich this morning. We always have a choice of meals. The main meal is in the evening. I've no complaints." Another person told us, "I've no complaints about the food. I'm not a fussy eater. We get plenty to eat." A relative told us, "She seems to like the food. I've never heard her complain. From what I've seen served, I think it's good."

We looked at the staff training matrix and training records in staff files. We saw training was being systematically provided for all staff. From our discussions with staff and from looking at training records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their training and felt they had the training they needed. They said, "We all get lots of training which keeps us up to date" and "[Registered manager] makes sure we attend the training booked for us and we get all the support that we need." There

were planned dates for renewal of training.

There had been new staff appointed since our last inspection. Staff had completed induction training linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. All staff had either completed a nationally recognised qualification in care or were currently working towards one.

Information sharing between staff was seen to be good. Staff told us they were well supported by the management team and they were provided with regular one to one supervision and an annual appraisal of their work performance. Staff told us regular handover meetings, handover sheets that were completed and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told us the team worked well together and communication was good.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. Where people had difficulty expressing their wishes they were supported by family members.

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 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff we spoke with had a working knowledge of their responsibilities under this legislation and there was information available for reference purposes. Applications had been made for DoLS. We discussed the importance of liaising with the local authority to ensure these applications were being dealt with in a timely manner. The registered manager agreed to follow these up. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routine and level of support from staff for personal care was recorded.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that the appropriate consent forms were in place. Records showed discussions had taken place with relatives, the person the DNAR related to where possible, and the person's GP in most instances and capacity for understanding recorded. We discussed the importance of keeping these under review with regard to capacity to consent to DNAR as people's needs changed. The information around DNAR decisions was easily available to ensure people's end of life wishes would be respected.

People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as mobility and to recognise any signs of deteriorating health. People's healthcare needs were kept under review and routine health screening arranged. Records had

been made of healthcare visits, including GPs, the chiropodist and the district nursing team. We spoke with a visiting health professional. They told us the service worked very well with them.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring towards them. Comments included, "The staff are very good. They keep popping in to see that I'm all right." "The staff are grand. They take care of me very well I've no complaints on that score." "The staff are really kind". And, "They are all very friendly." We were told there were no institutional routines they were expected to follow such as when they got up or went to bed.

Relatives we spoke with told us, "I feel very welcome when I visit. The staff are friendly and always keep me up to date with how things are." And, "Mum loves the staff. They are caring and considerate I've never heard her complain at all." They also commented on how their relative was always dressed well, clean and presentable and their comments included, "Whenever I visit, [relative] is always clean and presentable." And, "[Relative] is always clean and presentable." They also told us they were invited to be involved in social events in the home, and their relatives had enjoyed a turkey and tinsel party the week before.

From our observations during the time we were at the home we observed people were appropriately dressed and assistance with personal care was given behind closed doors. We found staff were respectful to people, attentive to their needs and addressed them with their preferred name. People were treated with kindness and calls for assistance were responded to promptly. People who required support received this in a timely and unhurried way. Staff were friendly and the atmosphere in the home was calm, relaxed and happy. During our visit we heard people singing and laughing with staff to Christmas songs.

We visited three people who were in their bedrooms. They looked comfortable and staff were seen to pop in and out carrying out welfare checks. One person told us, "I don't always want to get up and that's okay with the staff. I get up when I'm good and ready. They call in with drinks and check that I'm all right. I've just had a coffee and when [staff member] has gone to all the rooms giving out drinks, she'll call back and see if I want a top up. They are like that here." People told us staff were respectful as they knocked on their door and waited to be invited in.

We considered how 'dignity in care' was managed on a day to day basis. Care plans we looked at centred on people's views and wishes for their care and support. Attention to detail in care plans regarding what people wanted and needed meant staff were always sensitive to their needs. People had been involved in the planning of their care.

Staff we spoke with displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for. They were well informed about people's individual needs, backgrounds and personalities. They were also familiar with the content of people's support plans and they understood their role in providing people with person centred care and support. One staff member said, "I always ask people what they would like me to do. I know what people like and what is important to them." Another staff member said, "Everyone is important and they are different. That's how we treat people here."

We checked people's care records. We were able to establish the level of support staff provided in meeting people's personal care needs. For example bathing and showering. Where a bath or shower was not an

option due to people's health, people were given bed baths. Daily records indicated full support with personal care was given.

Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Daily records completed by staff were written with sensitivity and respect. We noted confidentiality was a key feature in staff contractual arrangements and all staff had been instructed on confidentiality of information. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

People using the service had a key worker. Key workers role was to have an oversight of people's care and support and to build positive relationships with them, their family and friends. Diaries were kept of personalised contact they had with people. We noted entries referred to people being pampered such as 'had her nails painted to natural colour and enjoyed this', 'had a talk about her past. Assisted with birthday cards she wanted writing,' and 'bought Christmas cards for [person] and her friends came to visit.'

Each person had a single en suite room which was fitted with an appropriate lock. People told us they were happy with their bedrooms which they had personalised with their own belongings and possessions. They said they could spend time alone if they wished.

People were encouraged to express their views during daily conversations, in residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions such as meal times, activities and refurbishment plans.

Good

Is the service responsive?

Our findings

Everyone we spoke with were complementary of the staff regarding their willingness to help them. People commented, "I get all the help I need." "I can ring my buzzer at any time and they will come to see what I want." "I can do most things myself. If I need anything I only have to ask. The girls are wonderful." And, "It's very quiet and calm. I love it here."

There had been no recent admissions to the home. The registered manager told us future admissions would be based on assessment of people's needs and consideration would be given to staffing levels, and staff skills and expertise. We looked at three care plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted supporting information from relatives and any professionals involved in people's care was also considered and formed part of the assessment process. Care plans were written to reflect assessed needs and 'All About Me' booklets being used for some people. These provided a more personal touch in meeting people's needs and gave staff better insight into people's past life history, their likes and dislikes and what was important to them when providing their support. Emergency contact details for the next of kin or representative were recorded in care records as routine.

At our last inspection we found improvements were needed with regard to the recording of personal care and the use of body mapping to support staff to respond effectively to changes in people's needs. During this inspection we found this had significantly improved. We saw that people's needs were supported by a series of risk assessments to establish the level of support people needed and the management of any identified risks. They were easy to follow and read and were being reviewed on a regular basis. The detail recorded also provided staff with good insight into people's personal routines, their preferences, likes, dislikes and interests. Charts were available for staff to use when people needed monitoring such as with nutritional intake, positional changes for pressure relief and personal care.

Staff told us care plans were easy to follow and people's care was discussed all the time. They read people's care plans on a regular basis and felt confident the information was accurate and up to date. They told us, "We know everything we need to know about the people we care for. All care issues and any concerns are discussed at handover meetings. This helps to monitor changes in people's needs better. We pass on information from shift to shift and we write everything down." "If there have been changes to people's care we are told straight away. Sometimes the district nurse gets involved or the manager will ring the GP if someone is unwell."

We checked how records were maintained of the contact people had with other services. We saw this was recorded and any recommendations and guidance from healthcare professionals was included in people's care plans. Staff also completed daily records of people's care which provided information about any changes in people's needs that required monitoring.

We saw a programme of activities offered to people. Social interests had been recorded in people's care

plans. People told us they were satisfied with the activities provided in the home and enjoyed organised events. They had particularly enjoyed the turkey and tinsel party the week before and were looking forward to Christmas. They also did baking, quizzes and movement to music. There was 'movies for men' days and one to one social time. We discussed personal choices for activities with several people in the lounge areas and in their rooms. They commented, "I go out with my family sometimes. They visit regularly" and "I will join in with whatever is going on, but only if I want to." One person told us, "I'm moving bedrooms so that I can get Wi-Fi. I can't get it in this one even though it says so in the brochure" and "Staff are fun to be with. We can have a laugh and a sing song."

We saw that people were supported to follow their faith and this was respected by staff. Clergy visited the home and a member of another denomination visited regularly. One person told us they were supported to attend their place of worship twice a week which she enjoyed. She said, "The staff help me get ready and my friends pick me up." Gender issues were also considered and we saw comments written in people's lifestyle profile such as, support to choose own clothing and jewellery, visits to the hairdresser and for daily personal care.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the complaints records and noted there had been two formal complaints received. These had been dealt with appropriately and actions taken to ensure issues raised were addressed immediately.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "We've nothing to complain about. I think the staff are marvellous and do a good job." Another person told us, "I would say something if I wasn't happy. I'm not afraid to voice my opinion. That's how it should be. There have been changes here and I might add, for the better."

Relatives we spoke with told us they would make a complaint if ever they felt they needed to and expressed confidence the registered manager would deal with their concerns immediately. The registered manager told us resident and relatives meetings were held and people were encouraged to raise issues then. Staff were informed of the outcome of the meetings and actions were taken to if needed to respond to requests such as changing menus. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Commission for White Ash Brook on 27 July 2016. The registered manager had responsibility for the day to day operation of the service and was supported in her role by a deputy manager. An area manager visited the home on a regular basis to provide support and guidance and to review with the registered manager the detailed action plan that was in working progress.

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because continuous improvements were needed and embedded in practice to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others and by ensuring information recorded was up to date and used to inform and improve practice.

At this inspection we found that the provider had followed their action plan and had made the necessary improvements to be compliant.

The provider had continued to work alongside the safeguarding team and commissioners of services to ensure improvements were made. Quality Improvement Planning meetings had continued to discuss and monitor progress made and to also provide support and guidance on how to improve the service people received. After the last inspection we took enforcement action to stop any admissions to the service without prior consent from CQC. This was to ensure best practice was firmly embedded into the service. The provider agreed to this decision. As a result of this inspection we have written to the provider of our intention to remove this condition we imposed.

Throughout all our discussions with the registered manager, it was very clear she had achieved a good standard of organisational management within the home. Challenges she had identified at our last inspection in relation to bringing about a culture change in working practice and attitude to work was notably accomplished.

It was clear staff were being held accountable for their practice and they were receiving training and regular supervision to support them in their role. They had been provided with job descriptions, a staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care New systems of working that had been introduced were working well.

During this visit we found significant improvements had been made in relation to all the breaches in regulation identified at the last inspection. Quality assurance and auditing processes introduced had been effective and were identifying more easily and effectively any shortfalls in practice. We saw copies of the completed audits during the visit. These included checks in key areas of care delivery such as medication, infection control, health and safety, staff training records, care plans, the environment and catering requirements. Where shortfalls had been identified prompt action had been taken demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve.

Staff we spoke with commented on the continuing improvements made. Comments included, "It's really good working here. We all know what we are doing and shown how to do it well." "I would definitely say we work well as a team. We can ask [registered manager] anything and at any time. She has made it clear what standards she expects and quite rightly so. After all it is about the people living here." "It's been a long journey but we are there now. Morale amongst the staff is good." "[Registered manager] is a people's person. When I come on duty she's already there, chatting away to people and making them a morning cuppa. I've never known another manager do that. She's really good."

There were regular meetings being held for staff. We looked at the minutes of the last meeting held in October 2016. The operation of the home was discussed together with staffing, care of people, hygiene, nutrition, communication, daily tasks and visitors.

There was evidence of the providers continuing investment in the refurbishment of the home. Since our last inspection some bedrooms had been decorated and new bedroom furniture purchased. During our visit new flooring was fitted on the corridors and work was being carried out to refurbish the entrance and reception area. Further improvements that were planned for included upgrading more bedrooms.

A visiting health professional we spoke with reported the positive changes made had continued and communication was said to have improved. Referrals to health professionals had continued to be timely and appropriate and they said they were working with the registered manager in supporting staff to use the telemedicine (Telemed) system. This is a system designed to deliver better outcomes for people by preventing unnecessary admissions to hospital.