Friends of the Elderly

The Lawn Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 12 and 13 July 2016 and was unannounced.

The Lawn Residential Care Home provides accommodation for up to 31 older people, some of whom may also be living with dementia. The home is situated in the village of Holybourne and is a period house which has been altered and extended for use as a care home. There is access to landscaped gardens and grounds. At the time of our inspection 23 people were using the service.

The Lawn does not have a registered manager in post. 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. A new manager had been recruited by the provider and was due to start in post following the inspection therefore they had not yet applied to register with CQC.

At the last inspection on 12, 17 and 18 November 2015 we found six breaches in regulations. We asked the provider to take action to make improvements to safeguarding, safe care and treatment and the implementation of the principles of the Mental Capacity Act 2005. We took enforcement action to require the provider to make improvements to person centred care planning, staffing and governance. This action has been completed. Following this inspection the service had not been rated as inadequate for any of the five key questions and has therefore been taken out of special measures.

People said they felt safe. Staff had received safeguarding training and were able to explain how to protect people from abuse and how to report suspected abuse.

People's individual risks were appropriately assessed and care plans were in place to mitigate against known risks. Staff were knowledgeable about risks to people and what actions needed to be taken to keep people safe.

There were sufficient staff on duty. People's needs were met whether they were in communal areas or being cared for in bed.

Staff recruitment and induction practices were safe. Relevant checks were carried out to ensure that suitable staff were recruited.

Medicines were stored and administered safely. Records in relation to medicines were accurate and staff had received training in medicines administration, and had their competency checked regularly.

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and first aid.

Staff were supported to study for health and social care vocational qualifications. Staff told us they felt supported in their role.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly.

People were asked for their consent before care or treatment was provided and the provider acted in accordance with the Mental Capacity Act 2005 (MCA). People made their own decisions where they had the capacity to do this, and their decision was respected.

The provider did not always take appropriate action if people were not eating in line with their assessed needs. Some people were choosing not to eat but it was not clear that the provider had considered all options available.

Most people were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. For lunch a main meal was offered, with alternatives available. The chef was knowledgeable about people's individual requirements such as those people who required a soft diet or a diabetic diet.

People were supported to maintain good health through access to on-going health support. Records showed that district nurses, psychiatric nurses and the GP had been involved in people's care and referrals were made where appropriate.

Staff were kind and patient with people, using gentle persuasion and encouragement to support them. They took time to listen to people and understand how they were feeling. People's dignity was respected. People were supported to be as independent as possible.

People were involved in decisions about their care and were offered choices in all aspects of their daily life. Where they had capacity, people had signed their care plans showing that they agreed with the plan of care.

Staff were able to respond appropriately to people's needs because they knew them well and understood their care needs. Staff got to know people personally so they could respond to their preferences, likes and dislikes providing personalised care. Care plans were reviewed monthly and updated where necessary to ensure that staff were always aware of people's needs.

People were able to engage in different activities, such as playing scrabble, watching films or playing indoor skittles. People being cared for in bed were visited in their room by staff for one to chats.

The provider had a complaints procedure which detailed how complaints should be dealt with. There were a small number of complaints and all had been dealt with appropriately.

The atmosphere in the home was friendly and easy going. The manager was passionate about the home and proud of the improvements made. There was a family feeling amongst staff who were keen to ensure people were happy and well cared for. Staff felt valued and involved in decision-making and this reflected in the care delivered.

Feedback was sought regularly from people, staff and relatives and was responded to, ensuring continuous

improvement to the home.

The manager demonstrated good management and leadership. She ensured she was visible 'on the floor' on a daily basis. People knew and trusted her.

Policies and management arrangements meant there was a clear structure within the home which ensured the service was effectively run and closely monitored.

The quality of the service was closely monitored through a series of audits. Provider level quality assurance was in place and appropriate actions had been taken in response to this.

During this inspection we found one breach of regulation. You can see what action we asked the provider to take at the back of the full version of this 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?

Good

The service was safe.

People told us they felt safe. Staff had received safeguarding training and knew how to recognise the signs of abuse.

There were sufficient staffing levels to meet people's needs.

Medication was stored and administered safely.

Is the service effective?

Requires Improvement

The service was mostly effective.

The appropriate actions in relation to weight loss and risk of malnutrition for a small number of people had not been considered to ensure nutritional needs were met.

Staff had received appropriate training to meet people's needs and had detailed knowledge about people's individual preferences. Staff delivered care in line with people's individual needs and wishes.

People, who were able, gave consent to their care. For people who were unable to give consent, the provider complied with the requirements of the Mental Capacity Act 2005.

The provider knew about the Deprivation of Liberty Safeguards and had made appropriate applications in this respect.

People were supported to maintain good health through access to healthcare services and on-going healthcare support.

Is the service caring?

Good

The staff were caring.

Staff treated people in a kind and compassionate way. They took time to make sure that people were safe and comfortable and felt included.

Staff described how they provided care to people and respected

their dignity. People were complimentary about the care received.

Is the service responsive?

Good

The service was responsive.

Staff were able to respond appropriately to people's needs due to the detailed and accurate care plans, risk assessments, daily records and handovers.

Staff had taken the time to get to know people personally so they could respond to their preferences, likes and dislikes, thereby providing personalised care.

The manager listened to feedback from staff and people and responded appropriately.

Is the service well-led?

Good

The home was well led.

There was a positive and open culture within the home where feedback was actively sought and responded to by the provider. Staff and people using the service said they felt listened to.

The registered manager demonstrated good management and leadership.

The provider actively monitored the quality of care and took appropriate actions where necessary to drive service improvements.

The Lawn Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 July 2016 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

Before the inspection, we reviewed all the information we held about the home including previous inspection reports and notifications received by the Care Quality Commission. 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. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with six people using the service and five friends or relatives. We also spoke with the registered manager, the area director, the chef, the activities co-ordinator, the office manager, the maintenance man, two care workers and two volunteers. We reviewed records relating to five people's care and support such as their care plans, risk assessments and medicines administration records. Following the inspection we obtained feedback from two professionals who regularly visit the home.

We previously inspected the home in November 2015 and found six breaches of regulations.

Good

Is the service safe?

Our findings

People and their relatives told us that people felt safe living in the home. One person said when asked if they felt safe "Yes I do feel safe here, absolutely." Another person told us "I feel safe and secure here." One relative said "I feel happy that there is nothing here to make them feel unsafe."

During our previous inspection we found that there was a lack of staff and over reliance on agency staff who people didn't know. We also found that risks hadn't been addressed in relation to skin integrity, falls and diabetes. At this inspection we found that the use of agency staff had reduced, due to recruitment, and those that were used were regular staff who had got to know people well. Feedback from people in this area was positive demonstrating the favourable impact on people of this change. In addition care plans had been rewritten addressing all the risk previously identified. Staff were aware of these risks because they told us they had read care plans and had access to good handover information between shifts. This meant the risks for people in relation to their care had been identified and mitigated. The combination of consistent staff and improved risk planning and communication of those risks had impacted positively on the care people received.

People were protected from abuse. Staff had completed safeguarding training and were able to explain to us how they protected people from abuse. Following the last inspection, the provider had employed a safeguarding consultant. A new safeguarding strategy had been put in place and safeguarding and whistleblowing polices had been rewritten. Staff knew where the safeguarding policy was kept and how to report any concerns both internally and externally. The provider had set up a central safeguarding team to monitor safeguarding within the organisation and who were also available for support and advice. There were plans in place to set up a an externally operated telephone notification line in order to provide a further reporting option for any staff who wanted to report concerns.

We saw a range of tools were being used to assess and review people's risk such as, of poor nutrition or skin damage. There were specific risk assessments for each person in relation to falls, moving and handling and pressure ulcer prevention. One person with poor vision had a risk assessment in place in relation to their impaired sight and how staff could support them with this to mitigate associated risks. One person was at very high risk of skin deterioration due to their decision to stay in bed. However turning charts were in place and skin integrity was monitored on a daily basis. The person's relative commented that their skin was "fantastic." Risks in relation to diabetes had been addressed through diabetic care plans which addressed all the risks in relation to diabetes and advised staff how to recognise hypoglycaemic symptoms and what action to take. Hypoglycaemia is when a person's blood sugar level falls too low.

Care plans were written in relation to each aspect of care and ensured that risk was considered and addressed, where appropriate. For example one person had a care plan in relation to falls. Falls had been identified as a risk and actions to address the risk such as staff to check that the Velcro on the person's slippers was securely fastened had been recorded. Staff described how they learnt about people's individual risks from handovers and care plans. Staff we spoke with told us they had read people's summary care plans and knew how to manage risks. During each shift, a handover sheet was prepared for the next shift.

Comments and updates about each individual person were recorded to ensure that any new risks identified could be passed to the next shift. This ensured a consistency
of care for people.

The provider explained how staffing numbers were calculated. Although no formal tool was used to calculate staffing, the provider took into account people's dependencies such as the number of people being cared for in bed and the number of people who needed two members of staff to mobilise. We observed that there were adequate numbers of staff on duty to meet people's needs. Very few people were cared for in bed, but those that were, had their needs met. Everyone we spoke with said there were enough staff to meet their needs and that call bells were always answered promptly. One person said "I think there are quite enough staff here to meet our needs." Another person told us "Things have certainly improved since November. There seem to be more staff and they are better trained. There were too many agency staff before and it's nice to see familiar faces now." The manager told us that a number of staff had been recruited since the last inspection, reducing the use of agency staff. To ensure a consistency of care, regular agency staff were being used. The manager told us that as the final few staff were recruited, the use of agency would reduce still further.

Recruitment and induction practices were safe. Relevant checks such as identity checks, obtaining appropriate references and Disclosure and Barring Service (DBS) were being completed for staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This ensured that staff were safely recruited.

Medicines were stored safely and securely. Storage arrangements met legal requirements for the storage of controlled drugs. Controlled drugs are medicines which require a higher level of security. Medicines which needed to be stored in a fridge, such as eye drops, were stored in a fridge in a locked room. Fridge and room temperatures were recorded on a daily basis and were within accepted limits for the safekeeping of medicines. We checked records in relation to controlled drugs and found them to be accurate.

Medicines were administered safely. Records in relation to medicines were kept for each person using the service and included a photograph of the person and their date of birth, a list of any allergies, a list of their medicines and how they should be administered. There was a protocol in place for each person that received 'as required' medicines, known as PRN. This meant that staff were aware of when these medicines should be administered. Medication administration records (MAR) were kept for each person. We reviewed a sample of the records from the day of the inspection, which showed that medicines had been administered as prescribed on that day. A stock check was carried out during each shift and a monthly audit was completed. This helped to ensure that any problems could be identified and rectified quickly. We reviewed quantities of medicines (including controlled drugs) in relation to records and found these to be accurate. Blister packs of medicines showed that all medicines had been administered on the day of the inspection up until the time of our check.

People were able to look after their own medicines if they wished to. Risk assessments were used to make sure people were safe to do this. Staff had received medicines training and checks to make sure they were able to give medicines safely. Medicines were disposed of appropriately following the medicines disposal policy.

Requires Improvement

Is the service effective?

Our findings

People told us that staff met their needs effectively. On person said "They (the staff) try to make us feel happy." Another person said "I do like it here. It's a nice room, lovely garden, the food isn't that bad. Oh I'm very lucky. There is a friendly atmosphere here."

During our previous inspection we found that the provider had not acted in accordance with the Mental Capacity Act 2005 (MCA) and that staff had received all required training. At this inspection we found that training was now up to date. Mental capacity training had been refreshed for staff who were now familiar with the principles and people benefitted from appropriate application of the MCA.

Care plans identified the risk in relation to malnutrition but did not always show that all options to ensure adequate nutritional intake had been considered. One person regularly chose not to eat and had lost a significant amount of weight. The person had not been referred to a dietician and food monitoring charts were not effective. It was not clear from the chart what food had been eaten and what had been refused. It did not reflect that regular snacks were offered, although staff said they did offer snacks. The person had access to other food in their room but staff said they could not be sure what the person had eaten. Another person also chose to refuse food. Their care plan showed a range of food which they liked, however food monitoring charts only showed that the person was offered weetabix and maltesers. It was not clear from the plan of care what was being offered to support the person to meet their nutritional need. Although CQC acknowledge that people, with assumed capacity, had made these decisions for themselves it was not clear that the provider had considered all options available to ensure that people were able to receive sufficient nutrition.

Fluid monitoring in relation to the two people identified was not adequate. There was no target recorded, fluid intake was not totalled and there was no evidence that intake was being monitored to ensure that action was taken if insufficient fluid intake was noted.

Nutritional intake was not effectively monitored to ensure appropriate actions could be taken and nutritional assessments did not demonstrate that all options had been considered to meet nutritional intake. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to Meeting nutritional and hydration needs.

Most people were supported to have sufficient to eat and drink and maintain a balanced diet. Drinks were readily available throughout the day and staff encouraged people to drink. We saw people had easy access to drinks and people who were nursed in bed had drinks which were in reach. Drinks, biscuits and cake were served mid-morning and mid-afternoon and crisps, chocolate and fruit were available throughout the day. Drinks were offered during and after lunch and in the evening. One person said "I know that we can have snacks and drinks in between meals and I do have biscuits in my room." A relative said "There's plenty she can have in the way of drinks and snacks between meals."

The chef told us that menus were worked out in line with people's preferences, ensuring healthy balanced

meals. She told us that each day two choices were offered. People who didn't want either option could choose chicken, fish or salad. A board was displayed in the kitchen which showed people's individual requirements such as those people who required a soft diet or a diabetic diet. One person required a gluten free diet. Records of these requirements held in the kitchen matched with people's care plans, staff knowledge and what people ate. One person said "If you don't like it, they'll replace it for you with something else. They will even do something totally off the menu if you want it." Another person said "I do like the look and taste of the food, it does look very nice, very appetising." We observed that the tables were attractively laid for lunch, people were offered sherry or wine with lunch and they could have beer to order. Soft drinks were constantly available in the dining room from dispensers. Light classical music was being played at low volume. The lunch looked good and there was a choice of fried fish or tarragon chicken. Vegetables were served in a large dish in the middle of each table, so people could help themselves to whatever amount they wanted. Most people ate without support from staff. Staff were attentive and lunchtime was unrushed. Tea and coffee was served after the meal. A relative said "The menu is varied and it has a good variety of fresh meat and vegetables."

Staff had received appropriate training to meet people's needs. Records showed that staff had received training in key areas such as infection control, fire training, moving and handling, food hygiene and first aid. Some staff had also received training in incident reporting and outbreak management (referring to infectious diseases). Staff told us they had received sufficient training to meet the needs of people living in the home. There was a requirement for staff to attend training in order to keep their knowledge fresh and up to date. Staff were supported to study for health and social care vocational qualifications. New staff were working towards the Care Certificate. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers. Staff had recently attended a 'Community Skills' workshop. The workshop focussed on understanding the community, people's skills and talents and then using them to empower people.

Staff had regular supervision meetings with the manager and all staff had had an annual appraisal. Staff told us they felt supported in their role and felt able to discuss any concerns with the manager at any time.

Staff were knowledgeable about people's needs and how to support them. Staff said they knew about people's needs from handovers, care plans, risk assessments, people themselves and their families. Staff described people's individual needs and how they supported them. For example, one member of staff told us "We follow guidance in care plans and are aware of people's medical conditions. Now we have a medical condition folder to refer to." Another member of staff said "We go through the care plans now. We mostly find out about people's interests and family by chatting to them."

We saw that staff interacted with people appropriately and kindly, appearing to know them well as individuals, and treating them accordingly. For example, we heard staff exchanging banter with people.

People were asked for their consent before care or treatment was provided. A relative told us "They (staff) do explain what they want to do and why they're there and they keep chatting to her at all times advising her what they're doing." Another relative said "They respect (my relative's) decisions at all times." One member of staff said "I try to put myself in their skin – how would you like to be treated?" Staff said they always asked people if they were ready to receive personal care and how they would like it delivered. They said if people declined they came back later. People had signed their care plan to consent to their written plan of care.

Where people lacked capacity to make specific decisions, the home acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the 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. Where they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Most people had capacity to make their own decisions and therefore mental capacity assessments were not required. Staff told us they had received training in relation to mental capacity and demonstrated that they understood the principles of the MCA.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the manager understood when an application should be made and had made an appropriate application, supported by a mental capacity assessment, for one person living in the home. There were appropriate measures in place to keep the person safe, as they had previously chosen to leave the home unsupported. Staff ensured the person was supported to leave the home whenever they chose and actions had been taken to ensure they couldn't leave unnoticed.

People were supported to maintain good health through access to on-going health support. A GP visited the home weekly. Records showed that district nurses and chiropodists had been involved in people's care and referrals were made where appropriate. One person told us "The doctor comes once every week. You have to ask to be put on his list by the Tuesday and he comes on the Wednesday."

Good

Is the service caring?

Our findings

One person told us "I like the staff and very much appreciate what they do." Another person said "Staff ask me how I am and support me as needed. They do tend to just get on with it but, having said that, they do get it right." A volunteer said "This is a very family orientated home. We encourage families to take part in activities." A relative told us "The staff here are very, very good and very caring."

During our previous inspection we found that people were unhappy with the frequent changes of staff and the lack of a relationship with staff which had left them feeling very unsettled. One person had experienced a lack of dignity. At this inspection feedback from people was positive. They felt that staff were kind and friendly and they had developed friendships with them. Feedback from staff and volunteers showed that people were at the heart of the care delivered.

Staff were kind and patient with people. One member of staff told us "(A person) talks about her husband. The other day I went to see her and I stayed with her and supported her because she wasn't feeling well." Other staff told us they spent time on their day off shopping for the things which people liked such as hairspray and fruit. Another member of staff told us they had observed that one person never took part in group activities. They said they made sure they spent time with the person, sometimes going for walks with them and feeding the ducks.

Staff respected people's feelings. People said that staff knew what was important to them and showed concern if they were feeling down or under the weather. A member of staff told us "If a resident is upset, I try to find out what has upset them. I would try to cheer them up by reading with them for a bit or taking them into the garden or down to the local church if they felt unsettled." A relative said "Staff do show concern if (my relative) is not feeling too good. They will phone me if they feel they need to. They do know (my relative) quite well and staff talk to me to keep (my relative's) care plan current." One member of staff told us about a person who was at the end of their life. They had arranged a schedule to ensure there was always someone with the person so they didn't feel alone. After the person had passed away they had spent time supporting the person's family going through old photographs and recalling positive times. Another relative told us that staff had been kind and supportive to them. The manager told us "I believe you are caring for the family as well as the resident." People and their families were cared for and supported by staff who knew people well and worked hard to ensure that people felt reassured and comforted.

During our previous inspection people had been upset at the high use of agency staff, who didn't know them or their needs. It was clear that this had now changed. There were only a few agency staff and all were regulars. Staff knew people's care needs but also knew the people well enabling them to anticipate their needs and exchange friendly chat. Staff and volunteers spoke about people passionately, taking pride in enhancing people's experience of life at the home. A relative said "I think the care here is exemplary. The family are grateful for the professional kindness and dignity shown by staff. We are very very happy. I don't think (my relative) could possibly be looked after any better."

People were involved in decisions about their care and were offered choices in all aspects of their daily life.

The manager told us that care plans were discussed and agreed with people before they signed them and that relatives were also included in the process. A member of staff told us they always gave people choices. A relative told us "I am involved with the information on (my relative's) care plan. I helped put it there and any reviews are done with my involvement." One person said "My views are respected. On one occasion the senior carer here spent over an hour talking about my care and how it should be delivered." Care plans had been signed by people and people told us that they had been discussed with them. The manager told us that a summary sheet was on the front of each care plan and this was regularly reviewed with the person to keep it up to date.

People were supported to maintain relationships and keep in touch with family and friends. Relatives told us they were able to visit the home anytime and staff said they encouraged this. One person said "My family and friends do visit all the time and the care home people encourage this." A relative said "They (my relative) are certainly encouraged to keep in touch with family." A volunteer told us that they had taken one person to visit a friend residing in another care home. They told us that the two people had become friends whilst living at The Lawn and they wanted to help them maintain their friendship even though one person had since moved on to another home. This was important for the wellbeing of both people and helped ensure they didn't feel socially isolated.

People were supported to be as independent as possible. A relative said "(My relative) is getting the help (they) need. (They) are independent, (they) do what they want." Many people living in the home required minimal support and were able to live their lives fairly independently. One person said "They (staff) know I am quite 'The Independent' I do what I want." One staff member said "Most people are quite independent. We help them to get ready but we encourage them to wash themselves where they can."

People's privacy and dignity was respected. Staff were courteous and knocked on people's doors before entering. One member of staff said "I always close curtains and doors and I don't leave care plans where anyone can see them." One person said "Normally my door is open but they do knock before they come in." Another person said "They do respect my dignity as far as they can. I have to say they take particular care when they see me in a state of undress so that my dignity is preserved."

Good

Is the service responsive?

Our findings

Staff were able to respond appropriately to people's needs because they knew them well on a personal level and understood their care needs. Staff had taken the trouble to get to know people personally so they could respond to their preferences, likes and dislikes providing personalised care.

During our last inspection we found that the provider had not been responsive to people's needs in relation to falls, challenging behaviour and osteoporosis. At this inspection, care plans had been rewritten addressing these needs and clear instructions had been given to staff through detailed handover information and discussion to ensure that people's individual needs were met. Staff told us they were familiar with people's individual needs. People told us they were happy their needs were met in line with their personal preferences and this was a positive experience for them.

Care plans contained information about people's abilities, their desired outcomes and the support they required to achieve them, including any identified risks. People's personal histories were included in their care plan and their choices and preferences were reflected. Care plans now included a 'What's important to me' section and included such information as 'I prefer a routine, I make my own breakfast, I am independent and like to do things for myself.' Care plans were reflective of people's needs and wishes.

Staff were knowledgeable about people's needs and preferences, for example, the moving and handling support they required, what they liked to eat and wear and where they liked to spend most of their time. During our previous inspection we had found that staff were not knowledgeable about people's care but this had now changed. A handover sheet had been introduced which recorded people's basic needs and had a space for notes. During handover between shifts staff were able to record any information relevant to inform their shift. For example the handover sheet on 28 June 2016 recorded pertinent information such as 'Swollen foot, keep an eye' 'Heavy scratching, check skin, see GP.' This meant that staff had the most up to date and relevant information to provide people's care. Staff told us they went through care plans and were aware of people's needs. Concerns identified at the last inspection around osteoporosis and diabetes had been addressed. Care plans had been rewritten and were clear about the risks and the care that should be delivered by staff. Two relatives commented on the good care provided in relation to skin integrity. One relative said "(My relative) has been in bed since November and has no bed sores and looks well and tidy."

Care plans were reviewed monthly and updated where necessary. Comments were recorded each month, in each part of the care plan, as part of the review showing that each part of the care plan had been considered individually. Care plans had been rewritten since our last inspection and were clear about people's needs and how they should be met. Staff followed guidance in the delivery of people's care in respect of specialist areas, for example, in relation to the use of interventions and positive behavioural strategies to support people with behaviours which may challenge.

A full time activities co-ordinator had only recently been recruited and had not yet started employment. The home was operating with one part time activities co-ordinator. People were able to engage in different activities such as scrabble and armchair aerobics. A chaplain visited the home weekly to carry out a well

attended holy communion and provide pastoral care where needed. The activities co-ordinator told us she spent one to one time every week with everyone who was either nursed in bed or who preferred to stay in their room. One relative said "They (the staff) just come in to chat to (my relative) (they) like that." The home was supported by a team of volunteers. Two volunteers told us they visited the home nearly everyday and knew people well. One brought her dog to the home as one person liked to take him for walks. She felt that the bond between her dog and the person was very important to the person and significantly improved their quality of life. The volunteers also described other activities such as taking people out to tea and to the local garden centre, activities for the Queen's birthday which included painting balloons and decorating crowns, skittles and basket ball. One of the volunteers told us they had ordered a Battle of the Somme kit from the Royal British Legion and people had enjoyed an afternoon looking at the photographs and literature. Another group of volunteers provided monthly activities and these included tea parties, pub lunches, a canal trip and film shows.

The provider had a complaints procedure which detailed how complaints should be dealt with. Everyone had been given a copy of the complaints procedure. We found that all written complaints had been dealt with appropriately and in a timely manner. Staff confirmed they would go to the manager if they had any concerns and had opportunities to discuss issues or concerns during staff meetings and supervision meetings. People were able to raise concerns either through residents meetings or just by talking with staff. Everyone said the manager listened and was responsive. A relative said "Anytime (my relative) has made a complaint, it's been responded to and sorted out immediately." A person told us "The service dies respond when I ask. They do listen and react." Staff told us they were asked for feedback during supervisions and appraisal meetings. People and staff were given the opportunity to raise queries and concerns and the manager was responsive to this. This meant care was responsive to people's needs.

Good

Is the service well-led?

Our findings

A registered manager was not in post at the time of the inspection. However, the provider had recruited an interim manager to implement the significant improvements which were required following the last inspection. A new permanent manager had been recruited and was due to start in post following the inspection. The new manager planned to apply to CQC to register as the manager once in post. This meant there had been consistent leadership in the home during the implementation of the action plan to turn the home around.

During our last inspection we found that quality monitoring processes had not been effective in identifying and rectifying any concerns. At this inspection we found significant improvement in this area in that a strong framework had been put in place and there was considerable provider input into the quality monitoring and improvement of the home. This was demonstrated by the considerable improvements to people's care we found during this inspection.

There was a positive and open culture within the home. Staff said they felt able to raise concerns, and were confident they would be responded to. One member of staff said "(The manager's) door is always open. I pass information to her all the time. It's good to discuss things." Another member of staff said they had requested more training and this had been responded to. Staff said they were actively encouraged through meetings and appraisal to give feedback about the service. One member of staff said "It's a lovely atmosphere here, like a family feeling, residents are happier. I feel happier myself. One person said "There is, I feel, a culture of support and openness." And another person told us "I know they tried to give or instil the idea of being one big happy family and on the whole I think they have probably succeeded." This showed the culture in the home had changed significantly since the last inspection and now reflected a supportive family atmosphere which staff and people appreciated.

The manager was passionate about the home and proud of the improvements made since the last inspection. She said "We see each person as an individual and regard each interaction as an activity rather than a task. We're about letting people be themselves and doing what they like even if there is a risk attached." The manager told us she felt it was important to be accessible to everyone and since the last inspection the manager's office had been relocated from the end of a corridor to just inside the front door. She told us that being at the heart of the home had made a big difference as it was much easier for people and relatives to pop in and out and she was able to see what was going on in the home.

Links with the local community had been established ensuring people felt included in the local area. There were links with local schools and colleges, with visits from school children. Students from the college had been on work placements at the home. People often visited the local church and friends and relatives were involved in activities for example one family member visited the home to provide flower arranging activities for people. The provider was working in conjunction with 'Skills for care' to enable people to be more active in the day to day running of the home. 'Skills for care' is an organisation which provides practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce.

Minutes of residents' meetings were available which documented that people were asked for feedback and that suggestions had been made in relation to activities and food. People who were unable to attend had an individual meeting with the manager so they could be kept updated and have an opportunity for feedback. Minutes of staff meetings showed that staff were reminded about important aspects of care such as safeguarding and dignity. At the last meeting staff had also requested training in relation to writing care plans. The manager felt this was a positive step forward so that staff could take responsibility for writing care plans.

The manager demonstrated good management and leadership. She ensured she was visible 'on the floor' on a daily basis. People knew and trusted her. The manager was knowledgeable about the notification requirements for the Care Quality Commission (CQC) and appropriate notifications had been submitted. A notification is an important event which the service is required to tell us about by law.

Policies and management arrangements meant there was a clear structure within the home which ensured the service was effectively run and closely monitored. Policies included staff recruitment, safeguarding, confidentiality, complaints and whistle blowing. The provider's core values of; the unique worth of each person at all times, the importance of holistic care and support and the value of community interaction were demonstrated in the care provided, feedback from people and the key role of volunteers linking the home with the local community.

Key changes had been made by the provider since the last inspection, which had provided a stronger framework to support the home in monitoring and improving the quality of the service provided. A business development team now supported the home with recruitment and marketing, freeing up the manager to work on key areas in the home such as communication and support for people and staff. A quality improvement team had also been established. The team carried out audits in line with the key questions asked by CQC. Managers were required to respond to the team detailing changes and improvements they would make following feedback from an audit. The format of monthly reporting had also changed, now requiring the manager to complete their own audit and then discuss this with the area manager including providing evidence to support their findings. An action plan was then prepared ready for the next monthly audit. We saw evidence that actions from all these audits were being completed. Other monthly audits included infection control, medicines and health and safety. There were systems in place to ensure that the service was closely monitored to make sure that people received care which was continually reviewed for improvements.

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 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider did not ensure that all service users received suitable and nutritious food and hydration which is adequate to sustain life and good health. Regulation 14 (1)(2) (4) (a)