

Sanctuary Care Limited

Highcroft Hall Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 21 and 22 August 2018. The inspection team consisted of two inspectors, a specialist advisor who was an Occupational Therapist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Highcroft Hall Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Highcroft Hall accommodates up to 52 people in one adapted building comprising of three units, two of which specialise in caring for people living with dementia. Thirty-three people lived at the home at the time of our inspection visit.

At our last inspection in January 2018 we identified significant improvements were needed throughout the service. We judged the home as 'Inadequate' in two of our key questions and identified four breaches of the Health and Social Care Act 2008. Following our January 2018 inspection, the overall rating for the service was assessed as 'Inadequate' and the service therefore remained in 'special measures'. In addition, the conditions we imposed on the providers registration in relation to falls management remained in place. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this time frame.

This inspection took place on 21 and 22 August 2018 to follow up on our previous findings. We returned on this occasion to check whether people were safe and that the provider was taking the necessary action to improve the quality of care and reducing the risks to people. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. In addition, we found that the registered provider had made significant improvements in and was complying to the conditions we imposed. We found the service was now meeting the regulations.

There was a registered manager in post at the time of the inspection. 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.

Although previous breaches of regulations had been met and improvement made there was still risks to people that had not been consistently mitigated. People were protected from potential abuse because staff were trained to recognise and respond to safeguarding concerns. People received their medicines as prescribed. People were supported by sufficient numbers of staff. People received care and support from

suitable and appropriate staff because the registered provider was committed to safe recruitment practices.

The provider and registered manager had not ensured they acted consistently in accordance with the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make decisions and give consent, appropriate best interest meetings had not consistently taken place. People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians. People were supported with their dietary needs but we received mixed views from people in respect of the quality of food.

People described staff as nice and caring and confirmed their right to privacy and dignity was respected. Those people able to manage their own care were encouraged to do so. People's involvement in their care planning ensured they received a service the way they liked.

Care plans contained person-centred information about what was important to people and about how their needs should be met. This helped staff to get to know people and provide responsive care. People told us that they enjoyed the activities that were provided. People knew how to complain and were confident their concerns would be listened to and acted upon in a timely manner.

We found that some improvements had been made to promote the safety and governance of the service. The provider had taken the necessary actions to mitigate risks to people. We recognised the improvements made following our last inspection. However, the shortfalls that we identified within this inspection showed that further improvements were still required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risk were not consistently managed to ensure people were safe.

People were protected from harm as staff were trained to recognise and respond to safeguarding concerns.

There were sufficient staff who were recruited safely.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Some of the necessary safeguards were not in place to protect the rights of people.

People were supported by staff who received appropriate training and supervision. Some staff had not completed their induction fully.

People shared mixed views about the quality of their food. People were supported to access healthcare services where required.

People who had been assessed as at risk of weight loss were supported to manage this.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us staff were kind and treated them with compassion, dignity and respect.

People told us they had choice over their daily routines and staff respected their decisions.

Staff understood people's likes, dislikes, needs and preferences and people were involved in their care provision.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to take part in activities that they enjoyed and steps were in place to improve this

The provider had a system in place to manage and respond to any complaints about the service.

Is the service well-led?

The service was not consistently well-led.

The systems and processes in place to assess and monitor the safety and quality of the service were not consistently effective.

People had not received regular opportunity to share their experiences of living at the home.

People, relatives and staff felt the home was well managed and improving.

We recognised that improvements had been made following our last inspection in order to provide better outcomes for people.

Requires Improvement ●

Highcroft Hall 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 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 unannounced comprehensive inspection took place on the 21 and 22 August 2018. We undertook this inspection to follow up on our previous findings. We returned on this occasion to check whether people were safe and that the provider was taking the necessary action to improve the quality of care and reducing the risks to people. The inspection team consisted of two inspectors, a specialist advisor who was an Occupational Therapist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection process we looked at information we already held about the provider. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from the local authority contracts and quality team and Healthwatch to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection visit, we met and spoke with 10 people who lived at the home. We used the Short

Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We spoke with five relatives of people and one visiting care professional to get their views. In addition, we spoke at length with the regional manager, the registered manager, the deputy manager, three senior care assistants, eight care assistants and the cook.

We sampled various care documentation for 15 people, medicines records, two staff files, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service including audits, quality monitoring systems and action plans; accident and incident records; surveys; meeting minutes and complaint records.

Is the service safe?

Our findings

At our last inspection in January 2018 we rated the registered provider as 'Inadequate' in this key question. We found people's needs had not been assessed or managed to reduce the risk of avoidable harm. Staff moving and handling practices were unsafe and people were being supported in a way that could put them at risk of harm. There were not enough staff to meet people's needs safely and people did not receive their medicines as prescribed. The provider had failed to ensure people received consistently good, safe care that was compliant with the legal regulations and were in breach of Regulation 12 (safe care and treatment) and Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we looked to see if the required improvements had been made. We found some improvements had been made and the service was now meeting the requirements of the above regulations. However, the service still needs to be improved and is therefore rated 'Requires improvement'.

We looked at risks to see how these were managed to keep people safe. We found some people were not consistently protected from the risk of harm due to the lack of availability of equipment such as their call bell [alarm to call for support from staff]. We explored this concern further and we found call bell cords were missing from six people's rooms. We raised this with the registered manager who informed us that people had regular observations throughout the night and others had sensor alarms in place and any movement would alert the staff but was unable to explain why the call bell cords had been removed. On the second day of our inspection the registered provider had checked all rooms and assured us that call bell alarms were available in every room. In addition, we saw on one person's care records that they had been assessed as being at risk of pressure sores and required skin integrity checks. It was not clear from the records we sampled that this was being undertaken. The same person also required to be supported by being repositioned every two hours. However, some of the records sheets entries showed the person was being supported every three hours. This increased the risk of the person developing sore skin. We raised this with the registered manager who informed us they would address this with the staff team.

At our last inspection in January 2018 we identified a number of people who were at high risks of falls and action to mitigate risks had not been taken. At this inspection we found improvements had been made. We saw that action had been taken to mitigate risks to people falling. This had included implementing a risk assessment that had been completed in conjunction with moving and handling professionals. We saw that staff had detailed knowledge and the skills to support people with their moving and handling needs and that people were supported in a safe way. One relative told us, "My relative used to have a lot of falls, it was a monthly trip to the hospital. In the last 12 months, things have improved. it's much better now, not had a fall for a long time." We observed staff supported people to move using safe practices throughout our inspection.

We looked at other risks, such as those linked to the premises. We found fire risk assessments were completed and most staff we spoke with were familiar with the emergency procedure at the home. We spoke with some new staff and whilst they were able to explain the fire procedure they had not received fire training. We received information from the registered manager following our inspection that this had been resolved. People had Personal Emergency Evacuation Plans (PEEPs) in place and these were up to date and

reflected people's needs in the event of an emergency. In addition, we saw up to date servicing certificates were in place to show the premises and equipment were safe and in good working order. For example, checks of gas safety, electricity, mobility equipment and water safety. We spoke with the cook who advised the service had achieved a '5' star rating by the environmental health agency which meant they regarded the service as having good food hygiene standards.

People we spoke with said they felt safe living at Highcroft Hall. One person told us, "I have no worries here and I do feel safe with the care. There are always enough staff even at night and if I use my call bell they always come straight away." A relative said, "[My relative] is totally safe here now. I was reluctant to take the advice of the manager to move mum to the higher dependency floor but it has really settled her agitation because care is more one to one now. We are really happy."

Staff were knowledgeable in ensuring the people they supported were protected from harm and abuse. Staff had received the necessary safeguarding training and understood what abuse was. They knew how to recognise if people were being abused, bullied or experiencing discrimination of any kind. Staff knew about the process for raising any concerns and described how they could also raise concerns with other organisations including the police, the local authority and The Care Quality Commission (CQC). One member of staff told us, "I wouldn't want my nan to be treated bad so I would report anything straight away and whistle-blow if necessary."

People received care and support from suitable and appropriate staff because the registered provider was committed to safe recruitment practices. We reviewed the registered providers recruitment procedures and found these were safely in place. Staff files contained application forms with detailed employment history and qualifications, appropriate references, photographic identification, as well as the appropriate Disclosure and Barring Service (DBS) check. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

At our last inspection in January 2018 we identified that there were not always sufficient numbers of staff available to support people. At this inspection in August 2018 the provider had taken steps to improve the staffing levels. One person told us, "There's enough staff, I don't have to wait." One relative said, "There is more staff on this floor now, I visit every day, I have seen the changes. Much better now." Another relative told us, "It is most definitely safer than it was. There has been a staff shortage whilst they have been bringing things up to standard, as staff have left and been appointed but things have settled down now." Staff we spoke with were positive about the improved staffing levels. A member of staff told us, "We now have better staffing levels than we did before." From our observations during our inspection staff responded to people's requests for support in a timely manner.

At our last inspection in January 2018 we found errors in the recording of medicines that meant we could not evidence that people received their medicines as prescribed. At this inspection we looked at the management and administration of people's prescribed medicines and found some improvements. People told us they were happy with the way staff supported them with their medicines. One person told us, "My medication is given as it should be." We sampled some Medication Administration Records (MARS) to check if people received their medicines as prescribed. We carried out spot checks on medicine administration records and found them to be correct.

Most medicines were being stored securely for the protection of people who lived at the home. Medicines requiring cool storage conditions were being stored at the correct temperature and so they would be effective in treating the condition they had been prescribed for. However, we did note that some prescribed topical creams were not secured safely. The registered manager advised this would be addressed following

our inspection. The controlled drugs were securely stored and administered with the controlled drug register being correctly maintained. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse.

People told us the housekeeping staff worked hard to keep their home clean. One person told us, "My room is kept spotless daily." Overall, we found the home was clean although a small number of areas needed some attention. For example, we found some moving and handling equipment were dirty and had encrusted food on the surface. We informed the registered manager of this during our inspection and they responded immediately to ensure improvements were made. In communal toilets, bathrooms and the kitchen there were easily accessible protective equipment for staff including disposable aprons and gloves to minimise the risk of cross infection. We observed care staff wore personal protective clothing when they supported people with their care.

Accidents and incidents were recorded and showed what action had been taken to avoid it happening again. Staff were aware to report any incidents or accidents that occurred. The registered manager maintained an incidents and accidents log and confirmed they reviewed the details with a view to reducing the risk of repeat occurrence, to monitor trends and to mitigate risks to people. Records we reviewed confirmed this.

Is the service effective?

Our findings

At our last inspection in January 2018 we rated the registered provider as 'Requires Improvement' in this key question. We found that people were not supported by staff that had the training, skills and knowledge to support them effectively. People were not supported in a way that protected them from unlawful restrictions. People did not have their dietary needs managed safely. We found some improvements had been made, however, at this inspection the rating remained as Requires Improvement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. During this inspection we looked to see if the service was working within the legal framework of the MCA. One person told us, "Staff always ask my permission before going into my room, [they are] respectful staff." Another person said, "I feel in control of the care that I receive." Staff were able to describe the basic principles of the MCA and understood the importance of obtaining consent. We observed staff gaining consent from people before supporting them with their needs. However, some people had bedrails in place to prevent them falling from bed and used sensor mats to mitigate the risk of falling. There was no evidence that people had consented to these interventions and where people lacked capacity there was no evidence that the decision to use these interventions had been made in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some staff we spoke with were not always clear about what DoLS meant for people and why applications had been made for. The registered manager told us they would be providing staff with support and information in respect of the DoLS process to address our concerns.

People told us they thought staff were well trained and had the skills they needed to support them. One person said, "Staff are knowledgeable." We observed staff supported one person to move safely with the use of a hoist, following the procedure the person said, "That's beautiful." A relative told us, "The training and skills are improving. It was lacking before. It has improved since [name of registered manager] started." Staff spoke positively about the team work within the home and confirmed that training was provided. A review of the training records showed that training was provided in areas such as, moving and handling, health and safety, safeguarding, mental capacity and DoLS, infection control, first aid and food hygiene. We did note some gaps in refresher training around fire safety and food hygiene. The registered manager sent us information following our inspection to evidence they had addressed this.

Staff who were new to the service completed an induction to the home and had the opportunity to shadow more experienced staff members. The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings. One new staff member said, "I had an induction course, but I can't do moving and handling until I've had training; they [managers] want to make

sure I am competent." However, records did not consistently corroborate this. We found some staff had not completed a full induction and some induction booklets had not been signed off as completed by the registered manager. This meant that not all staff had received their full induction to equip them to support people effectively. Supervisions and appraisals were taking place for all staff and were used to develop and motivate them and review their practice or behaviours.

At our last inspection in January 2018 we found that people who were identified as being at risk of malnutrition were not always supported appropriately. We found that food and fluid monitoring charts had not always been completed fully. We found the provider in breach of Regulation 14 Nutrition. At this inspection we found that some improvements had been made and the provider was now meeting the requirements of this Regulation. People were assessed in relation to the risk of inadequate nutrition and hydration and food and fluid intake was monitored. However, whilst fluid intake was being monitored it was not clear from records what action had been taken when people had not received their daily target consumption. We saw that people, when needed were weighed regularly and that referrals were made to the health professionals for advice and support.

We observed mealtimes were well organised and support was available for those who required it. Menus were on display on the dining tables and showed a clear choice for all three of the days meals. Staff interacted with people appropriately and were unobtrusive when supporting people to eat their meals. However, feedback we received regarding the food varied. Comments from people included, "The food doesn't always suit me but if you don't like the options then they will do something else for you" and "The food is ok but I would like to see a few more greens." More positive comments included, "We do have a good choice and the portions are good too." and "There is always a selection of food and they do cater for our choices." We shared this feedback with the registered manager who advised us that they would include menu planning and invite the catering team on the next residents meeting. Staff we spoke with had a good understanding of people's dietary needs, including their preferences, cultural and religious needs.

The registered manager confirmed that a pre-assessment of people's needs was carried out before they moved into the home and this was confirmed by the relatives we spoke with. The pre-assessment helped the provider to find out if they would be equipped to meet the individual's needs before they moved into the home. Systems were in place to ensure that people received consistent care when they transferred between services. For example, a hospital transfer form was used to support people when they were admitted into hospital. This enabled people to receive care and support from staff that knew how to support them effectively.

People's health and wellbeing were monitored. One person told us, "GP comes in weekly, can't ask for better healthcare." A relative told us, "I am always contacted regarding any health issue, for example, the staff noticed my relative had a swollen hand, they immediately contacted the rapid response team and me, so much better now." We reviewed people's health records and saw evidence of referrals to different medical professionals to promote people's health.

The premises had been adapted and decorated to support people to move easily from their own bedroom and around the communal areas of the home. There was a garden which people could use independently or with support from staff. The provider followed best practice design for people living with dementia.

Is the service caring?

Our findings

At our last inspection in January 2018 we rated the registered provider as 'Requires Improvement' in this key question. We found that staff were focused on tasks to be completed and missed opportunities for interactions. People did not always have their communication needs met in their preferred way and on occasions people's dignity was compromised. At this inspection we found improvements had been made.

People were very complimentary about the staff and their approach. One person told us, "They are very nice staff, they are kind and if you need them they always come. They are polite and treat me with real kindness." A relative we spoke with said, "I can't fault the staff, there has been a clear lift in their morale recently. They are always friendly and welcoming." Another relative we spoke with gave us positive comments about the care and support provided and said, "There has been some changes with the staff. It's so much better now, I see staff having more time to interact with people now."

During the inspection, we spent time in communal areas observing kind and friendly interactions between staff and people. People were supported by a regular team of staff who were familiar with their likes, dislikes and preferences. Observation showed staff were able to recognise when people may be showing signs of being distressed and distraction techniques that would be effective in managing this. For example, one person was seen to walk without purpose around the communal area. Staff recognised that the person was becoming unsettled and encouraged them to participate in an activity whilst offering reassurance and comfort in a caring and sensitive manner. One person did not speak English as their first language. We observed a member of staff communicated with the person in their own language and interpreting for other members of staff. We observed a warm interaction between the person and the staff member when they began to sing together. This meant people's communication needs were met in their preferred way.

At the time of our inspection no-one using the service was using an advocate. Advocates help to ensure that people's views and preferences are heard. The registered manager had details of advocacy services which could be contacted if people needed independent support to express their views or wishes about their lives.

People and their relatives told us, they had been consulted in how they preferred to receive their care and support. People described making their own daily choices where this was in their control. One person told us, "I go to bed and get up when I want to. I absolutely choose my own clothes; I get them out every evening." The bedrooms we were invited into were personalised with pictures and personal belongings that were important to the person. Staff told us that everyone could express their views and preferences and make day to day decisions about their care. One member of staff said, "We need to take into account people's own choices and preferences."

People we spoke with felt staff treated them with dignity and respect when offering care and support. One person told us, "Staff show me respect and courtesy, particularly with regard to privacy. Although I am new they already know me and my preferences. Staff make time for you if you need it." From our discussions and observations of staff we found they had a good understanding of how to promote dignity to the people they supported. Personal care support was carried out in private, staff were seen to knock on people's door

before entering and blankets were used to maintain people's dignity when equipment was used to help them to move. However, on two occasions we did observe incidents which compromised a person's dignity, this was addressed immediately following our inspection.

People said they spent time in the privacy of their rooms whenever they wanted. One person told us, "I spend private time with my husband in one of the quiet lounges, we have the TV to ourselves and [name of registered manager] has let us put some of our own decorations in, makes it feel like our home." Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support and were with were clear about when confidential information might need to be shared with other staff or other professionals to keep people safe. Some people told us they enjoyed being as independent as possible at the home. One person said, "I like to do as much as I can myself." We observed a staff member made a hot drink for one person and encouraged the person to put their own sugar and milk in the cup so that they did not lose their independent living skills.

People confirmed that family and friends could visit the home freely and were welcomed by the care staff. A relative said, "I have visited at various times and often found staff sitting with my mum, which is nice to see." We were told that people could visit at any time; however, we noted that meal times were protected to try and maintain people's privacy and to maintain their dietary intake. We discussed this with the registered manager who advised that there was opportunity for relatives and their loved ones to eat together in the private dining areas around the home.

Is the service responsive?

Our findings

At our last inspection in January 2018 we rated the registered provider as 'Requires Improvement' in this key question. People were not consistently involved in the reviews of their care and there was a lack of activities for people to participate in. At this inspection we found improvements had been made.

People received personalised care that was responsive to their needs. One person we spoke with told us how much they missed their own garden and how the registered manager had let their relative make a small garden area which they could now see from their bedroom window. People told they were happy with the way staff supported them and that staff responded to their changing needs. One person said, "The members of staff are responsive to whatever I ask of them." A relative we spoke with told us, "My mum is a different person since coming here, all her medicines have stopped and she's so much better." Another relative told us, "Staff are amazing, they take mum out for walks when she becomes agitated." A visiting health professional told us, "They [the staff] are more person centred now, focus on the individual."

People's cultural and religious needs were supported. One person told us, "I choose to be alone. I watch TV and read the bible. We sometimes have a minister come in. Representatives from places of worship visited the home monthly to enable individuals to practice their faith; this meant people were able to observe their religious belief as they wished.

Staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture. Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. A member of staff said, "We support people equally regardless of their culture, age, gender, sexuality. People living with dementia all have different needs."

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The registered manager told us that the provider had produced an easy to read pictorial format document to use with people to capture their feedback more. This affirmed their commitment to ensure people were provided with information about the service in a format which met their needs.

People we spoke with told us they were involved in developing and reviewing their care plans. One person told us, "I have a care plan and my niece has discussed certain things with them regarding my care." Another person said, "I have discussed my care plan fully and they [staff] have taken into account my views." One relative told us, "I'm very much involved in mums' care plans and reviews." Care plans contained detailed information regarding people's social, emotional and life history. However, some of the care plans we sampled although they had been reviewed it was not clear from records that people and their relatives, if necessary, had been involved. Staff communicated and updated each other about people's changing needs

at regular staff handovers and through daily progress notes for each person.

At our last inspection in January 2018 we received mixed feedback from people regarding the suitability of activities at the home to meet peoples' preferences. At this inspection some improvements had been made. We saw a seven-day activity plan on display and people spoke enthusiastically about things that they had taken part in. One person told us, "I go to the musical entertainment and the fiesta days. If I want to go out shopping, to the cinema and even into Birmingham, they will provide a carer to accompany me." A family member told us, "Activities for the residents are always going on, they have been doing a round the world day and it was India last time. ... it was a lovely day. They [the staff] took mum out to get an ice cream and recently to the garden centre." Each unit had a 'resident's notice board' which showed people participating in various activities such as animal visits. The home had a designated café for people and their relatives to access. One member of staff told us about a person's love of a particular sport and said, "I always chat to [name of person] about [football team] as they are a lifelong fan. The little things that matter to them are what is important; it makes a difference to their lives."

We did see periods of time on day one of our inspection when people were unoccupied and saw that the home was busy with the comings and goings of visitors and staff attending to people's care needs. Throughout day two of our inspection we observed people watching TV in communal areas, playing bubbles and ball activities. Staff were also seen to spend one on one time with people, chatting and reminiscing. The provider told us that they had reviewed the activity provision within the home. The home had had a short period of time where an activity coordinator was in post and this was reported to be going well. However, the provider had not taken adequate steps to make sure regular and meaningful activities continued during the activity co-ordinators absence from work. Some people chose to stay in their rooms and we observed staff spending time with them to prevent social isolation. One person told us, "I like to spend time with my own thoughts and they allow me that ... I don't want to join in with things but I did have a visit from a little donkey."

Following our previous inspection, the home had been decorated in ways that helped people who lived with dementia to orientate themselves. For example, contrasting handrails to help people see them clearly and people's bedroom doors had their preferred name and picture of their choice. We saw there was a range of tactile and sensory objects such as dolls, handbags, dusters, brushes and clothing around the home to support people who lived with dementia and we observed people engaging with the objects independently and with the support from staff.

People told us they knew how to raise a complaint if they were unhappy about the care they received. One person told us, "I have had no need to complain but could talk to [name of registered and deputy manager] if I needed to." Details of how to complain were on display around the home. We saw there were arrangements in place to investigate and respond to people's concerns and complaints.

Some people's end of life wishes had been recorded so staff were aware of these. We found preferences with regards to end of life care and support had been considered and end of life care plans were in place. These detailed preferences such as music the person would like playing, who they would like present at the end stages of life and preferred funeral arrangements.

Is the service well-led?

Our findings

At our last inspection in January 2018 we rated the registered provider as 'Inadequate' in this key question. There were no effective systems in place to ensure that the service was well-led. The registered provider failed to protect people from unsafe care and as a result people had experienced inadequate care and support. The provider had failed to ensure people received consistently good, safe care that was compliant with the legal regulations and were in breach of Regulation 17 (Good governance). At this inspection we found some improvements had been made and the service was now meeting the requirements of the above regulation. We found the service had improved from inadequate to requires improvement. The shortfalls that we identified within this inspection showed that further improvements were needed.

At this inspection in August 2018 we found that the provider had some systems in place to monitor the quality and safety of the service and that some of these had been used effectively to identify areas for improvement. However, further improvements were still required to the day to day provision and monitoring of the service. Some of the quality monitoring systems had not always been used effectively to implement or sustain improvements. For example, audits in place for areas such as medicines were not consistently effective. One person's prescribed treatment had been stopped by a health professional on 20 July 2018. However, we found during our inspection that the person was still receiving this treatment. The systems in place to check current medicine records against health professional's letters and advice was not robust as it had not identified this shortfall. Whilst on this occasion there was no impact for the person there was the potential for the same mistake being made again for something which may be of a more serious matter. We raised concerns with the registered manager about prescribed creams not being securely stored to reduce the risk of harm to other people who may enter the bedroom. The registered manager confirmed there were no systems in place to monitor the safe use of these creams. On the second day of our inspection the registered manager informed us that creams located in bedrooms were now securely stored to reduce the risk of harm.

Opportunities had been provided for people and their family to comment about their experiences of the service through the annual feedback surveys. The registered manager advised us that a survey had recently been sent out to people and they were in the process of collating people's views. An opportunity for feedback to the regional manager was displayed prominently throughout the building. The regional manager visited the service regularly to speak with people, staff and families. People told us that they had not regularly been asked for their views through resident meetings. One person said, "There used to be resident's meetings but I don't think there are now." The registered manager informed us that resident meetings had not been carried out with people who lived at the home. The undertaking of meetings would give people the opportunity to tell the provider about their experience of using the service. This meant people were unable to express their views on a frequent basis.

People and relatives, we spoke with felt the service was well managed and told us the registered manager had an open and honest approach. One person told us, "There are two managers and I could approach either of them. We had a chat yesterday. It is absolutely perfect here and I could not suggest any improvements at all." A relative said, "The new manager has been approachable from day one. I would

happily recommend this place now." Another relative told us, "I know [name of registered manager] and she is approachable. She makes a vast difference to this place. Any improvements have already been made and they have been rapidly effective. We can see a real difference." Some people told us they did not see the registered manager on a regular basis, comments included, "I find [name of registered manager] difficult to communicate with as [they are not] very available for those of us in our rooms. [name of registered manager] comes to the lounges but not to the rooms." and "I have never met the manager. I couldn't suggest any improvements as I am quite happy here." During our inspection we saw the registered manager spent time within the home so was aware of day to day issues. We recognised that the registered manager had worked well with people to ensure their needs were met and had improved the culture of the home. For example, one person told us they had met with the registered manager to discuss specific concerns about their well-being and told us the registered manager had satisfactorily resolved these issues and said, "Thanks to [name of registered manager] I'm far more independent." A visiting health professional said, "The management are always approachable and always listen when contacted."

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice.

Providers and registered managers of adult social care services are required to notify the Care Quality Commission (CQC) about certain changes, events or incidents that affect their service or the people who use it. This is important as it allows the CQC to monitor the care and support provided. The registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection on their website and in the entrance hall of the home.

Staff told us that staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. One member of staff said, "We are now having monthly staff meetings and they have just started sending us a text message to remind us of a meeting, it's improved so much." Staff told us they could comment on the way the service was run and make suggestions for improvement. One staff member told us, "[name of registered manager] listens to our suggestions and makes improvements. The home is running really nice now and I wouldn't change anything." Staff we spoke with felt confident they could raise any issues with the registered manager and these would be listened to and addressed. Comments included, "The registered manager is good at her job", and "It's a lot better now than before, the manager is very fair." and "The registered manager and deputy are really supportive, you can go to them with anything."

The provider worked closely with external agencies to assist in meeting people's needs. The registered manager told us they welcomed feedback from other agencies which may help drive service improvements. There were routine links with healthcare agencies to maintain people's wellbeing. The provider worked in partnership with the local authority safeguarding team to protect people from the risk of potential abuse. They also worked with the clinical commissioning group regarding infection, prevention and falls management.