

Mrs Margaret Mary Gregory

Belgravia Care

Inspection report

Belgravia Court
North Promenade
Blackpool,
FY1 2LB

Tel: 01253 595567

Website: www.belgraviacare.co.uk

Date of inspection visit: 6 November 2015

Date of publication: 10/02/2016

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 6 November 2015 and was unannounced. At the last inspection in March 2015 the registered provider did not meet the requirements of the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 and was rated as 'Inadequate'. As a result of our findings on the inspection we took enforcement action.

After the last inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. During this inspection we checked that they had followed their plan and that they now met legal requirements.

Belgravia Care is situated on the seafront at Blackpool. The home is registered to accommodate up to 19 older people, people with learning disabilities and people living with dementia, who require assistance with personal care. At the time of our inspection there were 17 people who lived at the home.

Summary of findings

The ground floor was used as a social and activity area. The first floor had offices and three communal areas, including dining, lounge and crafts rooms. Bedrooms were situated on the upper floors of the home. All rooms were single occupancy with en-suite facilities. There was a passenger lift for ease of access and the home was wheelchair accessible. There was parking to the front of the building.

There was a registered manager in place. 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.

The staff team were experienced, knowledgeable and familiar with the needs of the people who lived at Belgravia Care.

Procedures were in place to protect people from abuse and unsafe care. Risks to people were minimised because risk assessments were in place. People told us they liked living at Belgravia Care and enjoyed living there.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at the recruitment records of three members of staff. Suitable arrangements were not always in place to ensure safe recruitment practices were followed.

People said there were enough staff to support them well and give them help when they wanted this. One person told us, "The staff come to the gym with me and I go swimming. There is always someone to help me when I need help." We could see there were sufficient staff available to support people and staff were not rushed when providing care.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They received regular support and supervision from senior staff.

We looked at how medicines were managed and found appropriate arrangements for their recording and safe administration. People were given their medicines as prescribed and they were stored safely.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. The environment was well maintained, clean and hygienic. There were no unpleasant odours. People told us the home was always clean, tidy and fresh smelling. However the effectiveness of the infection control measures were reduced because two staff were wearing nail varnish and / or long false nails.

We saw the registered manager and management team had improved the care provided to people living with dementia and those with learning disabilities. This had enhanced their experiences in the home.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). The registered manager discussed applications she had submitted. This showed us staff were working within the law to support people who may lack capacity to make their own decisions.

People told us the food and drinks were plentiful with lots of choice. They also said they were offered frequent drinks. We saw staff made sure people got enough to eat and drink with a choice of healthy and nutritious meals.

People we spoke with told us staff were caring and helpful. They told us they felt staff valued and respected them because of the way in which they supported them. Staff were aware of people's needs around privacy and dignity and made sure they respected these.

Staff had listened to people about the kind of activities they wanted. This helped them develop the variety of and frequency of activities to encourage people to interact and socialise.

People knew how to raise a concern or to make a complaint if they were unhappy with something. One person told us, "If something was not right I would tell the boss."

People told us the registered manager and staff team were approachable and supportive and listened to their views. They said that residents meetings were now carried out. Surveys were also sent to people who lived at the home, relatives and staff.

Summary of findings

The registered manager showed us the quality assurance audits the management team and the consultant they had hired had carried out. We saw a number of improvements had been made as a result of these.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Although we found that action had been taken to improve safety, the service was not always safe.

People told us they felt safe living at the home but suitable arrangements were not consistently in place to ensure safe recruitment practices were followed.

Medication management had improved. We saw appropriate arrangements were in place for storing, recording and monitoring people's medicines.

Staffing levels had increased and were sufficient to meet the needs of people and staff were appropriately deployed to provide safe care.

The home was clean and tidy but infection control was reduced by some staff wearing nail varnish and long or artificial nails.

Requires improvement



Is the service effective?

We found action had been taken to improve effectiveness and the service was effective.

Procedures were being followed to enable staff to assess people's mental capacity, where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk.

People were offered a variety of healthy and nutritious meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who had received training to assist them in becoming skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Good



Is the service caring?

We found action had been taken to improve how the service was caring for people and the service was caring.

People we spoke with told us that staff were kind and caring. They told us they were happy and satisfied with life at Belgravia Care.

People were satisfied with the support and care they received and said staff respected their privacy and dignity. We observed staff interacting with people in a respectful and sensitive way.

Staff had improved their knowledge about people to provide good support. They knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

Good



Summary of findings

Is the service responsive?

We found action had been taken to improve the responsiveness of the service and it was responsive.

People experienced care and support that encouraged them to enjoy a good quality of life. Social activities had increased to interest people and encourage companionship and interaction. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or complaints were listened to and acted on effectively.

Care plans had been developed and were person centred, involved people and where appropriate, their relatives and were regularly reviewed.

Good



Is the service well-led?

We found action had been taken to improve how the service was being led and the service was well led.

The quality assurance audits in place to monitor the health, safety and welfare of people were highlighting any issues found. These were quickly acted upon.

Opportunities for people who lived in the home, their relatives and staff to give their opinions on how the home was supporting them, had increased.

People told us the provider and staff team were approachable and willing to listen to people.

Good



Belgravia Care

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. We undertook an unannounced comprehensive inspection of Belgravia care on 6 November 2015. This was because at the last inspection on 3 March 2015 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008. After the last inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. This inspection was done to check that improvements to meet legal requirements planned by the provider after our last inspection had been made.

The team inspected the service against all five questions we ask about services: is the service safe, is the service effective, is the service caring, is the service responsive and is the service well led. We looked at the overall quality of the service, and provided a new rating for the service under the Care Act 2014.

The inspection team consisted of two adult social care inspectors, an adult social care inspection manager 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 care service. The expert by experience for the inspection at Belgravia Care had experience of services for people with learning disabilities.

Before our inspection we reviewed the information we held on the service. This included the last inspection report and provider actions to meet the regulations and notifications we had received from the registered provider about incidents that affected the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered provider, the registered manager, five members of staff on duty and nine people who lived at the home. We also spoke with two relatives.

We looked at care and the medicine records of four people, the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home.

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

Is the service safe?

Our findings

At the last inspection in March 2015, we found that care was not safe and people who had high care needs were not given enough support. On this inspection the care provided had improved. people said they felt safe and comfortable at Belgravia care. One person said, "Its ok being here. I have always felt safe here – no worries." Another person told us, "I am well looked after, nothing bad can happen here." One person said they felt less safe and vulnerable due to their physical health. However they acknowledged that staff were supportive and caring.

Relatives told us their family members were in a safe and caring home. We saw people were relaxed and at ease with staff. There were frequent and friendly interactions between staff and people who lived at Belgravia Care.

People told us they were able to have time in their bedrooms if they wanted or to relax in one of the lounges of the activities room. They said staff helped them to get around the home if they needed help. We saw people relaxing in all areas around the home as they chose.

There were procedures in place to protect people from abuse and unsafe care. At the last inspection risk assessments were not always in place. Where they were completed they were not informative.

At this inspection we looked at three care records and found these had risk assessments in place which provided guidance for staff. These assisted staff in providing care safely. Any accidents or incidents, complaints, concerns, whistleblowing or investigations had been discussed and evaluated for lessons learnt.

Staff were aware of how to raise a safeguarding concern and where relevant had done so. We asked staff how they would deal with unsafe care or a suspicion of abuse. They were able to tell us the steps they would take to reduce the risk for people from abuse and discrimination.

We talked to staff about how they supported people whose behaviour may challenge services. They told us that since the last inspection they had received training on supporting people with behaviour that challenged. They felt that this had improved the way they supported people. We looked at the care records of two people who could

have behaviour that challenged on occasions. There was informative guidance on how to support people in a variety of different situations. This included how to de-escalate behaviours that challenged.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at records for five members of staff. Staff had completed an application form however the form could be improved to ensure a full employment history was captured. References were obtained before people started work however they were not always sought from the last employer or from a senior person in an organisation.

We looked to see if the new staff had completed Disclosure and Barring Service checks (DBS) (formerly CRB checks) before starting work. One of the staff files we looked at showed us one member of staff had not had a DBS Adult First Check until just after they started work in the home. This is the initial check made by an employer to make sure a person is safe to start work with vulnerable adults, under supervision, before a DBS certificate has been obtained. These checks were introduced to stop people who have been barred from working with vulnerable adults being able to work in such positions.

We spoke with the registered persons about our observations. They carried out an immediate investigation and addressed the gaps within the records.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. At the last inspection there were not enough staff to support people and they were not deployed safely. On this inspection there were sufficient staff to support people and give them assistance when they needed this.

We talked with people who lived at Belgravia care and staff, checked staff rotas and observed whether there were enough staff to provide safe care. Additional staff had been appointed to work during the day. We saw staff were working effectively and supporting people when they needed them. From people's views, our observations and records we could see staffing was meeting the needs of people.

We saw staff were not rushed when supporting people and had sufficient time to support people safely and provide in house social and leisure activities and some activities in

Is the service safe?

the community. One person told us, "Yes I am happy that there are enough staff. A relative commented that they felt the home was more settled and relaxed. A member of staff told us "Staffing levels are much better now. We have much more time to spend with service users."

We looked at how medicines were managed. Medicines were not managed safely at the last inspection but this had improved by this inspection. We spoke with people about the management of their medicines. One person said, "I always get my tablets on time. The staff look after them for me."

We saw people's medicines were checked and confirmed on admission to the home. Staff had information on the medicines people were prescribed. Where new medicines were prescribed or medicines changed we saw the records had been amended to ensure these were administered as prescribed. Pain monitoring was in place where needed and included frequency of medicines given and number of tablets given where this was variable.

Written guidance was in place for medicines prescribed 'when required', to help ensure consistency in their use. This provided staff with information about under what circumstances 'when necessary' (PRN) medicines were to be given. This gave staff information so they were clear about the reasons people needed to take 'when necessary' medicines.

We observed staff giving people their medicines. We saw that the member of staff gave each person their medicines, made sure they had taken them as prescribed, then signed for that person's medicines. This reduced the risk of error.

Medicines were safely managed and we saw appropriate arrangements for storing, recording and monitoring controlled drugs (medicines liable to misuse). Storing medicines safely helps prevent mishandling and misuse.

There was one person who received medicines covertly. The use of covert administration of medicines is used in such instances when a person may refuse their medication but may not have the capacity to understand the consequences of their refusal. We saw best practice had been followed to ensure covert administration only took place in the context of legal and good practice frameworks. This protected both the person who received the medicine(s) and the staff involved in administering the medicines.

We saw from talking to staff and checking staff training records that staff dealing with medicines had received medicines training. Frequent medicines audits were carried out to monitor how medicines were managed. The manager took appropriate action where any errors or unsafe administration occurred.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe to use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines.

Call bells were positioned in rooms so people were able to summon help when they needed to and were answered quickly. People told us staff assisted them whenever they needed help. One person said, "We never have to wait long if we call for help."

When we last inspected Belgravia Care we were concerned with the cleanliness of the home and poor infection control practices. On this inspection the environment was well maintained, clean and hygienic. There were no unpleasant odours and staff used personal protective equipment safely and effectively.

We saw there were regular audits to check the cleanliness of the home and safety of equipment. However the effectiveness of the infection control measures were reduced because two staff were wearing nail varnish and / or long false nails. They were both involved in moving and handling and supporting people. Research has shown that nail varnish and extensions harbour bacteria and prevent good hand hygiene. Where fingernails are long, gloves may tear, presenting a risk of infection to people. Long fingernails may cause an injury to vulnerable people when moving or positioning them.

The registered manager told us of a recent norovirus outbreak in the home. She had dealt with this swiftly and appropriately, ensuring good infection control to reduce cross infection. She also warned visitors of the outbreak. This approach helped clear the infection quickly and kept people safe.

We recommend that the service reviews the practice of staff using nail polish or having long or artificial nails when moving and handling or otherwise supporting people

Is the service effective?

Our findings

People told us they enjoyed the meals provided and had choices of meals. We looked at the menus. We saw that people were routinely offered three options at mealtimes so people had plenty of choice. People's dietary and fluid intake was sufficient for good nutrition. We saw drinks were regularly provided to people. They told us they were rarely thirsty as there were always drinks available. One person said, "The food is brilliant. There is lots to choose from."

We saw specialist dietary, mobility and equipment needs had been discussed with people and recorded in care plans. There was information about each person's likes and dislikes and staff were familiar with each person's dietary needs. There was specialist equipment and contrasting crockery to assist people with their meals where needed. Special diets were provided where needed and staff were aware of the people who for example were vegetarian, needed a low fat diet or fortified foods.

We observed staff interaction and support given to people during the lunchtime meal. One of the inspection team ate with and chatted with people over lunch. People told us the meal was enjoyable and plentiful. One person said, "The food here is good. I enjoyed this." It was a relaxed and social occasion. Staff were available as needed throughout the meal. Staff checked to see people had enough to eat and encouraged those with smaller appetites. Where someone needed assistance this was provided. Staff supported people in a calm and unhurried way. They talked with them as they assisted them with their meal.

We saw the management team had been working on making the home more dementia friendly. They had appointed a dementia champion within the home. They had arranged for specialist support to advise and assist with changes. They had also contacted dementia organisations for advice and information. Signs were in place to assist people in finding their way around the home. Specialist contrasting equipment to assist in orientation was in place. Staff were enthusiastic about the changes. Activities had been developed to interest people in their environment. A variety of interesting posters, pictures and artefacts were placed on the walls of the communal areas. It was clear that people had been involved in making these. A member of staff told us, "The management team have been here every day since the last inspection to make things right."

The downstairs rooms which were previously rarely used were used on a daily basis for activities and social events. They had been transformed into cheerful and interesting areas for people to enjoy. Furniture had been rearranged to provide a more sociable environment. People told us they were pleased with these changes and staff felt they improved the way they worked with people.

Staff told us they were receiving supervision and appraisal and felt supported by the management team. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. A member of staff said, "We get supervision every month now. It's helpful but I can go to the manager any time if I need help with something."

People said they could see a doctor or health professional whenever necessary. They told us staff monitored any health issues and supported them to have regular health checks. Care records seen reflected this. One person told us, "Yes – I see the doctor and also an optician who visits." A health and social care professional told us that care had improved and staff listened to advice."

People told us they were confident that their needs were met by the staff team and that staff were well trained and knew what they were doing. One person said, "They seem well trained and very helpful to me." A member of staff told us, "There is always training available and the manager will do her best to make sure we get it."

There had been concerns about the lack of staff training to assist staff with their role at the last inspection. However since then the management team had made sure the training was up to date for all staff. Staff told us they had completed a lot of training recently. They told us they had good access to training and were encouraged to develop their skills and knowledge. Most staff had completed or were working towards national qualifications in care. This included Mental Capacity Act and Deprivation of Liberties, dementia, dignity, fire safety, understanding learning disability, infection control, end of life care and safeguarding vulnerable adults. We saw the training matrix which identified when training had been completed and when training needed renewing.

Is the service effective?

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. The registered manager informed us they had submitted DoLS applications for people who had restrictions placed on them for their own safety. They had informed CQC as required about any DoLS applications that had been authorised. We saw DoLS applications which had recently been authorised. This showed us staff were working within the law to support people who lacked capacity to make decisions and manage risk.

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. The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the Mental Capacity Act and DoLS. We spoke with staff to check their understanding of these.

Staff determined people's capacity to make particular decisions. They knew what they needed to do to make sure decisions were in people's best interests. Procedures were in place to enable staff to assess people's mental capacity and the action to take where there were concerns about their ability to make decisions for themselves.

People we spoke with told us they had the freedom they wanted to make decisions and choices. They said staff gave sufficient time if they were being asked to make any decisions. They said staff did not restrict the things they were able, and wanted, to do. One person said, "I feel involved in my care and I am always asked to give my consent to care and treatment."

Is the service caring?

Our findings

At the last inspection people were not always getting care that met their assessed needs. On this inspection people we spoke with told us staff were supportive and caring. They told us they were comfortable and enjoyed living at Belgravia Care. People told us they could trust staff, their dignity was promoted and they were treated with respect.

Belgravia care provided traditional residential care for a mixed client group including people with learning disabilities who were relatively independent within the home. Staff did the cooking and the cleaning and people were 'looked after' rather than developing daily living skills. The people who were living there when we inspected were happy with this service. They valued the care and support they received and would not want this changed. However if they moved on, the service may need to modernise the care and support provided to people with learning disabilities to encourage people to be more independent in daily living skills. The management team were aware of this and were encouraging one person to move onto alternative accommodation which would give them a more independent lifestyle.

People told us they felt staff valued and respected them because of the way in which they supported them. One person said, "I am happy that I am treated with dignity and respect." We saw staff talking to people in a friendly, polite manner. They were aware of people's individual needs around privacy and dignity and made sure they respected these. Staff knocked on bedroom and bathroom doors to check if they could enter and shut doors and curtains when providing personal care. Staff told us they had posted up a dignity tree picture to encourage everyone to focus on the need for dignity and practical ways of ensuring this.

All but one person we spoke with told us they were happy their care was focused on their individual needs and met their assessed needs. However one person was unhappy with the support they received. The issues were mainly related to their health issues and to the additional staffing that some people received but they did not warrant. Staff were aware of the person's dissatisfaction and we saw evidence that they had tried to provide ways to improve things for them.

We spent time in all communal areas of the home observing staff interactions with people. We saw good

interactions and communication from staff. People received the support they wanted and staff were cheerful, supportive and patient. We saw staff responded to requests for assistance quickly and sensitively. Staff talked with people and engaged them in activities frequently. We saw people were comfortable and relaxed and gave signs of enjoying staff engaging in activities with them. One person told us, "They are lovely the staff. Real treasures."

People looked cared for, dressed appropriately and well groomed. We saw the hairdresser visited regularly and staff helped people with nail and hand care.

Since the last inspection the staff team had made sure they had the information they needed about people to provide good support. Staff were familiar with people's needs and preferences in care and had increased their knowledge of people's social and leisure preferences. Staff told us they now knew and understood more about each person's history, likes, dislikes, needs and wishes. People we spoke with told us they felt well cared for. One person said, "Things have changed a lot here. It is much better. I enjoy living here." A member of staff told us, "It is so much better now. We look much more at people's care needs."

The staff team were developing personal centred care, finding out as much as they were able about each person's individual needs and wishes. From this they were developing social and leisure activities that individuals may enjoy. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for.

Local advocacy services had recently been into the home and gave people information about independent advocates available if people required their guidance and support. One person had an advocate involved with them to assist with making decisions. This meant they could be represented by someone independent of the home to act on their behalf if needed.

Links with and support from health and social care services were in place. We had responses from external agencies including the local authority contracts and commissioning team and health care professionals. Comments received from other professionals suggested that the service was

Is the service caring?

improving and that the staff team engaged with them, listening to ideas for improving and developing the service. These responses helped us to gain a balanced overview of what people experienced living at Belgravia care.

Is the service responsive?

Our findings

There was a lively and cheerful atmosphere when we inspected with good staff interactions. Staff spent time with people assisting them in their care and social needs. We saw staff laughing and joking while chatting together.

Staff were increasing the social and leisure choices they offered and encouraged people to retain and develop their independence where possible. One person told us about plans to move onto a less supported environment.

People were assisted to develop and follow the routines they wanted. We saw people were making choices about the time they rose in the morning, the food they would like, and when to retire at night. They were also being offered more social and leisure activities to choose from.

People visiting the home said they could visit their family member or friend whenever they wanted. They told us there was a relaxed atmosphere and they always felt welcome.

We had been concerned at the last inspection over the limited and infrequent social and leisure activities available. On this inspection we saw that social and leisure activities had been increased and new activities included. Staff showed us some recent activities that people had been involved in which included preparing for Halloween and a Halloween party, celebrating Queen Elizabeth's reign and activities around this as well as discussing current events and reminiscence. One person's dog rehomed with a friend, visited several times weekly and was petted by people who lived at the home. A member of staff told us, "We have turned things around following the last inspection in regards to activities. We have more staff now so we can concentrate better on activities."

People told us about the choices of activities offered on a daily basis, including arts and crafts, board games, pamper days and musical sessions. There were also regular visits from ministers from local churches. One person said, "I enjoy the parties that the staff put on, and when the children's choir comes, and on Mondays the lady from the church comes and we say prayers." Another person told us, "Every Monday a laywoman comes to meet me from a local church. That is really important to me – my sister was a

nun." A member of staff said, "We have residents meetings now to discuss the activities people want. It has been really useful because then the residents get the activities they want, not what we have just put in place."

People were also being supported to go on walks and local shopping trips. One person was going on short walks several times a day which was reducing their anxiety and behaviour that challenged. Another person was supported to attend a local gym and there had been several swimming trips arranged. A member of staff said, "We are doing more with the residents now including one to one activities."

The registered manager told us care plans and risk assessments were completed soon after admission with the person and their relatives, if appropriate. We looked at the care records of four people we chose following our discussions and observations. At the last inspection important information and guidance relating to individuals care needs was missing or inadequate. On this inspection information was in place to assist with providing personalised care. Each person had a care plan in place that gave details of their care needs, likes and dislikes. Risk assessments including nutrition, falls and pressure area management had been completed. These were informative.

Where people had behaviour that challenged, guidance was in place to assist in de-escalating behaviour and providing consistent management and support. They were regularly reviewed and amended as people's needs changed. A member of staff told us, "The care plans are better, more detailed and updated." Another member of staff said they are more informative, with more on MCA, best interests and risk assessments. It helps me to provide care for each person properly."

People said they and their relatives were able to become involved in care planning. A relative told us they and their family member had been involved in the planning of care. Staff showed us 'life story' books they started developing with individuals and where possible their relatives. A member of staff had completed their own life book in response to a request from one person. These had proved popular with people who lived at Belgravia care and the staff as a reminiscence and discussion aid. Staff told us they planned to develop the books with all individuals in the home.

Is the service responsive?

On arrival in the home we saw 'compliments and complaints' leaflet and post box prominently on show in the reception area. We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us about the 'box' and about a suggestions box they could use as well. One person added, "If something was not right I would tell the boss."

From this we could see people knew how to complain if they needed to. They said if they had any concerns staff would listen to them and take action to improve things." We looked at the complaints procedure and saw this was informative. The registered manager said there had been one minor complaint over the last year. This had been dealt with appropriately.

Is the service well-led?

Our findings

After the last inspection in March 2015 we took action as a result of our findings on the inspection. There were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and significant concerns about continued non-compliance and the care provided. The registered provider was aware that the service had to improve.

There had been a change of registered manager in December 2014 and another change of registered manager after the March 2015 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.

The registered manager who had been registered with CQC until December 2014 had returned to manage the home in May 2015. She went through the process to apply to re-register with CQC as the home's registered manager. It was clear when she applied to become the registered manager that she had improved her skills and knowledge and was familiar with the regulations and action needed to improve the home. Staff told us, that the registered manager had come back 'energised'. One member of staff said, "She is really focussed on improving the home. She listens to us and takes on board our suggestions." Another member of staff said, "I am so much happier in my work as the residents are getting a good service now."

We saw since the last inspection the management team and staff, under the registered manager's leadership, had improved and developed the care and support provided in the home. Action had been taken on all the issues raised at that inspection. Most actions were completed and were embedded in practice. A small number of minor improvements were still being worked on. A member of staff said, "We have made a difference. People are happier and not as anxious, because we are doing things."

On this inspection we saw that the management team and staff, under the registered manager's leadership, had improved and developed the care and support provided and was no longer in breach of the regulations.

We saw since the last inspection action had been taken on the issues raised at that inspection. Most actions were completed and were embedded in practice. A small number of minor improvements were still being worked on.

The management team audited the home at the last inspection. However the audits did not find issues that CQC subsequently found on inspection. On this inspection, the management team had improved the effectiveness of the quality audits to make sure they identified any issues. We looked at completed audits and noted action plans had been devised to address and resolve any shortfalls. Records reviewed showed the range of quality assurance systems in place were finding any issues and these were being quickly acted upon. These included health and safety audits and audits of care, records, medication, infection control, incidents and accidents.

Staff said the registered manager and management team had spent so much time in the home supporting staff and improving care. We have 'a champion' for dementia care and everyone is so enthusiastic. Another member of staff said, "It is better here than it has ever been. We work so much better together as a team."

People told us they were comfortable with approaching the staff team over any ideas or concerns. Staff told us the registered manager and management team were approachable, caring and supportive. A member of staff said, "They have been great, available any time we needed them and with us every day." Another member of staff told us, "The managers are really good. They praise us which helps me to enjoy my job more. That has a knock on effect for the service users as they are happier because they can see we are."

Observations of how the registered manager interacted with staff members and comments from staff showed us the service had developed a positive culture that was centred on the individual people they supported. We found the service was well-led, with clear lines of responsibility and accountability. Staff told us the registered manager was approachable and they were encouraged to discuss any aspect of their role.

Staff attended regular staff meetings where they also took the opportunity to have short training sessions. This kept them informed of any developments or changes. Staff told us their views were considered and responded to.

Is the service well-led?

Since our last inspection the provider had introduced systems and procedures to seek the views of people who lived in the home, their relatives, staff and other professionals. These included providing people with information and seeking their views through the 'residents' meetings, satisfaction surveys newsletters and new suggestion box. Any comments, suggestions or requests were acted upon by the registered manager. There was information regarding dignity on the residents' notice board in the lounge, showing results of a recent dignity survey and 'you said we did' notes from the last residents meeting." People said the staff were getting them involved in lots more activities and checking how they enjoyed them.

People felt their needs and wishes were met and they had input to how the home was run and managed. They told us

staff were approachable and they could talk with the registered manager and staff team at any time. People were confident about making suggestions for improvements,

We saw that since our last inspection the service had worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. We saw the support provided was based upon best practice evidence. For example the registered manager had actively engaged with support from Blackpool Council to ensure best practice was achieved for people living with dementia. They had also sought the services of a consultant who had worked with the management team to assist in improving the care provided to all their client groups.