

Mrs R Halsall

Malvern Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Inadequate ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We inspected Malvern Nursing Home on 23 and 25 May 2017. The inspection was unannounced on both days. There were 18 people using the service when we inspected. At the last two inspections we rated the service as inadequate. At the previous inspection in November 2016 we rated the service as inadequate; we found the provider was in breach of four regulations which related to safe care and treatment, person centred care, governance and meeting nutritional and hydration needs.

At this inspection we found the provider had improved the service sufficiently to meet two of the regulations. They needed to make further improvements to ensure the service was consistently safe, effective, caring, responsive and well-led. The provider was still in breach of two regulations relating to person centred care and governance and we identified a further breach in relation to privacy and dignity.

Malvern Nursing Home provides accommodation and nursing care for a maximum of 28 adults with complex mental health needs. The service is located in a residential area of Bradford approximately two miles from the city centre.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At this inspection we found medicines were better organised than at the previous inspection. There was a system of monthly and more frequent 'mini' audits to check that staff were following the medicine policy.

People told us they felt safe and most people were satisfied with the care they received. People's nutritional needs were maintained and weight charts were effective. Not all risks were managed effectively.

Staff told us there were improved opportunities to receive training and support from the management team, including regular supervisions. All the staff we spoke with told us the quality of training was good and it had helped them understand how to do their job well.

At this inspection we saw people were still not encouraged to retain their independence and people had a poor dining experience, however on day two of our inspection we saw an improved experience for people in relation to how the tables were set and how staff reacted to people in the home. We were told by the deputy manager this was due to our findings at inspection on day one.

We saw some examples of good care practice. Staff were observed to be mostly caring and kind in their interactions with people. However we saw evidence of poor practice by some staff. Staff we spoke with told us they now all worked as a team to support people in their home. However this was not always evident during the two days we inspected. We spoke to the management team who told us this would be looked

into straight away. People who used the service and visitors were mostly complimentary about staff.

The provider had improved their care planning system. A standard paper format was used as well as using an electronic version. This was to ensure the information was transferred over to the electronic copy and no information was lost. Care plans were written for a range of needs, however, the quality of information varied. This included details around people's preferences, likes and dislikes.

People who used the service and staff all told us the service had improved over the past few months. We saw evidence of a more robust approach around the governance of the home. However the provider needed to ensure people's choices and preferences in relation to accessing their rooms and the restrictions on cigarettes. We found the process for managing Deprivation of Liberty Safeguards was not always effective.

The overall rating for this service is 'Inadequate' and the service therefore remains in 'special measures'.

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 timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

Medicines were better organised and staff found the system easier to use and more robust. People received their medicines on time.

Risks to people's health, safety and welfare were assessed in their care plans.

People felt safe and staff understood how to safeguard people from abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The location was not meeting all the requirements in relation to Deprivation of Liberty Safeguards (DoLS) in relation to some people unable to access their own rooms.

Meal time experiences differed in consistency through both days of our inspection.

People where a need had been identified were referred to outside professionals.

Requires Improvement ●

Is the service caring?

The service was not caring.

Some people told us they were happy with the care they received, although staff were not consistent in their approach to people.

We saw staff worked as a team. They communicated with each other and checked who needed assistance and when.

Inadequate ●

Is the service responsive?

The service was not consistently responsive.

Although we saw there was an improvement in the care planning documentation we found there were still important areas of people's needs that were not assessed or planned.

No complaints had been made since the last inspection.

Requires Improvement ●

Is the service well-led?

The service was not well led.

At this inspection we found the provider had improved the service in a number of areas, however, issues were still found around the governance arrangements. Assessments had not been completed in relation to people's privacy, dignity and independence within the home.

Communication with staff and management team had improved and continued to be developed within the home.

Inadequate ●

Malvern Nursing 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.

The inspection took place on 23 and 25 May 2017 and was unannounced. The inspection team consisted of two inspectors, a pharmacist and a specialist advisor [Nursing] on day one. On the second day, two inspectors attended the home.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at eight people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with seven people living in the home. We spoke with one relative. We also spoke with the registered manager and provider, the deputy manager, the external consultant, clinical lead nurse, one qualified nurse, four staff members, the activities co-ordinator and the cook.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications the registered provider had sent us.

We usually ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did ask the registered provider to complete a PIR on this occasion. However we inspected the service before this was due to be completed which was 9 June 2017.

Is the service safe?

Our findings

At our last two inspections in May/June and November 2016 we found a regulatory breach in relation to medicines. Medicines management was not safe and effective because nurses did not always follow the correct procedures when administering medicines and they were not providing accurate information in relation to people's risk assessments. At this inspection we spoke with the clinical lead nurse, the other nurse on duty and the external consultant appointed by the home. We observed some people being given their lunchtime medicines and looked at records about medicines. We found that the management of medicines had improved and there was no longer a regulatory breach in relation to medicines.

People told us they received their medication on time. One person said, "I get it morning and night." Another person said, "I always get a drink of water with my tablets."

One person used medicated shampoo and staff confirmed this was used on a regular basis. We looked at the person's MAR which stated 'applied by care staff'. We were told by the nurse and a care worker when the shampoo was applied this was recorded in their notes and no other record was maintained. We checked the person's daily notes which stated the person had their hair washed but there was no reference to the use of the medicated shampoo.

The provider had an up to date medicine policy that was easy to read. The provider had a system of monthly and more frequent 'mini' audits to check that staff were following the policy. No concerns had been identified in the March 2017 monthly audit. The clinical lead nurse's competency to administer medicines had recently been assessed by the external consultant. The registered manager told us that medicines training and competency checks for other staff were planned but had not yet happened.

The nurse administering medicines did so in a safe and friendly way. People were given their medicines at the right times. For example, medicines that should be taken on an empty stomach were given 30 to 60 minutes before breakfast. We compared one person's medication administration record (MAR) with the number of antibiotic tablets left in the container and found that this medicine had been given as prescribed.

We looked at the medicine administration records (MARs) belonging to 10 of the 18 people living in the home. We saw records about medicines were carefully completed and there were no gaps in administration records. Handwritten entries on MARs were all dated and signed by two people (checking by a second member of staff reduces the chance of a mistake). Seven of the 10 people whose MARs we looked at were prescribed one or more medicines only 'when required'. Extra Information to help ensure staff gave each 'when required' medicine safely (a protocol) was filed with all but one of these people's MARs.

Some people were prescribed a moisturising or barrier cream. Care staff signed a separate chart when they applied these creams. We looked at three people's records for the previous 24 hours. According to these records, two people's creams had been applied as prescribed. However, the third person's cream was prescribed "to be applied frequently, at least twice a day". However, the chart was only signed once a day. Therefore the record did not show that this person's skin was cared for properly.

Medicine storage facilities were clean and tidy. Medicines were kept safely and at the right temperatures. The temperatures of the medicines storage room and the medicines refrigerator were monitored properly. This is important in order to ensure that medicines are safe to use. Since the last inspection nobody living in the home had been prescribed any medicines (known as controlled drugs) requiring very secure storage and additional records. A controlled drugs cupboard and record book were available should they be needed in the future.

We saw that four people were prescribed a thickening powder for their drinks because they had difficulty swallowing. Liquids for these people must be thickened to the right consistency to reduce the risk of choking. The consistency required was printed on one person's MAR but this information was not available with the other three people's MARs. However this information was available in people's care plans. We spoke with the registered manager at the time of inspection regarding improving the availability of these records to staff.

At the last inspection we did not see evidence in people's care plans in relation to updated risk assessments and how to manage risks in relation to weight and pressure care. At this inspection we saw evidence this was now in place. For example, one person with complex physical care needs had been nursed in bed for a two year period; their skin was intact and they were re-positioned on a two hourly basis. We observed part of the process of re-positioning and this was carried out sensitively. The care plans were detailed and specific in relation to all areas of care.

There were sufficient numbers of staff available to keep people safe and to meet the needs of people who used the service. The registered manager told us the staffing levels agreed within the home were being complied with, and this included the skill mix of staff. The registered manager showed us the staff duty rotas and explained how staff were allocated on each shift. They said where there was a shortfall, for example, when staff were off sick or on leave, existing staff worked additional hours. Staff we spoke with who had recently commenced employment told us they had attended an interview and employment checks were completed to ensure they were suitable. We reviewed the recruitment records for four members of staff which confirmed the provider's recruitment process was robust.

People told us they felt safe. People told us they were happy with the staff and did not say they had to wait when they requested help. During both days of the inspection we saw staff were available to meet people's needs in a timely way.

Staff we spoke with understood their responsibility to protect people from abuse and harm, and were confident if they raised any concerns the management team would respond appropriately and promptly. Training records showed staff had received safeguarding training. Accident and incidents were recorded appropriately and these were evidenced through staff meetings of been discussed with all staff.

We looked around the premises as part of our inspection and saw people lived in a spacious, clean home. However in some areas we noticed malodours. We spoke to the registered manager about this on the day of inspection. On day two this had improved. Maintenance documents such as fire alarm checks, fire drills, an electrical certificate records confirmed this to be up to date and an accurate record. We saw personal protective equipment such as gloves and aprons, alcohol hand gel and liquid soap was readily available and staff used these at appropriate times.

Is the service effective?

Our findings

At the last inspection we found the provider did not have suitable arrangements in place to make sure people's nutritional needs were met. At this inspection we found they had sufficiently improved their systems around meeting people's nutritional needs.

We reviewed the care records of three people in detail and four others for specific areas of information. Each record we reviewed had completed malnutrition universal screening tool (MUST) assessments which were up to date, including records of regular weight checks in line with people's specific needs. There was evidence in the care records of referral to, and involvement of dietetic services. We saw two of the three care records indicated gains in people's weight, and the other person's record showed a maintained weight. No weight loss was noted in the people's records we reviewed.

We spoke to the clinical lead who told us, "Weighing is the responsibility of the clinical lead and two identified care assistants who work together on this to ensure a consistent approach to weighing techniques and recording and the handling and moving of people with increased frailty."

People told us they enjoyed the food. One person said, "The food is nice." Another person said, "I like the dinners." At lunch we saw people were offered a choice of meatballs, potato and vegetables, chicken curry or potato curry and rice. For dessert they could choose from semolina or yoghurt. We looked at the menus which offered people options which usually included a 'curry and rice'. The cook explained this was to meet people's preferences and confirmed meat used for the 'curries' was halal for people who required this.

At the inspection in May/June 2016 we had found people had a poor dining experience and were not encouraged to retain their independence as staff did everything for them including buttering their toast and putting sugar and milk in their drinks prior to them being served. We concluded this did not respect people's individuality and the culture within the staff team meant they just followed the daily routines without ever questioning why they were in place, or if there was a better way of working. At the inspection in November 2016 we reported provision had been made for people who were able to serve themselves at certain mealtimes. The deputy manager told us they had started to change the culture within the staff team and more emphasis was now being placed on assisting people to retain and develop their self-care skills.

At this inspection we again saw people were not encouraged to retain their independence and people had a poor dining experience. Prior to lunch tables were not laid with cutlery or condiments; serviettes were not available. Staff brought plated meals to the table and at the same time handed cutlery to the person. Jugs of blackcurrant and orange juice and plastic glasses were on a trolley. Staff asked people what they wanted to drink and then poured the drink of choice and took these to people at the table. When people finished eating their main meal staff collected their plates and then brought dessert. At teatime we saw people could choose sandwiches, soup or both. Staff plated sandwiches and served the soup. For dessert people had the option of yoghurt, jelly or bananas. People were offered tea or coffee but staff added their milk and sugar.

On day two of the inspection we saw people received a different experience at lunch. Staff laid the tables

with cutlery before people ate and jugs of juice were on tables so people could help themselves. Staff provided more information about the meal options and asked people if they wanted a hot drink rather than just juice. Condiments and serviettes were still not available. The deputy manager confirmed the changes were as result of concerns shared by the inspection team on day one of the inspection. They agreed to look at how they could develop meal times to improve people's experience.

People told us they received support to make sure their health needs were met. One person said, "When I was poorly they looked after me very well." Another person said, "I go to the doctors when I'm poorly." People told us the chiropodist visited them at the service.

We looked at the daily handover sheets for everyone in the home over a week period. This showed records of any falls, safeguarding, medical or professional visits and any concerns that staff may have. We saw each handover period was completed in full from early morning to wake night staff. Where people needed any support through the evening this was also recorded in relation to re positioning and any prn medication given.

We observed handover attended by all staff which included information on each individual person. Discussions around personal care, activities, who had requested to go out and where and also in relation to any PRN medication given throughout the day or night. One member of staff said, "We find this really useful even though we complete a handover sheet. Having these face to face handovers helps us know what is going on and what has happened before we attend our shift. We feel more involved now than we did before."

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.

Some people did not have access to their room because they were locked. Members of the management team said if people asked they could have access. They said the restricted access was because some people would be at risk if they accessed their room and others may go into people's room without permission. Preventing people from accessing their room resulted in the person losing autonomy because staff had control. The provider had not considered deprivation of liberty safeguards in relation to this restriction. Staff we spoke with said they had received MCA training and this supported them in their role. The registered manager told us they would look into this straight away with people and their families where appropriate.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We were informed that the majority of people living at Malvern were subject to, or had DoLS applications in process with their respective local authorities. . Review of the DoLS register initially indicated that only 9 people had DoLS applications in process. However further discussion by telephone with the providers external consultant, and review of emails and further evidence from the home administrator to the various authorities indicated that 17 of the 18 people living at Malvern had a DoLS in place (we were informed the remaining person did not require DoLS).

Staff told us they received more opportunities than before to receive training and better support, including

regular supervision and a yearly appraisal. Staff told us the quality of training was good and it had helped them understand how to do their job well. We saw evidence to support this on the day of inspection. We reviewed the quality of the training since the last inspection and found improvements around all areas. The registered manager had booked more training for staff in the coming weeks around mental health and dementia. Staff we spoke with confirmed these dates.

Is the service caring?

Our findings

We received a mixed response when we spoke with people about the service. Some people told us they were happy and well cared for whereas others said they were not very happy. One person said, "I'm well cared for." Another person said, "its ok living here."

Some people told us they could not make choices about their care. For example, they could not spend time in their room or have a drink when they wanted one. One person told us their door was locked so they could not access it during the day. They said, "I wish I had a key." When people showed us their room we saw staff had to unlock their room so we could have access. Two people told us they could not have a drink during the night. One person said, "If you want a drink in the night you go without." We spoke to the registered manager about this on inspection who told us this was not acceptable and would follow this up immediately.

During the inspection we observed people had different experiences depending on which staff were present. Some staff were friendly and caring. We saw one member of staff sitting for approximately 20 minutes with one person and throughout they engaged and discussed what had been happening recently. It was evident the person really enjoyed the discussion. However, we also saw examples where staff were abrupt and showed a lack of respect. One member of staff approached a person and said, "You have been stopped from drinking water." They were abrupt in their approach. Another member of staff said, "No more water." They did not explain their reason for this. Another member of staff told us they prevented some people from drinking after 11.45am because they would not eat their lunch. They told us four people continuously drank so drinks were not left out for people. We checked the four people's medication record and saw they were all prescribed a medicine which had side effects of a dry mouth. We raised these concerns with the management team who agreed to take prompt action.

Staff knew people well and referred to them by name. We observed staff chatting to people about family members and things they liked doing. We also observed at times staff focused on completing tasks rather than encouraging people to engage. The home provided a service to people with different needs but did not always personalise the approach which meant people's individual needs were not recognised. Independence was not generally promoted throughout the service. People did not usually engage in daily living activities such as washing up, setting tables, making drinks or cleaning communal areas or their bedroom. These areas were not assessed or planned through the care planning process.

At previous inspections we have reported that sometimes people's appearance suggested they were not being supported to maintain standards of cleanliness they should expect. We saw some people's clothing was ill-fitting, not well ironed and stained with food. At the last inspection we found this had improved. At this inspection we saw examples where staff noted when people's clothes were stained and encouraged them to change although some people's personal appearance indicated good standards of care were not always promoted. People made choices what to wear and their individuality was respected in their choice of clothes. However, we observed one person in the home wearing stained clothes and unfitting clothes.

When people showed us their room we asked about personal toiletries. In six of the seven rooms we looked at toiletries were kept in drawers and people did not know where to locate these. Once we located them two people took their toothbrush/mouthwash and attended to their oral hygiene. One person had toiletries but no shower gel.

When we looked in people's rooms we saw these were not personalised and there was no sense of 'ownership'. The deputy manager said they had identified this was an area they needed to work on and were doing this gradually. They told us they were going to focus on decoration and personalising rooms they had completed two rooms at the time of inspection.

Fourteen people smoked; ten had their cigarettes rationed. A member of the management team explained this was because people had limited finances and if they had free access to their cigarettes they would not have sufficient supplies throughout the day. However, we saw this was not done through a personalised approach. A notice was displayed around the smoking which stated 'revised smoking arrangement for those that cannot manage their cigarettes' and the times that cigarettes were issued were then listed. We concluded throughout that privacy and dignity was not always supported. This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Privacy and Dignity.

We saw staff worked as a team. They communicated with each other and checked who needed assistance. Staff we spoke with told us they felt part of a team. One staff member told us, "We all work as a team now we all know what is expected of us and we all do our job. It is much better than before."

Staff told us people's diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation were met where applicable. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

At the last inspection we found the care and treatment of people who used the service was not always assessed and planned in a way that ensured their needs were met. At this inspection we found the care planning system had shown some improvements. However further improvements needed to be in place to ensure this met the regulations.

There was evidence of care plans being subject to review on a regular basis, the review comments seen were relevant. This showed information which clearly stated where any changes had occurred and who had been involved in relation to that including outside professionals. There was evidence of management audit of care plans (Format developed by the External Consultant) with evidence of compliant up to 92%.

There was evidence in the care records we reviewed of family/ advocate involvement in relation to Do not attempt resuscitation (DNAR), and end of life care. However there was no other clear indication of family or individual involvement or understanding of the care planning process. Daily notes were in place for people with sufficient detail about people's health and welfare.

Although we saw there was an improvement in the care planning documentation, we found there were still important areas of people's needs that were not assessed or planned. These areas included involvement in daily living activities such as housekeeping tasks, and restricted access to bedrooms, drinks and cigarettes. For example, staff controlled the number of cigarettes for some people. We looked in one person's care plan but there was no reference to this. Another person's toiletries were kept in a drawer and a member of the management team said there was a valid reason for this. However, there was no reference to this in the person's care plan and following discussions it was evident the problem was historic and had not been formally reviewed. We concluded the care and treatment of people who used the service was not always appropriate. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person- centred care.

People told us they were could say what they wanted to do during the day. For example, whether to join activities provided. Some people said they went out with staff to the local community. One person said, "I can't be bothered to do any activities. We saw some activities provided on the day. A small group of people did chair exercise and then three people joined in a group activity with polystyrene sticks and a balloon. Some people spent time colouring and told us they enjoyed this.

People told us they spent time with their keyworker. One person told us they had been shopping with their keyworker to buy a pair of trousers. Another person said they had chatted to their keyworker and were planning to buy a new pair of sandals. People did not know they had care plans that outlined their needs and how staff should deliver their care.

People told us they enjoyed going out on day trips and had enjoyed a recent visit to 'Eden Camp'. One person said, "I like going on outings and shopping. We could do with going on another one. I go shopping about once a month. One person said "I used to go shopping but I don't go anymore." One person told us

they would like more funding for 'day trips'.

The provider told us they did not have an activity programme but said people were offered varied individual and group sessions. They said staff ensured all activities were recorded in people's individual records. We reviewed these and saw that people on the whole were doing what they wanted to do in relation to activities.

We reviewed the complaints log. We concluded no complaints had been received since the last inspection. The provider had an up to date policy in place. Staff told us they would not hesitate if they needed to make a complaint and felt able to do so. People told us they would speak to staff if they were unhappy.

Is the service well-led?

Our findings

At the last two inspections we have rated the well led key question as inadequate. At each of the inspections we identified the provider was in breach of multiple regulations which included the regulation that relates to good governance. At each inspection we reported that quality assurance systems were not effective and a lack of consistency in how the service was being monitored. At this inspection we found the provider had improved the service in a number of areas in relation to the overall governance of the home. However further improvements were required to ensure all standards were maintained in relation to the governance and culture of the home.

At the last inspection we found the governance systems were not robust or consistently applied. At this inspection we found audits were undertaken in a range of areas including infection control, accidents and incidents, care planning, weights, medicines, staff files and health and safety. We reviewed some of these audits and found they were thorough and identified actions to be taken where improvements were needed. For example, we saw weekly and monthly weight audits to compare people's weights over preceding months and determine the severity of any weight loss or gain. Where significant weight loss was identified an action plan detailed measures put in place to reduce the risk, such as referral to a dietician. We saw evidence of people's weight accurately recorded in care files which showed across the audits. However, even though we had seen improvements in a range of areas we still found shortfalls in relation to privacy and dignity and person centred care in the home. This had been overlooked in relation to the overall governance and culture of the home. The registered provider had not taken the required action to address some of the shortfalls which had been identified at the last inspection. We concluded this was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At the time of inspection there was a registered manager in place. We spoke with four members of the management team who discussed recent changes they had made to the service which included improving the culture of the service. They stated that some staff had resisted and therefore implementing changes had been a slow process. They were all confident that progress had been made but acknowledged there was still a long way to go. They were working closely with an external consultant to support the home to move forward. They said there had been some positive changes in the staff team which were helping drive improvement. The registered manager told us, "We have moved offices downstairs so we have an open door policy. Communication has improved and we all work together to make sure we all move forward."

The provider and external consultant had implemented an electronic system to record people's needs in relation to activities communication, emotional, medical, mobility, nutrition, personal care, personal safety and sleeping. These were completed by staff on an electronic device which was instantly recorded. This meant accurate and up to date records were in place for people. The registered manager and business partner told us that they would look at implementing this further in relation to people's privacy, dignity and person centred care. All staff had received training in relation to the recording and inputting of people's information.

An overview of incidents had been produced each month and listed dates and times, which person was

involved and the nature of incident (i.e. witnessed fall, unwitnessed fall, and aggression). These were discussed with staff to look at ways of minimising these incidents.

At this inspection we saw evidence of staff files having been audited in April 2017. The provider had completed a new system in checking these four times a year at each supervision to see if there had been any changes in the staff members' DBS status. The registered manager told us, "This is a good way of finding out and having this recorded if any changes have taken place within a three month period. "

A relative told us, "Things have improved I can visit anytime and they have recently taken [name of person] out more and that's what he wants. Staff we spoke with told us they had regular team meetings. One member of staff told us, "We did not used to have regular team meetings; it was one a year or something. We have them every month now." We saw evidence to support this. Discussions were around staff duties throughout the day and night, recording issues with the new electronic system and the role of the key worker. All staff felt massive changes had taken place and the new recording system was much more efficient.

We looked at the way the registered provider gathered opinions and views of people who used the service and their relatives. A yearly survey was due to be sent out to people, their families and professionals in May 2017. At the last 'service user' meeting in May 2017 everyone said they liked the music man but would like more entertainers. People mentioned about setting up a games console to use. People discussed recent trips they had gone out on including Blackpool, bowling and the theatre.

We looked at two surveys which the home had put in place to get feedback from outside professionals from December 2016. Both were complimentary around the service .Comments included, 'Very welcomed by all staff' and 'Records show prompt reaction to concerns' and Clean'. One comment stated poor décor in some communal areas. We spoke to the registered manager about this who had already implemented some new furniture in the dining room. They told us," We are always on going with the redecoration of the home. We are looking into the personalisation of people's bedrooms which we have just started. We have a lot to do."