Mr & Mrs J B Wescott

Neilston 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?	Good

Summary of findings

Overall summary

Neilston Residential Care Home is a care home which provides accommodation and personal care for us to 22 older people living with dementia. People who live at the home receive nursing care from the local community health teams.

The home had a registered manager who was no longer in post but was yet to deregister with the Care Quality Commission (CQC). A new manager, who was in post at the home, registered with the CQC following this 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous unannounced comprehensive inspection of this service on 21 April 2015. Breaches of legal requirements were found in relation to people not always being treated with dignity and respect; risks to people not always being assessed or mitigated; premises posing risks to people; people being deprived of their liberty without lawful authority; systems not protecting people from abuse; people's nutritional needs not being monitored; people not receiving dietary supplements as required and effective systems not being in place to assess and monitor the safety and quality of the service.

Breaches of legal requirements were also found in relation to the Care Quality Commission not being notified of incidents relating to the management of the service and incidents of safeguarding concerns as required by law.

Following the inspection in April 2015 Neilston Residential Care Home was rated as inadequate and was placed in special measures.

The provider sent us an action plan which detailed what they were going to do to meet the regulations. Actions had been taken to address the concerns identified at our last inspection, however, there were still some areas of concern identified. .

This inspection took place on 13 January 2016 and was unannounced. At the time of our inspection there were 11 people using the service. People had a range of needs with some people being independent and others requiring more support with their mobility and care needs. Many people who lived in the home were living with a form of dementia.

Some people were being deprived of their liberty for their own safety. The registered manager had made the appropriate Deprivation of Liberty Safeguards (DoLS) applications to the local authority and the majority of these were still awaiting approval. Where one application had been approved, staff did not have a clear understanding of the implications of this on the person's care. Clear guidance relating to this DoLS was not reflected in the person's care plan. This could pose a risk of these restrictions not always being followed

appropriately.

In one bathroom we found items such as deodorants, anti-bacterial hand wash and vinyl gloves left out. These items could pose a risk to people if ingested. We also found one fire exit which was not clearly sign posted and one fire extinguisher which was out of date. These issues could pose risks to people in the event of a fire.

Although improvements had been made to the environment and there were further plans in place, at the time of the inspection the environment was not suitable for people living with dementia. There was a lack of clear signage and items around the house for people to pick up and handle.

A new registered manager had recently taken over the management of the home and was making a number of changes in order to improve on people's day to day lives. They had made changes to people's care plans in order to make them more person centred, had organised training for staff, had undertaken maintenance work and had plans in place to undertake further improvements.

An activities coordinator had been recruited in order to provide people with meaningful activities which met people's individual interests. People took part in group activities and staff spent time individually with people. We saw people enjoyed the activities they were involved in.

Staff treated people with kindness and respect. People enjoyed pleasant and affectionate interactions with staff which demonstrated people felt comfortable with the staff. People were cared for by staff who knew their histories, preferences, likes and dislikes. This ensured people were cared for by staff who knew them well and cared for them in ways that met their preferences.

Staff received training that related to the needs of the people who lived at Neilston Residential Care Home. Staff could tell us what care people required and how they ensured they supported them in the way they needed. Staff had undertaken further training since the new registered manager had been in post and best practice and guidance had been sought from healthcare professionals. There were still some gaps in staff training but these were being responded to.

Each person's needs had been assessed and new care plans had been put in place to meet those needs. Care plans had been developed to meet people's needs in a person centred way. Where people's needs had changed, these had been updated and staff had taken action to ensure people received the care they needed.

Where people were not able to make decisions for themselves staff involved people's relatives and appropriate professionals to make sure people received care that was in their best interests. People were supported to be involved in making as many decisions as possible for themselves and were always asked for their consent before care was delivered. Staff understood the principles of the Mental Capacity Act 2005 and how to apply these.

There were sufficient staff on duty to meet each person's needs. Staff spent time chatting with people individually and helping people take part in group activities. Staff supported each person in the way they required and were not rushed.

People were helped to eat and drink enough to maintain good health. People were seated at the tables in the dining room for a long time before their meals were served. This time was mainly spent in silence as staff did not encourage interaction during that time. Once all the meals were served staff chatted with people

and made the mealtime into a social experience. People were offered choices of foods they wanted to eat and were given alternatives if they did not want the options on the menu. People were provided with drinks and snacks throughout the day and where people required their food and fluid intake monitored this was recorded, detailed and analysed.

People's relatives told us they were comfortable sharing their feedback with the registered manager, including raising concerns. Relatives felt involved in people's care and told us they were kept regularly informed about their relations' care and health.

People were protected from the risks associated with medicines because the provider had appropriate systems in place to manage these. Staff had received training in relation to the storing, administering and disposal of medicines.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people. Plans and risk assessments included specific guidance for staff to follow in order to reduce risks to people.
Staff had sought advice from healthcare professionals such as GPs, physiotherapists, district nurses and chiropodists. This advice had been used to update people's care plans and staff guidance on how to best care for each person. This minimised risks to people and staff.

Where accidents and incidents had taken place, these had been reviewed and action had been taken to ensure the risk to people was minimised.

The premises and equipment were maintained to ensure people were kept safe. Maintenance work had been undertaken and further plans were in place in relation to renovating and changing the décor of the home. There were arrangements in place to deal with foreseeable emergencies and each person had a personal emergency evacuation plan in place.

People were protected by staff who knew how to recognise possible signs of abuse. Staff told us what signs they would look out for and the procedures they would follow to report these. Where safeguarding concerns had been raised in the past the provider had taken action, had learned lessons and had involved people in the process.

Recruitment procedures were in place to ensure only people of good character were employed by the home. Potential staff underwent Disclosure and Barring Service (police record) checks to ensure they were suitable to work with vulnerable adults.

There were systems in place to assess, monitor and improve the quality and safety of care at the service. These had not picked up on some areas, but when discussed with the registered manager they took actions to address these areas. The registered manager undertook a number of checks and audits to ensure people's care needs were being met. They looked at accidents and incidents, food and fluid charts, care provided, medicine management and the environment. They regularly conducted staff observations and had implemented a new supervision and appraisal system which checked whether staff were displaying the home's philosophy of care. The home's philosophy of care was to treat each person as an individual, to involve people and offer them as many choices as possible.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some risks to people had not been identified in relation to the possible ingestion of some hazardous items.

Some fire safety measures had not been implemented, one fire exit was not signposted and one fire extinguisher was out of date.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were required in order to make the environment suitable for people living with dementia.

Staff had completed training to give them the skills they needed to meet people's individual care needs and any gaps in training were being responded to.

People's rights were respected. Staff had a clear understanding of the Mental Capacity Act 2005. Where a person lacked capacity to make an informed decision, staff acted in their best interests.

Where necessary the provider had made Deprivation of Liberty Safeguards in line with legislation, however staff did not have a clear understanding of how this affected people's care.

People were supported to have enough to eat and drink. People were supported to eat in a personalised way which met their needs and preferences.

Is the service caring?

Good

The service was caring.

Staff displayed caring attitudes towards people and we observed positive and respectful interactions between people and staff.

Staff supported people at their own pace and in an individualised way.

Staff knew people's histories, their preferences, likes and dislikes.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

People benefited from meaningful activities which reflected their interests.

Is the service well-led?

Good

The service was well led.

Relatives, staff and a healthcare professional spoke highly of the registered manager and said they were approachable.

Staff worked well as a team to make sure people got what they needed.

The provider had systems in place to assess and monitor the quality of care.

The provider sought feedback from people, relatives, staff and healthcare professionals in order to improve the service.

Neilston Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 13 January 2016 and was unannounced. The inspection was carried out by two adult social care inspectors and a specialist advisor who had knowledge in the care of people with dementia. Prior to the inspection we reviewed the information we had about the home, including notifications of events the home is required by law to send us. Prior to the inspection we also contacted Devon County Council quality improvement team who had been working with the service.

We spoke with five people who lived in Neilston Residential Care Home. At the time of our inspection there were 11 people living at the service. On this occasion we did not conduct a short observational framework for inspection (SOFI) because a number of people were able to share their experiences with us, but we used the principles of this framework to undertake a number of observations throughout the home. We spoke with three relatives of people who used the service, the registered manager, and four members of staff.

We looked in detail at the care provided to four people, including looking at their care files and other records. We looked at the recruitment and training files for four staff members and other records in relation to the operation of the home such as risk assessments, policies and procedures.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in April 2015 this domain was rated as inadequate as we identified the provider was not meeting the regulations in relation to safeguarding incidents being managed and reported effectively; the premises were not maintained to ensure that people were kept safe; people were not protected from risk of harm in the event of a fire and risks to people were not always well managed. During this inspection we found the provider had made a number of improvements in these areas.
However, we did find some concerns relating to potential risks to people which had not been fully addressed or identified.

In one of the bathrooms we identified a number of items left out that could present risks to people living with dementia if misused or ingested. These included a deodorant aerosol, anti-bacterial hand wash and a box of vinyl gloves. We discussed this with the manager who told us they were in the process of buying wall mounted soap dispensers, towels and cupboards for the bathrooms. They told us that until these were installed they would ensure no items that posed risks to people would be left out. Prior to our inspection, however, people had been at risk of potentially ingesting harmful items.

One CO2 fire extinguisher located in the kitchen was out of date and one fire exit sign for the front door was not displayed. This could have posed a risk to people in the case of the fire. These issues were reported to the registered manager during the inspection and they were addressed immediately.

Some improvements had been made in relation to protecting people from the risk of harm in the event of a fire since our last inspection. Emergency plans had been drawn up and each person had an individualised personal emergency evacuation plan. Fire exits, other than the front door, had been clearly sign posted and fire extinguishers were easy to locate and use. Fire extinguishers, other than the CO2 extinguisher in the kitchen, had been checked and a fire safety visit had taken place in August 2015.

Improvements had been made to the environment to help protect people from harm. Maintenance work had been completed to ensure all gates in place at the bottom and tops of stairs were safe to use and there were plans in place to renovate a number of areas within the home. Stair gates were in use in the home in order to protect people from the risk of harm. Gas and electrical safety checks had been completed and environmental audits had taken place. During our inspection a maintenance worker attended the home in order to start improvements on the bathrooms.

Some risks to people which had been identified at the previous inspection had been addressed. Hot drinks and food were now being taken to the living room and the dining room on a trolley instead of trays. The provider had increased the number of tables in the lounge and there were now plenty of small tables on which people were able to place their food and drinks. This minimised the risks of people being scalded.

People who were able to speak with us told us they felt safe at the home. Relatives also told us they felt their loved ones were being cared for in a safe way and that they felt confident any concerns they raised would be dealt with appropriately. People were protected by staff who knew how to recognise harm or abuse and

knew where to access information if they needed it. All staff had completed safeguarding training and the registered manager told us safeguarding was a regular topic discussed during staff meetings along with whistleblowing. Staff were encouraged to speak about safeguarding concerns in an open way. Staff we spoke with understood about safeguarding and who they could report concerns to. Staff told us they would do so. One staff member had raised concerns in the past at another home. They told us they would not hesitate to do so again if they needed to. Where safeguarding concerns had been raised in the past the provider had reported the concern appropriately, had taken action, had learned lessons and had involved people in the process. One relative said "When (relative's name) got a bump on the head staff reported it and called us straight away. I think they have learned".

People living in Neilston Residential Care Home required support to take their medicines safely. People were protected against the risks associated with medicines. Staff administering medicines had received training to do so, and there were policies and guidance in place for safe administration, including the National Institute for Clinical Excellence guidance on the management of medicines in care homes. The service had been inspected by the supplying pharmacy in October 2015. They had made minor recommendations which had been addressed.

People were given their medicines with an explanation of what they were for and were given time to take them. Medicines were stored in locked cupboards and a lockable trolley. Some medicines were stored in people's rooms in wall mounted secure lockable cupboards to keep them secure. Medicines requiring refrigeration were stored in a lockable fridge, at the correct temperature and the temperatures of this were recorded daily. Where people were prescribed medicines for "as required" use, for example painkillers, they were asked if they needed them. This helped to avoid people being given medicines they did not need. Staff had access to pain assessment tools for people with dementia if the person was unable to communicate their need for pain relief. Records were completed for each administration; however we found two gaps for the administration of a cream in one person's room. A senior staff member agreed to follow this up with the staff concerned. Staff took appropriate actions to follow up concerns or a lack of clarity over prescriptions. For example, a prescribing GP had been contacted to discuss a prescription that was not clear. Guidance and protocols were available for staff to clarify the circumstances under which some "as required" medicines might be needed.

There were enough staff working at the home to support people and meet their needs. During our inspection we saw there were sufficient members of staff assisting people. Staff were not rushed and remained calm and attentive to people. Staff told us that there were enough staff to meet the current needs of people. The manager told us they were recruiting additional staff in order to develop their skills prior to an anticipated increase in people being cared for at the home. We saw that staff had time to spend engaging with people and supporting them at their own pace. Systems were in place to challenge and manage poor performance in staff, including disciplinary procedures and absence management. Policies for staff management were in place including, for example, bullying and harassment. There was a clear staffing structure that staff understood.

A recruitment process was in place designed to identify concerns or risks when employing new staff. We sampled four staff files. Two of the files, which related to people employed before the current registered manager was in post, did not contain a complete work history for the staff member. However the registered manager had already identified gaps in the files through an audit and had plans to follow this up through the supervision process to ensure the records were completed retrospectively. Other files demonstrated that a full recruitment process had been followed. Risks in relation to people's employment had been explored and risk assessed, and references and Disclosure and Barring Service (police) checks had been undertaken before people started work. A newly appointed staff member confirmed that a full recruitment process had

been undertaken before they started at the home.

Neilston Residential Care Home provided support and accommodation to people who had needs relating to their health and their mobility. People required varying needs of support. Staff understood and managed the risks to each person's health and welfare. For example, one person had needs relating to their mobility and were at risk of falls. Staff had sought advice from the person's GP and an occupational therapist and had worked with them to put a plan in place. This plan included changing the person's mobility equipment and introducing bed rails. This was recorded so that all staff knew how to ensure this person was kept safe.

People's needs and abilities had been assessed and risk assessments had been put in place to guide staff on how to protect people. Where accidents and incidents had taken place, the registered manager had reviewed their practice to ensure the risk to people was minimised. For example, following one person having suffered a fall the registered manager had referred them to their GP to review their medicines and to the nurse for follow up care. A sensor mat had been put in place in the person's bedroom to alert staff should the person start walking on their own and regular night checks had been started. This person's care records had been updated and reflected the changes required.

Where people displayed behaviours which may pose a risk to themselves or others, staff had drawn up specific care plans. People's behaviours were monitored and recorded and staff had recorded what steps they had taken to respond to these behaviours and what effect these steps had had. We observed staff speaking calmly with a person who was displaying high anxiety. The member of staff walked around the home with them, supporting them to go where they wanted and talking to them in a way that calmed and reassured them. This showed their support plans and ways of working with people were effective.

Requires Improvement

Is the service effective?

Our findings

At our previous inspection in April 2015 we identified the provider was not meeting the regulations in relation to people being deprived of their liberty without legal authorisation to do so and people's nutritional needs not being adequately monitored. During this inspection we found the provider had made a number of improvements in these areas.
However, we did find some concerns relating to staff understanding of Deprivation of Liberty Safeguards and some improvements were still required in relation to the environment being suitable for people with dementia.

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). 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.

Relevant applications had been made to the supervisory body and these were awaiting authorisations. DoLS applications had been made following a comprehensive mental capacity assessment. Most people who lived in Neilston Residential Care Home were under constant supervision and were unable to leave on their own for their own safety. One DoLS authorisation had already been granted for one person. However, staff were not clear about who already had a DoLS authorisation in place or what that meant for the person. All staff members had undertaken safeguarding training which covered MCA and DoLS. This person's care plan had not been updated to reflect the DoLS authorisation. This was discussed with the registered manager who told us they would take action to update the person's care plan and speak with staff about what the DoLS authorisation meant for this person .

We checked whether the service was working within the principles of the MCA. Staff had a good understanding of people's choices in relation to accepting or refusing care. One senior staff member explained how they supported a person who sometimes refused care when getting dressed. They said they would go away and come back to them in a few minutes when they would be more likely to be involved. Staff also understood about people's capacity in relation to decision making. They understood how sometimes decisions needed to be made in people's 'best interests' within the legal framework of the Mental Capacity Act 2005 (MCA) where they lacked the capacity to make that decision for themselves. Staff supported people with day to day decision making and had a clear understanding of the principles of the MCA. They respected people's rights to make decisions as far as they possibly could. Records confirmed people and their relatives had been consulted about people's care. We saw staff seeking people's

involvement throughout our inspection. People were offered choices and were asked whether they wanted to participate in activities and what they wanted in relation to food and drink.

The registered manager had made some improvements to the environment and was in the process of implementing ways in which to make the environment more dementia friendly. Although some work was being done to address this, the environment at the time of our inspection was not suitably adapted for people living with dementia . There was a lack of clear signage to assist people in mobilising independently around the home and finding their way around. People's bedroom doors were not all clearly identifiable in order to help people find their bedrooms. Some doors did have people's names and photographs and also contained some information about people's likes and dislikes but this was not clearly visible or brightly coloured. The registered manager had conducted some research into best practice around dementia friendly environments and was working on improving this. The registered manager told us that they were working with relatives of people at the home to develop a dementia corner in the hallway. This would include objects that would be familiar to people such as an old typewriter for people to engage with. Some objects had been placed around the home for people to interact with such as soft toys and magazines but there were not many of these. We saw one person engaging with a toy bear. They were talking to it, and deriving comfort from doing so. The registered manager also told us they were looking at creating memory boxes for people with the help of their families and friends which would allow people to reminisce and feel comfort. The service were moving in the right direction of ensuring the environment was suitable, but further work was still needed.

Where people were at risk of malnutrition staff had consulted with healthcare professionals, had adapted the person's diet and had monitored their food intake. There was a large board in the kitchen which detailed people's nutritional needs. Where people had lost weight or were at risk of malnutrition staff ensured their food was high calorie and they received nutritional supplements. People's food intake was being monitored where needed and staff recorded what the person had eaten and how much of it they had eaten. This was analysed and used to inform their care.

People were supported to have enough to eat and drink. At lunchtime most people ate in the dining room and several people were served in their rooms as this was their preference. There was a four week menu which was completed with people's input. People were asked for their choices in advance but were also offered choices at the time the meal was served. People's meals were presented in a way that met their needs, for example, some people required their meals to be presented in a mashed consistency due to risks with their swallowing.

People were walked through to the dining room over a 30 minute period and sat in silence while they waited for the meal to be served. This caused people to wait in silence for their meal. Once all people had been served their meals staff spent time supporting people to eat where this was needed. They sat alongside those people, chatted with them and encouraged them. The lunchtime experience was not rushed and was a social experience once the meals had been served. Once a month people enjoyed a take away fish and chips meal in front of the television and people told us they thoroughly enjoyed this. People ate their breakfast at their preferred time and people were offered sandwiches, cakes and biscuits throughout the day.

People were supported to drink enough to maintain good health. Drinks were regularly served to people throughout the day. Where people were at risk of dehydration their fluid intake was being monitored and encouraged. One relative said "Since the new manager came in (my relative) is having a lot more fluids and better quality fluids".

People living at Neilston Residential Home had needs relating to their health and mobility. Staff benefitted from training and support which helped them to meet the needs of each person. They received regular training to make sure they knew how to meet people's needs. Staff told us that they had received a lot of training recently. The registered manager told us that since their appointment they had worked hard to ensure staff had access to training to ensure they had the skills they needed to support people. The home had a core training matrix which showed that most staff had completed mandatory training, for example in moving and positioning people. Plans were in place for gaps on the training plan to be completed. Training needs were being assessed and prioritised with each member of staff as a part of their development plan.

Staff were supported to gain further qualifications and develop their career. Actions for individual staff had been identified through supervision, and staff had opportunities to discuss their personal professional development and receive support for this. For example, one staff member had requested they be supported to undertake a level five diploma, which is a national management level award. The registered manager was accessing this for the staff member.

Although some previously appointed staff did not have comprehensive induction plans in place, new staff, unless very experienced, were expected to complete the Care Certificate. This is a national induction programme for care workers across all care sectors. The registered manager was due to hold a meeting with a new staff member the day following the inspection to start them on the programme. The staff member had already been issued with the paperwork and started work independently on this.

People were supported by staff who had received regular supervision. During supervision, staff had the opportunity to sit down with their line manager to talk about their job role and discuss any issues and further training needs. Supervision had re-commenced for staff since the new registered manager had been in post. The system comprised of observations of practice and one to one meetings with the supervisor looking at the person's performance and development. A new appraisal system was being implemented in April 2016 once the supervision systems were embedded. The recording systems for this were already in place. Staff told us they felt they got the support they needed. Two members of senior staff told us the registered manager was supporting them to develop their role, to include additional supervisory duties for staff. They felt positive about this, as it was using skills they had not used recently. One said senior staff were being encouraged with their development. One said "(Manager's name) is trying to get us to do more things. It is really good. (Manager's name) is very good".

Staff helped people to receive care and consult with healthcare professionals such as GPs, district nurses, physiotherapists, speech and language therapists and chiropodists. Staff sought advice from healthcare professionals when this was required. For example, staff identified that one person had a small amount of blood in their mouth. This person had been referred to their GP immediately and had been seen promptly. The GP had determined this was not a concern and the person was not at any risk. Staff sought specialist advice and knowledge in order to better care for people. People's care plans contained guidance from specialist healthcare professionals in relation to people's diets, their mobility and the management of their behaviours. Staff had used this guidance to update people's care plans and influence the care they were receiving.

People's day to day health needs were met by staff who knew them and their needs well. Staff were able to tell us about the needs and histories of the people they cared for. People received personalised care and their rooms reflected their likes and preferences. People had been consulted in the decoration of their bedrooms.

Good

Is the service caring?

Our findings

At our previous inspection in April 2015 we identified the provider was not meeting the regulations in relation to people being treated with dignity and respect. During this inspection we found the provider had made a number of improvements in these areas and was meeting these regulations.

People and their relatives were positive about staff's approach and attitude. One relative said "They talk to her and are very touchy feely which is nice". Staff treated people with respect and kindness. For example, staff addressed people by their preferred names, showed physical affection and spoke with respect. People responded to this by smiling and were comfortable in the company of staff. Staff knew people well and could tell us people's preferences, likes and dislikes.

Staff cared for people's happiness and wellbeing. Staff told us what people enjoyed and how they liked to be cared for. Interactions showed staff were patient and did not rush when meeting people's needs. One person was assisted to walk around the home and we saw staff walking at their pace, talking with them and showing an interest in what they had to say. One relative told us staff were attentive to their loved one and always took the opportunity to speak to them. They said "Staff always speak to her when they go past".

People were supported to express their views and were involved in their care. People had been involved in creating their care plans and these contained information about their histories and their preferences. Where people had specific interests staff tried to encourage these. For example, one person had been a very proud home maker and enjoyed cooking and tidying. Staff involved this person in cooking tasks they were able to participate in such as rolling pastry and cleaning. On the day of our inspection this person had assisted with doing the washing up and they enjoyed this.

Staff helped people maintain things that were important to them. For example, one person's care plan detailed how they had always liked to care for their appearance and wore lipstick every day. This person was unable to apply this themselves and staff helped them continue to care for their appearance and put lipstick on. On the day of our inspection we saw this person looked nice and was wearing lipstick. This person's relative said "They make sure she looks nice".

The registered manager told us they were working on "trying to get relatives more involved and not cut people off from their families". A relatives meeting was due to be held the day after the inspection. The minutes of the last meeting showed families had raised issues such as requesting more time before the home notified them their relation needed additional toiletries. The registered manager had spoken with staff about this and was working towards rectifying this. Relatives we spoke with told us they visited the home any time and felt comfortable doing so.

We saw people being offered choices. For example, one person sitting in the lounge said they wanted a salad. The member of staff spoke quietly to them and said they had asked for vegetarian sausages, hash browns and eggs for lunch. They asked them if they wanted to change their mind, and said "Do you still want that or would you like something different?" The person said they would like salad, so the staff member

went to the kitchen to alert the cook that the person might want either of the choices. They came back to the person and said that both options would be available at lunchtime to allow them to choose what they wanted at the time.

People's privacy and dignity were maintained at all times. Staff knocked on people's doors before entering their rooms and ensured people's doors were closed when they gave them personal care. Staff read out a statement prior to each staff handover which reminded them to offer people choices, and to treat people with dignity and respect.

Good

Is the service responsive?

Our findings

At our previous inspection in April 2015 we identified the provider was not meeting the regulations in relation to people's needs not always being assessed and people being put at risk of inappropriate care. During this inspection we found the provider had made a number of improvements in these areas and was meeting these regulations.

People who lived at Neilston had needs relating to their mobility, their personal care and their dementia. People required varying levels of support. People's needs had been assessed and from these, staff had developed detailed care plans. The registered manager told us that since the previous inspection the "care plans had totally changed". We saw these contained information about people's needs and how they wanted them to be met. For example, one person had specific needs relating to their mobility. Their care plan contained information about the support they needed, the equipment they required, the guidance staff had received from healthcare professionals about this person and how staff should go about helping this person in the way they needed. This ensured this person's mobility needs were met by all staff who came into contact with them as these were recorded and easily accessible.

Each person's care plan detailed the support they required but also what they were able to do for themselves. For example, one person was able to undertake some of their personal care themselves, such as brushing their teeth. This person's care plan contained detailed information about how staff were to assist this person in retaining their skills and encouraging them to undertake tasks themselves. This encouraged people to retain their independence for as long as possible.

Staff could tell us about the people they were caring for. Discussions with one member of staff showed they had a clear understanding of the person's life history and lifestyle choices. They could tell us about how the person liked and wanted their care delivered, and how they encouraged them to retain skills and independence that they still had. The staff member spoke about them positively and described how they had a strong sense of humour. They understood when the person exhibited behaviour that was difficult to manage this was due to "frustration and her trying to get her point across". They said "You get to know the residents and treat them as individuals".

Each person's care plan was reviewed regularly and updated to reflect the person's changing needs. Staff responded to people's changing needs promptly. For example, one person had needs relating to their decreased mobility. The location of their room made it difficult for this person to take part in activities and join in daily life in the living room and dining room of the home. Staff organised for a physiotherapist to assess the person and arranged for local hospital staff to move the person to a new room at the centre of the home, close to the living room and dining room. This had enabled the person to have a lot more interaction with staff and the person had started participating and laughing more. This person's relative said "Her room is much better. She's been going in the lounge now and is much brighter".

Information about people's changing needs was recorded in their care plans but was also shared verbally amongst the staff. We saw information was handed over between shifts of staff to help ensure people's

changing care needs were understood. At the morning handover the night staff member handing over information to the day staff team informed them when people were next due to be re-positioned to reduce the risk of skin damage from pressure. Clear information was shared about one person in hospital and the need for a full re-assessment before they returned to the home as their mobility had changed.

Where people had specific needs relating to their mobility staff ensured the care they delivered met people's individual needs. For example, one person was supported to move using a handling belt. Staff were confident in using this, and the person stood substantially unaided, but with staff there in case they were unsteady.

People took part in regular activities which increased their quality of life. People took part in group activities such as bingo, raffles, skittles and guessing games. Group activities were led by an activities coordinator who encouraged people to participate. On the day of our inspection people were encouraged to play skittles and then took part in a guessing game led by the activities coordinator. During our inspection we observed other activities being carried out. A member of staff was engaging people with balls and bean bags in games of throwing and catching. People who did not want to take part initially, gradually were encouraged to take part by seeing other people having fun. The staff member engaged people well, using their name and praising people's participation, no matter how small. People benefitted from the activity and were left in a positive mood. People's likes and dislikes were taken into account when organising activities and we saw people being helped to give feedback about the activities that had taken part in.

People benefitted from individual activities where they did not want to participate in group activities. People's care plans contained information about the activities they enjoyed, such as reading poetry and topics they enjoyed discussing. On the day of our inspection we saw one person engaged by a staff member in looking at a personal photograph album. The staff member understood what the significance of the photographs was to the person, and could talk with them about what they meant to them.

People and their relatives were confident if they made a complaint this would be dealt with. One relative said "I would feel comfortable speaking with the manager" and told us they believed the registered manager would take their complaints seriously and respond to them appropriately. At the time of our inspection, since the new registered manager had taken over, no official complaints had been received. The registered manager told us about an informal complaint they had received, how they had investigated this, responded to it and learned from it.

Good

Is the service well-led?

Our findings

At our previous inspection in April 2015 we identified the provider was not meeting the regulations in relation to notifying the CQC of changes in registrations when a previous manager left the home, failing to notify the CQC of allegations of abuse and not having appropriate systems in place to assess, monitor and improve the quality and safety of the service. During this inspection we found the provider had made a number of improvements in these areas and was meeting these regulations.

The new registered manager had implemented a number of changes in the running of the home and the systems for assessing and monitoring the quality and safety of the service. The registered manager had ensured all notifiable incidents were sent to CQC as part of their legal responsibilities.

There were systems in place to assess, monitor, and improve the quality and safety of care provided at Neilston Residential Care Home. The registered manager undertook a number of self-assessment evaluations and sought outside views on the running, safety and quality of the service. The registered manager had been working closely with the local quality assurance and improvement team for Devon County Council. They had sought their advice and responded to concerns both the quality assurance and improvement team and the CQC had identified. They had introduced new care plans, had arranged training for staff, had conducted research in best practice, had undertaken audits and had worked towards involving people and their relatives in the running of the home.

The registered manager undertook weekly checks of the service being provided which included checking staff rotas, food and fluid charts, communication records, accidents and incidents, people's weight charts and maintenance logs. They checked these were being completed properly and also identified any issues and trends quickly in order to respond to these. These checks had failed to identify the missing fire exit sign and out of date fire extinguisher but the registered manager assured us they were still in the process of developing and improving their systems. The registered manager also undertook monthly management audits and reports which identified any concerns and improvements required. The previous management audit had identified the need to improve on the environment in relation to undertaking maintenance work and making the home more dementia friendly. The registered manager had taken action in relation to this and was working on renovating the bathrooms, people's bedrooms and providing a dementia friendly home. For example, they had introduced red toilet seats in some people's rooms. This enabled people to see their toilets more easily in order to enable them to be independent.

Staff had a clear understanding of their roles and responsibilities and the registered manager had been given the support, resources and freedoms to be able to make the changes required. The registered manager told us they were being fully supported by the provider in making changes at the home, but that they were being allowed to manage the service autonomously. Staff gave us positive feedback about the registered manager and the work they were doing at the home. Relatives also commented positively about the new registered manager. One relative said "It's a lot better since the new manager came in".

Staff worked well as a team to make sure people got the care and attention they needed. They did this by

communicating openly and constantly sharing information. The registered manager was working towards making the culture in the home more person centred and had created a statement for staff to read out at the beginning of each staff handover. This statement covered the home's standards and philosophy in relation to offering people choices.

There was an open culture in the service. The registered manager told us they sought people's views and continually sought to improve the service. One relative told us they had been asked to fill in some feedback forms and had been thanked for the feedback. Another relative told us they had been asked to visit the home to discuss their loved one's care and review their care plan with staff. The registered manager said "We are working towards being more person centred. We are having more communication with families. We are bringing more of a family feeling and getting them more involved".

The registered manager had put systems in place to seek feedback from people, relatives and staff. A relative's meeting had taken place in December 2015 and the minutes from this meeting had been displayed in the home's entrance hallway. A full staff meeting was planned to take place in January 2016. The registered manager had sought feedback from outside professionals as well as people, staff and relatives. For example, the registered manager had sought advice from professionals with regards to staff uniforms. The suggestion had been for staff to not wear uniforms so the manager had instructed staff to try this for a period. Following this period they met with people, staff and their relatives to seek feedback on this. Following this feedback the decision was made to reintroduce uniforms but to make them red in order to be more visible for people.

The registered manager regularly monitored staff skills, performance and knowledge. They had organised for staff to attend training in topics such as medicines and had involved outside professionals to deliver training in specific areas. For example, staff had received end of life training from Rowcroft, who provide specialist care and treatment for people who are at the end of their life, and pressure area care from district nurses. The registered manager had implemented new supervision processes and appraisal records which were due to be starting. These included staff observations and gave staff the opportunity to feedback any ideas they may have on improving the service.

The registered manager also regularly monitored care records to ensure they were maintained and accurate. They had implemented a number of new forms relating to people's care and had trained staff on how to use them. These ensured people's care was regularly monitored and information was up to date.