

Rivington Park Care Home Limited

# Rivington Park Care Home

## Inspection report

206 Eaves Lane  
Chorley  
Lancashire  
PR6 0ET

Tel: 01257269029

Website: [www.rivingtonpark.co.uk](http://www.rivingtonpark.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of Rivington Park Care Home on 03 September 2018.

Rivington Park Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 25 people. At the time of the visit there were 24 people who received support with personal care and nursing care.

The service was managed by 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 the last inspection on 03 and 08 January 2018, we found four breaches of the regulations. This was because the provider had not sought authorisation to deprive people of their liberty to keep them safe. In addition, risks to receiving care had not been adequately managed and staff had not been adequately supported with supervision and ongoing training. The governance and quality assurance systems were not effective in identifying shortfalls to generate improvements to the quality of the service. Following our inspection, we issued the provider and the registered manager with a warning notice in relation to good governance. We asked them to be compliant with the regulation relating to good governance by February 2018. We also asked the provider to send us an action plan telling us what actions they intended to take to ensure compliance with the other regulations.

At this inspection we found that significant improvements had been made and the provider was meeting all regulations.

People who lived at the home and their relatives were happy with staffing levels. They told us staff provided them with support when they needed it. People who lived at the home and their relatives told us they felt safe.

Improvements had been made to the management of risks including risks associated with the use of bed rails and people experiencing frequent falls.

Records showed that staff had been recruited safely and the staff we spoke with understood how to protect people from abuse or the risk of abuse.

There had been significant improvements to staff training. Staff received an effective induction and appropriate training. People who lived at the service and their relatives felt that staff had the knowledge and

skills to meet their needs.

People told us the staff who supported them were caring and respected their right to privacy and dignity. They told us staff encouraged them to be as independent as they could be and we saw evidence of this during the inspection.

People received appropriate support with nutrition and hydration and their healthcare needs were met. Referrals were made to community healthcare professionals where required to ensure that people received appropriate support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005. This was an improvement from our last inspection. However, further improvements were required to ensure capacity assessments were decision specific.

People told us they received care that reflected their individual needs and preferences and we saw evidence of this. Staff told us they knew people well and gave examples of people's routines.

There was a person-centred approach to how people were supported with activities. People were supported to take part in activities and events. They told us they were happy with the activities that were available at the home.

Staff communicated effectively with people. They supported people sensitively and did not rush them when providing care. People's communication needs were identified, and appropriate support was provided.

The registered manager regularly sought feedback from people living at the home and their relatives about the support they received.

People living at the service and staff were happy with how the service was being managed. They found the registered manager approachable and supportive.

The registered manager and staff had worked collaboratively to make required improvements. New governance systems had been introduced since our last inspection. A variety of audits and checks were completed regularly by the registered manager and the compliance manager. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were being maintained at the home.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe in the home and were protected against the risk of abuse.

Safe recruitment practices had been followed. There were sufficient staff available to meet people's needs.

Accident and incident monitoring was in place to ensure people's safety.

The management of people's medicines had improved. They were managed safely and administered by trained and competent staff.

### Is the service effective?

Good ●

The service was effective.

People's capacity to make decisions about their care had been assessed in line with the Mental Capacity Act 2005.

Improvements were required to ensure assessments were decision specific.

There were significant improvements to staff training and supervision. Staff received an appropriate induction, effective training and regular supervision.

People were supported appropriately with their healthcare, nutrition and hydration needs. They were referred appropriately to community healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

Staff knew people well and good relationships had developed between people and the staff.

People were encouraged to maintain relationships with family and friends.

Staff respected people's rights to privacy, dignity and independence. Where possible, people were able to make their own choices and were involved in decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

There was a significant drive to promote social inclusion. People were supported to take part in suitable activities inside and outside the home. People were very complimentary of the activities coordinator.

Each person had a care plan that was comprehensive and reflected the care they needed and wanted. Improvements had been made to ensure they were consistently reviewed and were up to date.

People told us they knew who to speak to if they had any concerns or complaints and were confident they would be listened to.

### Is the service well-led?

Good ●

The service was well-led.

There has been significant improvements to governance systems in the home. People who lived at the home, relatives and staff felt the home was managed well.

Regular staff meetings took place and staff felt able to raise any concerns with the registered manager.

The registered manager regularly audited and reviewed many aspects of the service. The audits completed were effective in ensuring that appropriate levels of care and safety were being maintained at the home.

# Rivington Park 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 was a comprehensive inspection.

The inspection took place on 03 September 2018 and was unannounced. The inspection was carried out by two adult social care inspectors, one specialist advisor and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Before the inspection we reviewed the information we held about the service, including previous inspection reports, complaints, safeguarding concerns and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted three community healthcare professionals who were involved with the service for their comments. We also contacted Lancashire County Council contracts team and the local clinical commissioning group (CCG) for feedback about the service.

We had not requested the provider to complete the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with nine people who lived at the service and eight visiting relatives. We also spoke with four care staff, one nurse, an activities co-ordinator, the registered manager, the compliance manager and the administrator. We looked in detail at the care records of eight people who lived at the service. We carried out an observation of the environment and interactions between people and staff. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

# Is the service safe?

## Our findings

At the last comprehensive inspection in January 2018, we found that people's risks had not always been managed appropriately. Risks associated with the use of bedrails had not been adequately managed and risk levels had not been reviewed following incidents. We also found protocols for supporting people following falls and when people had fallen repeatedly, were not robust. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report on how they were going to improve the service in relation to the breach. The provider sent us a report telling us what actions they were going to take to meet the requirements of regulations.

During this inspection in September 2018, we found that improvements had been made. All people who used bedrails had been assessed to ensure they were safe to use the equipment and risk assessment were in place and were reviewed regularly. Where bed rails were observed to be a hazard, alternative equipment was considered. People who experienced repeated falls and unexplained skin tears were monitored and referred to external professionals. Assessments included information for staff about the nature of the risks and how staff should support people to manage them. Risks around people were effectively shared in records and through handover meetings. This meant that staff were able to support people effectively. We found that records had been kept in relation to accidents that had taken place at the service and appropriate action had been taken to manage people's risks, including referrals to their GPs and the local falls team. Sensor mats were also in place to alert staff if people who were at a high risk of falls tried to move independently. Incident records were analysed by the registered manager who identified any lessons that could be learned to prevent future occurrences. This also assisted the registered manager to identify any patterns or trends and to ensure that appropriate action had been taken. In addition, a monthly falls audit was completed which checked that appropriate action had been taken and care plans and risk assessments had been updated appropriately. People with medical attachments such as catheters, were reviewed and monitored regularly to ensure the equipment was working as intended. There were regular audits on all records related to risk management. This helped to ensure that people's risks were managed appropriately.

At our last inspection we made a recommendation in relation to people's medicines. This was because the medicines audit in the home did not always identify if concerns were being rectified. The medicines policy had not been updated to incorporate best practice as such as National Institute of Clinical Excellence (NICE) guidance on managing medicines in care homes. In addition, 'as required medicines' (PRN) were not effectively managed.

During this inspection we found necessary improvements had been made. There was a up to date medicines policy and we observed the nurse administering medicines ensuring that all medicines counts for 'as required medicines' (PRN) were correct. We also noted there were regular medicines audits which had been monitored to ensure any identified shortfalls were rectified in a timely manner.

Medicines had been stored safely. Each person had a lockable cupboard in their bedrooms for keeping their topical medicines safe. We found that temperatures where medicines were stored were checked daily and action had been taken when the temperature increased above recommended levels. This helped to ensure

that the effectiveness of medicines was not compromised. All staff who administered medicines had completed training in medicines management and their competence to administer medicines safely had been assessed.

We observed a member of staff administering people's medicines and found that this was done in a safe and sensitive way. Medication Administration Records (MARs) had been signed to demonstrate when people had received their medicines or why medicines had not been administered. We saw people who required their medicines to be administered at specific times of the day or before meals had been supported appropriately. A photograph of the person and their allergies were included on their MARs. They also had a medicines management care plan which was reviewed regularly. This helped to reduce the risk of medication errors. There was clear guidance for staff on how to report any medicines errors.

People we spoke with told us they felt safe at the home. Comments included, "I can't walk, so I have to trust whoever looks after me. I've never feel frightened, they look after me, they're a good sort" and "I feel safe with the staff. I'm not worried about anything", "They're busy, but you don't have to wait long", "They answer buzzers more or less straight away" and "They do have enough staff, but we have to have agency staff a lot. They answer buzzers quite quickly, they're very efficient." Relatives also felt that people received safe care. Comments from relatives included "[relative] is being well looked after and she's happy", "The staff and the measures they've put in place. As far as I'm concerned, they're doing everything they can to keep [relative] safe) and, "There's always someone about, and they're there when she needs them."

The service protected people from abuse, neglect and discrimination. There was a safeguarding policy which was shared with staff and information on reporting abuse was displayed prominently in the home. Staff we spoke with understood the procedures to safeguard adults at risk. Training records showed that staff had completed safeguarding training. A safeguarding champion had been identified; they attended external safeguarding workshops and meetings and shared best practice with other staff. Safeguarding concerns had been reported to the local safeguarding authority and also to the clinical commissioning group. The registered manager had acted upon the recommendations made following safeguarding investigations and lessons learned had been shared with staff.

There was a whistle blowing (reporting poor practice) policy which the staff we spoke with were aware of. They told us they would use it if they had concerns, for example about the conduct of another member of staff. Conversations with staff showed they were confident to use the procedure. A disciplinary policy and procedures to deal with concerns such as unprofessional behaviour from staff was in place. We saw these procedures had been correctly followed where this had been deemed necessary.

We found that records were managed appropriately at the home. People's care records were stored in a locked cupboard, with the keys held by the person in charge. Staff members' personal information was stored securely in locked cabinets and was only accessible to authorised staff.

People and their relatives told us there were enough staff to meet their needs. On the day of the inspection we observed there were adequate numbers of staff to meet people's needs. We reviewed the staffing rotas for two weeks before the inspection, including the week of our inspection. We found that the staffing levels set by the service had been met on all occasions. Agency staff were used where appropriate to provide cover for any absences. Staff told us that the registered manager would support them where needed.

Staff recruitment procedures protected people who used the service. We looked at the recruitment records for four members of staff and found the necessary checks had been completed before they began working at the service. This included an enhanced Disclosure and Barring Service (DBS) check, which is a criminal



record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. A full employment history, proof of identification and two references had been obtained. These checks helped to ensure that staff employed were suitable to provide care and support to people living at the home.

People living at the home were protected from the risks associated with the spread of infections. There was an infection control policy and staff had been trained in infection prevention measures. In addition, there was a regular infection control audit as well as a hand hygiene audit. There were domestic staff employed at the service. We observed cleaning being carried out. Daily and weekly cleaning schedules were in place. People living at the home and their visitors told us it was always clean. One person commented, "They clean up a lot." However, we noted some parts of the home such as the upstairs bathroom and the upstairs lounge were cluttered. There were also areas such as showers which were in need of refurbishment. We pointed this out to the registered manager who informed us that the home had new owners who were going to inspect the home for any refurbishment and that they were looking at addressing storage issues to reduce the clutter.

We looked at the processes in place to maintain a safe environment for people who used the service, visitors and staff. Records showed that equipment at the home was inspected regularly to ensure it was safe for people to use, including portable appliances, hoists, the call bell system and the lift. Checks on the safety of the home environment had been completed, including gas and electrical safety checks. Fire safety and legionella checks had also been completed. Recommendations made by fire safety authorities had been acted on to ensure the safety of the premises. There was an up to date legionella inspection certificate. Legionella bacteria can cause legionnaires disease, a severe form of pneumonia. This helped to ensure that people were living in a safe environment.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from the home in an emergency. This included the number of staff they would need support from, any equipment required and the evacuation procedure. There was a grab bag with emergency supplies to use in the event of an emergency including emergency lights and batteries. There was a business continuity plan in place, which provided guidance for staff in the event that the service experienced a loss of amenities including gas, electricity, water, heating or telecommunications. This helped to ensure that people continued to receive support if the service experienced difficulties.

# Is the service effective?

## Our findings

At the last comprehensive inspection in January 2018, we found there were significant shortfalls in the provisions in staff supervision, training and development. There was a failure to ensure that all staff had received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to send us a report on how they were going to improve the service in relation to the breach. The provider sent us a report telling us what actions they were going to take to meet the requirements of regulations.

During this inspection in September 2018, we found significant improvements had been made to ensure all staff had received the training that the provider had deemed necessary for the role. Training records showed that a significant number of staff had updated their training. In addition, supervision had been provided in line with the organisation's policy. We noted that training records were monitored on a monthly basis to check that all staff had attended training arranged for them. Nurses had also been supported to ensure they maintained their professional registration and attended clinical training. This was an improvement from our last visit.

All staff spoken with confirmed they had attended training. They told us, "The training is good and you are not limited. I can ask for any additional training", "I completed an induction programme and it has been very useful to prepare me for the role." We also observed two new starters who were undergoing their induction during the inspection. Training and induction was linked to the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. There was evidence to show that the registered manager and the provider had reviewed and improved their processes in relation to supporting staff to gain adequate skills and knowledge.

At our previous inspection in January 2018, we found the provider had failed to provide staff with guidance on how to seek consent and protect the needs of people who lacked mental capacity to make particular decisions. This was because people's consent to receiving care had not been considered and authorisations to deprive people of their liberty had not been sought. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection in September 2018, we reviewed whether actions had been taken to address the shortfalls. We found that improvements had been made in respect of seeking people's consent and the service was no longer in breach of the regulation.

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 make 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.

When we undertook our inspection visit, DoLS authorisation requests had been submitted to the local authority for people whose care involved restrictive practices such as bedrails and those who were not free to leave the home. At our last inspection in January 2018, we found the provider had failed to carry out mental capacity assessments to check if people could make decisions about their care. We also found consent was not sought in various areas of people's care. At this inspection we found improvements had been made. Following our last inspection, the provider had sought support from professionals at the local authority. Staff had received training in understanding the principles of mental capacity legislation and their knowledge had improved. We saw evidence that people's consent in various areas had been sought in all care files we looked at. This included consent to the use of photography, application of bed rails and medicines management.

We observed staff asking for people's consent before providing care, for example when supporting people with their meal or administering their medicines. Records showed that where people were able to, they had signed to consent to staff providing their care. Mental capacity assessments had been completed to support people in their decisions making processes. However, we noted some improvements were required to ensure all mental capacity assessment undertaken were decision specific. We found some of the capacity assessment carried out were generic. We spoke to the registered manager and the compliance manager. They informed us that they had identified this through their recent audits and they had reviewed their policy and assessment process. We were assured that this issue would be resolved.

People living at the home and their relatives were happy with the care they received and felt staff had the knowledge and skills to meet their needs. Comments included, "The staff are belting, I like the way they do everything", "I think they're quite good, they'll do anything for you", "I get up about 10 and I'm happy with that. I don't think you could get a better place than this." All relatives we spoke with were also happy with the care provided. They told us, "Yes the staff seem competent and they inform you if anything's wrong", and "They seem to know what they are doing and they are very friendly and obliging." All the people we spoke with told us they could see a doctor if they were unwell. All the visitors said they were informed straight away of any change in their relatives' conditions and of any visiting health care professionals.

A detailed assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and preferences. These were well written and comprehensive. Any important details were clearly highlighted in red. This helped to ensure that the service was able to meet people's needs and that staff were alerted to important information about people. People had been referred to and seen by a variety of healthcare professionals, including GPs, community nurses, dietitians, speech and language therapists, podiatrists and opticians.

There were processes in place to ensure there was no discrimination, including in relation to people's protected characteristics such as race, religion, gender or age. For example, the provider offered their staff training in equality and diversity. There was a policy to protect people against discrimination and harassment. Information on how to report concerns was readily available in prominent places within the home. We also noted that there was a safeguarding champion and a dignity champion who were nominated to attend external meetings with other agencies to share good practice around safeguarding and protecting people from harm and discrimination.

We reviewed how people's individual needs were met by the adaptation, design and decoration of premises. The premises had been maintained and adapted to meet the needs of people living in the home. We found aids and adaptations available to meet people's needs and enable them to remain as independent as possible. Bathrooms had been adapted to accommodate people who required support from staff. Hoists and a lift were available and specialised adjustable beds were in place where necessary to help manage people's risks. Where people were at risk of falls, assistive technology such as sensor mats were in place to help manage their risks and keep them safe. We found people had personalised their rooms to reflect their tastes and make them more homely. We noted some areas of the home were in need of re-decorating. We spoke to the registered manager who informed us that, the provider was setting up a programme of renovation and decoration. They informed us they were inspecting the premises to identify all areas that need renovation.

We observed staff supported people to eat their meals. The atmosphere was calm and caring and people were able to eat their meals at their own pace. All people appeared to have enjoyed their meal and had eaten very well. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they did not like the meals on offer. Comments from people included, "The food's alright, if you don't want something they'll make you something else. There's always two choices", "The food's fantastic. If there's anything you want you just tell them, I have fish most of the time, I get scampi and prawns." Where people needed support, this was provided sensitively by staff and people were given the time they needed to have their meal. We noted that people could have their meals in their room if they wished to.

We noted that the service provided a variety of information when people were transferred to hospital. A transfer form was in place which included a summary of people's risks and needs. A copy of their Medicines Administration Record (MAR) was also provided. This helped to ensure that people received effective care and treatment and that relevant information was shared when people moved between different services.

We received feedback from one community health professional who visited the service regularly. They told us people appeared well cared for, staff followed any advice given and the home was always clean and well maintained. They did not have any concerns. One professional told us, "I have visited the home many times. At all times the care home staff have been responsive to all of my requests for information, they have a good knowledge of all the residents at the home and always have the patient's best interest in mind when making decisions about their care."

## Is the service caring?

### Our findings

People told us staff were kind, caring and compassionate. Comments included, "They treat us very well", "They treat me with respect, I get on with them all", "[name removed] the activity co-ordinator is very good", "If you're in a good mood, they'll have a chat with you" and "You've everything you want in this place' it's first class." Similarly, we received positive comments from visiting relatives. Comments included, "They've always treated [relative] with respect and kindness", "They're lovely, even when they're busy, they'll come in and have a chat with [relative]", "They [staff] are very good with her" and "Beautiful, staff are absolutely lovely with [relative]. They're so patient and caring."

Staff told us they knew the people well that they supported, in terms of their needs, risks and their preferences. They knew people's routines and how people liked to be supported, such as what they liked to eat and drink and how they liked to spend their time. One staff told us, "We take time to know people that we care for, we read their care records and chat with them". Staff felt they had enough time to meet people's individual needs in a caring way.

We observed compassionate and respectful interactions between staff and people throughout the inspection. The staff were very careful when helping people to mobilise and when moving people with aids such as hoist, We saw staff taking care to ensure people didn't catch themselves on the hoists.

People were involved in decisions about their everyday care. One staff member commented, "We always tell people what we are going to do and seek their permission first." We observed staff supporting people sensitively and patiently and repeating information when necessary, to ensure that people understood them. This helped to ensure that communication was effective, and that staff were able to meet people's needs. One relative commented, "Yes, they're all approachable they answer any questions."

People told us they were encouraged to be independent. For example, eating and walking around the home. One relative told us, "They encouraged her to walk". We observed staff encouraging people to be as independent as possible. Some people were undertaking activities independently where this was possible and safe. One staff member told us, "We encourage people to do what they can for themselves and make sure people who can do things for themselves, do."

People told us staff respected their right to privacy and dignity. Staff had been asked to sign the dignity charter and a dignity champion had been appointed. Dignity champions are committed to ensure that all people are treated with dignity regardless of their culture, sexuality, background or age. Comments from people included, "Almost all of them knock on your door before entering my room" and "I'm happy here, it's a good place." One relative commented, "Staff are always respectful towards [relative] and me. They're very polite". We observed staff respecting people's privacy and dignity by knocking on their doors, speaking to them respectfully, listening to their choices and using their preferred name.

People's right to confidentiality was protected. There was a confidentiality policy in place which documented staff responsibilities, and the importance of confidentiality was included in the staff induction.

We observed staff speaking to people discreetly when supporting them and saw that they did not discuss personal information in front of other people living at the home or visitors. Care records were kept in a secure lockable cupboard. Access to the keys were limited to senior staff.

People were supported to maintain important relationships. They told us relatives were encouraged to visit anytime except during meal times to reduce disruptions. A number of relatives and friends visited during our inspection and we saw that they were made welcome by staff. Visitors commented, "They're very good with visiting", "We feel welcomed yes, I come at all different times." This meant that people could stay in touch with people who were important to them.

Information about local advocacy services was displayed in a number of areas around the home and was included in the service user guide. People can use advocacy services when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family members.

## Is the service responsive?

### Our findings

People told us they received care that reflected their individual needs and preferences. One person commented, "You've everything you want in this place' it's first class." Relatives commented, "It's perfect alright, we've never had cause for complaint." and "Yes, they're all approachable they answer any questions."

One professional told us, "There was an incident in the home, but the home took appropriate action."

People were supported with meaningful day time activities of their choice. We received overwhelmingly positive feedback from people regarding the activities co-ordinator and the types of activities arranged in the home. The activities co-ordinator had continued to work in a person-centred manner, facilitating individual and group activities. Comments included, "I like reading and I love the quizzes", "I like talking and I like doing any of the activities. I like it here, I don't think I could have got a better place", "I enjoy the entertainment and the outings are great" and "I go for a walk and I enjoy the bingo, it passes the time." Comments from relatives included, "The activities co-ordinator makes every person's day. She really does brighten up the day, she's missed at weekends. They get points for winning and then they get a gift voucher." During the inspection we observed people taking part in a bingo session and there was a singer who had all people and their visitors joining in, clapping their hands and waving their arms. Some visitors got up and were dancing, there was a really jolly atmosphere. There was an activity plan for the month and this was displayed in both lounges. There was something happening every day and a religious service every Sunday.

The care files were written in person centred manner. They were comprehensive and included detailed information about people's risks, needs and how they should be met, as well as their likes and dislikes. Care documentation was reviewed regularly and updated when people's risks or needs changed. We noted that information was included about people's religion, ethnic origin and gender. This meant that staff had an awareness of people's diversity and what was important to them, which could help to ensure they were able to meet people's needs.

The provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. We found, people's communication needs had been assessed and documented and people were receiving appropriate support. However, there was no policy to guide staff on this. A policy would assist in ensuring that all staff acted consistently.

The provider had introduced the use of technology in the delivery of care. People who had been assessed as at risk of falling, had been provided with sensor mats to monitor their movements and reduce risks. People also had access to broadband and a telephone system. Closed circuit television (CCTV) had also been introduced to monitor the perimeter of the building.

We looked at how the service supported people at the end of their life. Some of the staff had received end of

life care training. There was an end of life care policy in place. Majority of the care records we reviewed had a copy of 'preferred priorities for care'. The Preferred Priorities for Care is a document for people to write down what their wishes and preferences are during the last year or months of their life. It aims to help people and their carers plan their care when they are dying. However, in most of the cases the records were not completed. We noted that one person had refused to complete this record and staff had respected their wishes. We spoke to the registered manager and they informed us that they had filed the blank records in preparation for meetings with people and their relatives. The completion of end of life care plans would assist in ensuring that people receive support to ensure a pain free and dignified death.

We looked at how the service managed complaints. There was a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales and the contact details for Care Quality Commission (CQC) and external organisations. People told us they were able to discuss any concerns during resident meetings; they told us these were resolved in a timely way. We noted there was a complaints procedure displayed in the home and included in the service user guide pack. We saw two complaints had been received since the last inspection. The complaints had been dealt with in line with regulations and measures had been put in place to address the complaints satisfactorily. However, there was no written outcomes of the complaints. The registered manager informed us that outcome letters were sent out to complainants by their head office.



# Is the service well-led?

## Our findings

At the last inspection of January 2018, we found the provider had failed to operate effective systems to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At that time, we found the quality monitoring systems were not effective and the provider had failed to provide robust oversight on the running of the service. Following the inspection, we issued the provider and the registered manager with a warning notice for failure to provide good governance. We asked the provider to be compliant with the regulation by 28 February 2018.

During this inspection, we found significant improvements had been made to the governance systems. Since the last inspection, the provider had introduced audits which were being overseen by the registered manager and by a compliance officer. A compliance officer visited the home monthly to check the quality of the service and follow up on any shortfalls identified in the audits. In addition, they had recruited a deputy manager to support the registered manager with any work related to care delivery. We saw that the management team and staff had worked hard to introduce much needed changes and improvements in areas such as the management of people's medicines and the quality assurance systems, monitoring staff training, the safe management of bedrails and risks associated with receiving care.

At our last inspection we found there was no evidence to demonstrate how the registered provider had provided oversight on the registered manager and the service. During this inspection in September 2018 we found they had introduced manager's reports and the monthly compliance visits. This demonstrated that the provider had checked whether the registered manager was complying with regulations. At the last inspection we also noted that records of care and records of staff training and supervision had not been monitored. As a result, staff had not received training in various areas. At this inspection we found improvements had been made and a significant amount of staff had received training and further training had been booked.

We found there was a governance framework in place to ensure that quality monitoring was reviewed, and regulatory requirements were managed correctly. The registered manager monitored the quality of service by using a wide range of regular audits. These included audits of the medicines systems, staff training, health and safety, infection control and fire systems. We saw action plans were drawn up to address any shortfalls. The plans were reviewed by the compliance officer to ensure appropriate action had been taken and the necessary improvements had been made. We also saw incidents in the home were audited by the registered manager and analysed for any patterns and trends. This meant that there were measures in place to learn from events in order to establish risk reduction measures.

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

The registered manager had responsibility for the day to day operation of the home and was visible and active within the service. They were regularly seen around the home and were observed to interact warmly and professionally with people and staff. All staff spoken with made positive comments about the registered manager and the way the home was managed. The registered manager was described as 'approachable', 'fair' and 'effective'.

All staff we spoke with were positive about the registered manager and told us they enjoyed working at the home. They all told us they felt supported by the registered manager. Comments included, "[Registered manager] is supportive, they will come and help us if we are struggling due to any staff sickness or shortages.", "I find her to be listening and accommodating, I can discuss my personal concerns with them and feel listened to."

The registered manager told us they were committed to the continuous improvement of the service. They were able to describe their achievements over the last nine months and planned improvements for the year ahead. For example, they told us, they had joined a managers' forums to share best practice with other managers in the organisation. We could see some of the improvements that had been made as a result of this. The registered manager told us they had worked hard to make improvements since the last inspection and we saw evidence of this, including the close monitoring of people at risk of falls and their care documentation, and ensuring people who required the use of bed rails were reviewed regularly.

People felt their views and choices were listened to and they were kept up to date. People were encouraged to share their views and opinions about the service by talking with management and staff, attending regular meetings and by taking part in the annual satisfaction survey. Staff told us staff meetings took place regularly and they could raise concerns and make suggestions. This was confirmed in the records we reviewed. Records showed people had been kept up to date and their opinions had been sought and acted on. The 2018 annual survey was due to be posted to people and their relatives to share their views.

We saw evidence that the service worked in partnership with a variety of other agencies. These included, GPs, podiatrists, opticians, dentists, hospital staff, speech and language therapists, dietitians and social workers. This helped to ensure that people had support from appropriate services and their needs were met.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

We noted that the provider was meeting the requirement to display their rating from the last inspection.