

Parkcare Homes Limited







Preston Private

Inspection report

Midgery Lane
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Preston
Lancashire
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Website:

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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?	Requires Improvement	
Is the service well-led?	Requires Improvement	

Overall summary

This inspection took place over two days on 03 and 04 November 2014. It was unannounced on 03 November 2014 and announced on 04 November 2014.

Preston Private provides accommodation for up to 106 people who require nursing or personal care. At the time of our visit there were 80 people who lived there. The home provides care and support for people with dementia or physical disabilities.

Preston Private is a purpose built care home set in its own grounds and located in a residential area of Fulwood

Preston. All bedrooms are ensuite and located on the ground floor. The home is divided into four units. Two units provide nursing care, one unit provides personal care and there is one unit which provides care for people with dementia.

On the first day of our inspection it was the manager's first day in post with Preston Private. Since the inspection the manager has applied and registered with the Care Quality Commission to manage the service. A registered manager is a person who has registered with the Care

Summary of findings

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.

Preston Private had two responsive inspections undertaken in 2014 because we had received information of concern regarding this service. Although it was clear the provider had undertaken significant areas of work since the last inspection to improve the service they were delivering, there remained some aspects of the service that still required further work to ensure a consistent approach to quality across the four units.

On 21 May 2014 the home was inspected by a pharmacist inspector. At that inspection we found medicines records were not always clearly presented to support and evidence the safe administration of medicines. This was a breach of Regulation 13, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We asked the provider to take action to make improvements. The provider responded by sending the Care Quality Commission an action plan of how they had addressed the breaches identified. At this inspection on 03 November 2014, we found medicines records were clearly presented and medicines were safely administered. The regulation was not breached. However we did note that further work was required to ensure the home's medication policy was consistently followed throughout the home.

On 30 June 2014 the home was inspected by an inspection team which consisted of three inspectors, a specialist advisor and an expert by experience. This was a person who had experience of caring for someone who uses this type of service. At that inspection we found where people did not have the capacity to consent, the provider did not always act in accordance with legal requirements. This was a breach of Regulation 18, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider responded by sending the Care Quality Commission an action plan of how they had addressed the breaches identified. At this inspection on 03 November 2014, we found clear improvements where people's advanced wishes were managed. People's

capacity was assessed where there were concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

On 30 June 2014 we also found individual risk assessments had not been carried out for each person before safety measures were removed and accurate and detailed care plan records were not always maintained. This was a breach of Regulation 9, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider responded by sending the Care Quality Commission an action plan of how they had addressed the breaches identified. At this inspection on 03 November 2014, we saw actions had been taken to meet the essential standards of quality and safety.

During our inspection in June 2014 we found that there was not enough staff on duty to meet people's needs. This was a breach of Regulation 22, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider responded by sending the Care Quality Commission an action plan of how they had addressed the breaches identified. On the day of our visit we saw staffing levels were sufficient to provide a good level of care and keep people safe. However people told us this was not always the case and sometimes staff were busy which meant they had to wait to be attended to.

During our visit, we spent time in each unit of the home, including the lounge and the dining areas. This helped us to observe daily routines and gain an insight into how people's care and support was managed. During our visit we saw staff had developed a good relationship with the people they supported. Those people who were able to talk with us spoke very positively about the service and told us they felt safe and well cared for. One person told us, "I can't fault the staff. The staff here are lovely, I am really well looked after."

People were involved and consulted with about their needs and wishes. Care records provided information to direct staff in the safe delivery of people's care and support. Records were kept under review so information reflected the current and changing needs of people. In the care plan records we looked at we saw evidence to show the provider was responding to changes in people's condition by seeking advice from a range of

Summary of findings

healthcare professionals. This was also supported by our observations during the inspection when health care professionals visited people in the home when requested by the qualified nurse on duty.

There were procedures in place to monitor the quality of the service. Regular audits were being completed by senior managers from the organisation. They had recently highlighted some issues including around improving activities. Action was being taken to employ another activity co-ordinator. There had been an improvement in the number of complaints recorded which allows oversight by the provider. However one of the complaints had not been acknowledged or responded to within the timescales set out in the complaints policy.

Staff spoken with were positive about their work and confirmed they were supported by the management team. Staff received regular training to make sure they had the skills and knowledge to meet people's needs. However the system was not effective to ensure recent new starters received a suitable induction into the service to perform their role.

Suitable arrangements were in place to protect people from the risk of abuse. People told us they felt safe and secure. Safeguards were in place for people who may have been unable to make decisions about their care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Certain aspects of the service were not safe.

People told us they felt safe living at the home.

We saw staffing levels were sufficient to provide a good level of care and keep people safe. However family members and staff told us this was not always the case and sometimes staff were busy which meant people had to wait to be attended to.

We looked at how medicines were managed and saw that appropriate arrangements were in place for storing, recording and monitoring people's medicines. However we found that further work was required to ensure the home's medication policy was consistently followed throughout the home.

Staff spoken with understood the procedures in place to safeguard vulnerable people from abuse.

Requires Improvement



Is the service effective?

Certain aspects of the service were not effective.

Staff had access to ongoing training to meet the individual and diverse needs of people they supported. However we found procedures were not in place to ensure induction training was completed within the timescale set by the home.

There had been improvements since our last inspection to ensure people's capacity to make specific decisions was considered under the Mental Capacity Act 2005.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. Where risks had been identified, management plans were in place.

We saw people's needs were monitored and advice had been sought from other health professionals where appropriate.

Requires Improvement



Is the service caring?

The service was caring.

There was evidence people's preferences, likes and dislikes had been discussed so staff could deliver personalised care.

Staff treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Good



Is the service responsive?

Certain aspects of the service was not responsive.

Requires Improvement



Summary of findings

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

People told us they would feel comfortable in raising concerns if they needed to. There had been an improvement in the number of complaints recorded which allows oversight by the provider. However one of the complaints had not been acknowledged or responded to within the timescales set out in the complaints policy.

There was an established programme of activities. However during our observations we only noted people engaged in activities in the dementia unit. The manager told us that due to the size of the home they were looking to employ another activity co-ordinator to give "better coverage" for people on all units.

Is the service well-led?

The service was not well-led.

People who lived at the home and staff commented that there have been improvements in the management structure.

Although it was clear the provider had undertaken significant areas of work since the last inspection to improve the service they were delivering, there remained some aspects of the service that still required further work to ensure a consistent approach to quality across the units.

There has been a change in the leadership since our last inspection. A new manager started in post on the first day of our inspection and expressed commitment to encouraging open communication with people who lived at the home, their relatives and staff to drive improvement.

Requires Improvement



Preston Private

Detailed findings

Background to this inspection

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

This inspection took place over two days on 03 and 04 November 2014. It was unannounced on 03 November 2014 and announced on 04 November 2014.

The inspection team consisted of two adult social care inspectors, a pharmacist inspector, a specialist advisor who was a Registered Nurse with experience in adult mental health and an expert by experience who had personal experience of caring for someone who uses this type of care service. An expert by experience is a person who has personal experience of using or caring for someone who used this type of care service.

Before the inspection, we reviewed information we held about the home, such as statutory notifications, safeguarding information, previous inspections reports and any comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included twenty people who lived at the home, fifteen visiting family members, a visiting health professional and fourteen staff members. We spoke with the new manager, the interim manager and the operations director. We also spoke to the commissioning departments and safeguarding teams with the local authority and NHS in order to gain a balanced overview of what people experienced accessing the service. They told us the management team at Preston Private had been working collaboratively with the local authority and NHS to improve quality and consistency across the home.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also spent time looking at records, which included fifteen people's care records, training and recruitment records for four members of staff and records relating to the management of the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe when being supported. One person told us, "The staff are very nice and treat me gently. I feel safe." Another person told us, "It's a safe secure unit." One family member told us, "I come twice a day and I've never had reason to think my relative is not safe."

We looked at how the service was being staffed. We did this to make sure there was enough staff on duty at all times, to support people who lived at the home. During our inspection in June 2014 we found that there was not enough staff on duty to meet people's needs. We used this inspection to see what steps had been taken to ensure that, at all times there were sufficient numbers of staff on duty.

We found staffing levels were planned for and co-ordinated on a daily basis by newly appointed unit leads. This was an improvement from the previous inspection. Senior members of staff were given the responsibility for their own units to ensure staff were allocated to support people with their needs. We looked at the homes duty rota and saw that since the last inspection staffing ratios had been reviewed on each unit. During our observations we saw staff were responsive to the needs of people they supported and staffing levels were sufficient to provide a good level of care and keep people safe. Call bells were responded to quickly when people required assistance.

People we spoke with told us they were happy with the care and support they were receiving. They told us they felt there were enough staff on duty to meet their needs and that staff had time to spend with them. One person told us, "Staff are very attentive and helpful." Another person told us, "Yes there always seems to be enough staff." Another person we spoke with explained, "There are plenty of staff around and they will do anything for you."

When speaking to family members about staffing levels at the home we received mixed comments. One family member told us, "There are always plenty of staff when we visit. We visit every day and at different times and the staff always make time to speak with us." Another family member told us, "I don't think there are enough staff to give people the attention they need." Another family member explained, "Sometimes they are short of staff, but they have upped the levels recently."

We spoke with staff members about staffing levels at the home. Again we received mixed comments. One staff member told us, "There have been improvements. New staff have been recruited and staff morale is much better." Another member of staff told us, "If I had a wish list it would be more staff and less paperwork." Another member of staff explained staffing levels were, "Better." They told us there were fewer gaps to fill on the rota and less use of agency staff.

We spoke with interim manager about the feedback we had received from relatives and staff members. The interim manager told us the staffing levels were reviewed monthly to meet people's needs and dependency levels. The interim manager was able to show us examples of changes in staffing made to meet people's needs. In light of the feedback received the interim manager told us they would review current staffing levels, to ensure there was a consistent level of staff to meet people's care and support needs. The interim manager told us, "We are striving to ensure staff have time to spend with residents. We want to provide consistency in care, so want to reduce the use of agency staff. Our current recruitment drive will give us extra staff to cover for holidays and sickness."

We looked at how medicines were managed. During the inspection in May 2014 we found medicines records were not always clearly presented to support and evidence the safe administration of medicines. We used this inspection to see what steps had been taken to ensure the provider's medicines policies were consistently followed.

Medicines were safely administered by qualified nurses or suitably trained care workers. However, the nurses we spoke with had requested refresher training in more specialised techniques such as; the use of syringe drivers and the administration of medicines via naso-gastric tubes. Managers advised that this was being arranged, but dates had not yet been agreed.

The medicines administration records (MARs) were clearly presented to show the treatment people had received and where new medicines were prescribed these were promptly started. However, contrary to the home's policy, we found on one unit completed MARs were not stored with patient notes for easy reference. Previous MARs could not be found for three of the eight records we looked at.

Written individual information was in place about the use of 'when required' medicines and about any help people

Is the service safe?

may need with taking their medicines, to help ensure medicines were safely administered. However on one unit, prompt action had not been taken to seek advice when a prescribed nutritional supplement was not being taken by three people. This was addressed during our visit. We found that medicines, including controlled drugs, were stored safely throughout the home.

Regular medicines audits were completed and where medication errors had occurred these had been appropriately reported and managed in accordance with the homes policy.

We looked at the recruitment and selection procedures the provider had in place to ensure people were supported by suitably qualified and experienced staff. We looked at four staff records. We saw evidence in all the records of pre-employment checks being undertaken. There was a full employment history, and any gaps were explained. Interview notes were recorded and maintained in the files. There was evidence of reference and Disclosure and Barring Service (DBS) checks undertaken. The files had been audited and checked by the management team.

The home had policies and procedures in for place dealing with allegations of abuse. Staff we spoke with told us they had completed safeguarding training and the training records we looked at confirmed this. They were all able to describe the different forms of abuse and were confident if they reported anything untoward to the management team this would be dealt with immediately. In our discussions staff told us they were aware of the home`s whistle blowing policy. This meant that staff were protected should they report any concerns regarding poor practice in the work place.

At this inspection we found the provider had undertaken a range of measures to improve the safety of the services they were providing for people. The provider had developed working partnerships with the local safeguarding authority and other professionals. This meant the provider could access advice and support should they require it regarding any safeguarding matters that may arise.

Since the last inspection there had been an improvement in the reporting of safeguarding incidents. This meant there was an external oversight regarding the frequency and nature of safeguarding incidents taking place within the home. This enabled the safeguarding team to investigate allegations of abuse. From a review of the current records and systems in place, we could evidence that the provider had submitted reports appropriately.

We saw that when a safeguarding concern had been raised with the manager, appropriate action had been taken. The management team had thoroughly investigated the concerns raised and liaised with the safeguarding team from the local authority. Where improvements had been identified as part of the investigation we saw the management team had developed an action plan to make sure the improvements were delivered. This demonstrated that effective procedures were in place for protecting people from potential harm or abuse.

Where people may display behaviour which challenged the service, we saw evidence in care records that assessments and risk management plans were in place. These were detailed and meant staff had the information needed to recognise indicators that might trigger certain behaviour. Staff spoken with were aware of individual plans and said they felt able to provide suitable care and support, whilst respecting people`s dignity and protecting their rights.

We observed the care and support provided for people. On occasions when there was potential for conflict between some people who lived at the home. We observed staff were present to provide support and assistance. We observed staff use distraction techniques and on one occasion re- directed one person into another area of the unit. This worked to good effect. During our inspection we did not witness any escalation of incidents. One staff member told us, "We know and understand our residents. If I saw a situation that could be a risk to a resident, I would make sure they were safe."

Is the service effective?

Our findings

The feedback we received from people who lived at the home and their family members was positive. People told us they felt their carers understood their needs and said they received a good level of care and support. One person commented, “The staff are fabulous. They always know what they are doing.”

During our inspection in June 2014 we found individual risk assessments had not been carried out for each person before safety measures were removed and accurate and detailed care plan records were not always maintained. At this inspection on 03 November 2014, we saw actions had been taken to meet the essential standards of quality and safety.

We noted the management team had completed care plan training with staff to ensure accurate records were kept and maintained for each person’s care and treatment. The management team had also undertaken regular audits to ensure quality and consistency were maintained throughout the four units.

We viewed the assessments, care plans and daily records of fifteen people who lived at the home. We saw that prior to their admission, a detailed care needs assessment had been carried out. This meant that the manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff members had some understanding of people’s needs as soon as they started to use the service.

People’s care plans were detailed documents, which included a social history and information about their preferred daily routines. This helped care workers understand people’s individual wishes and provide care that was tailored to their individual requirements.

An overall picture of the person’s health and social care needs was included, as was information about the way they wanted their care to be provided. People’s care plans provided evidence of effective joint working with community professionals. We saw that staff were proactive in seeking input from professionals to ensure people received safe and effective care.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

During the inspection in June 2014 we found where people did not have the capacity to consent the provider did not always act in accordance with legal requirements. We used this inspection to see what steps had been taken to ensure the provider’s policies in relation to MCA and DoLS were consistently followed.

Staff demonstrated a good awareness of the legislation and confirmed they had received training in these areas. This meant clear procedures were in place to enable staff to assess people’s mental capacity, should there be concerns about their ability to make decisions for themselves, or to support those who lacked capacity to manage risk and protect their human rights.

We found good examples of where capacity assessments had been completed following a change in a person’s care or health needs. For example one person had been reluctant to receive mouth care. A capacity assessment and best interest decision had been taken to ensure the person received an appropriate level of care. This had been recorded in line with the requirements of the MCA code of practice.

During our visit, we spent time in all areas of the home. This helped us to observe the daily routines and gain an insight into how people’s care and support was managed. We saw that two people had restrictions in place as part of their plan of care which meant they had a member of staff alongside them throughout the day. We looked at their care records which identified each person had behaviour that challenged others. Mental capacity assessments and best interest meetings had taken place, to identify that it may be in the person’s best interests to be cared for in a way that amounts to a deprivation of liberty, in order to safeguard them. We saw that for one person a Deprivation of Liberty Safeguards Authorisation had been requested with the appropriate supervisory body. However an Authorisation had not been requested for the other person.

Is the service effective?

We spoke with the interim manager and an Authorisation was requested with the appropriate supervisory body during our visit. The local authority act as the supervisory body. They oversee the assessments and make the final decision to authorise the Deprivation of Liberty Safeguard.

There was a training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who lived at the home. Each staff member had a personal development plan in place which detailed the training they had received to date, and future training requirements.

We reviewed the training records of four recent new employees. Records showed that three of the four members of staff had completed a detailed induction programme which included learning about the organisation and what was expected of them when carrying out their role. The fourth person had been issued an induction pack three months ago but had not yet completed it. We also saw all new staff were required to complete a number of training programmes within their first three months of employment. A date in the training records showed when this training should be completed. Two of the four members of staff had not completed the training within the timescale. One person had only completed one of the twenty four programmes in their first three months.

We spoke with the interim manager about the system in place to monitor that members of staff completed their induction programmes. The interim manager was able to show us a copy of a letter that had been sent as a reminder to staff. The system was not effective to ensure staff received a suitable induction into the service to perform their role.

Existing members of staff confirmed they had access to a structured training and development programme. One staff member told us, "The training is very good." Staff training records showed staff had received training in safeguarding vulnerable adults, moving and handling techniques, health and safety, medication, infection control, and fire training. In addition staff had accessed a range of training which reflected good care practices for people who lived at the home. This included staff development training on the MCA, managing behaviours that challenge and dementia.

During our inspection we were introduced to the dementia lead and a dementia coach employed by the provider. They

were visiting the home and working alongside staff. The dementia coach told us they were implementing the 'Creative Minds' programme. They told us this training is designed to motivate all staff and encourage creative ideas to improve the quality of life for people in their care. One member of staff we spoke with about the 'Creative Minds' programme told us, "The training helps me to give each person the care and support they need."

Staff attended handover meetings at the start of every shift and regular staff meetings. This kept them informed of any developments or changes within the service. Staff told us things had improved at the home and they felt their views were considered and they felt more supported in their roles. The staff members we spoke with told us they received regular formal supervision sessions with their manager, in addition to an annual appraisal. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have.

The people we spoke with told us they enjoyed the food provided by the home. They said they received varied, nutritious meals and always had plenty to eat. They told us they were informed daily about meals for the day and choices available to them. One person said, "I enjoy my food." Another person told us, "The food generally speaking is good, I've put weight on."

There was a choice of two hot meals provided at lunchtime on the day of our inspection. We saw people were provided with the choice of where they wished to eat their meal. Some chose to eat in the dining room, others in the lounge or their own room. The people we spoke with after lunch all said they had enjoyed their meal.

There were some people who needed assistance with their meals. Staff were seen to spend quality time with them. People were encouraged to eat as much of their meal as they could manage. The staff assisted people in a relaxed and unhurried manner and were patient and supportive when assisting them. We saw they were offered alternative meals if they were not happy with the menu choices.

Care plans reviewed detailed information about people's food and drink preferences. All care plans we looked at contained a nutritional risk assessment. People's weight was regularly monitored. We noted people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified

Is the service effective?

drinks. Assessments were monitored on a regular basis. Where there had been changes to a person's care needs, care plans had been updated. We also saw appropriate referrals had been made to other health professionals, where there had been concerns about a person's dietary intake. These confirmed procedures were in place to reduce the risk of poor nutrition and dehydration.

People told us they felt comfortable to discuss their health needs with staff. One person told us staff noticed if they were unwell and supported them in getting the right treatment. Records we reviewed showed people's

healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We noted people's care plans contained clear information and guidance for staff on how best to monitor people's health. For instance we noted one person was significantly underweight when they were admitted to the home. A timely referral had been made to the dietician and a plan of care put in place to address the health concern. We saw the person's condition was constantly monitored and the person had put weight on.

Is the service caring?

Our findings

During our visit we spoke with people who lived at the service. All expressed they were very satisfied with the service and the support they received. One person told us “I have the same people looking after me all the time; they are always willing to listen.” People told us they had a good relationship with the staff and described the staff team as “caring” and “kind.” One family member told us, “The staff are very very kind to Mum. They are very caring.”

We spent time in all areas of the service, including the lounge and the dining areas. This helped us to observe the daily routines and gain an insight into how people's support was managed. Our observations confirmed staff had a good relationship with people who lived at the home. We saw people smiling and engaged in conversation and banter with staff members. People were relaxed and comfortable with the staff.

We spoke with staff members. All were respectful of people's needs and described a sensitive and caring approach to their role. Staff told us they enjoyed their work because everyone cared about the people who lived at the home. One staff member said, “I like working here. We care for the residents and want them to feel cared for.”

Staff spoke fondly and knowledgeably about the people they cared for. They showed a good understanding of the individual choices, wishes and support needs for people within their care. One staff member told us, “We treat people as we would want our own family to be treated. Everyone is an individual, we get to know the people we care for and provide good care to meet their individual needs.”

During our inspection we observed staff interactions with the people in their care. We saw that staff knew the people they cared for and showed warmth and compassion in how they spoke to people in their care. There was a relaxed atmosphere throughout the building. We noted that staff were attentive and dealt with requests without delay.

We noted through our observations that staff were very patient when dealing with people who repeatedly asked them the same question in a short space of time. We observed that one person appeared agitated. A member of staff demonstrated patience and understanding of the person's condition to diffuse the situation safely in a caring and compassionate way. We also saw staff were very

patient when accompanying people to transfer from one room to another. This showed concern for people's well-being whilst responding to their needs and an awareness of supporting people to remain independent whilst ensuring their safety.

As part of our observations we checked on people who were nursed in bed in order to gain an insight into how their care was being delivered. We saw people were comfortable and were attended to regularly throughout the day. Call bells were responded to quickly when people required assistance.

The care plans we viewed were based on people's personal needs and wishes. Everyday things that were important to them were detailed, so that staff could provide care tailored to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted, although several people commented that they didn't get involved with their care plans as they preferred to leave this to their family. People felt their family's views were taken into account. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's needs.

Staff were in the process of introducing additional documentation for each person who lived at the home. We looked at one of the completed documents which had been drafted in consultation with the person and their family members. The plan enhanced the information already gathered by the home by building a life story of the person and included details of their family and previous occupation as well as significant events and achievements. This showed a personal approach which helped staff to know the person they cared for and find out what mattered to that person so they could take account of their choices and preferences.

The service had policies in place in relation to privacy and dignity. We spoke with staff to check their understanding of how they treated people with dignity and respect. Staff gave examples of how they worked with the person, to get to know how they liked to be treated. One staff member told us, “It is important that we respect people's privacy and dignity when supporting them.”

Is the service caring?

People who lived at the home told us they felt their dignity and independence was respected. One person told us, "They always knock before entering and close the door during personal care. They let me do things at my own pace. Makes me feel much more comfortable."

Is the service responsive?

Our findings

People were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the visit and responding promptly if they required any assistance. Where people had difficulties communicating, we found staff made efforts to interpret people's behaviour and body language to involve them as much as possible in decisions about their day to day care. One staff member told us, "We get to know our residents and we can spot when something is not quite normal for them."

Throughout the assessment and care planning process, staff supported and encouraged people to express their views and wishes, to enable them to make informed choices and decisions about their care and support. People told us they had opportunities to be involved in the development and review of care plans if they wished. One person told us, "They have asked what I think about the care and are willing to agree with what I want."

People's capacity to make specific decisions was considered under the MCA 2005 and we saw details of these assessments included in people's care records. Where specific decisions needed to be made about people's support and welfare; additional advice and support would be sought. People were able to access advocacy services and information was available for people to access the service should they need to. This was important as it ensured the person's best interest was represented and they received support to make choices about their care.

We saw that as part of the care planning process, regular reviews took place to discuss the person's care and support with them. Records we looked at showed these reviews had taken place as appropriate. If people's needs changed, care plans would be reassessed to make sure they received the care and support required. We found an example of good practice where staff had responded to a person's refusal to accept personal care. Staff had liaised with family members and the General Practitioner (GP). As a result the care plan had been reviewed and amended to support the person. This showed the home had responded to a person's changing care and support needs and sought timely medical advice as appropriate.

Family members told us they felt the communication with the home was good and they were kept up to date regarding care planning and any changes in health needs. One family member told us, "I don't have to worry. They let me know if there are any changes or anything happens."

An activities coordinator was employed by the home to ensure appropriate activities were available for people to participate in each day. The coordinator told us, "I have a chat with residents one to one with them and try and give them what they want." We saw from care records people's interests and wishes had been identified to provide a personal approach to activities.

There was a varied programme of activities for all people who lived at the home. A notice board in the reception area advertised which activities were planned for that day. On the day of our visit there was card making, book club and one-to-one time planned for the day. During our observations we observed staff on the dementia unit engaged in activities. However we did not observe activities being undertaken on the other units.

There was mixed feedback from people who lived at the home and their family members about the amount of time people were engaged in social interaction or activity. One person told us, "There is not much going on really." We spoke with the new manager about planned activities and they told us that due to the size of the home they were looking to employ another activity co-ordinator to give "better coverage". This would enable the home to support people to follow their interests and take part in a range of social activities.

People were enabled to maintain relationships with their friends and family members. Throughout the day there was a number of friends and family members who visited their relatives. Family members told us they were always made to feel welcome when they visited the home. One family member described how they were always offered a drink and also told us they could spend time with their relative in the privacy of their own room if they so wished.

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect in the event that they did so. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission.

Is the service responsive?

People we spoke with during the visit told us they would feel comfortable in raising concerns if they needed to. One person told us, "I have complained and I was happy with the way it was dealt with." A family member told us, "We have had a few and they have been dealt with satisfactorily."

Staff we spoke with were aware of how to support people if they wished to make a complaint and felt that the manager would respond appropriately to any concerns raised. One staff member told us, "It's important people do let us know if there is anything not quite right so that we can put things right."

There were processes in place to record complaints, and any further information about their investigation and action taken as a result. Since the last inspection we noted there had been an improvement in the number of

complaints recorded. This allows oversight by the provider to make sure concerns about the quality of care are investigated thoroughly. One of the complaints had not been acknowledged or responded to within the timescales set out in the complaints policy.

We spoke with the management team about our observations. The operations director explained there had been an extensive change in the leadership at the home since August 2014 however the new manager in post will strengthen the complaints management process. In discussion, the new manager demonstrated a positive view of complaints and explained that she saw them as an opportunity for improvement. We were also advised that systems would be followed to monitor all complaints received, so that any themes or trends could be identified.

Is the service well-led?

Our findings

People's comments about the culture of the home were positive. Comments included, "It's a good climate." "It has a nice feel." "I honestly think it's very good." And, "I enjoy the friendliness."

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through 'resident and relatives meetings', satisfaction surveys and care reviews with people and their family members. One person told us, "It's run well. I am happy here." Another person told us, "I spoke to a senior person and they asked if I was happy." However three family members we spoke with told us they had, "Never been asked for their opinion." One family member told us, "I've not spoken to the manager."

The operations director was visiting Preston Private on the first day of our visit to welcome and induct the new manager on their first day. The operations director explained there had been an extensive change in the leadership at the home since August 2014. However the new manager would be submitting their application to become a registered manager as a priority. 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. Since the inspection the manager has applied and registered with the Care Quality Commission to manage the service.

All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who lived at the home. Staff were aware of the lines of accountability within the service and wider organisation. They were confident about raising any concerns and felt that any concerns raised would be dealt with. Staff described the management team as supportive. All the staff we spoke with told us they had noticed the improvement changes and the improvements in the management structure. One staff member told us, "There have been improvements. Staff morale is much better. Staff feel more comfortable and people are more open."

Discussions with staff members and records viewed, demonstrated regular staff meetings were held during which, important information was cascaded to the staff team and people were invited to share their views. The interim manager and the new manager spoke of the importance of ensuring staff were involved and engaged with developments within the service.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who lived at the home. Records reviewed showed the service had a range of quality assurance systems in place. Audits were in place, which covered a variety of areas including medication, care planning and the environment. We looked at completed audits during the visit and noted action plans had been devised to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

Accidents, safeguarding concerns or other such adverse incidents were recorded, monitored and analysed. This enabled the management team to identify any recurring themes or patterns of adverse incidents, anticipate further incidents and to ensure that any learning from the incidents could be identified and shared with the staff team.

The operations director visited the service at least once each month to support the manager and carry out safety and quality checks. We looked at completed audits and noted any shortfalls identified at the previous visit, were reviewed to ensure action had been taken. This meant there were systems in place to regularly review and improve the service.

Although it was clear the provider had undertaken significant areas of work since the last inspection to improve the service they were delivering, there remained some aspects of the service that still required further work. The management team had reviewed staffing levels for each unit and actively recruited new members of staff. Further work was required to ensure there was a consistent level of staff to meet people's care needs and support people with a variety of activities. In addition further work was required to ensure the home's medication policy was consistently followed throughout the four units of the home.

The new manager told us they had accepted the post, fully aware of the difficulties the home was experiencing. In our

Is the service well-led?

discussions they told us their priorities for taking the service forward to make improvements and how they

planned to work with the provider and staff team to achieve this. This included encouraging open communication with people who lived at the home, their relatives and staff to drive improvement.