

Sai Om Limited

Eden Lodge Residential Care Home

Inspection report

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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 inspected the service on 22 June 2017. The inspection was unannounced. Eden Lodge Residential Care Home provides accommodation for up to 60 older people. On the day of our inspection 19 people were using the service. This was because the provider is only currently using one section of the service.

When we inspected the service on 6 April 2016 we found there were breaches of regulation and improvements were required in a number of areas in the standard of care provided. This included improvements to how people were protected against the risk of avoidable harm, their nutritional and hydration needs were met and how risks were assessed and safe care provided. This also included improvements with staff's competency and knowledge, with the premises and equipment and how medicines were managed. There were also improvements needed in relation to the way the registered provider monitored and assessed the service to identify and act on any improvements needed. We told the provider they must send us a written plan setting out how they would make the improvements and by when. The provider sent us an action plan and told us they would make the improvements.

We inspected the service again on 2 August 2016 and reviewed what improvements had been made in relation to how risks were managed and how the provider was monitoring quality and safety. At this inspection we found some improvements had been made but further improvements were still required. The provider sent us a further action plan and told us what additional improvements they would make.

During this comprehensive inspection we looked at whether the provider now met the legal requirements in relation to breaches of regulation we had found in April 2016 and August 2016. We found that the provider had taken action and all the breaches had been met.

People and their relatives told us they felt staff provided safe care and support. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and reviewed to ensure they continued to reflect people's needs. Risk plans informed staff of the action required to reduce any associated risks to people's needs. Accidents and incidents were recorded and reported by staff. The registered manager analysed these to ensure appropriate action had been taken to protect people, and to consider if there were any themes or patterns that required further action. Contingency plans were in place to support staff to provide a safe service in the event of an untoward incident affecting the service.

There were sufficient staff to keep people safe and meet their needs. Safe recruitment procedures were in place and followed. Medicines were given to people on time and as prescribed, they were also managed and stored safely following best practice guidance.

People were supported effectively by staff that had received an induction, ongoing training and support.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received appropriate training and understood the processes in place for ensuring decisions were made in people's best interests. People and or their relative where appropriate, had given consent to their care and treatment. Some people were living with dementia and experienced periods of anxiety that affected their mood and behaviour. Staff had appropriate information about how to support people during these times.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. Catering staff had received additional training to understand people's nutritional needs. People were appropriately supported with their eating and drinking needs if required, choices were offered and respected, and independence encouraged as fully as possible.

The service worked well with visiting healthcare professionals to ensure they provided effective care and support. When concerns were identified about people's healthcare needs, appropriate action was taken to support people's health and well-being.

Staff were kind and caring, they knew people well, and they supported people in a dignified and respectful way. Staff acknowledged and promoted people's privacy. People felt that staff were understanding of their needs and that they had developed positive relationships with them. Information about an independent advocacy service was available for people should this support have been required.

People and or their relatives where appropriate, were involved in the assessment and review of their needs. New care plan documentation had been introduced that informed staff how to support people and were more personalised to people's needs, routines and preferences. Staff provided social activities and opportunities to support people with any interest's hobbies and pastimes. People and staff knew how to raise concerns and information about how to make a complaint was available.

People who used the service and relatives or representatives, were given opportunities to share their experience of the service. New and improved quality assurance systems were in place to regularly review the quality and safety of the service provided. Since our last inspection the service had improved in all areas and there was a clear plan in place to continually drive forward improvements and to sustain those already made.

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.

Staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks associated to people's needs including the environment were assessed and regularly reviewed.

There was sufficient staff available that was skilled and experienced to ensure people's needs and safety was met. New staff completed appropriate recruitment checks before they started work.

People received their prescribed medicines and these were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that received an appropriate induction and ongoing training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People received choices of what to eat and drink and menu options met people's individual needs and preferences.

People received support with any associated healthcare need they had and the service worked with healthcare professionals to support people appropriately.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that showed kindness and compassion in the way they supported them. Staff were knowledgeable about people's individual needs.

People were supported to access independent advocates to represent their views when needed.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

A new pre-assessment and care plan record had been implemented. These provided staff with better detailed information to support them to know and understand people's needs. People received opportunities to participate in a variety of activities.

People and or their relatives, were involved as fully as possible in reviews and discussions about the care and treatment provided.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Is the service well-led?

Good ●

The service was responsive.

A new pre-assessment and care plan record had been implemented. These provided staff with better detailed information to support them to know and understand people's needs. People received opportunities to participate in a variety of activities.

People and or their relatives, were involved as fully as possible in reviews and discussions about the care and treatment provided.

People received opportunities to share their views and there was a complaints procedure available should they wish to complain about the service.

Eden Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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, to look at concerns we received about the service and to provide a rating for the service under the Care Act 2014.

We inspected the service on 22 June 2017. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection visit we spoke with nine people who used the service and the relatives of two people. We spoke with three members of care staff, one domestic team member, the cook, the deputy manager, registered manager and the provider's representative. We also spoke with the administrator and accountant.

To help us assess how people's care needs were being met we reviewed all or parts of the care records of five people who used the service, along with other records relevant to the running of the service. This included policies and procedures, records of staff training and recruitment and records of quality assurance processes. We also checked the management of medicines and reviewed how people were supported with

their finances.

We used the 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.

Is the service safe?

Our findings

During our previous inspection on 6 April 2016 we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people were protected from abuse. During this inspection we found the required improvements had been made and people were protected from avoidable harm. This breach in regulation had been met.

People spoken with felt the home to be a safe place for them. They described staff as being helpful and they had not experienced or had concerns about staff being abusive towards them. One person said, "I feel safe. I can say what I want to say. Staff and people listen and I never heard any bad things. Staff talk gently to me." A relative told us, "It is extremely safe here. The staff are always alert to where people are. Alarm systems are very good. Staff never speak badly. I have never seen anything negative."

Staff demonstrated an understanding of their role and responsibilities in protecting people from abuse. One staff member said, "I have had safeguarding training. I use defusing techniques when residents get upset. We listen to people." Another member of staff said that staff were always in communal areas to ensure people's safety was not compromised. Staff told us how they were mindful of people's particular needs, personalities and how this affected others at times.

We observed staff were attentive to people's needs, they were seen to be in communal areas at all times and responded quickly and effectively to changes in people's mood and behaviour, ensuring any potential behaviours that could become challenging were defused.

Training records confirmed staff had received appropriate safeguarding training. Where incidents of a safeguarding nature had occurred, the registered manager had followed the multi-agency safeguarding procedure for recording, reporting and investigating incidents where required.

During our previous inspection on 6 April 2016 and 2 August 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how risks were assessed and managed and issues were identified with the competency and skill of staff, the environment and premises and how people received their medicines.

During this inspection we checked to see whether these improvements had been made. We found there had been improvements and people were cared for safely. This breach in regulation had been met.

People told us they did not experience any undue restrictions. One relative said, "We [relative and family member] both go out every day. We just let staff know when we will be back." Another person told us, "I can walk up and down the garden to keep my legs going. I can lie in my bed and get breakfast in my room. I have a walking stick so can be independent." People also told us that staff responded to calls for assistance quickly and that incidents and risk assessments were monitored, learnt from and actions taken to reduce future risks.

Staff told us that improvements had been made to how people's risks were assessed and managed. They said that new documentation was used to record this information which was monitored and updated when changes occurred. One staff member said, "The manager is really on top of everything and has made some really good improvements about safety and records. There's a new pre-admission form that clearly identify any risks the person may have and then care plans and risk assessments are completed."

We found people's care records confirmed what staff had told us. Risk assessments had been completed that advised staff of the action required to manage any identified risks. These were regularly reviewed and amended when required to ensure staff had up to date information. Where people had been assessed as being at risk of developing pressure ulcers, we found that equipment such as pressure relieving mattresses and cushions were in place and being used appropriately to help reduce this risk. Some people also required their food and fluids to be recorded to further help reduce risks, as well as regular repositioning to protect their skin. Where these needs had been identified we found staff were following the guidance provided and recording appropriately when they had supported people as described in their care plan and risk assessment.

We observed some people required assistance with mobility. Appropriate equipment was available and seen to be used effectively by staff following best practice guidance. Some people were at risk of falls and action had been taken to reduce risks. This included the use of assisted technology such as sensor mats in people's bedrooms used to alert staff when a person was walking around independently. Accidents and incidents including falls were recorded by staff of the action taken to support the person. The registered manager reviewed these records to ensure correct action had been taken with regard to the response of staff at the time of the incident, and the support provided post incident such as observations of the person. The registered manager also analysed all incidents for any patterns and trends that could be learnt from to reduce further risks. We saw examples of action taken this included involving the GP and other external healthcare professionals such as the community falls team. This told us people could be assured that any risks associated with their needs had been assessed and planned for.

Since our last inspection we found significant improvements had been to the premises and environment. This included the refurbishment of bathrooms that were appropriate for the needs of people, a new lighting and heating system, lounges and corridors had been redecorated including new flooring and furniture and a programme of redecoration of people's bedrooms had started. People who used the service and staff were positive about the changes and that these improvements had impacted greatly on everyone.

Records confirmed that risk assessments had been appropriately completed in areas such as fire, legionella and the environment. Equipment was regularly checked and serviced to ensure their safety by outside contractors.

Since our last inspection the home had received an infection control audit in November 2016 completed by the local clinical commissioning group. Where recommendations had been made to improve cleanliness and hygiene these had been completed. A domestic member of staff showed us their cleaning schedule and told us about the products and resources used to prevent the risk of cross contamination and spread of infections. This included soap dispenses and paper towels available in people's bedrooms. We found the environment, including equipment to be clean.

People and visiting relatives told us there was sufficient staff available that were appropriately competent and skilled to meet their needs. One relative said, "Could always do with extra. They (staff) are sometimes pushed if residents are having needs. But they always get the job done." Two out of three people who used the service and two relatives were positive about the response time to requests for assistance. Comments

included, "If I need staff they come straight away. They are on the spot." One person however said, "I have to wait a long time."

Some staff said that completing paperwork could impact on the time they had available to spend with people, they also said that the afternoon shift could be a challenge when staffing reduced by one member of staff. Comments included, "On the whole staffing is okay, but in an afternoon it can be difficult if someone is not well, have fallen or their anxiety has resulted in an incident." Another staff member said, "When I started we were short of staff and now have a full team. I feel we have enough staff."

The registered manager told us they used a dependency assessment tool that calculated the recommended number of staff required and that this was used on a regular basis to reassess people's needs. The staff roster confirmed the staffing levels as described to us by the staff team and registered manager. Our observations concluded on the day of our inspection there were sufficient staff and consideration had been given to staff skill mix and experience. However, we discussed with the registered manager and provider's representative the feedback we received from staff. They assured us that in light of this feedback they would review the staffing levels again.

We found improvements had been made to the safe recruitment of staff. Staff we spoke with confirmed they had undertaken appropriate checks before starting work. We checked seven staff files that confirmed appropriate checks had been completed before staff commenced their employment. This included checks on employment history, identity and criminal records. This process made sure, as far as possible, that new staff were safe to work with people using the service.

People told us they received their prescribed medicines safely and that they were aware of what medicines they were on and why. One person said, "I'm on tablets. I ask them what they are for. I get them regular. I also get paracetamol. They (staff) put them in my hand and I take them. They sit with me to check I have taken them." A relative told us, "[Family member] is taking less medicine than three years ago. Less sedatives they have been less anxious here. The manager and doctor explained why they didn't need some medication."

Staff responsible for the administration of medicines told us about the training and competency assessments they had completed. Records confirmed what we were told and that staff were up to date with this training. We observed the deputy manager administer people's medicines. They followed good practice guidance, including remaining with the person to ensure they had safely taken their medicine.

Staff had the required information about people's prescribed medicines, including a photograph of the person and their preferences of how they take their medicines to make sure they were given consistently. Protocols were used to manage the use of medicines to be taken when needed, for example for pain or anxiety. We checked the medication administration records (MARs) and found that apart from the records for food supplements and topical creams which were inconsistently completed but recorded elsewhere, these records confirmed people had received their medicines.

The storage and management of medicines were found to follow good practice guidance; we completed a sample stock check of medicines and found these to be correct. Quality and safety audits included checks on medicines and these were found to be up to date.

Is the service effective?

Our findings

During our previous inspection on 6 April 2016 we identified a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to how people's nutritional and hydration needs were met.

During this inspection we checked to see whether these improvements had been made. We found there had been improvements and people received appropriate support with their dietary, nutritional and hydration needs. This breach in regulation had been met.

People told us the food was good and plentiful and that they received choices of meals. One person said, "I like the food. Plenty to eat. They (staff) put drinks in my room. I can mix and match from the menu for what I like. I like the way they present food." Another person told us, "The food here is good. Food today was nice. I like salad. There's plenty to drink. I have a glass of wine at night."

We spoke with the cook, they told us since our last inspection visit they had attended training to support and develop their knowledge and skills in meeting people's dietary needs. They said, "The training was really helpful, I enjoyed it, I'm more confident about providing diets that are appropriate for people such as diabetes." The cook told us improvements also involved better communication and sharing of information. This included written documentation of people's needs, food likes and dislikes, preferred portion size and how food needed to be presented. Some people required a soft diet due to them being at risk of choking. We found the cook and staff to be knowledgeable about people's nutritional and hydration needs.

We observed the menu was on display for people and it matched what people received. We saw how the catering staff asked people in the morning about their choices of meal. A choice of hot and cold drinks were available throughout the day. We noted that water jugs were replenished in people's bedrooms during the day. We observed staff supported people at breakfast and lunchtime. People had different meals that reflected their personal preferences.

Some people required assistance with their eating and drinking and we observed staff to support people appropriately. They were unrushed, gave an explanation of the meal and encouraged the person to eat and engaged in meaningful conversation wherever possible. Where other people called out for assistance staff were quick to respond.

People's dietary and nutritional needs had been assessed and planned for. Nutrition plans had been developed to advise staff of people's needs. These plans showed us that consideration of people's cultural and religious needs was also given in menu planning. People were weighed on a regular basis to enable staff to monitor their weight so action could be taken if changes occurred. Staff had recorded people's food and fluid intake and were aware of this importance. For example, some people had a catheter in place and required close monitoring of their fluid input and output to remain healthy. Staff told us how they supported people with this need and care records confirmed staff were recording this information which was monitored to ensure people received sufficient fluids as required.

Both people and relatives considered staff to have an understanding of their needs. Many commented that staff received regular training. Staff were said to ask people what they needed and several people felt that they were well supported. One person told us, "The staff ask me what I need. I get support from them. They don't like to see me crying. I feel more free here than before. I am very happy here." A relative said, "They (staff) seem to have a natural skill. I think they are well trained and are always on courses."

Staff were positive about the induction they received when they commenced their employment and ongoing training and support. One staff member said, "I shadowed a senior member of staff when I started which was helpful. I also had to complete the Care Certificate which I've done. The induction was helpful and informative." The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The registered manager told us and staff confirmed, this was not just a requirement for new staff to complete but all staff had been required to complete it as a method to up skill staff's knowledge. Records confirmed what we were told.

Staff were positive about the training opportunities and support they received to discuss their work and performance. One staff member said, "We receive refresher training which is important. We also meet with the manager regular to talk about how we are getting on, what we need to do to improve and we get feedback on what we've done well at."

We received feedback from external healthcare professionals that included speech and language therapist (SALT) and the outreach dementia team. SALT told us that they had delivered eating and drinking training to staff in November 2016 that was well attended. They told us that they had seen improvements as a result of this training. The dementia outreach team said, "We have recently begun a six month training programme with the home covering all aspects related to dementia care. These sessions have been well attended; the care staff have been interactive and enthusiastic. They have genuinely been interested in their new learning and have been a pleasure to teach."

The staff training plan confirmed staff had completed training in a variety of areas identified by the provider as required. This included health and safety, first aid, moving and handling, pressure care management and catheter care. Training certificates viewed confirmed staff had received this training. Where people had specific health conditions staff had been provided with NHS information fact sheets as an additional method to support their understanding. Staff files also confirmed staff received regular opportunities to have face to face meetings with their line manager as described to us.

Staff told us that communication within the staff team had greatly improved since our last inspection. One staff member said, "The staff team are working better together, communication has improved. We have a job sheet now so we know exactly who is responsible for what and we have good handover meetings." We observed staff to work well together, they were organised and used effective communication. This approach supported the home to be relaxed and calm.

People told us that they or their relative / representative, had given consent to their care and support by signing care plan documents. One person said, "I know there is a care plan about. My relative has power of attorney. She chats with me about what I want and need. Then she talks to the staff." A relative told us, "I have power of attorney. I have regular meetings about [family member]'s care. The care plan is in the office and I can go and see it, go through it with the manager and can talk about things anytime." A power of attorney gives another person legal authority to give consent on behalf of another person.

Some people had 'do not attempt cardiopulmonary resuscitation' (DNACPR) documentation in place. This is

important information to advise staff of the person's end of life wishes or the best interest decision made on behalf of a person who lacks mental capacity to make this decision. These were found to be appropriately completed.

The Mental Capacity Act (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found where people lacked mental capacity to consent to specific decisions such as receiving their medicines, how their finances were managed and some aspects of how they received care and support, appropriate assessments had been completed. Best interest decisions were recorded and showed that least restrictive practice had been considered and included who had been involved in the discussion and decision. This told us that people were lawfully protected.

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 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. The registered manager had made applications for DoLS where appropriate and these had been granted. There were no conditions specified on the DoLS authorisations that we reviewed. This information was in the person's care record to ensure staff were aware of this information.

Staff demonstrated they understood the principles of MCA and DoLS. One staff member said, "The starting point is to assume everyone as capacity. I give people choices, explain things, if they can't make a decision sometimes I go away and ask later. I wouldn't complete a MCA assessment that would be the manager or deputy but I know best interest decisions have to involve others."

Some people experienced periods of high anxiety that affected their mood and behaviour. Staff told us how they supported people at these times. One staff member said, "We have information to support us of what to do. Often we divert the person's attention onto something else to reduce their anxiety."

We received positive feedback from an external dementia outreach team. They said, "The home usually manage behaviours that challenge for longer than the majority of other care homes, are keen to act on our recommendations and call us appropriately if support is needed."

We found care plans were in place that provided staff with guidance of behavioural strategies to use to support people. We observed on the whole staff responded appropriately to the needs of people at times of anxiety and agitation but some staff were more experienced than others. For example, one staff member was seen to actively support a person to engage in a positive interaction (a ball game) when they became agitated. This diversional technique had an immediate impact on the person, they became relaxed and participated in the activity. Whilst another member of staff was seen to be less confident in supporting a person who had become agitated and anxious. We discussed this with the registered manager who said they would discuss this with staff.

People told us they were supported to see their GP when required, supported to attend outpatient hospital appointments and had a visiting optician, hairdressers and chiropodist attend the home. One relative said, "They (staff) send for the GP immediately if there are any problems and everything is recorded. Family member had a cough and the doctor came the next day."

Care records confirmed the staff worked with external healthcare professionals and any recommendations made were followed. This told us that people had their healthcare needs monitored and external healthcare professionals were regularly involved in people's health needs.

Is the service caring?

Our findings

At our previous inspection on 6 April 2016 we identified that people did not always receive consistent care that respected their privacy and dignity. At this inspection we found improvements had been made.

People told us they considered staff to be very caring, pleasant, friendly, approachable and kind. One person said, "They (staff) are very caring. I can go to anyone of them if I have an ache or a pain or trouble at home. They are very good at listening. It's a happy place." A relative told us, "They (staff) are very kind. They speak to [family member] and hold their hand. It's the way they treat them. They are never in distress and are happy. They never feel alone." One person said not all staff were talkative with people and often they wished the staff had more time to talk with them.

People were positive that staff were respectful and that privacy and dignity was maintained. One person said, "Staff won't come in without knocking. They don't just burst in. That's nice." Another person told us, "Staff knock on the door. They close the bath door when helping me to wash. I pick all my clothes. They respect my privacy." A relative added, "They (staff) ask you if you want to go to your room if you have visitors. They always knock on the door before coming in."

Staff spoke in a kind and caring manner about the people they cared for and showed they clearly understood people's life history and preferences and what was important to them. One staff member said, "I like looking after people, I treat people as I would want my family treated. I love to spend time with them and speak with them about their past."

We observed throughout our inspection visit that staff were courteous, kind and patient. People were observed to be relaxed within the company of staff and appropriate jovial exchanges were had between staff and people who used the service.

Observation of lunch time in the main dining room was of a relaxed and calm time. One person required their food to be pureed due to a risk of choking. We noted that thought had been given to how their meal was presented which looked appetising and was colourful. We heard staff ask people if they required any sauces, if they had enjoyed their meal, and offered drinks and seconds throughout lunchtime. We also noted that staff maintained conversations with people. One person called for help twice and staff responded immediately. We observed how a person initially refused to go into the dining room at lunchtime, something the staff said they did every day. We saw how a staff member gave the person reassurance, was kind and caring in their manner and unrushed. Whilst they respected what the person said, they tried again a short time later when the person moved into the dining room without any hesitation. The staff member was then seen to sit with the person for company as the majority of people had left the dining room by this time. This told us that staff were unhurried and made every effort to make people's lunchtime experience as pleasant as possible.

People told us that staff respected their independence. One person said, "I am independent minded. If doing activities I will choose what I want and what I don't want." Another person told us, "I like going out and

get staff to help me go out." Some people told us how their independence with personal care tasks was important to them and that staff recognised and respected this.

People said they were involved in how they received their care and support, this involved them in the development and review of their care plans or that a relative took this responsibility for them. One person said, "I tell staff if I want something different and let my daughter know. She chats with them to get it done. I think I have a plan and my daughter is involved in it." One relative told us, "I am regularly involved with [family member]'s care plan. The changes are recorded." Another relative added, "I was involved in my [family member]'s care plan. I do it yearly with follow ups. We did a life story, so they got to know them."

People's care records demonstrated that they and their relative or representative, were invited to participate in opportunities to discuss the recorded information staff had to support them to provide effective and responsive care. This told us that people were actively involved in how they wished to receive their care and support.

Information about independent advocacy services was available. This meant should people have required additional support or advice, the provider had made this information available to them. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. In addition to this support a person already known to the home, attended the home on a weekly basis and spent time with people to gain their views and experiences about the service in the capacity of an informal advocate. They shared any information they received with the registered manager who gave examples of changes made as a result of comments received, this included changes to the activities and menu choices.

Visiting relatives told us that there were able to visit their family member at any time and staff confirmed this to be correct.

Is the service responsive?

Our findings

During our previous inspection on 6 April and 2 August 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's care and support plans were not person centred and were not used by staff to provide consistent care and support. People's needs had also not been appropriately assessed and planned for.

During this inspection we checked to see whether these improvements had been made. We found there had been improvements. People had had their needs assessed appropriately and care plans provided staff with clear and detailed information that enabled them to provide effective care. This breach in regulation had been met.

People were positive that they received care and support that was personal to them; they told us they were involved in reviewing their needs. One person told us, "Sometimes I go on a daft diet because I worry about being fat. The cook is very good and listens to me. I couldn't reach my back to wash so I chatted about it and now staff help me to do that."

Staff told us since our last inspection new care plans and other documentation such as the pre-assessment form used to assess people's needs transferring to the service had been implemented. One staff member said, "Care records are much easier to use since the files have been reviewed and contain the information we need to support people." Another staff member told us, "The manager has implemented a new pre-assessment plan it's much more in depth and is really helpful."

Staff were knowledgeable about people's needs and were able to tell us how they supported people with specific needs to remain healthy. For example, staff was able to tell us about how catheter care was provided. This included the signs and symptoms of infection and the action required of them if they suspected the person had an infection. Staff could tell us about people that were at risk of developing pressure sores or were at high risk of falls. Staff were able to describe what they did to support these people with these needs. This information matched what was recorded in people's care plans. Supplementary care records that recorded the care and support people received such as repositioning to protect their skin integrity, what personal care had been received and their food and fluid intake was recorded and found to be up to date.

We observed staff provided a responsive service that was based on people's individual needs, routines and preferences. We asked staff how they would support the needs of people that identified themselves from the lesbian, gay and transgender community (LGBT). One staff member said, "People's routines and how they choose to live their life are important. People are different and we respect this." Some people's religious faith was important to them and staff were aware of this and arranged for visitors from the local community to support them to practice their faith. Staff were able to tell us about what was important to people such as their preferred times they got up, went to bed and how they liked to spend their time. The support people received matched that which was recorded in their care records.

On the whole people were positive about the activities offered and said they enjoyed them. One person said, "I knit baby clothes for my grandchildren. I do sewing and shopping. I read a lot. I join in activities if I want to." Another person told us about their particular interest and hobby which they had. Staff told us that activities also involved encouraging drawing, knitting, making beads, music and dance. On the day of our inspection we saw one person was happy and relaxed dancing with a member of staff to old time music that was playing. A ball game activity was provided and in the afternoon people enjoyed in an old-time sing along, people were seen to enjoy this smiling and singing along.

External entertainers as well as an activity coordinator provided activities for people. A relative told us, "[Family member] enjoys the motivation lady (external entertainer), games and exercises. They are church of England. The church visits here on Sunday afternoon. One person said they wished for more outings to be organised. The registered manager told us, "The home wants to give life experiences to residents. I am developing links with the local community. I'm trying to get local dementia services involved. We organise lunches out, train rides, shopping at a local supermarket, The Women's Institute visits and the church." An example was given about the Summer fete that was being organised at a local community venue. Examples were given and records confirmed of the opportunities people received such outside visits and staff accompanied people on shopping trips.

People told us they felt confident to raise a complaint with the registered manager or other members of staff and said they had not needed to do so. One person said, "I would go to the head person with any concerns or complaints." Another person told us, "If there was a problem then I know there is always someone in the office. I am confident that I would speak up. It would help to clear the air. At the moment I have no issues here." A relative added, "In the past I raised concerns and most were listened to. But I wasn't always heard. But honestly I feel that things have improved."

Staff told us they were aware of the complaints policy and procedure. One staff member said, "I know about the complaints policy. I'm not aware of any complaints here."

The provider's complaint policy and procedure was available for people should they have wanted to make a complaint. We looked at the complaints log that showed no complaints had been received since our last inspection visit.

Is the service well-led?

Our findings

During our previous inspection on 6 April 2016 and 2 August 2016 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the governance of the service. Systems and processes in place to assess the quality and safety of the service were not effective.

During this inspection we checked to see whether these improvements had been made. We found improvements had been made. This breach in regulation had been met.

People were positive that improvements had been made at the home. One person said, "The home is really well managed. Everything is done and in its place. I get answers from staff straight away. I know where the manager's office is. She walks around. Her door is always open. She is very pleasant." Another person told us, "I am listened to by the manager and staff. My family can come here and I can go out. We are all family here."

Relatives commented on the improvements and said these had made a positive difference. One relative said, "The décor is better than last year. There are more activities. The place is steadily improving. We would recommend this place." Another relative told us, "She (manager) is very approachable. She comes and talks to me."

Staff were complimentary about the leadership of the registered manager. One staff member said, "I can talk to the manager. She is a good manager and gets things done. We have open staff meetings." Another staff member told us, "I get loads of training. Since I started here last year, I would like to think that it has got much better. Getting the standard up to date."

As part of the provider's quality assurance checks people and their relatives were invited to give their feedback about their experience about the service. This was in the form of meetings and surveys. One person said, "I have been to one or two (meetings). Three or four of us went. They are useful and I would go again. Sometimes you see a slight change after. The food menu was changed. That was good. Now the cook is very good and asks you what you want." A relative told us, "There are monthly residents meetings and occasional surveys. I go to all of the meetings. It led to a better choice of menu and better drinks. Some decoration got done. The seating was safer and tables too. Everything brought up was done."

We saw meeting records that confirmed people were regularly consulted about the service they received. Meeting records also showed the registered manager used these meetings as an opportunity to keep people informed of any developments within the service. This included any staff changes, discussions about review meetings about the care people received and how to make a complaint. This told us that the registered manager was open and transparent.

We noted that the next resident meeting date was displayed and notes of previous meetings were also on display for people. The registered manager said that the next annual survey was due in July 2017. They were

in the process of sending survey questionnaires to invite people to share their experience. The registered manager said they would then analyse this information and produce an action plan to implement and required changes.

The registered manager told us and records confirmed that improvements had been made to the checks in place that monitored quality and safety. These included daily, weekly and monthly audits and checks of the environment, equipment, accidents and incidents, medicines management, care records and staff training. The fire risk assessment had been reviewed and a new legionella risk assessment and monitoring system had been introduced. The registered manager also completed unannounced spot checks at nights and weekends to ensure people could be assured that standards were continuously maintained in quality and safety.

Since our last inspection the provider had completed work to improve the internal environment and the level of care people received. A new cinema lounge and 'parlour' lounge that had items of furniture and memorabilia to enable people to reminisce about years passed had been developed. Decoration and new furnishings had been provided, bathrooms had been refurbished and a new boiler and call bell system installed. Some people's bedroom had been redecorated and there was a plan in place for all bedrooms to be redecorated. We noted that people had a different coloured bedroom door which the registered manager said people had chosen. Additionally, people had a photograph and information that was important to them which promoted a positive talking point on their bedroom door. This was also used as a method to orientate people. New lighting and signage had also been improved to support people.

There were regular team meetings in place and staff said they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the registered manager and time to discuss their roles. We also saw there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

The service had submitted notifications, to the Care Quality Commission, that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The registered manager had sent notifications correctly.

The registered manager told us they were well supported by the provider who visited weekly sometimes daily. We met the provider's representative who told us that the registered manager and staff had worked hard to make the required improvements and that they had a commitment to ensure these improvements were sustained. We observed the provider's representative spend time with people who used the service showing an interest in their health and wellbeing.