

Mr Barry Potton

Thornton Manor Nursing Home

Inspection report

Thornton Green Lane
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Tel: 01244301762

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 6 December 2016 and was unannounced.

Thornton Manor nursing home is a private home that is set in its own grounds and located close to the rural village of Thornton-Le-Moors between Ellesmere Port and Chester. The service is based over two floors and is registered to provide nursing and personal care for up to forty seven people. At the time of our inspection there were forty one people living at the service.

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

At the last inspection on 28 and 29 July 2016 we found that a number of improvements were needed in relation to people not being protected from the risk of unsafe, restrictive care and treatment as well as poor management of infection control. People were not always supported or treated in a dignified way and consent to care and treatment was not always sought. People were not protected from the risk of receiving inadequate care as the quality assurance systems were not effective. We asked the registered provider to take action to address these areas.

After the inspection, the registered provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified. They informed us they would meet all the relevant legal requirements by November 2016. This inspection found that improvements had been made. Whilst we found improvements in most areas, the registered provider had not demonstrated full compliance with the Health and Social Care Act 2008 (regulated activities) 2014. You can see what action we have told the provider to take at the end of this report.

The registered provider had introduced a number of quality assurance audits since our last inspection visit. Further improvements were needed to make sure that they were effectively used in accordance with the registered providers own timescales to ensure the quality and safety of the care provided to people. Information relating to fluid intake in supplementary records was not always analysed and used to prevent the risk of dehydration.

Staff were able to describe the care and support people required. Daily records were completed in detail to reflect what care and support people had received on a daily basis. Care plans that had been reviewed since our last visit contained up to date, personalised information relating to the health and care needs of each person supported. However, we found that some care plans were task orientated and had limited information about how a person preferred their care and support to be delivered. This meant that people could experience care that was not in line with their wishes, needs and preferences if supported by staff less familiar with them.

People were safe. Staff understood what is meant by abuse and the different forms it can take. Staff knew the process for reporting any concerns they had and for ensuring people were protected from abuse. Staff told us they would not hesitate to raise concerns and they felt confident that they would be dealt with appropriately.

People were provided with appropriate dietary options. During meal times people received appropriate levels of support from staff. People made positive comments about the quality of the food available. However, the mealtime experience required further improvements to be made. This had been recognised and was being addressed by the registered provider.

People received support with their medication. Records relating to the management of medication were up to date and accurate. Care plans relating to PRN (as required) medication were in place. They provided clear written guidance for staff to follow to establish when and how PRN medication would be required to be given.

Staff had an improved understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care records that had been reviewed contained information about how people could be involved in decision making. Mental capacity assessments had been completed as required by the MCA. Best interests meetings had taken place and records outlined how decisions for people who lacked capacity had been made in their best interests.

Individual risk assessments were completed to ensure people supported, relevant others and staff were protected from the risk of harm. Risk assessments were in place to identify if people were at risk of developing pressure ulcers. Appropriate pressure relieving equipment was in situ and regular safety checks had been introduced. Checks were completed daily by staff. This meant that people were protected from the risk of developing further skin problems as incorrect settings or faults on equipment were identified and corrected quickly.

Improvements had been made relating to the management of infection control. Cleaning and maintenance schedules had been introduced and were effectively managed. The service was visibly clean and areas of concern we raised during our last inspection regarding repairs and the replacement of furniture and fittings had been addressed.

Dementia friendly adaptations and items of interaction had been introduced within the environment to support people living with dementia to remain independent. Signage using both pictures and words and memory boxes supported people with way finding around the service.

Staff had attended training sessions in areas such as moving and handling, MCA/DoLS, diabetes and safeguarding adults to update their knowledge and skills. Staff confirmed that they felt more supported since our last inspection and had the opportunity through their supervision to talk about areas of development. Records confirmed that supervisions and team meetings had been held at the service.

Staff worked well with external health and social care professionals to ensure people received the care and support they needed. People were referred on to the appropriate service when concerns about their health or wellbeing were noted.

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence.

Safe and robust recruitment procedures were completed by the registered provider. A range of checks to ensure staff were suitable to work with people who may be seen as vulnerable were completed. Staffing levels were continuously reviewed to ensure people were safely supported and protected from the risk of harm.

CQC were notified as required about incidents and events which had occurred at the service.

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

Management of medicines was safe. PRN care plans had been introduced to ensure people safely received this medication only when required.

Risk assessments and pressure relieving equipment were in place as required for people. Checks on equipment were robust.

Cleaning and maintenance schedules were in place and regularly reviewed to ensure the service continues to be well maintained.

People felt safe and secure. They were supported by staff deemed of suitable character to work in the service.

Is the service effective?

Good ●

The service was effective

Staff understood the importance of seeking consent when providing care to people.

The registered provider followed the requirements of the Mental Capacity Act 2005 to ensure that they assessed a person's capacity to make decisions about their care.

People were supported to promptly access healthcare and specialist services when required.

The registered provider had introduced adaptations within the environment to support people living with dementia to remain independent.

Is the service caring?

Good ●

The service was caring

People appeared comfortable and relaxed, and a good rapport had developed between people and staff.

People's privacy, dignity and independence were respected and

promoted.

People's confidentiality was protected. Records that contained personal information were appropriately stored in secure offices.

Is the service responsive?

The service was not consistently responsive

Care plans were not always comprehensive and personalised to accurately reflect the care and support that people wanted in line with their personal preferences.

Information recorded in supplementary charts was not analysed and utilised to protect people from the risk of dehydration.

People were aware of the complaints process and how to raise any concerns they may have.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led

Quality monitoring systems were still in the process of implementation. People's care records were not reviewed in line with the registered providers own timescales.

The registered provider had sought feedback from people and their family members through surveys, which enabled them to identify areas of improvement.

Staff were confident that improvements were being made by the registered provider following the previous CQC inspection.

CQC were notified as required about incidents that had occurred at the service.

Requires Improvement ●

Thornton Manor Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on the 6 December 2016 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection, we reviewed the information that the provider had given us following the last inspection. We also looked at the information provided by the local authority, safeguarding team and commissioning team. Feedback we received identified that the registered provider had made good progress and improvements to the service following our previous inspection.

We reviewed information we held about the service including the previous reports, notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required by law to send to us.

During the inspection we looked at the care records for seven people and spoke and spent time with six people using the service. We also spoke with three relatives, and nine members of staff including the deputy manager, registered manager and director of nursing. We observed staff supporting people throughout the day and reviewed recruitment records for four members of staff and records relating to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe at the service. One person told us "I am well looked after by the staff and I feel safe, that's the most important thing for me" and "It can take a little time for them to come to me if I press my buzzer, but when they do, they always help me out". Family members told us, "I had my doubts at first, but not now. I know [my relative] is well looked after and I feel more relaxed as I know they are kept safe".

At our previous inspection we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not have effective systems in place to identify and assess the risks to the health and safety of people who used the service. In addition the management and prevention of infection control was poor. We told the registered provider to take action to address these areas of concern. On this inspection, we found that the registered provider had made the required improvements.

Improvements had been made relating to the management of infection control. Cleaning and maintenance schedules had been introduced and were effectively managed by the housekeeper. Fortnightly meetings had been introduced and records showed that the registered manager, deputy manager and housekeeper used these to ensure that all aspects of infection control were addressed. The service was visibly clean and areas of concern we raised during our last inspection regarding repairs and the replacement of furniture and fittings had been fully addressed. The service has been completely refurbished with one living area and shower room remaining to be done prior to Christmas. New furniture for all people living at the service had been purchased including new profile beds or divan beds, wardrobes, bedside cabinets and chests of drawers. Redecoration had taken place across the service. Replacement white coats used for infection control purposes had been purchased for staff to use when entering the kitchen. This showed that the registered provider had considered and reviewed all aspects of the management of infection prevention and control at the service to minimise the risks to people supported.

Appropriate assessments had been implemented to identify risks to people's safety. Staff had an improved knowledge of people's needs and were aware of risks that people faced with their health. Risk management plans included information to guide staff on what they needed to do to support people in areas including their mobility, skin integrity, diabetes, weight loss and falls risks. Risk assessments identified the specific care and support needs for each person. For example, assessments in place for people who were at high risk of developing a pressure ulcer included up to date information and guidance on specialist equipment used and how to promote and maintain the person's skin integrity. Daily checks on pressure relieving mattresses were in place, up to date and accurate. People who were at risk of weight loss were weighed on a monthly basis or as required. Where a decrease in weight had been identified, referrals to the relevant professionals for advice and support were undertaken. The registered provider confirmed that following our last inspection a full review of risk management plans for people supported had been completed. This meant that sufficient safeguards had been put in place to ensure that people were protected from the risk of receiving unsafe care and treatment.

At our last inspection we identified that the registered provider did not have PRN (as required) medication care plans in place. The deputy manager confirmed that these had now been introduced. PRN care plans included detailed information relating to why and when these medications should be administered and guidance as to the correct dose over a 24 hour period. This meant that people received PRN (as required) medication safely and consistently in relation to their individual needs and prescriptions.

Staff supported people to manage their medication safely. Medication care plans included details relating to a person's allergies and preferences of how they took their medication. An example written in one care plan stated, '[Name] tablets are to be placed in their mouth using a spoon. [Name] likes to have a cold drink of juice to help to swallow their tablets'. Medicines were ordered, administered, and disposed of as per the registered providers policies and procedures. Where appropriate, medicines which needed to be kept cool were stored in a designated fridge, to prevent them from losing their efficacy. Fridge temperatures were checked regularly to ensure they were correct.

Staff knew how to keep people safe from abuse. The registered provider had a safeguarding policy in place and staff were familiar with the services procedures. Staff described how they would identify and report any signs that a person was either at risk of or had experienced abuse. Staff were able to describe how changes in people's mood, sleeping and eating patterns as well as appearance could be possible indicators of abuse. Family members we spoke with confirmed that they no longer had concerns about how staff responded to risk, and how concerns they raised would be dealt with. Where incidents had occurred or concerns had been identified, appropriate referrals had been made to the local safeguarding teams and the local authorities who funded placements. Investigations were undertaken and responded to, indicating that risk and incidents had been appropriately managed. Staff were familiar with the registered providers whistle blowing policy and told us that they would be confident in reporting any concerns they had about the service.

The registered provider had safe procedures in place for recruiting staff. We viewed the recruitment records of four staff members and saw that appropriate checks had been completed including the Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Rotas showed there were sufficient numbers of suitably qualified staff on duty each day. The registered manager ensured that the needs of people supported were continuously reviewed and suitable staffing numbers were maintained to keep people safe.

Equipment used within the service including hoists and bath chairs had been regularly checked to ensure they remained safe to use. Records relating to the safety and maintenance of the service were up to date. Checks on gas and electrical equipment were conducted by external specialists and certificates were in place to confirm that these had been completed with no issues.

The registered provider had a business continuity plan in place. This aimed to ensure that people received the support they needed following an evacuation from the building. For example in the event of a fire, flood, gas leak or loss of power to the service. Fire evacuation risk assessments were in place for each person living at the service. Assessments identified specific levels of risk and what support individuals would require in the event of an evacuation. Staff knew where and how to access these documents in the event of an emergency.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their roles and responsibilities. People confirmed this to us. One person said, "They seem to know what they are doing. They are always able to answer my questions and if they don't know they will find out for me". Family members told us that they felt more confident in the ability of staff and had noted improvement since our last visit.

Previously we raised concerns as the registered provider had failed to act in accordance with the Mental Capacity Act (2005) and observations showed that people's movements were restricted and the environment was not dementia friendly. This was a breach of regulation 13, 15 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we asked the registered provider to take immediate actions to address these areas of concern. The registered provider had made the required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that improvement had been made.

The registered manager understood when an application under DoLS should be made and how to submit them. This ensured that people were not unlawfully restricted. She told us that currently five authorisations had been granted and a further 24 applications had yet to be processed by the local authority. DoLS applications had been completed appropriately by the registered manager.

Not all of the people who used the service were able to make complex decisions for themselves, such as how to keep themselves safe. Comments within records included 'For major decisions regarding [names] health and well-being they should be referred to a best interest meeting with GP, Continuing Health Care, family and home staff' had been written in care plans. Care plans demonstrated that 'decision specific' mental capacity assessments and best interest meetings had been undertaken in regards to restrictive interventions such as the use of bedrails, decisions about where to live and also regarding the management of complex health conditions such as diabetes. This meant that where people were not able to make complex decisions for themselves, records evidenced how decisions had been made in people best interests. This was in line with the registered providers own policy and procedures and relevant legislation. The registered provider had improved practice and recording of evidence in relation to decision making in line with the MCA.

Before people received any care or treatment, observations showed that they were asked for their consent. People smiled when staff spoke to them and responded either verbally or with implied consent through body language. Staff asked for permission prior to assisting each person with any support. Examples of this was when one person was asked if they would like help to go to the bathroom and another person was asked to take their medication. This showed that staff understood the importance of involving people in making decisions about their own care and support.

Family members told us, "This place has been transformed. Everything had been replaced and redecorated" and "I have seen a huge change in [my relative]. They are so much calmer now and the staff have a new lease of life. I think the environment has really lifted people's spirits". The registered provider had made significant changes to the environment across the whole service. Concerns we raised previously regarding the use of overlap tables had been fully addressed. The upstairs lounge and dining rooms had been redesigned and separated so that people were able to move freely and independently and we observed this throughout the course of our visit. On the first floor of the service three dining room tables provided plenty of space so that people who wished to sit at the table to eat their meal, were able to do so.

Adaptations and interactive items had been introduced to support people living with dementia with wayfinding and orientation. Dementia friendly signage was in place on doors which used both pictures and words. Items of interaction and stimulus had been placed in hallways for people to engage with as they walked around the service. Consideration had been given to creating open, quiet spaces which provided opportunity for people to sit quietly or engage with others in a smaller social group. Memory boxes were in place outside people's bedroom doors and items of familiarity had been placed inside to help people to understand that this was the entrance to their own bedroom. This meant that the registered provider had sought advice and changed the environment to support people living with dementia to maintain their independence as much as possible.

Staff confirmed that they received regular support from the deputy and registered manager and files showed that supervisions had been completed on a regular basis. The staff training plan was being updated at the time of our inspection. Records we viewed showed that staff had completed training in moving and handling, MCA/DoLS, diabetes and safeguarding since our last visit. Fifty seven staff had completed MCA/DoLS training and the remaining staff were due to complete in December 2016. In addition, discussions had been held in relation to effective care planning, falls prevention and tissue viability and wound care. Training dates for 2017 were currently being set by the training provider. Staff we spoke with confirmed that the training they had received following our inspection had enabled them to care for and support people effectively.

The provider/registered manager had introduced procedures to effectively monitor people's health. Referrals were made for people to access health professionals including doctors and dentists as needed. Where necessary people were referred to other professionals such as the tissue viability nurse, speech and language therapist (SALT) and dieticians. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks.

Is the service caring?

Our findings

Throughout our visit staff were observed to be kind and caring with people living at the service. People told us, "The staff are really lovely, they are always there to help me when I need it". One person wrote a message to us saying, "Just a little note to say how nice the staff are with me. They have helped to save my life". Family members told us, "Communication is a lot better and the staff are so much happier in their day to day work. The atmosphere has changed for the better, it needed too". A member of staff told us that there had been a positive change in atmosphere at the service that had led to improved teamwork.

When we inspected the service in July 2016 we identified areas of improvement were required in relation to the mealtime experience and the task orientated approach taken by staff when supporting people. We found that whilst some improvements had been made, further development of the meal time experience was required.

Lunchtime on the first floor of the service identified that staff interactions continued to be task orientated. Observations showed that there was little conversation or interaction between staff and people supported. Every person within the dining room was offered a choice of what they would like to eat. People were observed being offered alternatives if they did not eat what had been given to them. One person was supported to eat mushroom soup and the member of staff asked the person if the food was at the right temperature and ensured they gave enough time between mouthfuls. However, we saw that another person was assisted to have one mouthful of food and then the staff member did not return to them for a further thirty minutes. On their return they identified that the food served had gone cold and a new meal was provided. The member of staff then sat next to the person to support them to eat their meal. Another person requested a drink, staff acknowledged this request, however after fifteen minutes the inspector highlighted that the person was still waiting for their drink to be served.

Menus were provided to people which showed the lunch and evening meal choices. There was Christmas music playing quietly in the background and the atmosphere in the dining area was quiet and relaxed.

The mealtime experience audit completed in November 2016 had highlighted socialisation during mealtimes as an ongoing area of development. We spoke with the deputy manager who confirmed that the mealtime experience was continually being reviewed to help improve people's experiences.

One family member told us, "What a difference has been made here. The staff aren't as rushed, they take time and actually sit with people now. They never seemed to do that before. People are much happier". People looked relaxed and happy in the company of the staff who throughout our visit appeared attentive and happy in their work. We overheard a member of staff ask a person if they were okay. The person did not hear the carer properly. The carer stopped and repeated the question again to the person and waited for person to answer. This showed a genuine interest in the person's welfare. Observations showed that staff took time with people and were compassionate and kind in their manner.

Staff explained to people what they were going to be doing before offering support. Where people did not

use spoken word to communicate, staff continued to talk and explain what they were going to do to help the person. This ensured that the person remained involved and at the centre of any care and support provided.

We asked staff about how they treated people with dignity and respect. Staff explained to us the importance of maintaining people's dignity and showing respect in the way personal care was undertaken. Staff confidently described the importance of ensuring that people remained covered up as much as possible when receiving personal care, to ensure their dignity was maintained and they did not feel vulnerable or exposed. We observed staff knocking on people's bedroom doors and waiting to be invited into the room (where appropriate). This showed that staff understood the importance of respecting the people they supported.

Care plans that had been re-written gave a good insight of how staff should best approach people's care and support. Consideration had been given about how to comfort and reassure people. An example included in a care plan reviewed stated, "Provide [name] with reassurance in a calm, soothing tone. [Name] likes you to hold their hand and allow them to talk about their concerns and worries". Positive language had also started to be introduced into care plans. Comments such as: 'Empower [name] to make decisions. Provide [name] with information in simple and easy-to-use terms. Encourage [name] to express their views and opinions'. This showed that the registered provider had considered how to promote choice and independence with the people they supported.

People's confidentiality was maintained. Records that contained personal details were stored securely in a locked office. Care records contained the relevant paperwork for those people who did not want to be resuscitated in the event of their death. This information was placed prominently at the front of the care record so that staff could easily access this information if they needed to.

Is the service responsive?

Our findings

People and their family members told us that they were aware of how and who to raise any concerns or complaints too. One person told us, "I know I can tell them I am not happy about something and they will do something about it. Things are very much improved here" and "I will let them know if something is not right". Family members confirmed that they knew who to raise concerns with if they were unhappy about the care and support their relative received. We reviewed the registered provider's complaints and compliments procedure and saw that this was followed appropriately.

On the previous inspection, we had concerns as accurate and contemporaneous records were not held in respect of people supported. This placed people at risk of receiving unsafe care or treatment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that whilst some improvements had been demonstrated further action was still required.

Care plans at the service had begun to be reviewed and re-written following our last inspection. We saw that five out of the nine care plans we looked at contained good information relating to people's health needs including areas such as pressure relief, personal care, managing medicines and mobility. Information regarding people's personal history, hobbies and interests had been improved. Care plans that had been re-written were detailed and provided good levels of information, enough for staff, unfamiliar with a person, to be able to provide personalised support. For example, care plans identified the time a person preferred to go to bed, if they liked their light on or off and their door open, closed or ajar. Where people required support in areas such as moving and handling and pressure relief, care plans contained information relating to the required equipment needed to support them safely. Detailed guidance was in place for staff to follow to enable them to understand how a person needed and wanted to be supported. Staff we spoke with told us that they found the re-written care plans 'clearer and easy to read'.

However, care plans that had not been re-written continued to lack a person centred approach and focused more on task orientated care. Four out of the nine care plans we reviewed contained limited information about the person's wishes and preferences with regards to how their care and support was provided.

Care plans regarding communication provided limited information for staff regarding how best to communicate with people who did not use the spoken word. One person's care plans stated 'Encourage [name] to communicate using a range of non-verbal communication including gestures and facial expressions'. Records did not contain any information regarding signs, gestures, noises or facial expressions that the person used on a regular basis to identify what they wanted or needed. This meant that there was a risk that staff less familiar with the person would not know how to specifically meet a person's needs or personal preferences when providing care and support.

The deputy and registered manager confirmed that an on-going piece of work was taking place to ensure that all care plans were re-written to a good standard. The registered manager confirmed that they would continue to review care documentation following our inspection, with a view of making them more detailed and person centred.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as comprehensive, personalised records were not in place in respect of each person supported.

Previously we raised concerns regarding the recording of information relating to food and fluid intake. Records and assessment of need were greatly improved. Care plans identified the specific support needs that individuals required to monitor and maintain their nutrition and hydration. Charts were in place to monitor people's dietary and fluid intake and records were up to date and accurate. Comments such as "smoked haddock and peas" and "mashed potato" or "200mls Tea/coffee" were recorded. Charts identified how much of each item had been eaten per meal by each person. However, we noted that information regarding fluid intake was not totalled over a period of 24 hours. This information should be checked or monitored in order to analyse and utilise the information to make informed decisions about people's care, support or medical needs. We raised this with the deputy manager during our visit who advised us he would ensure this practice was put in place following our inspection. Nursing staff were able to describe when professional advice would be sought from a dietician. Records identified when appropriate referrals had been made on behalf of people supported.

Staff we spoke with generally had a good knowledge of people's support needs and preferences. People's needs were effectively communicated between staff. There were handover records in place for staff to read at the start of their shift so they would know about any changes in relation to people's care and support. These contained details about people supported and what had occurred on the previous shift. Daily records provided insight to the level of care offered or provided throughout the course of the day and night. This meant that the right level of care, treatment and support was delivered to people who used the service.

People told us, "We have some good stuff going on here now. There is always something to do. We have chats as a group which is nice". The service employed two activity coordinators who worked across the whole service. The activity coordinator discussed the on-going changes taking place with regards to engaging with people. A culture shift from 'doing activities to people' to 'doing activities with people' was being promoted. There had been recognition that arts and crafts sessions had not always been interactive for people and the service was moving towards a person centred approach to activities. Observations showed reminiscence and talking groups taking place during our visit and people were visited on a one to one basis in their own rooms. When events were planned, they now took place on the first floor of the service. Staff told us that it was easier for people living on the ground floor to come upstairs to participate, which meant that more people living on the first floor experienced and participated in events such as entertainers and bingo. One family member told us, "It's like the place has totally changed. People seem happier and there is more relevant activities going on up here. It's so much better".

Is the service well-led?

Our findings

The service had a manager who was registered with CQC since 2011. People we spoke with were complimentary about the management team. They told us "They pop in and say hello each day to make sure we are ok" and "I think they are very nice and I can talk to them whenever I want too". Family members confirmed that the registered manager was visible in the service and always available to speak too.

At our inspection in July 2016 we asked the registered provider and registered manager to take action on how the quality and safety of the service people received was assessed and monitored. We asked the registered provider to send us an action plan telling us what action they intended to take, who was responsible and when they anticipated these actions would be completed. On this inspection we found that progress had been made in regards to their action plan.

Quality assurance systems had been introduced to assess and monitor all areas of the service. The registered provider's clinical governance structure identified named leads both within and external to the service who were responsible for completing audits and checks. Checks included a monthly review of falls, accident and incidents, infection control and medication. Accidents and incidents were monitored for themes and trends, so appropriate action could be taken in response. For example, we noted that further assessment and advice from external professionals was sought for a person who was having regular falls. Additional quality checks on areas such as the dining room experience and dementia friendly observations had also recently commenced. We spoke with the director of nursing who confirmed that the quarterly health and safety audits had been started in August 2016 but the most recent audit was still in the process of being completed. Where concerns had been identified action plans were introduced and the registered manager and provider maintained an oversight of progress on the monthly basis. However, areas of improvement we raised during our inspection relating to the effective use and monitoring of fluid charts had not been identified by the registered provider's audits.

We noted that some audits had not been introduced or completed in line with the registered provider's clinical governance structure. Care plans were to be reviewed on a monthly basis or more frequently if a person's condition changed. We found that monthly care plan reviews had not always been completed. Through discussions with the management team it had been identified that due to the time taken for re-writing care plans this would need to be reviewed. The registered provider confirmed that they would review their clinical governance and audit timescales to ensure they were able to meet their own timescales for review.

This was a continued breach of regulation 17 of the Health and Social Care Act as the registered providers systems and processes were not always effectively used in accordance with their own timescales to assess, monitor and improve the quality and safety of care.

People and their relatives were sent questionnaires in August 2016 which asked them to provide feedback on the quality of their care and suggest any improvements that needed to be made. The feedback overall was positive and praised the attitude and commitment of the staff. Where concerns had been raised, the

registered manager provided a written response that had acknowledged the concerns and outlined what action had been taken.

Another survey had recently been introduced for 'professional visitors to the home'. This recorded all visits from professionals and sought their feedback upon each occasion. This enabled the management team to ensure that everybody associated with the service had a chance to contribute to its on-going development.

Staff meetings had taken place and minutes were made available. Some of the areas that had been discussed included the findings from the last CQC inspection report, improvements to care plans, record keeping and auditing. Staff confirmed that they felt more supported and there had been improvements made following our last inspection. They told us that the management team had made themselves more available and they had improved confidence that positive changes would continue to be made at the service.

Prior to the inspection, we reviewed the statutory notifications that the registered provider had submitted to the CQC. Notifications enable CQC to monitor any events that affect the health, safety and welfare of people who use the service. The registered manager had notified CQC and other relevant agencies of incidents that had occurred at the service.

The registered provider had introduced a comprehensive set of policies and procedures for the service. Policies were made available to staff in order to assist them to follow legislation and best practice and ensured that staff had access to up to date information and guidance. Policy folders were made available in the office for ease of access and specific policies were discussed via the team meeting and signed by staff.

The registered provider had displayed their ratings from the previous inspection in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20A.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	People were at risk of receiving care and support that was not suited to their needs as personalised and comprehensive care plans were not held in respect of each person. Quality assurance audits were not always effectively used in accordance with the registered providers own timescales. 17(1)(2)(a)(b)(c)(f)
Treatment of disease, disorder or injury	