

Ainsworth Nursing Home Limited

Ainsworth Nursing Home

Inspection report

Knowsley Road
Ainsworth
Bolton
Lancashire
BL2 5PT

Tel: 01617974175

Date of inspection visit:
05 December 2016
06 December 2016

Date of publication:
30 January 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced comprehensive inspection which took place on 5 and 6 December 2016. We last inspected Ainsworth Nursing Home on the 6, 7 and 8 June 2016. At that time the service was rated 'Inadequate' and placed in 'Special measures'. Services placed in special measures are inspected again within six months, providing a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action. During this inspection we reviewed what progress had been made since our last inspection. We found the provider had made sufficient improvements to the service and had addressed the breaches in regulation. Therefore it was agreed that the 'Special Measures' would be removed.

Ainsworth Nursing Home is situated in the village of Ainsworth, in a rural position. Ainsworth Nursing Home provides nursing and residential care for up to 37 older people including people with mental health and dementia needs. There were 20 people living there on the day of our inspection.

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

We have identified a breach in regulation. You can see what action we told the provider to take at the back of the full version of the report.

Some checks were being completed to monitor and review the service provided. Thorough oversight of the service and effective communication between the management team will help to ensure that robust systems are in place to sustain the improvements made so that people who use the service are protected.

Opportunities for staff training and development were in place. Staff we spoke with said they felt supported in their role. Through our discussion with the registered manager it was acknowledged that systems to support staff needed formalising. We have made a recommendation that opportunities for staff so that good practice is followed as well as promoting team building so that morale is improved.

Checks were being completed for newly appointed. The registered manager was aware all checks were required prior to staff commencing work ensuring their suitability for the position so that people were kept safe. Adequate numbers of staff were available.

We received lots of positive comments from people about their experiences and the care and support they received. Staff were described as being compassionate, caring and respectful towards people.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the

Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where people lacked mental capacity steps were taken to ensure decisions were made in their best interests.

Improvements had been made to ensure staff were aware of their responsibilities in protecting people from abuse. Staff spoken with demonstrated their understanding of the procedures and confirmed they had completed relevant training.

The management and administration of people's medicines was safe and demonstrated people received their medicines as prescribed.

Care plans were person centred and contained good information about the current needs, wishes and preferences of people. Where risks had been identified, additional plans and monitoring had been put in place so that staff could quickly respond to people's changing needs.

People were offered adequate food and drinks throughout the day ensuring their nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

Social and recreational opportunities were provided to enable people to maintain their independence and encourage their involvement.

Improvements were being made to enhance the standard of accommodation and facilities provided for people. Relevant checks had been made to the premises and servicing of equipment to help keep people safe in the event of a fire. Good hygiene standards were maintained minimising the risks of cross infection.

The registered manager had a system in place for reporting and responding to any complaints brought to their attention. People and their visitors told us the manager and staff were approachable and felt confident they would listen and respond if any concerns were raised.

Information in respect of people's care was held securely, ensuring confidentiality was maintained.

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.

Checks were being completed for newly appointed. The registered manager was aware all checks were required prior to staff commencing work ensuring their suitability for the position so that people were kept safe. Adequate numbers of staff were available.

Improvements had been made to ensure staff were aware of their responsibilities in protecting people from abuse. Staff spoken with demonstrated their understanding of the procedures and confirmed they had completed relevant training.

People were protected from harm as the management and administration of prescribed medicines was safe.

Suitable arrangements were in place to ensure hygiene standards were maintained. The premises and equipment were adequately maintained so that people were kept safe and risks were minimised.

Is the service effective?

Requires Improvement 

The service was not always effective.

Opportunities for staff training and development were in place. Staff we spoke with said they felt supported in their role. Through our discussion with the registered manager it was acknowledged that systems to support staff needed formalising to help promote good team work and improve morale.

Where people were being deprived of their liberty relevant authorisation had been sought from the supervisory body (local authority). Where people lacked the mental capacity to make important decisions for themselves, steps were taken to ensure decisions were made in their best interests so their rights were protected.

People were provided with a choice of suitable food ensuring their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at

nutritional risk.

Is the service caring?

Good ●

The service was caring.

People spoke positively about living at Ainsworth Nursing Home. Staff were described as caring and compassionate and provided the care people needed to meet their needs. People's visitors said they were made welcome and that staff were respectful towards them and their family member.

Staff spoken with were able to demonstrate their knowledge about the individual needs and wishes of people.

People's records were stored securely so that people's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

People's care records provided sufficient information about their individual needs, wishes and preferences. Additional monitoring of people's health care needs was completed so that staff could respond to people changing needs.

A new activity worker had been appointed to enhance the opportunities made available to people. Daily group and individual activities were available to help promote people's independence and wellbeing.

Suitable arrangements were in place for reporting and responding to any complaints or concerns. People we spoke with were confident any issues brought to the manager's attention would be dealt with.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Some checks were being completed to monitor and review the service provided. Thorough oversight of the service and effective communication between the management team will help to ensure that robust systems are in place to sustain the improvements made so that people who use the service are protected.

The provider had a manager who had been in post since May

2016 and was now registered with the Care Quality Commission (CQC). Feedback received from people, their visitors and staff was positive about the impact the new manager had made in improving the service.

The provider had notified the CQC as required by legislation of all events, which occurred at the home with regards to the well-being of people.

Ainsworth 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.

Prior to the inspection we contacted the Local Authority Commissioners to seek their views about the service. No concerns were raised with us. We also considered information we held about the service, such as notifications received from the provider and information received from members of the public and health care professionals.

We normally ask a provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was not requested at the time of this inspection as the provider had submitted a PIR within the last 12 months as required by CQC.

This inspection took place on the 5 and 6 December 2016 and was unannounced. The inspection team comprised of two adult social care inspectors 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 service.

As some of the people living at Ainsworth Nursing Home were not able to clearly tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us. We also spoke with five people who used the service, eight relatives and visitors, three care workers, the registered manager and the provider's representative.

We looked at the environment and the standard of accommodation offered to people as well as five care files, three staff recruitment files and training records and medication administration records (MARs) as well as information about the management and conduct of the service.

Is the service safe?

Our findings

We asked people and their visitors if they felt they received safe and effective care. People told us, "I feel safe here I know there is help available", "I have my buzzer at night and know there will be someone around" and "There is no delay if I need someone." People's visitors also told us, "[Relatives name] would not be here unless I thought he was being looked after and was safe", "They have thought about the rooms and placed people according to the care they need", "I know they monitor my wife at night" and "We are sure she is safe here."

We also observed staff worked as a team talking to each other and making sure the rooms were not left unattended. Staff were also seen supporting people appropriately when using equipment to help people move safely. They talked to the person and each other whilst using it to ensure their safety and comfort.

At our last inspection we found that people were not protected by robust recruitment practices ensuring only those suitable to work with vulnerable people were employed to work at the home. At this inspection the registered manager said they had appointed three new members of staff however they had yet to commence employment. On review of their recruitment files we noted a full employment history was not detailed on one file and written references were still required for a second person. On two applications we noted that applicants had made a disclosure. We saw no evidence that these matters had been discussed with the individuals and an assessment made in relation to their suitability. We discussed this with the registered manager who was aware that all checks and relevant information was required to be in place prior to new staff commencing work.

Checks to the Disclosure and Barring Service (DBS) had also been requested for new staff however had yet to be received. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager had implemented a system for checking all nurses were up to date and remained registered with the Nursing and Midwifery Council (NMC). Information was also gathered to confirm that relevant checks had been carried on agency staff used to cover shifts at the home. This helps to protect people from being cared for by unsuitable staff.

At our last inspection we found the provider did not have effective systems in place to safeguard people from abuse. We found staff did not understand their roles and responsibilities in relation to safeguarding and policies and procedures in place were not specific to the service in order to guide staff properly.

During this inspection we looked at what improvements had been made. We spoke with the registered manager, three staff and reviewed training records and policies to guide staff. We were told that safeguarding procedures had been discussed with staff in supervisions and further e-learning had been sourced from the local authority. Staff spoken with confirmed what we had been told. We also saw that a new internal policy had been introduced and staff were asked to read and sign to evidence they were aware of the procedure. An information board had also been made available in the reception area for people, staff

and visitors. In addition to the home's procedure, information also included a copy of the local authority procedure and national guidance.

We discussed with the registered manager any safeguarding issues raised since the last inspection. We were aware of two issues which had been referred to the local authority. The registered manager had worked in cooperation with the authority and matters had been resolved. Where necessary action had been taken by the registered manager to help ensure people were kept safe.

We also saw there was a whistleblowing procedure (reporting poor practice) in place which included contact details of outside agencies staff could contact if they felt their concerns were not listened to within the home. One staff member said they knew the procedure was in place, adding "People have previously whistle-blown, now they feel they will be listened to."

At our previous inspection we identified the provider had not taken all reasonable steps to help manage and reduce the risks ensuring the health, safety and welfare of people who used the service. During this inspection we found a range of general risk assessments had been developed and were dated August 2016. These included; trips, slips and falls, cleaning windows, use of equipment, scalding, work experience and clinical waste. Assessments identified the potential hazards to people and action required to minimise risks and help keep people safe.

A review of care records also showed that risks to people's health and well-being, such as poor nutrition, risk of falls or risk of choking had been identified and management plans had been put in place to help reduce or eliminate the identified risks to people.

At the last inspection we identified that regular health and safety checks were not carried out in the absence of the nominated person and equipment, such as foot stools, were not always available for people who used the service.

During this inspection we looked at what improvements had been made. We spoke with the maintenance man and reviewed records to show what checks were completed. We saw additional footstools had been purchased providing additional comfort for people. We also saw records to show that internal health and safety checks were completed on a weekly or monthly basis. Records were completed of all checks carried out and included the fire alarm, exits and emergency lighting, water temperatures, nurse call system, bath hoist, wheelchairs and profiling beds. We were assured that in the absence of the maintenance man a designated worker would be identified so that checks were consistently made.

We saw the service had an up to date contingency plan. This informed staff of what to do in the event of an emergency or incident and included circumstances such as loss of electric or water supply, a flood or fire. Personal emergency evacuation plans (PEEPs) had also been developed for each person living at the home. These were available in the reception and easily accessible in the event of an emergency. This meant that systems were in place to protect the health and safety of people and staff in the event of an emergency situation.

Other records to show equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions were seen. These included checks to the hoists, gas boilers, five year electric circuit check, fire alarm, emergency lighting, nurse call system and small appliances. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

During our last inspection we identified nursing staff were administering medication to people at times

when it was not required or in accordance with the prescribers instructions. Therefore this did not demonstrate people were protected from improper treatment. During this inspection we reviewed the medication system in place and spoke with a nurse responsible for the administration of people's medicines. We found the management and administration of people's medicines was safe. We saw that clear and accurate records were maintained of all items administered to people to show they received their medication as prescribed. Where people were prescribed a PRN (when required) medicine these had been administered in line with the prescriber's instructions. This demonstrated people received their medicines correctly. One person's visitor said, "[Relatives name] always gets his medicines on time, they have changed recently but that's not a problem."

Further concerns were noted during our last inspection with regards to the lack of relevant information to guide care staff when providing people with 'thickened' fluids or when applying topical creams. Accurate records to show people had been given their prescribed medicines safely and consistently were not maintained. During this inspection we reviewed the monitoring charts for people prescribed thickeners and topical creams. We saw information reflected when these were provided by staff. This helped to demonstrate people received their prescribed items as required.

At the last inspection we identified issues in relation to the staffing arrangements in place. We found that at times throughout the day there were only two members of staff on the dementia unit providing care and support to people who in the main required two people to assist them. This meant there was potential for people to be left unsupervised and at risk.

During this inspection we found that some people had moved, leaving only three people on the dementia unit. A review of rotas, discussion with staff and from our observations sufficient numbers of staff were available to respond to people's needs. The dementia unit was supported by a single member of staff with additional support when people needed care. To ensure other people were not left alone, the nurse or activity worker would be available to supervise people.

We were told that in addition to the registered manager support comprised of a nurse and four care staff during the day and a nurse and two care workers during the night time. This was confirmed on the rotas we looked at. Additional support was provided from kitchen, laundry, domestic, maintenance and activity staff. Staff spoken with also told us, "Staff sickness impacts but we use agency if needed" and "Yes there's enough staff and we work well together."

We spent some time looking around the home. We saw the home was warm, clean and well maintained. Hygiene standards were good and there were no malodours. Staff had access to personal protective equipment (PPE) such as, disposable gloves and aprons and were seen wearing them when carrying out personal care tasks.

Staff we spoke with told us they had received training in infection control and records confirmed this. Training had been planned in the New Year for those staff requiring an update in training. We saw that the service had an infection control policy. This gave staff clear guidance on preventing, detecting and controlling the spread of infection.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw new policies and procedures had been introduced detailing the Act and the principles which must be followed by providers. Additional information booklets were also displayed within the reception area providing further information for staff, people living at the home and their visitors. A review of records also showed that authorisations to deprive people of their liberty had been made to the relevant supervisory body (local authority). Where these had been approved CQC had been notified, as required.

During the inspection we spoke with three staff about their understanding of the MCA and DoLS procedures and looked at training records. We found staff had some understanding of the safeguards and why this may be required to protect people. A review of training records showed that training had been provided to care and nursing staff in 2015 and 2016. This training is important and helps staff understand that where a person lacks the mental capacity and is deprived of their liberty, they will need special protection to make sure that they are looked after properly, are kept safe and their rights are safeguarded.

We looked at how people were involved and consulted with about their care and support. Whilst some people were not able to make important decisions about their care and support, they were able to make day to day decisions for themselves, for example; what to eat or wear or what routine they liked to follow. A review of people's records showed that this information was recorded. We were told that where any decisions needed to be made in the persons 'best interests', this would be discussed with relevant parties and recorded to clearly demonstrate the decision made so that people's rights were protected. One visitor told us they had been involved in a 'best interest' meeting to discuss their relative moving to another part of the home. Whilst they were initially reluctant they said the move had been a positive one for their relative, providing a "quieter and better environment."

During the last inspection we found that opportunities for staff training and development needed improving so that staff had the knowledge and skills needed to meet the specific needs of people effectively.

During this inspection we looked at what improvements had been made. We were told that an induction, the Care Certificate, would be completed depending on the previous experience of staff. However this was

not seen during the inspection as there had been no new care staff commenced employment since our last inspection. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care worker, in carrying out their role and responsibilities effectively.

We asked the registered manager and staff if supervisions and team meetings were held enabling them to discuss their work.

The registered manager told us that a programme of supervision was being put in place and it was anticipated this would involve meeting with staff a minimum of four times a year. We were told that two meetings had been held with staff between June and December and included discussions about areas of good practice and policies and procedures. Staff spoken with told us, "I only remember having one this year" and "I can speak to someone if I need to." Records we looked at confirmed that some supervision sessions had been undertaken however these did not include all members of the staff team. Staff told us and records showed that team meetings had also been held in June and August 2016. However there had been no recent meeting and we were not made aware of one being planned. Following the inspection we were informed that a further meeting had been held in December 2016 however minutes of the meeting were not seen.

Staff we spoke with provided a mix response about the team. Whilst some said, "There is team work", "Generally good communication and team work" and "We help each other in and out of work." Two staff member told us, "Team building is needed" and "Some staff are not pulling their weight." Staff who responded to the recent feedback surveys undertaken by the provider also felt teamwork and meetings needed improving. Staff told us that their views had been shared with the registered manager. Through our discussion with the registered manager it was acknowledged that systems to support staff needed formalising. These meeting are important to enable staff to talk about their work and any areas of development they may have. We recommend that the service seeks to develop opportunities for staff so that good practice is followed as well as promoting team building so that morale is improved.

We looked at how nursing staff kept their clinical skills up to date. We saw information displayed with dates of clinical supervision available for nursing staff, which was provided by the Clinical Commissioning Group (CCG). We were told that nursing staff had been attending these sessions. This helps staff share good practice and keep up to date with relevant guidance. The registered manager, who is also a registered nurse, said that she too met with nursing staff to discuss their work. The registered manager said they also completed competency assessments of nurses with regards to medication practice. Records showed up to date assessments had been completed by four of the five nurses. We discussed this with the registered manager who said this would be addressed.

We reviewed the training opportunities offered to staff. During 2015 and 2016 we saw that training had been provided for staff in moving and handling, fire safety, MCA/DoLS, first aid, safeguarding, continence care and use of thickeners. We were told that courses were accessed through the local council as well as other training providers. Information was seen confirming training requested for January to March 2017. These included topics such as; moving and handling, food hygiene and infection control. Additional training specific to the needs of people had also been completed or planned. Subjects included; safe swallowing, end of life care, Parkinson's, epilepsy and continence care. Nursing staff had also completed medication training with the supplying pharmacist and wound care/tissue viability with the CCG. Staff spoken with confirmed they received on-going training and felt equipped to carry out their role safely.

At our last inspection we found that people were not consulted in menu planning, were not given sufficient time to eat and nutrition care plans were not always followed. Up to date food hygiene training had also not been completed by kitchen staff since 2012. Since then the registered manager had distributed feedback surveys asking people views about meal arrangements. Fourteen people responded with a 96% positive response. We were told the cook was also now regularly speaking with people about the meal choices provided. A review of training records also showed that two of the three kitchen staff had completed training in October 2016. The third member of staff had yet to complete the course.

During this inspection we observed the lunchtime period. People were encouraged to have their meal in the dining room but their wishes were respected if they did not want to. The dining tables were laid out with table clothes, napkins and flowers. People were offered a tabard to protect their clothing and adapted cutlery was available enabling people to eat their meal independently. Those people needing assistance were supported in an unhurried manner with staff offering encouragement.

We saw that meals were brought to the dining room in a heated trolley. People were offered a choice of food, which was served hot and in ample portions. We also saw care staff frequently offer people juice and hot drinks throughout the day. Bowls of fresh fruit were also available for people. People we spoke with said they enjoyed the meals. Comments included; "There's always a cup of tea for me and I can have a second cup if I want", "The food is tasty", "Meals are lovely, there's enough food and a good choice, the quality is good." Two visitors also commented, "[Relative's name] eats better here than they did at home" and "The food is excellent."

A review of people's records showed that where people had been assessed at nutritional risk, advice and support was also sought from the dieticians or speech and languages therapists. Care plans had been developed to guide staff in the support people needed. Those staff we spoke with were aware of those people who required a special diet or supplements and knew how these were to be provided. Care records also showed that people had access to external health and social care professionals. This demonstrated people's needs were met and their health and well-being was maintained.

Whilst looking around the home we found some redecoration had taken place and communal rooms had been enhanced providing a more comfortable environment for people. People we spoke with and their visits felt the home had improved. People commented, "The environment has been spruced up", "I think the home is excellent, [relative's name] room is lovely and always clean" and "Its home from home."

People also spoke positively about the home's maintenance man. We were told any work required was dealt with quickly. One person said, "I requested a blind for [relative's name] room to block the sunlight and one was quickly fitted." Other people described the maintenance man as, "Hardworking, always available if something needs doing" and "Excellent and good at his job, on the ball."

Is the service caring?

Our findings

During our last inspection we identified that people who used the service were not always treated with dignity and respect. For example; language used by staff when writing care records was negative, a person was left for a period of time sat in urine and poor staff attitude and behaviour towards people.

During this inspection we spoke with the registered manager about the action taken to address these issues. Action had been taken with staff to address poor attitudes. We found language used in people's records was appropriate and we saw care staff responded quickly when people requested something or needed assistance with care.

We spent time asking people and their visitors about the care and support offered at Ainsworth Nursing Home. All the comments we received were positive about people's experiences. People we spoke with and their visitors said, "They are a compassionate team", "Very happy with the care, always kept clean and comfortable", "Staff are respectful and caring", "I feel I can go away on holiday confident that he is taken care of", "I'm happy, everything is A1 nothing could be better", "Nothing is too much trouble, there are no problems", "The carers are very obliging and lovely", "The staff know him well", "Always been good", "My relative is very settled" and "All extremely approachable". All visitors we spoke with said they were made to feel welcome and felt the staff knew their family members well.

Interactions between people and staff were seen to be warm and friendly. One care worker was seen sat with a person holding their hand, talking and offering reassurance. Another care worker was seen asking people if they were comfortable or needed anything. People's visitors told us; "The carers are lovely" and "The carers are very good, patient and caring."

We were told people's routines were flexible and were able to rise and retire when they wished. This was seen during the inspection. People were also encouraged to be as independent as possible. People had access to walking aids and care staff were seen explaining to people what they had to do. Care staff were patient and offered encouragement. For example one care worker was heard saying "Well done and that's good."

We saw that suitable aids and adaptations were fitted throughout the home including handrails, assisted bathing, raised toilet seats and grab rails. This helped to promote people's independence and keep them safe. One person's visitor told us, "[Relatives name] has his independence being able to walk around the corridors and to his room but I know he is safe."

We asked staff how they considered people's privacy and dignity when offering support. Those staff we spoke with were able to tell us how they would promote people's privacy and dignity when offering care and support. From our observations we saw care staff close doors to rooms when offering care so that people's privacy was respected. For example, we saw a care worker stand outside a toilet, whilst being used by someone. They kept the door shut and waited for the person to ask them to come in. One person told us, "I get good attention from the carers." We found people looked well cared for with clean clothes and had been

assisted with their personal care and appearance. One person's visitor said "[Relatives name] clothes are always well washed and he always looks smart."

Suitable arrangements were in place when people needed support to attend appointments or in the event of an emergency. Visitors we spoke with said they were always contacted if there were any issues and staff would provide an escort to hospital if needed. One visitor told us, "They [care staff] always let me know if there's anything" and "I usually attend appointments but if I could not I know that staff would be there." Another person said, "They keep me informed and always ring if there are any issues."

Whilst looking around the home we saw some people had personalised their bedrooms with belongings from home. Signs and pictures were displayed making it easy for people to recognise their rooms and other areas of the home, for example, the dining room had a picture of a plate and knife and fork. Each bedroom also had a personal sign with a photo and the person's name. The use of pictures and other visual aids helps to promote the independence of people living with dementia and their ability to move freely around the home.

We were told and saw people's records were stored securely in the office so that confidentiality was maintained.

Is the service responsive?

Our findings

During the last inspection we found there was a lack of activities and opportunities offering variety to people's day helping to promote their well-being and involvement. During this inspection we looked at what improvements had been made. We were told that an activities worker had been appointed and was working 20 hours week providing different opportunities for people. We asked the activity worker about their role. They said that a programme of activities had been devised to suit people's abilities and interest. However this was flexible depending on what people wanted to do. One person told us "I enjoy doing craft things."

The activity worker said they had spent time speaking with people and their relatives to gather ideas about people's hobbies and interests. We saw opportunities included; colouring, bingo, bowls, pampering sessions, dominoes, music and films as well as one to one activities such as shopping or lunch out. A Christmas party had been planned and a raffle was being held to win a hamper. The activity worker said that other opportunities were being explored, such as, dog therapy, a choir, clothes party and entertainers. One person told us that their family was able to bring their family pet in to see them, which they enjoyed. The home also had a cat, birds in a cage and a fish tank which people liked to watch.

In one area of the home the activity worker was seen encouraging a small group of people to take part in ball games and memory games, such as recalling colours and numbers. On the dining table in another room some games and nostalgia books had been left for people to look at. Arrangements had also been made with the local library for large print books to be provided.

We were told that consideration was also given to people's religious beliefs with a visit from the church on a monthly basis. People also had access to a hairdresser and chiropodist who regularly visited the home.

We looked at how people were involved and consulted about their needs and wishes. People's visitors confirmed staff had spoken with them about the care and support their family member needed. The relative of one person told us; "I always feel welcome, they talk to me about my relatives care." Another relative said, "They talk to me about his care."

At our last inspection we found that up to date accurate information about people's needs were not in place to ensure safe and effective care is provided in a consistent way. Since then new care plan documentation had been introduced and information had been developed with the involvement of both care and nursing staff so that all aspects of people's care was planned for. During this inspection we reviewed the care records for five people. We found care plans were person centred and contained good information about the current needs, wishes and preferences of people.

At the last inspection we found that monitoring records completed in relation to peoples care needs, such as personal care and repositioning charts, were not up to date, accurate and did not reflect the care and treatment being provided. We reviewed these records during this inspection and found them to be accurate and complete. This helped to ensure people's needs were appropriately monitored and responded to should additional support and advice be needed.

Staff told us they were kept informed of people's current and changing needs during the handover completed at each shift change. Handovers involved all staff on duty and a job allocation list was provided so that staff were aware of their responsibilities during the shift. This helped to ensure any changes in people's health care needs were addressed in a timely manner so their well-being was maintained.

We looked at how the home responded to people's complaints and concerns. People living at the home and their visitors said they had no issues or concerns about the service provided. We were told that people felt able to speak with any member of the staff if they had any concerns and were confident if they did raise anything this would be dealt with appropriately. One visitor said, "If there are any minor hitches they are soon resolved" and "Any queries are acted upon."

We saw information was provided to people as well as being displayed around the home advising people how they could raise any concerns they may have had. The registered manager had introduced a complaints log and a monthly audit so that any issues raised could be monitored. We were told there had been no complaints raised with them since the last inspection.

Is the service well-led?

Our findings

At our last inspection we identified that the provider had failed to appoint a suitable person with the necessary knowledge and skills needed to manage the service. Furthermore action plans submitted to the Care Quality Commission (CQC) following previous inspections to show what improvement the provider intended to make to address breaches in regulation had not been implemented. The provider had not ensured that effective management systems were in place to carry on the regulated activities ensuring people received safe and effective care.

At our last inspection in June 2016 the new manager had been in post three weeks. Prior to this inspection the manager had completed their registration with CQC. They were supported in their role by a deputy manager and administrator as well as the nursing, care and ancillary staff team.

At the inspection in June 2016 we found that significant improvements were needed across the service ensuring people received a good standard of care and support. At that time we rated the service inadequate and placed them in 'special measures'. During this inspection we found that significant improvements had been made to improve the quality of service. The new manager had also offered the staff team stability and support in the delivery of people's care.

We asked people and their visitors for their views about the management and conduct of the service. People spoke positively about the change in management and the improvements being made within the service. People's comments included, "I'm completely satisfied", "I feel the manager listens to me, she's very good and I can see how the home has progressed with her", "There's clear management from the top, very approachable and helpful", "The manager is tremendously hardworking and very professional" and "It's Improved 100%."

From our observations we found the registered manager knew people well and the support they required. The registered manager was also seen to support staff in meeting people's needs. Staff spoken with told us, "Happy with management and the changes being made", "Changes for the better", "Last six months have been brilliant", "Everyone is working together" and "I'm enjoying work now." Two staff members described the registered manager as a "Positive move for Ainsworth", "She takes things seriously and deals with things", "A welcome change, she's picking the place up", "Very approachable and gets stuck in" and "Proactive". Another staff member we spoke with had only worked at the home for a short period. They said the registered manager was "Approachable and supportive" and "The staff have been very helpful."

During our last inspection we reviewed a copy of the homes amended statement of purpose. The provider had not submitted a notification informing us of the changes made. This had been addressed by the registered manager. We reviewed the document again. We advised the manager that further amendments were needed. We discussed this with the registered manager during the inspection. An updated copy of the documents was provided following the inspection visit.

We looked at how the management team monitored the quality of the service provided. At our last

inspection we found there was a lack of robust and regular auditing systems to demonstrate effective monitoring was in place so that people received safe and effective care.

During this inspection we found improvements had been made. Weekly and monthly checklists had been implemented to monitor accidents and incidents, complaints, appointments of staff, hospital admissions, safeguarding, infection control, pressure care and any weight loss. These checklists highlighted if any issues or events had occurred. We were told that an audit of staff personnel files was being completed and care plans were to be checked. We saw that only small number of care plans had been checked. Where improvements were needed an action plan was put in place along with the name of the person responsible for completing the work. Further checks to files were to be made.

At our last inspection we also identified the Nursing and Midwifery Council (NMC) had placed conditions on a nurse's registration due to issues identified in relation to their clinical practice. We found the provider had not appropriately assessed their skills and competence to ensure they were fit to practice. During this inspection we were advised and saw information to show that a further hearing had been held with the NMC. Information had been provided at the hearing to show that learning had taken place. Therefore a decision was made by the NMC to remove the conditions to the nurse's registration. We were told this nurse was currently not providing nursing care however once they resumed shifts a competency assessment would be completed. A review of rotas showed this nurse had been the nurse on duty at night on two occasions and inspection of medication records showed the nurse had been administering medicines during these shifts. The registered manager said the rotas were planned by the deputy manager, which she had not seen and the change in working hours for the nurse had not been communicated to her. Thorough oversight of the service and effective communication between the management team will help to ensure that robust systems are in place to sustain the improvements made so that people who use the service are protected.

We were told and saw information to show that external audits had also been completed with regards to medication, infection control and food hygiene. The supplying pharmacist had carried out an audit in November 2016, no issues were identified. The last infection control audit undertaken by the local authority health protection team in December 2015 rated the home 96% compliant and in December 2016 a food hygiene inspection rated the service 5* good, the highest rating.

We looked at what opportunities were provided by the service for people and their relatives to comment about their experiences. We saw that between August and November 2016 feedback surveys had recently been distributed. The service received 14 responses, which were overall positive. Comments included; "It's very good", "The home continues to improve, please keep up this work" and "Ambience of the care home and care and attention for the residents is very satisfactory."

People did express that improvements were needed with regards to activities, staff skills and décor. We saw the registered manager had drawn up an action plan outlining the improvements to be made to address the comments received from people. During the inspection we saw the new activity staff member developing the programme of activities offered, further staff training and development opportunities had been planned for staff and areas of the environment had been enhanced. This demonstrated people's views were taken seriously and acted upon.

Records we looked at and staff we spoke with said they too had opportunities to comment on the service and their experiences. We saw that 13 responses had been received. One staff member commented, "Really good job. Happy to work for a company that is constantly striving to improve." Some staff felt that teamwork and skills could be improved. Their comments included, "More

encouragement from care staff to help with activities", "Improve teamwork", "More training and updates", "Improvements needed regarding staff skills and meetings" and "As staff we need to remind ourselves that we are here for residents and that our working day does not revolve around breaks. Let's work together and be proactive."

We saw that some staff meetings had taken place. Information showed that a team meeting had been held in June and August 2016. However no further meetings had taken place. We were told this was due to some turnover in staff impacting on staff availability. Further opportunities for staff to discuss their work were needed to promote effective teamwork.

Detailed policies and procedures to direct staff in areas of their work were not in place during our last inspection. Information that was available did not accurately reflect and guide staff. During this inspection we found that comprehensive policies and procedures had been put in place. A random sample of documents were reviewed and seen to reflect relevant current legislation and good practice guidance providing clear direction for staff. These included safeguarding, whistleblowing, MCA and DoLS, recruitment and infection control.

As part of this inspection we contacted the local authority commissioning team. We were not made aware of any issues.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.