Strong Life Care Limited

Thornhill House

Inspection report

Church Street
Darfield
Barnsley
South Yorkshire
S73 9LG
Tel: 01226 751703
Website: www.stronglifecare.co.uk

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place over two days on 1 and 3 December 2015. The inspection was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting.

Thornhill House is a residential care home registered to accommodate 35 older people. At the time of the inspection 32 people were living at the home. The home is operated as two units, one for people requiring rehabilitation, with the intention of returning home and one for people who have personal care needs, some of whom are living with dementia.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and

Summary of findings

associated Regulations about how the service is run. The person managing the home had done so for almost four months and had applied to become registered. Feedback from people, relatives, staff and other stakeholders were that the new manager was making a positive difference to the service.

Since 9 July 2013 Care Quality Commission inspectors have carried out four inspections and have found a history of breaches with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At the inspection on 10 and 16 March 2015 four breaches of regulation were identified. These were associated with safe care and treatment, staffing, need for consent, good governance and complaints. At this inspection we checked that improvements had been made to meet those regulations.

When we spoke with people who used the service they all told us they felt safe. Relatives spoken with did not raise any concerns about mistreatment or inappropriate care provision of their family member. Staff had received safeguarding training and were confident the manager would act on any concerns.

We found staffing levels were sufficient to meet people's needs, but recruitment of staff did not include all the relevant information and documents required to ensure staff were suitable.

Systems and processes were in place for the safe administration of medicines, but we saw areas where some improvements were needed.

We checked and found some systems in place for how the service managed risks to individuals and the service to ensure people and others were safe, but improvements were needed with the monitoring of hot water and surfaces, fire drills undertaken by staff and the monitoring of falls.

Staff received induction, training, supervision and appraisal relevant to their role and responsibilities.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who lacked capacity to make important decisions themselves.

People were supported to receive adequate nutrition and hydration and meal times were a positive experience for people, with choices available.

Staff had developed positive relationships with people, providing not only the physical care people needed, but also considering the quality of life of each individual person.

Relatives told us staff were caring towards their relative and treated them with respect.

Although assessments, care plans and risk assessments were in place and reviewed, we found records were not always complete. Health professionals were contacted in relation to people's health care needs such as doctors and community health teams.

People were confident in reporting concerns to the manager and provider and felt they would be listened to.

There were systems in place to assess and monitor the quality of service provided, but these had not always identified improvements needed and ensured sufficient improvement to achieve compliance with regulations.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

Some areas of the service were not safe.

There were systems in place to make sure people were protected from abuse and avoidable harm. Staff had training in safeguarding and were aware of the procedures to follow to report abuse. People expressed no fears or concerns for their safety.

Systems and processes were in place for the safe administration of medicines, but some improvements were needed.

Staffing levels were sufficient to meet people's needs. Recruitment of staff did not include all the relevant information and documents required to ensure their suitability.

Systems were in place to manage risks to individuals but improvements were needed to manage some risks in other areas.

Is the service effective?

Good

The service was effective.

There was a system in place for staff to receive an induction, training, supervision and appraisal relevant to their role.

The principles of the Mental Capacity Act 2005 were followed when people did not have capacity to make decisions.

People were supported to receive adequate nutrition and hydration and meal times were a positive experience for people, with choices available.

Health professionals were contacted in relation to people's health care needs such as doctors and community health teams.

Is the service caring?

Good

The service was caring.

Staff had developed positive relationships with people, providing care that provided both the physical care people needed, but also considering the quality of life of each individual person.

Relatives told us staff were caring towards their family members and treated them with respect.

Is the service responsive?

Requires improvement

The service was not always responsive.

Although assessments, care plans and risk assessments were in place and reviewed, we found records were not always complete in relation to the care people received.

Summary of findings

There were daily activities available to stimulate people and provide meaningful occupation when they were awake and alert.

People were confident in reporting concerns to the manager and provider and felt they would be listened to.

Is the service well-led?

Some areas of the service were not well led.

The registered person had not been consistent in maintaining compliance with regulations.

A registered manager was not in post. Feedback from people, relatives, staff and other stakeholders was that the new manager was making a positive difference to the service.

There were systems in place to assess and monitor the quality of service provided, but these had not always identified improvements needed and ensured sufficient improvement to achieve compliance with regulations.

Requires improvement

Thornhill House

Detailed findings

Background to this inspection

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

This inspection took place over two days on 1 and 3 December 2015 and was unannounced. An unannounced inspection is where we visit the service without telling the registered person we are visiting.

The inspection was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of older people's care services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with other information we held about the home. This included the service's inspection history and current registration status, death notifications and other notifications the registered person is required to tell us about. We also reviewed information about safeguarding and whistleblowing we had received and other concerning information.

We contacted commissioners of the service and Healthwatch to ascertain whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

This information was used to assist with the planning of our inspection and inform our judgements about the service.

During the inspection we used a number of different methods to help us understand the experiences of people who lived in the home. We spent time observing the daily life in the home including the care and support being delivered. We spoke with nine people who used the service, three relatives, the manager, deputy manager and five staff, which included three members of care staff, the housekeeper and cook. We also spoke with two visiting professionals. We looked round different areas of the home such as the communal areas and people's rooms. We looked at a range of records including six people's care records, three people's medication administration records, three people's personal financial transaction records and three staff files. We also looked at a sample of the service's policies and procedures and audit documents, training and supervision matrixes, stakeholder surveys and service documents.

Requires improvement

Is the service safe?

Our findings

This inspection included checking that improvements had been made with safe care and treatment after a requirement notice was issued after our inspection on 10 and 16 March 2015. The provider sent in an action plan detailing how they were going to make improvements. We checked to see whether those improvements had been made and that the system for ensuring safe care and treatment had improved.

All the people we spoke with were asked if they felt safe and we talked about what that meant in terms of physical safety, the kindness of staff, worries or problems, calling for help and receiving medication. Comments included, "The equipment used to help me works well", "I have a call bell in my room which I would only use in an emergency. I haven't used it but I'm confident someone would come if I did", "When I've rung my call bell someone has come quickly", "I get my medication on time" and "I can't manage on my own and I feel safe here. I've made up my mind to stay. I like it here".

When we spoke with relatives about their opinions of the safety of their family member they said, "I'd speak to [manager] but haven't raised any problems so far" and "Mum loves it here – she has days when she says she doesn't and gets argumentative but she would hate to leave here. She is safe and gets the help she needs". One relative went on to say, "We love all the staff, they do a fab job. They phone if we need to know anything. The staff are very approachable about anything at all". We observed the relative with the manager and they were clearly at ease and had a positive relationship.

We looked at how people's medicines were managed so that they received them safely and if this had improved. To do this we looked at three people's medication administration records (MAR) and checked a sample of these against the medicines held for those people. We also observed staff administering medication and spoke with staff about medicines management.

Discussions with the deputy manager and staff about medication identified senior members of care staff were responsible for people's medicines and that they had received training and had their competency to deal with medicines assessed.

Staff were patient and caring when administering medication and this was done in a courteous and unobtrusive way. They were heard to explain to people what their medication was for and encouraged people to take their medicines with a glass of water.

We found people had a medication plan that identified how people liked to take their medication and recorded any allergies they had. The plans included guidance for people who were administered medication 'as and when required'. Each person had a MAR, which included a photograph of the person. This meant information was available for staff to minimise risks of people being given the wrong medication.

On people's MAR, we found medicines received into the home had been signed as received. This included controlled drugs. Controlled drugs are prescription medicines controlled under the Misuse of Drugs legislation, which means there are specific instructions about how those drugs are dealt with. This included the record of the administration of those medicines. We found one person where the controlled drugs were being received by the service and recorded as such. The drugs themselves were being administered by a district nurse, who maintained a separate record for the administration of those drugs. This did not include a second signatory of a member of staff from the home. There was no policy or procedure in place about which person had the responsibility for maintaining the audit trail for those medicines at the different stages of the process. The manager had identified this, but had been told by the district nurse this wasn't necessary. During the inspection process, the manager spoke with the Clinical Commissioning Group (CCG) who agreed a process was required and would work together to implement this. CCGs are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

We found one discrepancy between the records of the amount of medication identified on the MAR as being received, administered and the remaining stock. This was brought to the manager's attention to address.

For another person, we found a person-centred approach was not being applied to the administration of medicines at night, which meant one person had gone without their night time medicines, because they went to bed before medicines were administered. This was brought to the manager's attention to address.

Requires improvement

Is the service safe?

We checked and found that sufficient numbers of suitable staff were available to keep people safe and meet their needs.

The manager provided a matrix that identified the number of care hours they had calculated were required to meet people's care needs and what this equated to in numbers of staff. We sampled the numbers and hours for seven days in October 2015 to verify this correlated with what the manager had identified was required and we found that it did.

We observed during the inspection that staff were available to meet people's needs when needed. We found that staff were visible in communal rooms and that call bells were not sounding for any length of time.

When we spoke with staff they told us that usually there were enough staff to support people.

We checked that the recruitment of staff was safe and that all the required information and documents were in place.

We reviewed the recruitment policy which had been updated since the last inspection. We found the policy did not refer to all the information and documents as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which meant the policy was not adequate to meet the regulations. We checked three staff members recruitment records. The full set of information and documents required were not in place for the three staff members we looked at, including a full employment history, with a written satisfactory explanation of the reason for any gaps for one member of staff; documentary evidence of the staff member's previous qualifications and training for two staff members; and no identification obtained and satisfactory evidence of previous employment concerned with the provision of health or social care and vulnerable adults or children also not available for one member of staff.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

We checked and found some systems in place for how the service managed risks to individuals and the service to ensure people and others were safe.

Service records and environment checks were provided to demonstrate safety checks were carried out. These included legionella, fixed electrical wiring, fire safety, waste management and gas. Appropriate insurance cover was in place. A fire risk assessment was in place, together with all associated checks with fire maintenance, but the system to ensure all staff had fire drills to check their competence in the event of a fire needed improvement to ensure night staff's competence was checked. We also found systems in place to monitor the temperature of hot water and radiators insufficient to protect people from harm. During the inspection the monitoring of water temperatures was reviewed and amended to make them more robust and the monitoring of the radiator temperatures implemented.

Individual risk assessments were in place for people who used the service in relation to their support and care. These were reviewed and amended in response to their needs. For example, people's behaviour that challenged and falls. However, the system for recording falls identified the registered manager had not had oversight of the record and action taken because of the fall and therefore was unable to monitor any measures put in place had been acted on. This was confirmed by the manager.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

We checked the systems in place for how the service protected people from harm and abuse.

We saw that people were relaxed in the company of staff and that there were friendly interactions between them.

The registered person had a system in place to respond to and record safeguarding vulnerable adults concerns. Notifications we received from the service about allegations of abuse, told us those systems were followed in practice.

Staff received training in safeguarding vulnerable adults. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the manager would take any concerns seriously and report them to relevant bodies.

We checked the systems in place for safeguarding people's money and found this protected people from the risks of financial harm. We spoke with the manager and deputy manager about how people's finances were dealt with. We found individual records were in place, with a running

Requires improvement

Is the service safe?

balance of the money people had available. Receipts of financial transactions were in place and were audited weekly to minimise the risk of any errors and protect people from financial abuse.

We checked and found that people were protected by the prevention and control of infection.

From our observations we did not identify any concerns regarding people who used the service being at risk of harm. We found the home was clean with no obvious hazards noticeable such as the unsafe storage of chemicals.

A system was in place for the cleaning of the environment and equipment. This included the daily cleaning of people's slings.

Good

Is the service effective?

Our findings

This inspection included checking that improvements had been made with staffing and the need for consent after a requirement notice was issued after our inspection on 10 and 16 March 2015. The provider sent in an action plan detailing how they were going to make improvements. We checked and found improvements had been made, sufficient to meet regulations.

We checked and found that staff had the knowledge and skills to carry out their roles and responsibilities.

When we spoke with staff they told us the training they received provided them with the skills they needed to do their job. The manager provided a training matrix, the record by which training was monitored so that training updates could be delivered to maintain staff skills. The training staff were provided with training relevant to their role including, moving and handling, health and safety, infection, prevention and control, safeguarding, food hygiene, fire safety, Deprivation of Liberty Safeguards (DoLS), challenging behaviour and first aid.

The manager told us staff supervision had commenced with most staff having received supervision and most appraisals had also been carried out. The manager provided the supervision and appraisal matrix to verify what he and staff had told us. We found all staff had received a supervision in the quarter of August, September and October 2015 if they were required and 17 out of 21 staff had received an appraisal where required. Supervision is the name for the regular, planned and recorded sessions between a staff member and their manager.It is an opportunity for staff to discuss their performance, training, wellbeing and raise any concerns they may have. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. These are important in order to ensure staff are adequately supported in their roles.

When we spoke with staff they told us they received supervision and were given opportunity to discuss any issues or share information. Staff we spoke with said the manager and the deputy manager were always approachable if they required some advice or needed to discuss something.

We checked and found that people consented to care and treatment in line with legislation and guidance.

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 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 found there were people being deprived of their liberty, but that assessments and decisions had been properly taken and authorised. We found that the authorisations in place were being complied with. In this way the DoLS legislation was being utilised appropriately as it was intended to protect people's rights.

Staff we spoke with had some understanding of the MCA and DoLS and could describe what this meant in practice. Most, but not all staff had been provided with training. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

We checked how people were supported to have sufficient amounts to eat, drink and maintain a balanced diet. To do this we viewed people's assessments and care plans, observed the lunch and tea time meal in the dining room. We also spoke with people and their family members about their experiences.

People's nutritional needs had been assessed and identified during the care and support planning process.

The dining room was comfortable, homely, well used, clean and bright and had sufficient tables for everyone to be seated there for meals, if they chose to do so. The room was large and airy and a pleasant area to eat meals.

At meal times we saw there were clean table cloths with paper napkins and condiments on the tables. The chairs were comfortable. People who were friends were sitting together. There was a choice of main meal and dessert.

Good

Is the service effective?

Portions were adequate, neither large nor small. Some people ate everything on their plate and others left some. Juice, water, tea and coffee were served. The staff were very attentive and there were plenty on duty. They were very courteous. For example, when staff were serving the meals we heard one member of staff say, "Excuse me gentlemen would you like drinks?" as they were interrupting their conversation. Comments about the meal time experience and food included, "There's a nice atmosphere here in the dining room", "We can have second helpings", "I like that they bring a tea or coffee pot to the table and the crockery is light so I can pick up my cup easily", "The food is alright. I don't eat meat, I'm vegetarian mostly and they give me what I want. I've no complaints about the food. I have enough to eat and drink and I can have fruit and a cup of tea when I like. I keep very well and don't have to see the doctor", "The food is alright. My breakfast today was sausage and beans. Yesterday it was two fried eggs and two slices of toast. I like my hot breakfast", "The food is excellent, if you want anything you just ask" and "I can have snacks and drinks when I like, I just ask".

A relative told us "The cook is good – if Mum wants something, dripping or potted meat, things her generation like to eat, she gets it. The cook is very responsive".

During the morning we observed drinks and snacks being served to people in the lounge. There was a basket of fresh fruit and a basket of (wrapped) biscuits in the foyer for people to help themselves.

We checked that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

People's comments about their healthcare included, "[Member of staff] is very good. She spotted I was ill and called the doctor on a Sunday. When he came he thought I was ok and left but [the member of staff] noticed I was deteriorating and called an ambulance to get me to hospital. Her actions saved my life."

Relatives we spoke with felt their relative's health was looked after and they were provided with the support they needed. Comments included, "[Family member's] general health is good and the doctor comes when she needs it. [Family member] gets a lot of water infections. In the day the trolley comes round regularly with a choice of drinks and when she has a water infection they give her cranberry juice which helps".

In people's care records we saw entries of involvement from other professionals with people's care, including doctors, specialist nurses, opticians and dentists. This showed that people were supported with their health needs where required.

We spoke with a visiting health professional. They said, "[Manager] is doing a fantastic job. I feel proud of the team and how far they've come and their achievements. They are more open to advice and engage with professionals. Families are involved in people's care if they wish and this is incorporated into people's care plans. They will seek advice if necessary".

Good

Is the service caring?

Our findings

We asked people about their relationships with staff and whether they felt their privacy and dignity was respected. In addition, how the service supported them to express their views and be involved in making decisions about their care, treatment and support.

When we spoke with people there was a consensus of opinion that staff were kind and caring. Comments included, “I have friends here and the staff chat to me”, “People can visit whenever they like”, “It’s such fun here”, “Staff are fantastic and cheerful, everyone is friendly” and “Staff are very good – they’ll have a joke with you and it helps keep your spirits up and builds rapport.”

No-one we spoke with made negative comments about the staff.

A relative said, “Dad often gets moody and angry and staff deal with it very well. They are kind, caring and very respectful. I can’t think of anything bad to say”.

Our discussions with people told us people were encouraged where possible to maintain their independence.

We saw that staff approached people in a casual way, knowing people’s names and having some shared history with them as well as knowing what their likes and dislikes were. People were relaxed in the company of staff and the relationship between them was friendly and open.

Interactions between staff and people were patient and caring in tone and language.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff we spoke with were able to describe how they maintained people’s dignity and respect and gave examples of how they would implement this. This included practice such as ensuring personal care was provided discreetly and maintaining confidentiality. However, one person said, “People don’t always knock before they come in – I think they should knock first”.

The majority of people we spoke with had support from family and friends and did not use any formal advocates. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options. We spoke with the manager about advocacy and he told us one person used an advocate for dealing with their finances. This was confirmed when we spoke with them. Although advocacy services were considered for people, we did not see any details of advocacy information around the home that people could access and find information about if they required.

Requires improvement

Is the service responsive?

Our findings

This inspection included checking that improvements had been made with records and complaints after requirement notices were issued after our inspection on 10 and 16 March 2015. The provider sent in an action plan detailing how they were going to make improvements.

We checked that people received personalised care that was responsive to their needs.

When we spoke with people they told us that staff responded to their care needs. Comments included, "We feel very cared for here – staff are very careful and courteous when moving us and bathing us" and "I like to get up early – I can get up and go to bed when I like. I have a bath when I like."

Relative's said, "Mum's had two falls out of bed. A member of staff phoned me straight away and she now has soft sides on her bed to keep her in" and "Dad is often up at night and they'll make him a sandwich."

We had also received comments from families who had experienced good care, directly to CQC. Their comments included, "Mother was admitted in to Thornhill back in July 2014, much against her wishes, but after a two month spell in hospital after a fall, she was in no fit state to return to living on her own at home. She eventually understood and accepted the reasons for her stay at Thornhill, which was greatly helped by the caring and understanding that she was given by the staff. Through the next 12 months the staff did absolutely everything that they could to "help, care and entertain" my mother and ensure that she was fed according to the diet that had been specified by the doctors. Unfortunately mother suffered a chest infection, and eventually pneumonia and passed away. We spent a great deal of time in the home during mother's last few weeks, and all we ever saw was an infectious desire to ensure that the needs of all people living or visiting the home were dealt with quickly and in the required manner. We could not have asked for better care from anyone. The Thornhill management team were able to keep us updated on mother through telephone calls, e-mails, photographs and videos. A very much appreciated service that meant so much to us at such a long distance away. Overall a First Class experience for us all" and "My mum was in Thornhill House up to passing away and the care she was provided with was exceptional. I want to personally thank [manager] and his team for the care not just my mum recieved but the care they gave to ourselves. We recieved a meal everyday and sandwiches to the room and the cook was lovely. The seniors at the home went over and beyond to ensure my mum was pain free. Can you please thank the home from all our family. Well done and keep the hard work up".

The manager told us care records had been transferred to an electronic system, but staff had only received one hour training, about how the system worked and were still 'learning on the job'. We found the system was not fully understood by staff and there continued to be gaps in records, to confirm the care people had received. For example, we viewed the event report that had been produced from the system between 22 October and 22 November 2015. We sampled how the service had responded to four people who had, had falls. The event report identified the immediate action taken in response to the fall. We checked the accident report for the fall. Not all the questions on the accident form had been answered. Where questions had been answered we found no record to correlate with the action that had been taken, for example, 'updated care plan' or 'falls risk assessment'. The manager had not signed the accident report form to verify they were satisfied with the actions taken and that the actions recorded as being completed, had been completed.

We checked records of the showers/baths that six people had received as we had received concerns that people were not being bathed and showered, sometimes for as long as three weeks and that records were being falsified. We found records were haphazard about how this information was recorded and found it was recorded that only one person had received regular baths/showers. We spoke with the manager who assured us people would have had a bath/shower, but could not confirm it if there was no record.

When we spoke with people no-one complained about having insufficient showers or baths.

For one person we found their care plan identified they needed reminding with personal care tasks, including help with a shave in a morning. The event report for personal care had not recorded that the actions had been carried out by staff. We found this person looked unkempt, with stubble on their chin where they had not had a shave.

Requires improvement

Is the service responsive?

In view of the fact that personal care needs may be met as a consequence of staff's knowledge, a lack of records is an unsatisfactory and unsafe way to respond to people's needs as it relies on staff getting information from their peers, or managers, without any formal documentation in relation to it. Therefore the lack of pertinent, accurate, complete records in respect of each person and the care they need and receive puts them at risk of not receiving care to meet their needs.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

Since the last inspection an activity co-ordinator had been employed to respond to people's needs in respect of their wellbeing and quality of life.

We asked people about their quality of life at the service and what they liked to do and how they spent their time. Comments included, "The activities here are quite good – I do the exercise class and go on the trips. There will be Christmassey things coming up and we are going Christmas shopping and having parties" and "When the weather is hot we can sit outside".

A relative said, "There are good activities – recently there has been more. Mum doesn't always take part but she likes a trip out to Tesco and they take her for a coffee" and "Mum has dementia and she sometimes does the dusting. They let her do it. It helps".

We observed that during the inspection plenty of stimulation for people and meaningful activities were available for people to join in. This meant the service was responding effectively to people's needs in respect of their social needs and welfare.

We saw a hair dressing room that had been established and were told by people that they enjoyed having their hair and nails done.

We observed staff interacting with people and noted a comprehensive programme of activities on the notice boards. There were televisions on in both lounges and there were plenty of people and staff sat in the lounges. There was a busy, positive atmosphere. There were magazines available for people to look at.

On the day of the visit there was a visiting church minister (whose visit was advertised in the foyer and who attended monthly). The minister conducted a service and carols in one of the lounges, which people enjoyed.

Two people told us they did not have televisions in their rooms and were not allowed to bring one in from home because of electrical testing requirements. They both said they watched television in the communal lounge, but the programmes were not always what they wanted to watch. The registered provider told us this should not happen and the people should have been allowed their televisions and would attend to this immediately.

One person was not pleased with all the changes that had been made saying, "It's too busy now and sometimes you lose your seat if you move".

We checked how the service listened and learnt from people's experiences, concerns and complaints.

When we spoke with people and their relatives the majority had no concerns they wished to raise. Comments included, "I haven't any complaints but if I had a problem I would feel comfortable talking to [manager]. All the staff are approachable" and "If I had a problem I would go to [name], he's the manager. The owner once overheard Dad saying he never saw the owner and so he promised he would pop in to see Dad and he sometimes does". However, one person said, "When I get showered it's too hot. A male carer helps me. I don't really enjoy having a shower. I don't like the man. The shower is too hot." They continued, "I prefer to have a 'strip' wash" by themselves and asked if they had to have a shower". During the inspection the manager confirmed he had spoken with the person and had addressed their concerns. This demonstrated the service did respond to people's concerns when they were raised.

The manager told us a complaints policy/procedure was in place. They said the procedure was displayed in the home. We saw this in the entrance hall. The policy included the details of relevant organisations such as the local authority should people wish to raise concerns directly to them and included time scales for responses.

Requires improvement

Is the service well-led?

Our findings

This inspection included checking that improvements had been made with good governance processes after requirement notices were issued after our inspection on 10 and 16 March 2015. The provider sent in an action plan detailing how they were going to make improvements. Whilst there had been improvements with the implementation of audits, further improvements were needed to be compliant with this regulation.

We checked that the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that is person-centred, open, inclusive and empowering.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The person managing the home had done so for almost four months and had applied to become registered.

General observation of the management of the care home was that the manager was visible and involved with the day to day running of the home. The atmosphere was friendly and caring. People's comments about the service were, "I can't think of anything that needs improvement", "I would recommend it here to friends and family" and "I would recommend it here. I have been in three different homes after having operations and this is by far the best".

Discussions with staff identified the service had a more open and inclusive culture since the appointment of the new manager. Comments included, "It's definitely a better atmosphere. Everybody gets on, it's like a family. There's improvements in staff meetings. Someone minutes (takes notes from the meeting) and you can discuss any problems or concerns and staff can say their opinions. [Manager] is more open and he and the deputy work well together", "Atmosphere is better. [Manager] is part of the team and will help" and "[Manager] is changing things to how they should be. Bedrooms are better, there's more training and there's staff meetings".

We found resident meetings were held to provide people with an opportunity to feedback their opinions of the quality of service provided. We viewed the minutes of residents meetings that had been held, which were displayed throughout the home to look at if people had not attended. Items discussed included laundry, meals and menus, activities, care, Christmas, staff and trips/outings.

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Minutes we viewed demonstrated these were better attended. Staff we spoke with stated they were able to voice their opinions about the service. We found that at staff meetings staff discussions included expectations from staff roles, staff handovers, cleanliness, privacy and dignity, keyworkers, laundry and safeguarding.

We checked the audits undertaken to ensure a quality service was provided and any risks to people and the environment identified, assessed and managed. These included, nurse call bells, carpets, legionella, servicing of equipment, cleaning and fire safety. However, we identified the system in place to monitor the temperature of hot water and radiators had not fully considered Health and Safety Executive guidance for health and safety in care homes for hot water and surfaces. During the inspection the monitoring of water temperatures was reviewed and amended to make them more robust and the monitoring of the radiator temperatures implemented. This identified water temperatures were higher than the recommended temperature and a tradesperson was attending to rectify this.

Likewise the system to address fire safety in regard to fire drills carried out by staff had not identified that night care staff had been part of these. Again a system to address this was implemented during the inspection.

The registered provider had implemented an operational report system, as a system to audit the service. One report had been completed in August 2015. The audit included the customer journey, medication, staff files and infection control. The results concluded that improvements were needed in all areas. Recommendations identified action plans were to be implemented and signed off when completed. We found that some of the actions had been completed and improved people's experience (customer journey), for example, infection control and the dining experience. However, there was no record of any further audit by the registered provider, to measure the improvements and that the service met regulations. Our

Requires improvement

Is the service well-led?

findings during the inspection were that improvements were still needed with medicines, records, recruitment, monitoring hot water and surfaces, fire drills and accident/ incident monitoring.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were insufficient to ensure compliance in assessing, monitoring and mitigating risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity and Maintaining a complete and contemporaneous record in respect of each service user and of decisions taken in relation to the care and treatment provided.

The enforcement action we took:
Warning Notice