Crawshaw Hall Healthcare Limited

Crawshaw Hall Medical Centre and Nursing Home

Inspection report

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Date of inspection visit:
09 January 2017

Date of publication:
14 February 2017

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?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection took place on 9 January 2017 and was unannounced.

Crawshaw Hall medical centre and nursing home is registered to provide care for up to 50 people. The home is registered with the Commission to provide nursing or personal care for older people as well as treatment of disease disorder and injury, for people living with a dementia, mental health, older people, people with a physical disability, and younger adults. The home is divided into two separate units; one is described as the dementia unit and the other as the medical unit. At the time of our inspection there were 42 people in receipt of care. All but two of the bedrooms were of single occupancy and all had access to either washing facilities or an ensuite room. There was a large garden with seating available for people to use; weather permitting.

The registration requirements for the home required a registered manager in post. The service had a registered manager in post on the day of our inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 15 and 17 August 2016, we identified 10 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance, records, person centred care, dignity and respect, nutrition, fit and proper persons employed, staffing, infection control, medicines, premises and equipment. We also identified one breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 in relation to failure to submit statutory notifications to the Commission. We asked the provider to take action to make improvements and to send us an action plan. The provider complied with our request. During this inspection we found significant improvements had been made.

During this inspection we identified a breach in relation to the safe management of medicines.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Whilst improvements had been made in the safe administration and handling of medicines since our last inspection, we saw some further improvements were required.

Policies and procedures in relation to the safe handling of medicines had been updated since our last inspection. However there was no guidance in place to support staff on monitoring ambient room temperatures where medicines were stored.

People and relatives told us they felt safe in the home. Staff had access to updated policies and procedures to guide staff on the process for reporting any allegations of abuse.

Staff recruitment processes were in place and people were cared for by appropriately trained staff. The provider had recently purchased training from a new company and a planned programme of training was in place. Since our last inspection we saw regular supervisions and appraisals had taken place.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. There were completed application forms in place where it had been identified that people lacked capacity. The registered manager told us they were waiting for authorisation from the relevant authority.

People were treated with dignity and respect. Staff were observed speaking quietly to people when they discussed their care needs. People who used the service and relatives told us they had been involved in the development of their care planning.

People who used the service and their relatives told us that staff were caring and positive relationships had been established.

Since our last inspection the provider had introduced new documentation in all peoples care files. Care files were detailed and individualised and had been updated regularly. This would ensure they reflected people's needs.

We saw positive feedback had been received about the home. There were policies and procedures in place to guide staff on the process for dealing with complaints.

We received positive feedback about the management in the home. Since our last inspection the registered manager had improved their systems for monitoring the quality of the service delivered.

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

The service was not always safe.

Whilst improvements in the management of medicines had been made we saw further improvements were required in the safe administration of medicine.

Staff were recruited safely. Records confirmed appropriate procedures had been followed to ensure staff were appropriate for their role.

Policies and procedures were in place to ensure staff protected people who used the service from the risks of abuse.

Is the service effective?

Good

The service was effective.

Staff received appropriate training to enable them to carry out their role.

There was evidence of the Mental Capacity assessments in place however these were brief and lacked detail. The provider confirmed they would ensure all people who required capacity assessment would be completed with new documentation.

The meal time experience for people had improved since our last inspection. Staff were seen engaging with people and they told us they enjoyed the meals on offer.

Is the service caring?

Good

The service was caring.

People and relative told us they were happy with the care in the home. Care files confirmed people had been involved in the development of their care files.

We observed people were treated with kindness and spoken to with dignity and respect.

Is the service responsive?

Good

The service was responsive.

The registered manager told us new documentation had been introduced for all peoples care files.

Activities for people who used the service had improved since our last inspection. Records contained more detail relating to the activities undertaken and by whom.

There was a complaints policy in place and this was on display in a number of public areas of the home.

Is the service well-led?

Good

The service was well led.

We received positive feedback about the registered manager and the senior management in the home.

Improvements to the quality monitoring systems had been introduced since our last inspection.

Statutory notifications were submitted to the Commission in a timely manner.

Crawshaw Hall Medical Centre and Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 January 2017 and was unannounced. The inspection was carried out by two adult social care inspectors, a specialist pharmacist advisor, a specialist professional advisor (SPA) in the care of people living with a dementia and two experts 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.

Prior to our inspection we checked the information we held about the service. This included information we had received about any concerns or compliments and any notifications we had received from the provider.

During the inspection we carried out a number of different methods to identify the experiences of people who used the service. We spent time observing the care and support that was being delivered in the public areas of the home on both of the units. We also saw how staff interacted and responded to people's individual needs. We looked around the premises.

We spoke with five people who used the service and five visitors about the experience of the care people received. We spoke with one professional who was visiting at the time of our inspection, ten care staff, two nurses, the registered manager, and one of the directors.

We looked at the care records for six people who used the service. We also checked five staff files and a number of records relating to the management of the home. This included audits, incidents reports, supervision records and duty rotas.

Requires Improvement

Is the service safe?

Our findings

People who used the service and visitors we spoke with told us they felt safe in the home. One relative said, "She is safe, she comes to the door to wave us off. She is happy to be here. She would be able to communicate to us if people were being unkind to her." Another told us, "[my relative] has been in here five years, I come every day, and I have never seen anything to worry about. I have never heard a raised voice from the staff" and, "I come every day and my dad comes in the afternoons. If we had witnessed any kind of bullying she would not be here." One person who used the service told us, "They look after me very well, I am free, not an inmate."

At the last inspection we identified that the provider had failed to ensure a safe system for the administration of medicines. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made. However we saw further improvements were required to ensure people were safe.

We saw that there was no procedure for recording ambient room temperature where medicines were stored. The minimum and maximum temperature range in areas where medicines are stored must be recorded to provide assurance that medicines are not stored above 25 degrees centigrade according to the manufacturer's recommendations. We also saw on one of the units that staff were not recording the maximum and minimum fridge temperatures where medicines were stored. We discussed this with the registered manager who immediately ensured records included the recording of maximum and minimum room and fridge temperatures and gave assurance that the policy would be updated to ensure room temperatures where medicines were stored was recorded.

Whilst staff had recorded some dates of opening for liquid medicines, not all bottles had the date of opening on them on one of the units. By recording the date of opening this would ensure that medicines were not used for longer than the manufactures recommended time period after opening. We discussed this with the provider who gave assurances that all liquid medicines would be dated when opened to ensure people received medicines that were within the time period recommended.

We reviewed a sample of Medication Administration Records (MAR's) charts. Records confirmed MAR forms were comprehensively and correctly completed. Protocols were in place to ensure that the site of administration of analgesic skin patches and topical creams were recorded and included the use of body maps where required. One of the MAR charts indicated that one person required their medicine to be administered covertly. Whilst records confirmed the General Practitioner had been involved in this decision, there was no evidence that a multidisciplinary team meeting had taken place to ensure the administration of covert medicines was in the person best interests. We discussed this with the registered manager who gave assurance that the relevant people would be consulted about the use of covert medicines.

Whilst some changes had been made to the medication systems in the home there were still areas where further improvements were needed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection, we observed medicines being offered to people safely. Staff were seen waiting with people who used the service during their administration and records were signed immediately after their administration. Medication trolleys were secured safely when not in use and locked during each person's administration. Appropriate processes were in place to ensure medicines were ordered, administered, received, stored and disposed of safely. A sample of the controlled drugs in the home confirmed stock levels were accurate and reflected the numbers recorded in the controlled drugs book. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.

We also noted people were given time to take their medicines without being rushed. The registered manager and records confirmed nursing staff who administered medicine had completed safe handling of medicines training as well as competency tests to ensure they were proficient at this task.

Since our last inspection the provider had updated their policies and procedure to guide staff in the safe administration of medicines. Senior managers confirmed that these policies would be reviewed annually to ensure they reflected current guidance and legislation.

Staff we spoke with were able to discuss what actions they would take if they suspected people were at risk of abuse. One staff member said, "I know that I can report concerns and I can speak to CQC if I was ever worried." Staff also told us that they were happy working at the care home and had never seen anything that was a concern. This confirmed people's safety was considered and staff would act on any concerns if required. Staff told us and records confirmed training on the protection of vulnerable adults had been completed by staff and there was an ongoing training schedule in place to ensure staff received regular training to maintain their knowledge and skills to protect people who used the service from the risks of abuse. Since our last inspection the provider had updated the policy and procedure for safeguarding and the protection of vulnerable adults. This included guidance for staff to follow and reflected the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us any concerns relating to allegations of abuse were recorded in peoples individual records once completed. They said one current investigation was ongoing and once completed would be filed into the relevant care file. We looked at this record and saw the concerns had been reported to the relevant authorities for them to investigate.

At the last inspection we identified that the provider had failed to maintain the premises and equipment that were suitable for the purpose for which they were being used. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

As part of this inspection we undertook a tour of the home. We checked a number of people's bedrooms as well as the communal areas of the home and a number of bathrooms. All areas we looked at were clean, tidy and free from clutter. However one corridor which was the disabled access to the home and link corridor to each unit was being used as a smoking area by some people who used the service. Dirty ashtrays were evident and there was a strong smell of smoke. We spoke with senior management about this who told us about future plans to provide alternative facilities for people who smoked.

People who used the service had access to either washing facilities or ensuite bathrooms in their bedrooms. Following our last inspection the provider had replaced people's pillows in their bedrooms. We saw evidence people had personalised their rooms with personal items and mementoes where it was appropriate. This meant people had a private space that was comfortable and familiar to them.

We saw refurbishments were ongoing in the home. Senior management told us and records confirmed any work required in the home was completed by either maintenance staff or external contractors. During the inspection we saw a bathroom sink was repaired and a contractor was booked to repair a tap in one person's bedroom. During our observation we saw equipment that required replacing for example a sling for a hoist had material that was loose. We brought this to the attention of the registered manager who confirmed the sling was safe to use but told us a new one had been ordered as a replacement. We also saw a sensor mat in one person's bedroom which could potentially pose a trip hazard to the person. We spoke with the registered manager about this who removed it immediately and commenced a review of their individual needs to check if the mat was still required.

The registered manager told us regular checks on the environment had been completed. We were shown a file that contained evidence of these checks. These included electrical safety, emergency lighting and portable appliance testing. We also saw that regular safety checks had been completed which included fire alarms and records of completed fire drills. All people who used the service had Personal Emergency Evacuation Plans (PEEPS). This would ensure that in the event of an emergency, arrangements were in place to respond if any arose.

Since our last inspection records maintained confirmed regular audits had been completed. Senior management told us all staff were reminded of the importance of ensuring audits took place regularly to protect people against the risk of an unsafe environment. Areas covered in the audits included; lounges, access to the home, sliding doors, water temperature checks, window restrictors and access for disabled people.

At the last inspection we identified that the provider failed to protect and control the risk of the spread of infection. We told the provider they must take action to improve the service. At this inspection we found there had been improvements made.

People we spoke with raised no concerns about the cleanliness of the home and feedback in satisfaction surveys confirmed people felt the home was, "Clean and tidy".

We undertook a tour of the building. Since our last inspection the provider had installed shelving to store continence equipment in all of the sluice rooms. Sluice rooms contained guidance on how to safely operate the continence cleaning equipment. We also saw staff had access to hand washing materials in all areas. This would ensure people who used the service were protected from the risks of infection.

We spoke with the staff member responsible for household cleaning duties in the home. They discussed the cleaning programme in place to maintain cleanliness in the home. Records we looked at confirmed a regular cleaning programme was in place. We observed appropriate cleaning was taking place in people's bedrooms and public areas of the home. Where odours were present, further cleaning took place to ensure bedrooms were clean and odour free. During the day we observed cleaning materials were stored securely and when in use the trolley was monitored by the relevant staff. This would protect people from the risk of misuse of the products. However on one of the units we observed one staff member cleaning the dining tables whilst two people were still eating their meal. We spoke with the registered manager about this who gave assurance that staff would be reminded of the importance of undertaking cleaning tasks at an appropriate time.

Staff were seen wearing appropriate personal protective equipment during care tasks, medication administration and supporting people during meal times. We saw these were changed by staff on completion of each activity. However during one of the medication rounds we observed one staff member

did not wash their hands in between each administration. We spoke with the registered manager and senior manager about this who gave assurances that staff would be provided with appropriate hand washing equipment and reminded of the importance of regular hand washing.

At the last inspection we identified that the provider failed to ensure staff were safely recruited and processes were not operated effectively. We told the provider they must take action to improve the service. At this inspection we found there had been improvements made.

The staff files we looked at confirmed staff had been recruited safely to the home. Records included essential pre-employment check that had been completed. For example Disclosure and Barring Service (DBS) and proof of identity. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was also evidence of completed application forms along with suitable references in place from previous employers. This meant staff were only employed after all the required recruitment checks had been completed.

At our last inspection we saw that there was no evidence of regular annual checks for qualified nurses taking place to ensure their professional registration was in place and up to date to ensure safe delivery of care. As part of this inspection we saw that the provider had undertaken the necessary checks to ensure professional's registrations were current and in place for the nursing staff.

At the last inspection we identified that the provider failed to ensure staff employed by the service were receiving appropriate supervision to enable them to carry on their duties. Systems and processes to ensure sufficient numbers of suitably qualified staff were ineffective. We told the provider they must take action to improve the service. At this inspection we found there had been improvements made.

Most people who used the service and staff told us they felt there was enough staff on duty to meet people's individual needs. One relative said, "On the whole there is enough staff to care for [my relative's] needs. It gets a bit hectic at mealtimes. [my relative] has to be fed her food and sometimes I feel it is a bit rushed." However another relative told us, "There is no staff in this room now while I am talking to you, this happens a lot." Staff raised no concerns about the staffing levels in the home. One staff member told us, "The owner works regularly on shifts."

We looked at the duty rotas for both units in the home. Records confirmed appropriate numbers of suitably qualified staff were available to meet people's individual needs. Where shifts required cover, changes on the rotas were seen to ensure people received consistent and co-ordinated care.

During our observations we saw staff responded to buzzers in a timely manner. Delivery of care to people was unrushed and provided according to people's individual needs. However we saw one of the lounges which we would of expected staff to be in constant attendance was left unsupervised for short periods during our inspection. We discussed this with the provider who gave assurance they would ensure communal areas of the home were supervised when people were in these areas.

Risk assessments were in place to ensure risks were managed safely. These included environmental risks as well as people's individual risks. Care files confirmed specific risks had been identified and contained measures to protect people from unnecessary risk. These included; wheelchairs, bedrails, leaving the premises and falls. Evidence of regular reviews of risk assessments were seen. This would ensure staff had access to up to date and relevant information about people needs.

Good

Is the service effective?

Our findings

We asked people who used the service and visitors to the home about the skills of the staff. We received positive feedback. One person told us, "People (carers) are nice." Another said, "The people (staff) are nice I like them all [name] is my favourite. The girls (staff) look after me very well."

At the last inspection we identified that the provider failed to ensure staff had the competence and skills necessary for their work. We told the provider they must take action to improve the service. At this inspection we found there had been improvements made.

Staff we spoke with told us the training had improved since out last inspection. One staff member said, "I did a week of training downstairs in the basement when I first started and we receive updates" Another told us, "We have to do all our mandatory training such as fire safety, safeguarding, moving and handling, infection control and dementia. We also get emails with updates we have to do." Staff training is required to ensure that staff have the skills they needed and are competent to carry out their roles and responsibilities effectively and safely. A visiting professional told us, "It is a good staff team, they know what they are doing." We saw evidence in staff records of actions taken as a result of investigations into concerns around staff competence.

The registered manager told us they had recently introduced a new training provider to deliver the staff training in the home. We looked at the training provided and saw staff were offered a range of training to ensure they were skilled in the care of people who used the service. Topics included first aid, food hygiene, infection control, moving and handling and fire safety. There was evidence to confirm staff had completed mandatory training and this included emergency first aid, symptom control and health and safety. There was also evidence of specialist training to provide staff with extended skills to support people's individual needs. These included male catheterisation and gastric tube management. Senior management told us that as part of the induction process all staff completed a recognised induction training programme.

Since our last inspection staff had received supervision. The registered manager provided a copy of a supervision and appraisal matrix that confirmed a planned programme of supervision was in place for all staff. Supervision sessions give staff the opportunity to raise any concerns they have, share ideas to improve the service and appraise the staff members competence. Staff told us that regular supervision was taking place in the home. Records indicated relevant topics were discussed along with actions for going forward as a result of the supervision.

At the last inspection we identified that people were not offered the required support for them to eat and drink. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

We asked people who used the service about the meals provided in the home. Most people and visitors to the home provided positive feedback. One person told us, "The food is good." A relative said that the food offered was plentiful and alternatives would be offered if the choice on offer was not to their liking. However

one relative told us, "Most of the residents (People who used the service) need help with eating their food. Residents get left and food is taken away from them because it had gone cold. [Name] can only manage finger food so if she is offered lasagne she just picks it up with her fingers. They [staff] should know her likes and needs." We discussed this with the manager who confirmed they would undertake a review of the dining experience for all people who used the service.

We saw that the main meal of the day was served at tea time and a light meal was offered at lunch time. Menu choices for the day were only on display in one of the units. This meant some people did not have any visual prompts of what meals were available for them. Staff were unable to confirm what meals were available to people and told us, "The kitchen had the list of meals for people."

As part of this inspection we undertook observations of the lunchtime experience in both dining areas of the home and noted improvements had been made. Whilst both areas were clean and tidy, condiments, crockery and napkins however were not available for people to use if they wished. We found the atmosphere in both dining areas appeared relaxed and the engagement between people who used the service and staff had improved since our last visit. There was evidence of some basic communications and interactions with people, however, we discussed with the registered manager how positive meaningful interactions would improve people's lunchtime experience.

The registered manager and staff confirmed that meals were now offered to people on one of the units over, "Two sittings." This helped to ensure people received the appropriate support they required. People were seen to be enjoying their meals and if requested, extra portions and variations to the menu was provided. However we noted staff appeared disorganised in one of the dining rooms which meant the service people received was disjointed. People were left for long periods sat at tables waiting to be served their meals. We observed staff offering positive support to people requiring assistance to eat their meals, however we saw a staff member adopting an unusual method of feeding one person who required support to eat their meal. We discussed this with the registered manager who confirmed they would investigate immediately and ensure this approached ceased.

Records were looked at that confirmed reviews by relevant health professionals had taken place. These included the dietician, speech and language therapist and the community mental health team. Guidance on people's individual needs was recorded in peoples care plans and regularly reviewed. This helped ensure staff had access to up to date information on how to support people's individual needs effectively. Charts used by staff to monitor people's health and wellbeing such as food and fluid charts, positional changes and monthly weights were being completed. This meant changes in people's health could be monitored and help and advice sought when any deterioration was observed. We noted however, where appropriate food charts had been completed, the information contained in them was basic and did not adequately record in detail the amount of actual food people had consumed.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home had policies and procedures in place to help guide staff in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards and staff confirmed they had undertaking DoLS training. The registered manager told us the provider had a planned programme of training in place to ensure all staff had the knowledge and skills to meet people's individual needs and a training matrix we viewed confirmed this. Staff we spoke with demonstrated an understanding of best interests and how to protect people from unlawful restrictions.

Whilst records were available to demonstrate capacity assessments had been completed where concerns around peoples capacity was identified, these were noted to be brief in their detail. The provider had updated their MCA policy which included a more detailed form for capacity assessments but these had not been used. The registered manager provided assurances that these would be completed for all people who required them. Records confirmed mental capacity assessments had been completed by independent best interest assessors, acting in response to Deprivation of Liberty Safeguard applications. These demonstrated the support required to provide care and treatment in service user's best interests. There was evidence of completed DoLS applications in place. The registered manager confirmed all were waiting for approval from the assessing authority. This showed care and support was being provided in line with the principles of the MCA.

People who used the service confirmed they were consulted about the care they received. One person said, "They [staff] don't interfere with what I want to do." Relatives we spoke with told us that they were always listened to and requests were acted upon. During or inspection we observed staff seeking peoples agreement before any care or activity took place. Where people declined support this was respected. Staff told us, "People can choose."

Where people were able to, they had signed and agreed to the care that was being provided. There was also evidence of relatives signing on behalf of people where they were unable to sign. People choices had been discussed as part of the development of their care plan. These included peoples individual needs and wishes such as; personal care, where people like to sit and diet and fluids.
Relatives told us the home was proactive in ensuring people received reviews from health professionals when it was required. One person said, "We get rung up if anything is amiss. If [name] is unwell they get the doctor straight away."

People's records confirmed their health care needs had been met with a variety of support from appropriate professionals. These included the General Practitioner, community mental health team, integrated therapy team and district nurse. Records provided evidence recommendations and advice from professionals to ensure people received appropriate and timely care were maintained. People could be assured that their health needs would be safely met.

Good

Is the service caring?

Our findings

People who used the service and visitors told us staff treated them with dignity and respect. A relative of one person was complimentary about how staff were kind and respectful at all times. They said, "If you are going to look for a care home to put a loved relative in; this is the place."

At the last inspection the provider failed to ensure people who used the service were treated with dignity and respect. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

Staff were heard addressing people by their preferred name and speaking quietly to people on matters of their personal needs and personal appearance. Staff were observed knocking on people's bedroom door and waiting to be invited in before they entered their rooms. Where personal care was undertaken, doors were closed to ensure people's privacy was maintained and they received care with dignity and respect.

It was clear people knew the staff on duty and there were positive and respectful relationships between them. We saw staff responded swiftly to people's needs ensuring their dignity and privacy was maintained at all times. Where one person requested a blanket staff responded immediately to provide this. However we observed one person's position required attention in one of the lounges to ensure they were sat safely and comfortably to maintain their dignity. We brought this to the attention of the staff member in charge of the unit who attended to this person immediately.

The registered manager and senior management told us since our last inspection all staff had completed dignity in care training. This involved the completion of a work book that confirmed the staff understanding to ensure they had the required knowledge to maintain people's dignity. The registered manager told us they would undertake a review of all staffs knowledge in relation to dignity in care.

People who used the service and relatives provided positive feedback about the care people received in the home. Comments received included, "The people (staff) are nice I like them all [name] is my favourite. The girls (staff) look after me very well", "The staff are brilliant, you couldn't ask for more. I have no problems at all. They care and that's the difference." Visitors we spoke with told us that they could visit their relatives whenever and where ever they wished and they were always made to feel welcome. They also told us that their relatives always looked well turned out. A relative told us, "All the staff are very caring. They know their residents (people who used the service) and watch out for what they need. They are very calm." Another said, "Staff are nice in general. Some are better than others They do their best I suppose it's a very difficult job" and, "All the staff are very caring. They know their residents (People who used the service) and watch out for what they need. They are very calm."

During our inspection we observed positive care and interactions between staff and people who used the service that were kind, patient and sensitive. Staff were seen offering appropriate care and support in a timely manner to people when it was required. However we saw staff failed to respond to one person who was shouting and another person had been waiting for some time for their hearing aid to be fixed. Staff we

spoke with understood the importance of ensuring people received effective, individualised and timely care. One staff member said, "We see all the people like extended family. We all try our best and treat people as we would want our family treated."

People we spoke with told us and we observed staff discussing peoples care with them before undertaking any actions. This would ensure people understood and agreed to the care that was delivered. People who used the service told us they had been involved in planning their care needs. However one relative said that some of the staff did not know their relatives individual needs.

During our inspection we observed people were supported to get out of bed at the time of their choosing.

Evidence in the care plans confirmed people who used the service or relatives had been involved in the development of peoples care plans. Records included people's likes, dislikes and individual needs. There was also evidence of life histories being completed in care support plans. This would ensure the delivery of care was provided according to people's individual needs and wishes. The registered manager told us there was a key worker system in place for all people who used the service. This would ensure all people who used the service had access to a named member of staff who took responsibility for ensuring peoples records reflected their individual needs and support required.

Care files and staff discussed people's religious needs and wishes were respected along with ensuring peoples equality and diversity needs were recorded and met. One person who used the service we spoke with confirmed the home responded to and respected their individual needs in relation to equality and diversity. This would ensure staff had access to information about their choices and preferences.

At the time of our inspection we were told no one was receiving end of life care. Care files we looked at provided evidence that discussions had taken place between staff and people who used the service about their choices and wishes as they neared the end of their life. Where relevant, 'Do Not Attempt Resuscitation orders', (DNAR) forms were in place. These demonstrated the involvement of people who used the service or a relative and had been signed by relevant health professionals.

During our inspection we spoke with the relative of one person who used the service. We received high praised relating to the end of life experience of the person and their family. They told us. "His end of life experience was made as peaceful as possible by the care and attention of the manager and the care staff. We were allowed to keep him at the home and not to go into hospital which was his wish. They [staff] were aware of his temperament and challenging behaviour and always made sure he had someone with him. They (The staff) always fulfilled his and our needs."

Good

Is the service responsive?

Our findings

People who used the service and relatives we spoke with told us that they had been involved in the development and planning of their care files and the home kept them informed about their care needs. A relative told us, "When [my relative] has care reviews they always get us involved."

At the last inspection the provider failed to ensure assessments and care plans were accurate and reflected their current and individual needs. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

Staff we spoke with confirmed the importance of ensuring peoples care plans reflected their individual needs. They told us, "The care plans are good; they let us know when things have changed."

Since our last inspection we saw the provider had introduced new documentation into all peoples care files. Records were developed on a computer system and then printed and stored in care records. The care plans reviewed showed good evidence of a range of care needs being assessed following admission and appropriate risk assessments being completed. For example, bed rail risk assessments, falls risk assessments and nutritional risk assessments. Care plans showed evidence of individual service user needs, for example, providing examples of distraction techniques and interventions likely to be effective for a service user with a history of agitation and verbal aggression.

Care files included relevant information to support people's needs. These included previous hobbies, routines, likes and dislikes. There was evidence of records being maintained that reflected any reviews undertaken by professionals and external agencies. These included General Practitioner, occupational therapist, speech and language therapist, district nurse and community mental health team.

We saw completed daily records to demonstrate what care and monitoring was provided to people individually. These included; daily records, weights, behaviour charts, food and fluid charts, continence checks, creams applications, daily care and moving and positional changes. This provided information about changing needs and any recurring difficulties.

The registered manager told us and records confirmed that all people who used the service had a key worker. The role of the key worker is to provide continuity of care for people.

At the last inspection the provider failed to ensure people received care that met their needs and reflected their preferences. We told the provider they must take action to protect people who used the service. At this inspection we found improvements had been made.

We asked people who used the service about the activities on offer in the home we received a mixed response. One person told us they enjoyed using a, "Remote controlled car", however another said they were, "Bored and a bit lonely." Others told us they did not like sitting in the lounge due the television being on all the time. One said they liked, "Films and documentaries, not rubbish like this. The noise gets into my

hearing aid so I can't hear what people are saying." Another said the television was a, "Nuisance, it should be turned off." All the relatives we spoke with thought that the manager could provide more stimulation and activities for people.

The staff were asked about structured activities for people. One staff member answered "In some care homes the activities are much better than what we provide. We should do more. I have suggested it in meetings." However other staff told us, "There is always a mix of activities. There is mixture of activities, today is a pamper day." Senior management told us they had recruited an activities co-ordinator who would be able to provide individualised activities for people in the home.

We saw basic activities on display in one of the units however we noted this was hard to read. Activities included both group and individualised activities for those who were unable to access the lounge area. There was a notice board in one of the hallways which contained pictures of activities taking place. These included for example; handmade Christmas cards.

During our inspection we saw little evidence of activities taking place. However on one of the units we observed an informal and relaxed atmosphere. Staff were seen dancing with people and playing a tambourine. There was also a home computer where people who used the service had access to the internet and video calling if they wanted to speak with family or friends.

The registered manager and senior management told us they had introduced a new system to record and monitor the activities taking place in the home since our last inspection. We checked these records and saw the provider had developed guidance to support staff in completing records to ensure future events could be tailored around people's individual likes and choices. Documentation contained details relating to the activities offered along with people's involvement. Activities included; music, hand massage, reading, and shopping trips.

People were actively encouraged to take part in the wider community. We saw that relatives were always made welcome when they visited the home. Staff were seen engaging positively with visitors to the home and it was clear they had built up meaningful relationships with them. People's care plans detailed important people in their lives as well as things that were important to them. One record stated they, 'Liked to watch people and be included.' Care plans confirmed the involvement of families in their development.

We saw positive feedback received by the home. Comments included; "I think the nurses and staff genuinely care and nothing is any trouble to them when it comes to the people they care for", "The staff seem to genuinely care about the residents" and, "Nothing is too much trouble they will always keep the family informed." A number of thank you cards were on display in the public areas of the home.

There were clear policies and procedures for dealing with complaints. There was a complaints policy on display in the home. This would ensure staff; visitors and people who used the service had access to the process of how to raise any concerns if any arose.

Good

Is the service well-led?

Our findings

During our inspection senior management and the registered manager were visible in all areas of the home. We received positive feedback from people who used the service and relatives about the registered manager. All said he was approachable and could go to him with any concerns. Staff also provided positive feedback about the management of the home. Comments included, "Staff do speak to him. I would raise things with him if I needed too." Another told us, "All of the management are really supportive. If I have had a down day they help me back up. I get lots of support from the manager. They are brilliant [registered manager] and [nurse] as well as [names of directors] they do a lot for us" and, "The manager is very supportive, he is very good."

At the last inspection the provider failed to ensure people were protected from the risks of ineffective quality monitoring and leadership. We told the provider that they must take action to protect people who used the service. At this inspection we found improvements had been made.

People and their relatives told us they were satisfied with the service provided at the home and the way it was managed. The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service and was visible and active within the home. People were relaxed in the company of the registered manager and it was clear he had built a good rapport with them. The registered manager had been in post since March 2013.

The registered manager told us and the records we looked at confirmed information about the home and services offered had been updated. We saw a new hand book detailing the homes terms and conditions, statement of purpose and a service user guide had been developed. Information to guide people about the service available was recorded and included; how to complain, the philosophy of care, health and social care, resident rights, staff skills, facilities and service available and advocacy services. This would ensure people who used the service and relatives had the knowledge of what was on offer and what to expect.

Since our last inspection the registered manager had improved how they monitored the quality of the service. This would ensure people received a quality service. The Commission regularly received updates to the actions taken by the home to ensure the concerns at the last inspection had been addressed. Senior management told us and records confirmed audits on the quality of the service provided had been undertaken regularly and recently. We looked at completed records and saw audits on medicines storage and administration, care files, environment and wheelchairs.

There was detailed evidence of the findings from the audits; this would ensure any identified needs were acted upon in a timely manner. The registered manager gave us assurance that the number of shortfalls we found in how medicines were stored and managed would be addressed immediately. The registered manager had a separate file which identified daily audits had been completed on people's risks and the level of supervision people required to keep them safe.

Since our last inspection the management had updated all of the policies and procedures in the home. All

policies had been linked to relevant guidance and regulation. We checked what polices were available to staff. These included; maintenance, infection control, personal evacuation plans, first aid, person centred care planning and confidentiality. These were available for staff reference to ensure staff had the relevant knowledge to support the safe delivery of care to people who used the service.

Certificates were on display in public areas which demonstrated the quality of care provided in the home. These included investors in people silver award, Care Quality Commission certificate of registration and the ratings provided at our last inspection.

We looked at how incidents and accidents were managed by the home. Policies and procedures were in place to guide staff in the event of an incident or accident in the home. We saw this had recently been updated to ensure it reflected current guidance for staff to follow. Copies of incidents and accidents were recorded and once completed stored into people's individual files.

The provider regularly invited relatives to meetings to discuss their views of the service. Minutes from meetings were recorded to provide evidence of topics discussed. These included the names of attendees as well as the topics that had been discussed such as Christmas party and activities for people. There were also copies of completed satisfaction surveys that had been undertaken recently. We saw positive results had been returned relating to the care people received in the home. For instance one comment was, "Friendly staff, very clean ad tidy." There was evaluation and analysis of the results; this would ensure any recommendations to improve the service could be actioned and monitored.

Staff told us and records confirmed regular team meetings were taking place in the home. These provided staff with any updates on topics as well as any relevant changes they needed to be aware of. The registered manager told us minutes from team meetings were kept to ensure staff who had not attended meetings had access to the information discussed. Records included dates of the meetings and attendees to them. Topics discussed were relevant and included for example activities, training and verbal communication.

At the last inspection the provider had not notified the Commission of authorisations in respect of Deprivation of Liberty. We told the provider they must take action to protect people who used the service. At this inspection we found there had been improvements made. Since our last inspection there had been no Deprivation of Liberty authorisations from the assessing authority for people who used the service.

Arrangements were in place to ensure the required statutory notifications would be submitted appropriately and in a timely manner to the Commission by the registered manager. This would ensure the home fulfilled its statutory duty to report as required to the Commission.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)