

Long Meadow (Ripon) Limited

Long Meadow Care Home

Inspection report

60 Harrogate Road
Ripon
North Yorkshire
HG4 1SZ

Tel: 01765607210

Website: www.longmeadownursing.co.uk

Date of inspection visit:

11 October 2016

19 October 2016

Date of publication:

05 January 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Long Meadow Care Home on 11 and 19 October 2016. The inspection was unannounced on the first day and we told the registered provider we would be visiting on the second day.

Long Meadow Care Home is a large property which consists of a Victorian main building with modern extensions. People have access to extensive gardens. The service has facilities to provide personal care for up to 47 older people, some of whom are living with dementia. The service is close to all local amenities.

At the last inspection on 8 April 2016 we found the provider had breached 10 regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe delivery of care and treatment, person centred care, nutrition, dignity and respect, consent, safeguarding, staffing, recruitment, dealing with complaints and overall oversight of the home. There was also a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Requirement to notify.

We issued a section 31 Notice of Decision to prevent nursing care being delivered at the home which came into force on 3 May 2016. All of the people who required nursing care were subsequently moved to alternative care homes.

We also imposed a condition on the registered provider's registration to prevent people moving into the service. As a result 12 people were living in the service who required personal care only.

This service had been rated inadequate overall and had been placed 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 provider demonstrated to us that improvements had been made and the service is no longer rated inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The home did not have a registered manager in place. A new manager had been recently recruited and had commenced the process to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the systems in place to monitor and improve the quality of the service provided were still not robust enough to fully highlight safety and quality issues. We recommended that the registered provider develop systems to monitor quality and safety effectively. The registered provider and manager had already started to develop new checks and audits.

Hazards in the environment were not always acted upon by the manager and/or staff; for example we saw a hot food trolley stored in the main hallway which placed people at risk. The manager told us they would ensure staff were more aware of hazards. Appropriate checks of the building and maintenance systems were undertaken to ensure people's health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. A new format was to be introduced to ensure all risk assessments clearly instructed staff on how to keep people safe.

We saw people's care plans were person centred and written in a way that described their care, and support needs. These were regularly reviewed. They were not easy to navigate and changes were not always updated in all areas of the care plan. The manager told us of their plan to improve the system. We saw evidence to demonstrate people were involved in all aspects of their care plans.

We saw staff had started to receive supervision and appraisal to ensure they were supported. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

There were systems and processes in place to protect people from the risk of harm. Staff and the manager were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

People told us there were enough staff on duty to meet their needs and we observed this during our visit. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before members of staff began work.

Care workers understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions. Where people had capacity, records did not always fully reflect their choices, consents and decisions.

Appropriate systems were in place for the management of medicines and we saw people received their medicines safely.

There were positive interactions between people who used the service and members of staff. We saw all staff treated people with dignity and respect. Observation of staff showed they knew people very well and anticipated their needs. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

People's independence was encouraged. We saw there were a variety of activities available which people had chosen. People told us they enjoyed all activities on offer.

The registered provider had a system in place for responding to people's concerns and complaints. People told us they knew how to raise concerns and the manager was aware of how to manage complaints appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Risk assessments were not always robust. The manager had started to implement new systems to improve this area. There were arrangements in place to ensure people received medication in a safe way.

Staff could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

There were enough staff to meet people's needs. Records showed recruitment checks ensured suitable staff were recruited to work with people who lived at the service.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received appropriate training. Supervision and appraisal for staff had restarted. The manager had put a system in place to ensure staff received regular and effective support.

The service ensured they delivered support people had consented to and they documented decisions made in people's best interests where this was required. The manager was working to make improvements in records in this area.

People were supported to maintain good health and nutrition and had access to healthcare professionals and services.

Good ●

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care was individualised to meet people's needs.

Good ●

Is the service responsive?

The service was not always responsive.

People who used the service and relatives were involved in decisions about their care.

Care plans were not always easy to navigate. The manager was working to make improvements.

People had opportunities to take part in activities of their choice which they told us they enjoyed.

People told us if they were unhappy they would tell the manager and staff.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

As yet there was no registered manager at the service.

Quality assurance systems in place to ensure the quality of care were not robust enough to prevent future issues with safety and quality. The registered provider had started to make improvements in this area.

The manager understood the responsibilities of their role. Staff we spoke with told us the manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Requires Improvement ●

Long Meadow Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected the service on 11 and 19 October 2016. This was an unannounced inspection. We told the registered provider we would be visiting on day two. The inspection team consisted of two adult social care inspectors on both days.

Before the inspection we reviewed all of the information we held about the service. This included information we had received from statutory notifications since the last inspection. We also sought feedback from the commissioners of the service prior to our visit. We used all of this information to plan our inspection.

The registered provider was not asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Provider information returns are not always requested in line with inspections, this is particularly the case if inspections need to be rearranged for operational reasons. We gathered the information we needed during the inspection visit.

At the time of our inspection there were 11 people who used the service. We spoke with six people and their relatives. We spent time in the communal areas and observed how staff interacted with people. Some people showed us their bedrooms.

During the inspection we spoke with the manager, registered provider, three care workers, a senior care worker and three ancillary staff members. We spoke with a professional who visited the service during our inspection.

During the inspection we reviewed a range of records. These included four people's care records, including care planning documentation and medication records. We looked at five staff files, including staff

recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

We did not use the Short Observational Framework for Inspection (SOFI) because people were able to speak with us during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the inspection in April 2016 the registered provider had not ensured medication was stored or administered appropriately. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the system of storage, recording and administration of medicines had improved. The provider had worked with a community pharmacist to improve the management of medicines. We saw regular audits were in place to monitor safe practice and staff had their competency checked before they were authorised to administer medicines. The service had a medication policy in place, which staff understood and followed.

We observed the administration of medicines and saw staff provided people with information about their medicines to enable people to make a choice around which medicines they required. Staff were patient with people and we saw they stayed with people until all medicine had been taken.

We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed. We checked peoples' Medication and Administration Record (MAR). We found these were fully completed, with required entries and signatures. There was information available to staff on what each prescribed medicine was for and the potential side effects.

Care workers we spoke with told us they felt confident using the medicines management system that was in place. One care worker told us "The system has improved and there is enough information to understand it. If there is an error we investigate and call for medical advice if needed." This meant any errors would be quickly resolved and members of staff would be able to seek advice where appropriate to keep people safe.

In April 2016 there was an absence of permanent staff and nursing oversight which meant people's health and welfare had been compromised. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found staffing had improved. Nursing staff were no longer employed as nursing care was no longer provided.

We looked at the arrangements in place to ensure safe staffing levels. We saw the staff rota and the tool used to map the dependency of people who used the service, which was used to ensure staffing levels were safe.

We observed there were enough staff available to respond to people's needs and enable them to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. They said the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency.

The manager told us the staff team was stable and no agency staff were used to cover shifts. A staff member

told us "It (staffing) has changed miles since not using agency, it (the shift) runs smoothly and calmly. At handover we get to discuss people and how they have been overnight or if they have been ill. We work as a team to ensure everyone has their routine met." This meant people had familiar staff to support them and enough staff to meet their needs.

At our inspection in April 2016 the registered provider did not have safe recruitment procedures. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related to the safe recruitment of nursing staff.

We looked at the recruitment of care workers during this inspection and saw recruitment checks were safe. We looked at five staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference where possible and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with vulnerable adults.

There had been no recruitment of staff since our last inspection and therefore there were no recent records to view. The manager was able to describe safe recruitment practices and the registered provider had an appropriate procedure around safe recruitment of staff. The manager told us they would use this in future recruitment.

In April 2016 the registered provider had failed to recognise when situations were of concern and needed to be reported to the local authority. This was when people needed safeguarding from any harm. We also found staff did not know they could raise safeguarding concerns. This was a breach of Regulation 13 (Safeguarding people who used the service from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

No safeguarding concerns had been reported since our last inspection and therefore we could not assess any records relating to this. We did not see evidence of any concerns which had not been reported. We spoke with the manager about safeguarding adults and action they would take if they witnessed or suspected abuse. The manager told us all incidences would be recorded and the service would report appropriately to the local authority and the CQC.

We looked at records of a recent disciplinary investigation which related to an old incidence of safeguarding. We saw this had been robustly investigated and actions to prevent a recurrence had been put in place.

Staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they were able to describe the process to follow. They told us they had been trained to recognise and understand all types of abuse, records we saw confirmed this. A relative told us "I can only praise here [The service] and I know my family member is safe."

In April 2016 the registered provider had not notified the Care Quality Commission (CQC) of all safeguarding concerns reported to them as required. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We found no evidence of this at this inspection. The manager and registered provider were able to explain their legal responsibilities in relation to statutory notifications.

At our inspection in April 2016 the registered provider was not ensuring the environment was safe for people who lived in the service. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw this had improved. Since the last inspection the registered provider had closed some parts of the building so everyone living at the service was supported in one main area. However, because of fire evacuation requirements the disused parts of the building were still accessible. The manager and staff told us people had never wandered into the disused areas. We discussed the risks of people doing so with the manager. An example of this was the lack of window restrictors in the disused part of the building. This meant that there was a risk of people falling from height. On day two of the inspection it was confirmed by the manager and maintenance officer that window restrictors were in place where required. We checked some of the windows we knew to be an issue and found appropriate window restrictors had been installed.

We looked at records which confirmed checks of the building and equipment had been carried out to ensure people's health and safety. We saw documentation and certificates to show relevant checks had been carried out of the fire alarm, fire extinguishers and gas appliances.

We saw there were personal emergency evacuation plans (PEEPS) in place for everyone who used the service. PEEPS provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. We saw records to confirm tests of the fire alarm were undertaken to make sure it was in safe working order.

We highlighted to the manager the hazards presented by the hot food trolley left in the communal hallway before hot meals were served. The manager agreed to look at alternative arrangements to prevent people being at risk of scalds and burns.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. The care plan records contained risk assessment formats from different systems. We saw some formats were effective in highlighting the hazards and control measures to provide staff with information to keep people safe and others were not. For example; one person's falls risk assessment produced a score of six. The document did not tell the care workers what this meant and how they should work to prevent people falling.

Each care plan asked the question 'is there a risk assessment'; this helped care workers to know there were risks attached to the area of need. We saw this section was not always used and this made it difficult to navigate to relevant risk assessments.

In the main all control measures to reduce the risk of harm to people were described somewhere in the care records we saw but these needed to be more clear. The manager had already recognised the need for more robust risk assessment documentation and had purchased a new system which contained more formal risk assessment documentation to help the care workers assess people's needs.

Care workers we spoke with described the risks associated with people's support, such as where people's nutritional needs were being monitored and why.

On day two of the inspection we saw two people's care plans had been updated to more clearly identify where there were risks and what they were, with the control measures outlined. The manager told us they

would implement the new system for everyone they supported following the inspection.

Is the service effective?

Our findings

We found at our inspection in April 2016 the registered provider had not ensured members of staff had the required competencies, skills and training to carry out their role. In addition they had not been provided with sufficient support through regular supervision and appraisal. This was a breach of Regulation 18 (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach related mainly to the nursing staff employed at the time of the last inspection.

We saw at this inspection improvements had been made. We looked at the training matrix the registered provider used to monitor staff had received required training. We saw all staff were up to date with the training the registered provider required them to complete to enable them to perform their role. This included areas such as first aid, health and safety alongside topics such as mental capacity and deprivation of liberty.

Staff we spoke with told us they felt they had received enough training. One care worker told us "I have done my moving and handling recently and I learnt to make sure you support people using the palm of your hand or handling belt to prevent your fingers harming them." Another care worker told us "I love to do training and especially where it helps me to do my job, such as dementia training."

Since the nursing element of the service had been removed the care workers were newly responsible for records in relation to people's care and treatment, liaising with professionals and making decisions about people's well-being. This had meant an intense period of change and development of care worker's skills. Care workers told us they were happy with their new responsibilities and felt they had benefited from the change as had people they supported. They told us this was mainly because the staff team were consistent and well informed which enabled them to complete their role effectively.

Staff told us they felt well supported and said that supervision and appraisals had started to take place. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. We saw records to confirm supervision and appraisals had taken place. One member of staff told us "I feel supported. My last supervision was two months ago and they try to do staff meetings early morning so I can attend." The manager had a supervision and appraisal planner in place to ensure staff received frequent and meaningful support.

In April 2016 care workers had little understanding of the Mental Capacity Act 2005 (MCA) and there was no evidence in people's care records of MCA assessments or best interest decisions for people who lacked capacity. This was a breach of Regulation 11 (Need for consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw this area had improved. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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).

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions and empower people to make their own decisions with day to day care and support. For example, one care worker told us "For consent we ask the person what they would like to do and ask how people like things, or if they would like us to change things. If people were to refuse support I would try to calm the person and ask a colleague to offer support, I would not force people to do anything."

Most people who were supported at the time of the inspection had the capacity to make their own decisions. We saw appropriate documentation was in place for people who lacked capacity. In one of the care records we saw a multidisciplinary team had been involved in such decision making.

The senior care worker and manager were not clear about the need to evidence not only where a person lacked capacity but also document people's decisions and consent where people did have capacity. This was an area the manager and registered provider told us they would develop.

In April 2016 the registered provider was not able to provide clarity around the number of people authorised to be deprived of their liberty in the service. This was a breach of Regulation 13(5) (Safeguarding people from abuse and improper treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at the time of this inspection. There was one person authorised to be deprived of their liberty and we saw the records relating to this in the person's care records.

In April 2016 the registered provider had not sent the CQC statutory notifications when people had been authorised to be deprived of their liberty as is required. This was a breach of Regulation 18 (Notifications of other incidents) of The Care Quality Commission (Registration) Regulations 2009. We saw at this inspection the registered provider had ensured a statutory notification had been received by the CQC regarding deprivation of liberty authorisations.

In April 2016 we highlighted people's hydration and nutrition needs had not always been assessed. This resulted in them not receiving appropriate support for their nutritional needs. This was a breach of Regulations 12 (Safe care and treatment) and 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw at this inspection improvements had been made. People who used the service told us they were involved in making choices about the food they ate. Care workers asked people each morning what they would like from the menu for each meal. We saw people were again provided with the options before their meal to make sure they had not changed their mind. People were offered alternatives if they did not like the options available. We saw one person did not want their original choice during lunch and so care workers provided them with an alternative.

People were asked for feedback about their meals at each resident's meeting. We saw the minutes of the resident's meeting held in September 2016 which contained feedback from people that they would like toasted tea cakes and crumpets. We saw these were now available for people which demonstrated that people's feedback contributed to improvements in choices available.

We observed the lunchtime period and saw people were supported to eat in the dining room or in their own

room if they chose this. One person told us "I eat in my room, I am a fussy eater and they (the staff team) respect that"

The tables were laid in the dining room with cutlery and napkins which provided people with a pleasant and welcoming space to eat. The atmosphere was relaxed and people were socialising whilst eating their food which looked appetising. We observed one person singing quietly and they appeared relaxed. People were supported to be as independent as possible to eat their meal. People's preferences were taken into consideration and we saw one person say "I enjoyed breakfast so I am not hungry, I will save it for later, just a cup of tea please."

People told us the food was good overall; one person said "We cannot grumble about the food." A relative told us "The chef is wonderful; he will offer to do anything to meet people's likes."

We saw people were offered a plentiful supply of drinks throughout the day. We heard one person say "Ice cold lovely" when they were provided a fresh cold drink.

We asked the manager what they used to identify specific risks with people's nutrition. They told us they used a nutritional risk assessment and care workers closely monitored people and where necessary made referrals to the dietician or speech and language therapist. Records we saw confirmed this. People were weighed regularly and all care workers we spoke with were aware of the people they were currently monitoring because their appetite was poor or they had recent weight loss.

People who required specific diets such as those who were diabetic and people who required their food to be softer because they had difficulties swallowing were all supported well by the catering staff and care workers.

We saw people had visited or had received visits from medical professionals from the records we examined. It was difficult to determine when the last appointment had taken place because the outcome for health appointments were recorded within daily notes and others in separate health notes. This made it difficult for care workers to monitor. We spoke with the manager about this and they agreed to update the system to make it clear when people last saw a health professional such as dentist or chiropodist and the frequency they should see them.

The manager said they had good links with the doctors and district nursing service. One visiting professional told us "The girls (care workers) are really good, they call out of hour's nurses and have good initiative to keep people safe."

A relative told us "We have a really good doctor and the staff keep me informed."

Is the service caring?

Our findings

We found at our inspection in April 2016 some people had limited access to communal areas, activities or social stimulation. Care records did not reflect if care workers had given consideration to whether or not this action had deprived people of their liberty. This was a breach of Regulation 13(5) (Safeguarding people from abuse and improper treatment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that people who spent most of their time in their rooms did so for extended periods in silence and had access to limited activities. This was a breach of Regulation 9 (Person-centred care); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This had mainly related to people who required nursing care who no longer lived in the service.

We saw improvements at this inspection. People who spent time in their rooms chose to and care workers told us they made efforts to involve and offer activities and spend one to one time with them. We saw people spending time telephoning relatives in private from their bedrooms; also people enjoying a lie in. This meant people were not isolated and members of staff had been proactive to prevent isolation.

In April 2016 there were examples of poor communication, information sharing and practices that had led to staff failing to ensure that people's needs were met. People with nursing needs were not cared for appropriately. This was a breach of Regulation 12 (Safe care and treatment); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found improvements at this inspection. A visiting professional told us "I don't have an issue, the staff know people well and are definitely caring, and the way they speak to people is good and not patronising.

People told us they were very happy and that all members of staff were caring. One person said "Staff are kind and helpful; they give me a bath whenever I want."

On both days of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring, patient and friendly way.

Staff did not rush people and spoke to people gently. One example of this was when a person required personal care as they arrived at the dining room for lunch. They were offered the support they needed in a quiet and dignified way.

Observation of the staff showed they knew the people very well and could anticipate their needs. For example, staff saw a person potentially struggling with their meal and they asked if the person wanted assistance, the person declined and staff respected this. This meant people were supported by caring and compassionate care workers.

In April 2016 we reported that people were not treated with dignity and were not supported to be

independent. We reported this as a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However the information to fully support this breach was not referenced in the main report. We therefore assessed dignity and respect at this inspection without any information about the breach. We saw no breach in this regulation at this inspection.

Staff told us how they worked in a way which protected people's privacy and dignity during personal care. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door.

The manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion with care workers that they knew people well, including their personal history, preferences, likes and dislikes. Staff told us they enjoyed supporting people. One staff member told us how they built relationships with people through spending time with them and having a chat.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. People were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure they received care and support in the way they wanted to.

During the inspection some people showed us their bedrooms. They were personalised and people had their own items to make their space feel homely.

Staff said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how they wanted to spend their day. We saw people made such choices during the inspection. They were well dressed and had their hair styled to their liking, showing that staff respected and supported people to care for their appearance. We saw people were supported to mobilise independently and staff made sure people could walk if they were able.

We saw examples of advocates being involved with people where required. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. This meant the service was committed to ensure people had the support of someone to speak up for them when important decisions needed to be made.

Is the service responsive?

Our findings

We found at our inspection in April 2016 the registered provider did not ensure people always had relevant care plans in place. Where they did these had not been reviewed and for some people did not reflect their current needs. This was a breach of Regulations 12 (Safe care and treatment), 9 (Person-centred care) and 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements at this inspection. The manager and registered provider told us the amount of time which had been invested since the last inspection to ensure person centred detail was captured in people's care records. This had included the support of a consultancy company. They also told us about the coaching and support for the care worker team to ensure they could understand the care plans and deliver support appropriately.

During our visit we reviewed the care records of four people. The care plans included documents which contained people's personal preferences, likes and dislikes. They also included the detail of how a person wanted their support to be delivered. This meant the detail in the care plans was person centred. For example; 'I like my light left on at night', 'I like to look smart' and 'I like to have the bird table outside so I can watch the birds'.

We found care plans were reviewed on a regular basis, but the changes identified were not always transferred to the main care plan but were left recorded on the review section. This could lead to people not receiving the correct support.

We saw the main care plan contained instructions around what staff must do to meet people's needs. At the end of this document there was reference to whether a risk assessment was in place. This was not always cross referenced to ensure staff knew risks had been identified. This could lead to care workers not knowing the correct information to keep people safe.

During the inspection we found no evidence of people being harmed because the care plan documents were not easy to navigate. We discussed this with the manager at the end of day one and by day two they showed two updated examples where the person centred detail, instructions for care workers on how to meet people's needs and the risk assessment detail had all been linked together. This meant care workers would easily be able to follow instructions to meet people's needs safely in the future. The manager told us this piece of work would continue so all care plans were updated in this way.

Because no new people had moved into the service since the last inspection we could not review any assessment documentation. However the manager told us the new system they had purchased contained all assessment documents ready for when new people moved into the service.

During the inspection we spoke with care workers that were extremely knowledgeable about the care people received. People who used the service told us how care workers supported them to plan all aspects of their life. A relative told us "My family member has been involved in their care plan as have I. The team

work as partners, even the maintenance man spends time getting to know people." We saw a member of staff responded to a person who needed their TV remote control fixed on the inspection. Staff were responsive to the needs of people who used the service.

We found at our inspection in April 2016 the registered provider could not assure us that all of the complaints made had been looked into or addressed. This was a breach of Regulation 16 (Complaints) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection there was a policy in place for staff to follow but there had been no complaints received since the last inspection to enable us to assess whether it was effective. The manager was able to describe how they would deal with any complaints and they knew the procedure to follow.

Staff and people who used the service told us they were involved in a variety of activities. One person said, "I join in activities when I want to" another person told us "I enjoy playing dominoes with staff." A relative told us "My family member joins in and this is brilliant, this took some months to achieve but staff persevered."

We spoke with the activities worker who told us "There is something for everyone with activities, a natter, music, singing, this year has been better than it has ever been." We saw people engaged in an activity colouring drawings with care workers in one of the communal rooms and people told us this was something they enjoyed. We saw people negotiated with the activities worker around what the afternoon session would be. Everyone seemed keen to join in and choose an activity.

The records kept in relation to activities did not outline the full extent of activities a person may take part in over a day. This made it difficult for staff to assess whether the person had received enough social stimulation to ensure they were not bored or isolated. This was something the manager told us they would look to improve as they reviewed the care plan system.

Is the service well-led?

Our findings

We found at our inspection in April 2016 the registered provider had failed to provide the CQC with an action plan as required following our inspection in April 2015. Following our inspection in April 2016 the registered provider submitted an action plan within the timescales we set. Therefore improvements have been made in this area.

We found the registered provider did not have effective quality assurance systems in place. They had not given consideration to the risks posed to people who used the service not having their needs assessed appropriately. The poor care practices left people at risk of significant harm to their health, life and wellbeing. This was a breach of Regulation 17 (Good governance), of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw this had improved at this inspection. We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services.

The manager was able to show us numerous checks which they had started to implement. They told us the checks would be carried out on a monthly basis to ensure the service was run in the best interests of people. These included checks on health and safety, medicines, infection control and accidents amongst other areas. The effectiveness of these changes could not yet be measured because the system was new and not fully implemented.

A new quality assurance process had been implemented by the manager which was called 'resident of the day'. The person was asked to give feedback about all aspects of the service they received, from laundry to maintenance and their views of care workers or other staff members. This would then be used by the manager to identify if the person required any more support or if departments needed to improve. The system was in its infancy but had already highlighted weight loss for one person because month on month weights were recorded and patterns could be identified. The care workers had worked to monitor this person's nutrition as a result.

The manager told us the registered provider visited to monitor the quality of the service provided. We saw records of a visit in September 2016 where they discussed with the new manager the environment, care planning, CQC and staffing. No records of any other visits or checks made by the registered provider were recorded. However, they were able to explain the changes they had made since the last inspection and were aware of the progress made towards completion of their action plan. We did see the positive improvements made in the service following the action plan being implemented. Examples of improvements were the development of person centred information and the environment in communal areas, such as a new dining area.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We were told by the manager and senior care worker three accidents had occurred since May

2016 and records had been archived. We were unable to look at these records. We discussed with the manager it was good practice for records to be available to aid assessment of patterns and trends.

Although there had been some quality monitoring the system in use was still not robust enough to prevent future failings in quality and safety. For example, the system had not picked up some of the areas of quality and safety such as, hazards in the environment and lack of records relating to people's activities. We discussed this with the registered provider who they told us they would provide us with an outline of their future governance. This was received following the inspection and included the role the registered provider would take.

We saw a survey had been carried out in 2016 to seek the views of people who used the service and their families. 22 surveys were sent out and 11 were returned. All contained positive feedback about the service including one relative saying "Well done to staff for gaining my family member's trust and helping them to join activities."

The manager told us people who used the service met with staff on a regular basis to share their views and ensure the service was run in their best interest. We saw records of the resident's meetings held in 2016 and could see where issues had been highlighted. For example, new towels and bath sheets had been ordered following requests.

The registered provider told us they had spent time looking at what resources and skills they required from people managing the service with them. This had led to the appointment of a new manager who started their employment on 5 September 2016.

The registered provider told us they intended to work alongside the new manager to further develop the systems and processes to ensure people were safe and received a quality service. Although the manager was not yet registered with the CQC they had started the process and we had received their application to register.

People who used the service spoke positively of the manager. One person said "[Name of manager] is lovely; they have a good attitude and joins in." A relative said "[Name of manager] seems lovely, they introduced themselves and they join in. My family member says they like the new manager and that they are good fun."

The staff told us about the positive impact the new manager had on the service. One staff member said "[Name of manager] has made a big difference and has some good ideas, particularly around dementia care and has experience, we need hands on rather than in the office." Another staff member told us "[Name of manager] has shared her vision and I am really excited about getting things done."

Staff morale was good and they were kept informed about matters which affected the service. They told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. Topics of discussion around best practice, supporting people living with dementia to settle in their beds at night and progress towards meeting the service action plan were seen in the October 2016 minutes. One staff member told us "We have had two or three meetings even though the new manager has only been here one month."

Staff described the manager as a visible presence who worked with people who used the service and staff on a regular basis. We saw this to be the case during our inspection. In the residents meeting held September 2016 one person had said "[Name of manager] is very nice, polite and the residents would like to welcome her to the home and they hoped she will stay." The record reflected all people present had agreed

with this sentiment.

The CQC received positive feedback from the local authority about the improvements they had also seen within the service. The local authority are working alongside the registered provider to recommence new admissions to the service in the future.