

Innovation Health Care Ltd

Abbeydale Nursing Home

Inspection report

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Date of inspection visit:
03 October 2018
04 October 2018

Date of publication:
01 January 2019

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 03 and 04 October 2018 and was unannounced. The inspection was undertaken by one adult social care inspector and one adult social care assistant inspector, a specialist advisor in medicines and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in dementia care, residential and acute care.

At our previous inspection in May 2018 the home was rated as requires improvement overall and we identified continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding person centred care and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well-led to at least good.

At this inspection we found remedial action had been taken to improve the rating of some domains but further work was needed to ensure people's medicines were managed in a way that did not present any potential risk of harm to them.

Abbeydale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Abbeydale Nursing Home accommodates up to 24 people in one adapted building, who require nursing or residential care. Accommodation is situated on two floors with access to all internal and external areas via a passenger lift and ramps. The home has enclosed grounds with car parking space at the front and a garden area to the rear.

There was a registered manager in post. 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.

Regular audits were undertaken by the home to check that medicines were being managed safely and action plans were in place to address any issues raised, however these had not identified some of the issues we found regarding the safe administration of medicines.

The temperature of the treatment room was being monitored but this was taken at the coolest part of the day and when we checked the midday room temperature during the inspection it was above the recommended maximum temperature.

There was no evidence of thermometer calibration of the fridge being used to store people's medicines.

Warning instructions were not transcribed on the MAR sheets for medicines with special instructions, for example to be taken on an empty stomach.

Two people were administered medication at the same time, which increased the risk of the wrong person receiving the wrong medicine.

Protocols for PRN medicines did not have any review dates indicated. The medicines policy had not been signed as having been read by all the relevant nursing staff in the home. Medicines training records were incomplete and there was no local competency assessment in place.

We determined no-one had suffered harm as a result of the issues we found, however the potential for harm occurring was significant.

This meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not consistently managed safely. You can see what action we told the provider to take at the back of the full version of this report.

There was evidence of systems to manage medicines in the home but governance and oversight needed improvement. These issues meant there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. You can see what action we told the provider to take at the back of the full version of this report.

People we spoke with told us they felt safe living at the home. Care and support was provided in a person-centred way and considered the individual requirements of each person. The service had a safeguarding procedure in place which offered guidance to staff on how to effectively raise a concern and staff knew how to do this.

Risk assessments covered areas such as mobility, skin integrity, mental health, nutritional requirements and health. Each risk assessment offered an overview of the person's risk and the assistance required to mitigate the risk and each person had a personal emergency evacuation plan (PEEP). People's dependency levels were assessed each month using a formal dependency tool.

At our last inspection we found people's care files lacked consent documentation. At this inspection we found the provider had taken remedial action and consent was now recorded in people's care file information. We also observed staff seeking consent from people before assisting them.

At our last inspection we found some people's care plans did not contain adequate information regarding their end of life wishes and plans for end of life care were not consistently recorded. At this inspection we found the provider had taken remedial action and was now meeting the requirements of this regulation. Accurate records were now kept of each person's status regarding end of life care phases.

Staff told us they had been subject to a period of induction and indicated they had received a suitable amount of training to help them to be effective in their job roles.

All staff spoken with confirmed that they received supervision from their line manager and there was a supervision planner in place which identified dates for the future.

People's nutritional requirements were assessed by the home and nutritional and hydration risk assessments had been undertaken. People had a choice of food each day.

Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. A fire safety audit was also completed.

Processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. We toured the building and all communal areas and found the home was clean, tidy and did not have any malodours

Staffing levels were adequate to meet the needs of the people using the service.

The provider had robust recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs.

Staff told us they had received the training and support they needed and confirmed they received supervision from the registered manager.

The service was working in accordance with the Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS). Care files contained consent to care and treatment forms which were signed by the person or their relative/representative.

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care.

Support was provided to people in a caring way and people who used the service made positive comments about the staff. People told us they were treated with dignity and respect and were encouraged to be as independent as possible. People were well presented and looked clean and well-groomed and there was a friendly atmosphere between staff and people living at the home. We observed staff were respectful and friendly towards the people who used the service when supporting them.

We saw a range of activities were offered to people which included group activities as well as more personalised one-to-one sessions. Activities were displayed on notice boards throughout the home and people told us they had undertaken new activities.

There was a system in place for people to make complaints and a complaints file was in place.

Staff told us they were supported by the registered manager and could put their views across to the management.

We saw evidence of regular staff meetings being undertaken. Resident and family meetings were also held regularly.

There was a service user guide and statement of purpose in place, which provided information about the service including how to make a complaint. A statement of purpose is a document which includes a required set of information about a service.

We saw the ratings from the previous inspection were displayed in the reception area of the home, which is now a legal requirement.

The service worked alongside other professionals and agencies to meet people's care requirements where

required.

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 consistently safe.

Medicines were not always managed safely, and although no actual harm had occurred to people there was a significant risk of harm occurring in the future.

People told us they felt safe living at the home.

There were safe procedures for the recruitment of staff and sufficient numbers of staff on duty.

Requires Improvement 

Is the service effective?

The service was effective.

People's nutrition and hydration needs were met and there was a choice of food at meal times.

Care plans included appropriate personal and health information.

The home worked within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Good 

Is the service caring?

The service was caring.

People who used the service and their relatives told us the staff were caring and kind.

Staff interacted with people in a kind and considerate manner, ensuring people's dignity and privacy was respected.

The service promoted a person-centred culture.

Good 

Is the service responsive?

The service was responsive.

Good 

Care plans were up to date and contained the latest relevant information.

Care plans were person-centred, well organised and easy to follow.

People and their relatives told us the service was responsive to their needs.

Is the service well-led?

The service was not consistently well-led.

Audits which were carried out regularly had not identified the concerns we found during the inspection in relation to the safe management of medicines.

Staff felt the home was well-led and told us the registered manager supported them well and the atmosphere within the home had improved.

People were asked for their views about the service and the culture of the service was focussed on the needs of people who used the service.

Requires Improvement ●

Abbeydale 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.

The inspection was prompted in part by information we received from the clinical commissioning group (CCG) and local authority regarding the quality and content of nursing care plans and the governance and oversight of these. This inspection examined those areas.

The inspection took place on 03 and 04 October 2018 and was unannounced.

The inspection was undertaken by one adult social care inspector and one adult social care assistant inspector, a specialist advisor in medicines and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced in dementia care, residential and acute care.

In advance of our inspection, we reviewed information we held about the home. We looked at statutory notifications and safeguarding referrals. We also liaised with external professionals including the local authority and local commissioning teams and the CCG. We reviewed previous inspection reports and other information we held about the service.

Prior to the inspection we did not request a Provider Information Return (PIR). A PIR is a form that asks a registered manager to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection there were 21 people living at the home; seven people were receiving nursing care and two people were being accommodated on a temporary 'respite' or 'short-stay' basis.

We spoke with seven people who lived at the home and two visiting relatives. We also spoke with two

nurses, six members of care staff, domestic and maintenance staff, the activities coordinator and the registered manager.

Throughout the day, we observed care and treatment being delivered in communal areas including lounges and dining areas and observed medicines being administered to six people. We also looked at the kitchen, bathrooms and external grounds. We looked at a total of eight people's care files or associated records, 13 people's medication administration records (MAR's), staff supervision, recruitment and training records and the quality assurance audits that were undertaken by the service.

Is the service safe?

Our findings

At our last inspection on 21 and 22 May 2018 we found complete and contemporaneous records were not always being kept for each person in relation to their diet and associated supplements and this was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the quality and content of people's nutritional information had improved and information relating to risks associated with the fortification and thickening of people's drinks was now available, which meant the provider was now meeting the requirements of this regulation. However, we found there were inconsistencies in the use of documents to support the administration of medicines.

Medicines were stored were locked and secured in the treatment room when not in use and the nurse had keys in their personal control. Topical medicines and thickeners were stored and secured in a separate room which was secured by key-lock. The medicines trolley was well organised and only current medicines were stored in it. However liquid medicines did not all have the date of opening annotated to indicate the date of expiry.

Records of temperature monitoring were available in the treatment room and consistently recorded, however the room temperature was being recorded at 5am (potentially the coolest part of the day) and at the time of the inspection the treatment room was recording 26 degrees Celsius which is above the nationally recognised guidelines of a maximum temperature of 25 degrees.

The medicine fridge was functioning and clean. The minimum and maximum temperature was taken from the in-built temperature gauge and records were up to date, however there was no evidence of thermometer calibration of the fridge that had been provided by Boots. Boots was the sole pharmacy provider for medication supplies which were provided in blister packs with printed medication administration records (MAR) sheets; the MAR records were legible and accurate and there were no gaps. All MAR sheets had an up to date photograph of the person concerned and their allergy status was noted.

MAR charts had medicines administration times indicated by time, however warning instructions were not transcribed on the MAR sheets for medicines with special instructions, for example to be taken on an empty stomach. Other medicines such as nebulisers and diabetic medicines were given at correct times.

Topical medicines administration records (tMAR's) were complete and there was evidence of effective and regular administration of 'as required' (PRN) topical medicines. We looked at records for three people who needed their drinks thickening and found the thickener consistency was clearly documented and a speech and language therapy (SaLT) assessment had been completed and was in their care plans.

We looked at controlled drug records (CD's) and found there were no CD record anomalies in the entries we saw. We reviewed 12 people's warfarin records and prescriptions and found these were completed.

Six people were observed being administered their medicines. The morning administration round was observed as running late and two people were administered medication at the same time, which increased

the risk of the wrong person receiving the wrong medicine. One person was refusing to take their medicines from the nurse and was allowed to take the medication in their own time, which is in keeping with the principles of a person-centred approach when assisting people with their medicines.

Protocols for PRN medicines were available; however, they did not have any review dates indicated. The medicines policy had not been signed as having been read by all the relevant nursing staff in the home. At the time of the inspection the home was in the process of reviewing PRN medicines that were not being administered to people and proposing to move to homely remedies instead, to reduce wastage.

Medicines training records were incomplete and there was no local competency assessment in place. The training matrix needed updating for medicines management. The nurse administering medicines on the day of the inspection had medicines administration training which was valid until March 2018 and needed refreshing.

Monthly internal audits of medicines were being undertaken, however there were limited issues being identified. The audits were being undertaken by the provider as opposed to the nurse or registered manager. We spoke with the provider about this who explained this was because the registered manager acted in a nurse capacity on one day of the week and was therefore unable to audit their own practice. There were no audits being undertaken of medicine stock counts.

We determined no-one had suffered harm because of the issues we found, however the potential for harm occurring was significant. There was evidence of systems to manage medicines in the home but governance and oversight needed improvement.

These issues meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because medicines were not consistently managed safely.

All the people we spoke with living at Abbeydale confirmed they felt safe and were well cared for. One person felt there was sufficient staff on duty during the day, but not at night. They noted how much the staff had to do and told us that at times they felt staff appeared to be rushed. A second person told us, "The staff are great, they have really supported me and brought me on since I arrived, its changed my life." A relative said, "I get a nice feel for the place. [My relative] needs medication for an ongoing condition, I have full confidence in the home and they keep me posted if [my relative] needs anything."

Staff told us they felt staffing levels were sufficient to meet people's needs. Comments included, "I think every need can be met," and "It's alright at the moment, two staff upstairs and two downstairs, although it has been hard." We looked at staff rotas for September and October 2018 and saw there were four care staff on duty during the day and one nurse. At night there were two care staff and one nurse. The registered manager told us a request had been made to the provider for additional staff to undertake a 'twilight' shift between 4pm and 12pm which could be a busy period and this was currently being considered.

Staffing levels corresponded with the rotas we were provided and we saw some 'bank' staff were employed; however, the same bank staff members were used to ensure familiarity and continuity for people who used the service.

People's levels were assessed each month using a formal dependency tool which considered areas including dressing, eating and drinking, mobilising, continence and personal hygiene, communication and behaviour, pressure sores, hearing, seeing and sleeping. People's dependency levels were also identified on a notice board in the registered manager's office for quick reference.

We sampled five staff files for nurses and care staff. All had appropriate recruitment records including proof of identify and address, at least two references, completed application forms and a disclosure and barring service (DBS) check. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. This demonstrated the registered manager had followed safe staff recruitment practices. The provider held a record of relevant nurse pins and DBS numbers.

The service had a safeguarding procedure in place which offered guidance to staff on how to effectively raise a concern. The service also followed the local authority safeguarding protocol and alert guidance information was available throughout the home. Staff were aware of the policy and were clear about what action they would take if they witnessed or suspected any abusive practice. This was supported by a whistleblowing policy and procedure which allowed staff to raise any issues with relevant other professionals, such as CQC or the local authority, in confidence. One staff member said, "I would either speak to the manager and there are contact details that I can use to ring and speak to someone anonymously." A second told us, "I would go to the nurse in charge and if nothing was done I would go to the manager, then CQC."

We found processes were in place to identify and mitigate individualised risks posed to people. We found risks to people's individual safety and well-being were assessed and plans were in place to manage any identified risks

Risk assessments covered areas such as mobility, skin integrity, mental health, nutritional requirements and health. We saw any identified risk was cross referenced to other areas of the person's care documentation for easy reference, which helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. Each risk assessment offered an overview of the person's risk and the assistance required to mitigate the risk.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered their support needs in the event of the need to evacuate the building. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. A fire safety audit was also completed.

The provider had a business continuity management plan in place which identified a process to be employed by the service in response to any major emergency affecting the infrastructure as a result of any unforeseen events such as fire or contamination.

Processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. Risk assessments which included the internal and external environment were in place and considered areas such stairs and lift, mobility equipment, water and electrical safety, portable appliances, fire alarms and fire extinguishers and emergency lighting. Equipment such as kitchen and bathroom aids, hoists and lifts were serviced by an external agency and were being managed appropriately. The service employed a maintenance person whose duty was to ensure the environment was safe and fit for purpose.

We toured the building and all communal areas and found the home was clean, tidy and did not have any malodours. We saw domestic staff cleaning areas of the home on all days of the inspection. Personal protective equipment such as gloves and aprons were worn by staff and there were sufficient quantities of soap and hand-gel in the bathrooms and toilets. Hand-gel dispensers were also available throughout the building.

Is the service effective?

Our findings

At our last inspection we found people's care files lacked consent documentation; in particular when the person was not able to informatively consent for themselves. Although we saw examples of staff seeking consent and offering choices we noted the care and treatment provided to the person and their consent to this was not always captured in care planning documents. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken remedial action and consent was now recorded in people's care file information. There was a consent to treatment form in the files we saw which covered care and treatment, giving and sharing information, photographs, examination and being involved in the care planning process. This was supported by a communication care plan which identified each person's ability to communicate and what the best was for staff to communicate with them.

During the inspection we observed staff seeking consent from people before they provided care or support, for example at mealtimes or when providing personal care assistance; we observed throughout the inspection staff knocked on people's doors and waited for a response before entering.

We looked at staff induction and saw new care staff were subject to an induction programme, which involved completion of training and a period of shadowing with more experienced staff, which was followed by an observed assessment before confirmation in their role. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company.

Staff told us they had been subject to a period of induction and indicated they had received a suitable amount of training to help them to be effective in their job roles. One staff member told us, "I shadowed other staff at first to see how everything was done for a few days and I did not work on my own until I had done moving and handling, infection control training and safeguarding training and was deemed competent." A new staff induction programme had recently been introduced and we saw completed records of these for the staff concerned.

We looked at staff training records which included details of training previously undertaken and dates for when training was due for renewal. Training completed included fire safety, food safety, infection control, moving and handling, safeguarding, medication, wound care, end of life care, catheter care, first aid, syringe driver and MCA/DoLS.

We asked staff to confirm whether they received regular supervision and appraisals which enable managers to assess the development needs of their staff and to address training and personal needs in a timely manner. All staff spoken with confirmed that they received supervision from their line manager and there was a supervision planner in place which identified dates for the future.

We checked to see how people's nutritional needs were met. We found that individual nutritional needs were assessed and planned for by the home. We saw evidence that nutritional and hydration risk

assessments had been undertaken by the service, which detailed any risks such as the possibility of choking and the level of support required. Diet notification records were sent to the main kitchen which included the diet type and texture and any allergies. Snacks and drinks or additional supplements taken in between main meals were also provided.

People had been referred to nutrition and dietetic services. Special diets were catered for and people had nutrition and hydration care plans in place. Information on different diet types, such as a soft diet, had been sought from the speech and language therapy team (SALT) and this informed the kitchen staff how to prepare and serve these types of foods.

We observed drink thickeners were stored safely when not in use and special cups and an abundance of drinks were available to people and visitors. Drinks were promoted to people throughout the inspection to ensure they were well-hydrated and some people had more than one drink with their meals.

We observed the cook speaking with people, asking for their preferences for lunch and there was an obvious familiarity between the cook and the residents. The cook described to us the different meal types for certain people such as soft, pureed, fortified.

People we spoke with all confirmed that the food was hot, tasty and plentiful. This view was supported by the two relatives we spoke with. We observed both the breakfast and lunchtime meals and saw the food looked hot, there was a choice food for lunch and a hot meal proposed for tea and an alternative meal was available for people who did not want what was on the menu.

We asked people if they felt staff were competent. One person (and their relative said), "The staff are wonderful people, they know what they are doing and certainly go the extra mile. I recently needed to visit the hospital and the ambulance let us down; the manager arranged for me to be escorted to the nearby hospital in a wheel chair, I was amazed and very grateful for their effort."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager and staff were aware of such restrictions and showed a good understanding around the principles and when to submit an application to the local authority. There was a system in place to identify when new authorisations were required.

We saw Deprivation of Liberty Safeguard (DoLS) referrals had been made where necessary, with records held on file identifying the current status of the applications. We saw that mental capacity assessments had been completed in addition to cognitive and communication assessments. Behaviour and mental health care and support plans were in place which included any relevant psychiatric diagnosis, current medications, if other professionals were involved for example the community mental health team, if there were any self-care

issues, speech, mood and appetite. Any risks and how to overcome these were identified and reviewed each month.

Staff we spoke with had an understanding of MCA/DoLS, could explain when people may be deprived of their liberty and told us they had received training in this area.

People's health needs were managed effectively and there was evidence of the home working in partnership with other professionals, for example GPs, podiatrists, district nurses, SaLT, chiropodists or opticians where appropriate. This demonstrated people had access to health care professionals when required. Staff recorded in each person's care file when they had been visited and treated by health care professionals.

Equipment such as bath aids, hoists and lifts were in place to ensure people were able to move around the building freely and access the bathroom facilities with or without the support from staff.

Redecoration and improvement of the overall environment was an on-going process and included the replacement of carpets, furniture and equipment replacement, such as beds and chairs.

Is the service caring?

Our findings

During the inspection we observed all the staff on duty to be attentive and caring and shared a warm and well-established relationship with people using the service. People were called by their preferred names and staff were reassuring and positive when assisting people.

People had a choice of three lounges, and we saw some people preferred a quieter lounge whilst others enjoyed the company of others in a different lounge that was livelier.

The service had a person-centred culture and we observed people were treated with kindness during the inspection. Staff took time to stop and speak to people on an individual basis and held conversations that were relevant to each person, for example about what clothes they wanted to wear that day or what they wished to eat that day. People who used the service felt they knew the staff and could recognise them.

Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection, for example people were spoken to with respect and listened to and a lot of patience was demonstrated as care staff explained what they were doing and why.

During the inspection we observed a staff member knocking on a person's door before gaining permission to enter in order to take them their lunch. The staff member asked if the lunch was okay for the person and the person in the room immediately said, "That's absolutely marvellous, everything I ask for you do it straight away." The staff member respectfully said, "You're welcome [person name]."

People and their relatives confirmed staff were always very polite and included them when making decisions about how the care they provided to their relatives. Comments received included, "Staff treat everyone with respect and show great kindness," and "The staff are as good as gold, they get their heads down and sort things out," and "The cleaners are very good, staff know what they are doing and we have a laugh together."

Relatives told us they were made to feel very welcome and could call anytime, which they did. One relative explained they had been included in an evening meal when they arrived late at the home and said, "The food at the home is very nice and the kindness shown to us was unexpected and very welcomed."

We saw staff spoke with people while they moved around the home and informed people of their intentions when approaching people. Staff also informed people about the reason for our visit so that no-one would become alarmed or concerned.

During our observations we saw many positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. We saw staff communicated well with one another and passed on relevant information to each other regarding the care they were providing.

We observed people using the service were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice.

Staff promoted people's independence whilst supporting them. One staff member told us, "If people can do things for themselves we try to help them to do it and let them do it themselves."

We looked to see how the provider promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives, which met their individual needs. For example, if people had been referred to the home who required an alternative diet the service had responded appropriately.

We found there were appropriate policies in place which covered areas such as equality and diversity, confidentiality, valuing diversity, privacy and dignity.

People's care plans included information about their needs regarding age, disability, gender, race, religion and belief. Care plans also included information about how people preferred to be supported with their personal care. We found people's care files were held in an office where they were accessible but secure and staff records were also held securely. Any computers were password protected to aid security.

Is the service responsive?

Our findings

At our last inspection we found some people's care plans did not contain adequate information regarding their end of life wishes and plans for end of life care were not consistently recorded. At this inspection we found the provider had taken remedial action and was now meeting the requirements of this regulation.

We looked at how end of life care was delivered and asked the registered manager how they cared for people nearing the end of their lives. The service followed the Six Steps end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death.

We saw where people had been willing to discuss end of life wishes, advanced care plans were in place which documented the person's wishes at this stage of their life, for example where they wished to reside, who they wished to be involved such as their doctor, and the actions they wished staff to take. We saw this information corresponded with a log of communication with the relevant professional, for example an advanced nurse practitioner. Care files documented whether a person had a 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) order in place, with a copy of any completed forms located at the front of their file.

The service held monthly Six Steps meetings and accurate records were now kept of each person's status regarding the six steps end of life care phases, which are: advancing disease; increasing decline; last days of life; post bereavement support; follow-up. Meetings recorded the person's initials, their stage on the Six Steps register, if an advanced care plan had been completed and the date, if a DNACPR had been completed and the date, if a statement of intent had been completed and the date, if a DoLS was in place and a record of any other communication, for example discussions with family members where appropriate. At the time of the inspection no person was in receipt of end of life care.

We asked people and their relatives if they felt the service was responsive to their needs. One person said, "Staff have moved equipment around in my room to make me more comfortable and they have supported me to get a wheelchair for when I need to attend appointments." A second person said, "I'm completely happy here, you couldn't get nicer people." A relative commented, "I get a nice feel for the place. [My relative] needs medication for an ongoing condition, I have full confidence in the home and they keep me posted if [my relative] needs anything."

We saw people's care files considered their rights and needs and people told us they felt these were being respected. Staff gave examples of how they ensured people were treated fairly and their lifestyle choices always honoured. Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as safety, choice and personal preferences.

Pre-assessments were undertaken prior to a new admission being accepted. This assessment looked at areas of the person's specific needs such as the person's wishes and feelings, background, perceived historical and current risks, aims and goals.

People's care files contained documents in the form of care plans. These care plans covered a varied number of areas such as communication, skin integrity, dementia, sleeping and personal hygiene. Care plans we sampled were up to date and reviewed each month.

We observed staff helping people move between various areas of the home and we saw this was not rushed and staff maintained conversation with people throughout so they knew what was happening. The staff and the manager were visible to people and their visiting relatives and interacted with them with respect and in a way that responded to their requests appropriately.

During the two days of inspection we observed people participating in various activities and an activities programme highlighted activities that were available. One person told us they had started to draw again and another person was observed to be enjoying completing puzzle books. People and their relatives confirmed activities took place and spoke fondly of the singing, craft sessions and the hairdressing service. On one the day of the inspection many people accessed the visiting hairdressing service which they enjoyed and which was coordinated well by staff. We observed one person enjoying conversations with staff about their previous activity background.

There was an activities planner on display which included additional activities such as general knowledge quiz, pamper day for both men and women, baking, sensory afternoon, film afternoon, ball games and armchair exercises.

The registered manager's enthusiasm and knowledge of individual residents and their care and nursing needs was apparent and they expressed strong views about people being supported to maintain their individual interests, likes and dislikes. During the inspection we saw no evidence of anyone being discriminated against, and there was no suggestion of this from people we spoke with or their relatives.

The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff and relatives which meant staff understood how best to communicate with each individual person in a way that was meaningful to them. There was pictorial signage around the home, for example to the dining room and lounges to help some people understand where they were and talking newspapers were available.

There was a complaints policy in place and information on how to make a complaint was posted in the home. Any informal complaints were also captured. People we spoke with and their relatives said they had no complaints, but when they did have an issue or a concern they would express it to the manager and also take matters to the resident's meetings, for example one complaint about the washing facilities had been raised at a residents meeting, and was subsequently resolved.

Is the service well-led?

Our findings

At our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance. At this inspection we found significant improvement had been made regarding audits and governance but these had not identified and resolved the issues we found with the safe administration of medicines, which we have reported on in the Safe domain of this report.

There was evidence of systems to manage medicines in the home but governance and oversight needed improvement. These issues meant there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance.

There was a registered manager in post. 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.

The registered manager completed regular audits of all aspects of the service. This included medicines administration, topical medicines and creams, infection control, the environment, plans of care, accidents and incidents, end of life care, bed rails, staffing levels, people's rooms, mattresses commodes and wheelchairs, nurse call-bells, hand hygiene, kitchen and dietary needs. We found the increase in frequency and quality of these audits was helping to improve the quality of service delivery.

The registered manager used the results of the audits to help maintain and improve standards for example, staff had been reminded not to wear nail varnish and to always wear the correct uniform provided and redecoration had been undertaken following an audit of the environment. Where audits identified actions were needed, these were written into an action plan which tracked their progress. Learning was also derived from audits of accidents and incidents, for example a new chair sensor had been put into place for one person who was at risk of falling, to alert staff if they attempted to get up unassisted by staff.

The registered manager demonstrated a detailed knowledge of each person using the service and could answer questions about them without needing to ask other staff or refer to care file information. We saw the registered manager attended work each day at a time that allowed them to be part of the morning staff shift handover meeting between the night and day staff which assisted them to gain an immediate understanding of any changes to people's health and welfare that may have occurred during the night. This also afforded the opportunity to provide advice and guidance to the night staff team which helped them to feel better involved as part of the overall staff team.

Staff we spoke with told us management were very visible in the home and supported them well. Our observations throughout the inspection supported this view and we saw the registered manager was involved in supporting and advising staff and people who used the service. The registered manager displayed a positive approach throughout the inspection when accommodating our requests for

information and answering our questions and we found the appointment of an experienced registered manager had made a positive difference to the quality of care provided.

Staff told us and we saw for ourselves, that meetings took place on a regular basis and were undertaken at different times of the day to allow all staff to attend. We asked staff whether they felt supported by the registered manager, one staff member said, "The manager is very fair and I feel I can approach [manager name] without a doubt. When we have staff meetings we all input into the agenda. If you have anything you want to say personally you can write it down; you do have your chance to say what you think and things definitely get followed up." A second told us, "[Manager name] gets involved and I think is doing well up to now." People and their relatives told us they knew the registered manager by their first name and said they were always available for advice and assistance if needed, which we observed during the inspection.

Meetings with people who used the service were also regularly undertaken and we saw previous meetings had discussed CQC inspection findings, activities, care planning, food and menus, cleaning and laundry, refurbishment, visits to the local community and trips out and improving the home.

We looked at feedback from the most recent surveys undertaken with people and saw all people appreciated the the care they were receiving and the ability of the home to meet their needs. People also commented positively on the food provided and there were no suggestions for improvement; people had commented on how friendly and approachable the staff group were.

We saw the ratings from the last inspection were displayed in the home which is a legal requirement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not consistently protected against the risks associated with unsafe or unsuitable management of medicines. Regulation 12(2)(g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service had failed to: effectively assess, monitor and improve the quality and safety of the services provided; mitigate the risks relating to the health, safety and welfare of service users; evaluate and improve their practice. Regulation 17(1)(2)(a)(b)(f)