

The Norfolk And Norwich Association For The Blind

Thomas Tawell House

Inspection report

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16 November 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

The inspection at Thomas Tawell House was undertaken on 12, 13 and 16 November 2018. The first day of the inspection was unannounced.

Thomas Tawell House 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.

Thomas Tawell house is a care home supporting people living with visual impairments. The home was designed to support the independence of people living there. The home was a large one-story building with communal areas to allow people opportunity to have varied spaces in which they could relax, dine, undertake activities and even host events.

The home was registered to support 37 people, at the time of the inspection there were 24 people living in the home. Following the last inspection, the provider had taken the decision not to admit any further people to the home until improvements had been made. Shortly before this inspection new people had begun to be placed at the home.

Thomas Tawell had a registered manager who had been in post for approximately six months. 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.

At the last inspection we found six regulations to be in breach of the Health and Social Care Act (Regulated Activities) 2014. The home was found to be inadequate in the key questions of safe, responsive and well led and to require improvement in the key questions of effective and caring. The home was rated as inadequate overall. Since the last inspection there has been a change in the management structure of the home with a newly appointed registered manager and deputy in place. The nominated individual has also taken on a more proactive role in ensuring the service improved. The provider had recruited a consultancy company who had supported the service and had introduced basic and emergency plans including risk assessment and care planning to ensure people were kept safe.

Since the introduction of the new registered manager these were to develop and become a more comprehensive assessment tool which in turn would feed into more person-centred care plans. Work had begun to put this in place. We found the new management team including senior managers and the board members motivated and committed to continually drive improvement at the home.

Previous breaches had been found in regulations associated with staff and we had concerns about both the number of available staff and the training and support staff had received. We had concerns around how risks

were assessed and mitigated and how restrictive practice had been assessed for people who lacked capacity. We found breaches in the regulation associated with person centred care and found people were not involved as they should be with deciding their care. We found their preferences had not been met once they had moved into the home. We also found a lack of dedicated and appropriate activities. We had concerns that complaints procedures were not accessible to people and complaints had not been handled appropriately or recorded. Lastly, we had concerns around how the provider had monitored the service delivered and the accuracy of any monitoring undertaken as it had not been effective at identifying concerns.

A consistent approach to service improvement had been adopted since the last inspection. A comprehensive action plan had been provided to the Care Quality Commission following the last inspection and we were given an up to date one at the start of the inspection. This showed us ongoing systems were in place to identify, discuss and action any concerns or issues. The new registered manager had come into post after the initial support of the consultancy company ensured standards did not continue to worsen. This immediate and ongoing approach to take action to address concerns, had been sustained and had improved provision. This inspection found the provider had met all the identified breaches of the last inspection in November 2017.

As part of this inspection, we have made two recommendations to support the continued improvement of new systems and procedures as they were developing. We have recommended, people's care needs and associated risks were more frequently reviewed and care planning and assessment tools become more inclusive. The registered manager had taken steps to address this by the end of the inspection. The second recommendation has been given to ensure that the current system of monitoring and audit continued to develop and allow any analysis to identify themes and trends. This in turn would focus ongoing development where it was most needed.

This inspection found there were enough staff on duty, at all times. Staff had been safely recruited and were motivated and supported to deliver good quality care and support. People living in the home told us the support they received was appropriate and met their needs. People's nutritional and hydration needs were met with steps taken to provide additional support as required.

People were supported with their mobility and appropriate equipment and support was provided as required. Where people lacked the capacity the principles of the Mental Capacity Act were followed and best interest decisions were made to ensure appropriate consent was provided. Those living with capacity were involved and agreed with the development and changing of care plans used to support them. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Medicines were managed and administered safely and people told us they felt their preferences were respected and their health and wellbeing was promoted. Where people had complained these had been managed and successful outcomes had been provided. People were given choices and a programme of specific and appropriate activities were provided.

Staff who worked directly with people in the home showed us personable relationships had begun to embed and it was clear they considered people's needs throughout their day.

We saw risks had been assessed of the environment and all health and safety aspects of the service had been considered and risks managed. This included professional testing of equipment and ongoing monitoring of the service provided.

Meetings were held with both staff, people living in the home and relatives and everyone we spoke with told us they were kept informed and felt involved in decisions made in how the home was run. There was a system of audit and quality assurance that gave the management team information they needed to drive improvement in provision at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

We found risk assessments were still in basic form and identified where further assessment was required. This had begun to be implemented

Safeguarding procedures were developed and staff were trained and understood their responsibilities in keeping people safe.

There were enough dedicated and competent staff to meet people's needs.

Medicines were managed safely and people received their medicines as prescribed.

The provider had developed systems to learn from concerns. Further analysis was beginning to identify themes and trends.

There were dedicated infection prevention control procedures including audit and appropriate equipment.

Is the service effective?

Good ●

The service was effective.

Staff were well trained and supported by their peers and management. The timeliness of some training required additional thought.

The home completed comprehensive assessment of people's needs to ensure the home could support them effectively.

The chef took responsibility to ensure people's nutritional needs were met.

The provider group had services designed to meet the needs of people living with a visual impairment.

Referrals were made to other services to support people in remaining as independent as possible

The home was designed to meet the occupants needs

We found the home were following the principles of the Mental Capacity Act 2005 and sought consent as required from both those with and without capacity to make decisions themselves.

Is the service caring?

Good ●

The Service was caring.

Staff were kind and considerate to the people they supported.

We saw respectful and friendly interactions between staff and people living in the home.

People told us they felt involved in decisions around their daily activity and made plans for future activity

Is the service responsive?

Good ●

The service was responsive.

Care assessment and planning tools were a little disjointed and work was required to pull information together in a more person-centred format. The manager had begun to act by the end of the inspection

Staff knew people well and we saw activities and support was delivered in accordance to people's needs and preferences.

People were supported to maintain their independence where possible

There were a number of activities taking place over the inspection and we saw information for those planned both inside and outside of the home.

People told us if they needed to complain they felt they would be listened to and issues and concerns would be resolved.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led

A set of comprehensive quality audits was in place. The analysis of the collated monitoring was being developed to ensure the identification of themes and trends.

There was a clear values base at the home and staff and people

living in the home feel part of a positive environment.

Accountabilities and responsibilities were clear and the future direction of the home was driven by an improvement ethos

Actions from meetings and the collation of feedback helped to develop and embed a quality assurance and review system in place.

The home worked well with provider agencies and with other professionals to meet the needs of people in the home.

Thomas Tawell House

Detailed findings

Background to this inspection

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

This inspection took place on 12,13 and 16 November 2018. The first day was unannounced but the provider knew when we were returning to complete the inspection.

The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the expert by experience was living with a visual impairment and they joined us for the first day of the inspection.

Prior to the inspection we reviewed all the information we held about the home including notifications and information from the Local Authority and safeguarding team. We also reviewed information from a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to help us develop the plan we used for the inspection.

During the inspection we spoke with nine people who were living in the home and five of their relatives. We spoke with 11 staff including staff from the consultancy company, the registered manager and deputy and both senior carers and carers who worked both days and nights at the home.

We also spoke with the home's GP who completed weekly surgeries at the home.

We looked in detail at eight care plans and reviewed more for specific information. We looked at the records used to manage and administer medicines, records from the kitchen and management information used to monitor provision and support service delivery.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We looked around all areas of the home including the communal areas, people's bedrooms and the kitchen and laundry.

Is the service safe?

Our findings

At the last inspection in November 2017 the provider was found to be inadequate for keeping people safe. There had been changes in both the management and some staff since that time and the home had undergone and continued to undergo change. This had led to enough improvements to be made to rate the home good in the safe key question.

The provider was found to be in breach of Regulation 12 at the last inspection. We found risk assessments did not include the information required to keep people safe and mitigate identified and assessed risks. At this inspection we found new documents had been introduced. The risk assessments included high level information identifying potential risk to each individual. Risks were identified but information to mitigate them was not detailed on the initial document. We found the action taken to mitigate risks was mostly recorded in daily records, care plans and in response to accidents recorded on the accident forms. This included referrals to the movement and disorder clinic, the introduction of equipment including pressure mattresses, increases in weight monitoring and changes to support provided. This would include the requirement of two people to support people to move or more frequent repositioning of people at risk of pressure areas.

Accident and incident records were of a mixed quality but improvements were noted in the most recent records. However, the risk assessments documents used at the home were not routinely updated following all accidents. When we looked in people's care files and in other records in the home we could see action had been taken to address the risks.

We found the provider was assessing risks and taking appropriate action. However, records used were not beneficial for recording the action and the support provided to mitigate risks. We discussed this with the registered manager and by day three of the inspection they had developed a more comprehensive risk assessment tool and had completed one person's file which clearly showed a record of how the risks to the person would be mitigated in a person centred and agreed way with the person supported. The provider was now meeting the requirements of the regulation in that risks were assessed and action taken to mitigate them.

The last inspection found a breach to Regulation 13, safeguarding. It was noted that staff were unaware of how to escalate concerns of potential abuse and had not received sufficient training. We found this had been rectified at this inspection. The culture had become open and transparent and staff were motivated to improve practice. One staff member told us, "We are encouraged to talk about situations we are not happy with or if we see anything we don't agree with, we weren't before." We saw from training records that all staff had completed safeguarding training since the last inspection. There was information around the home on how to report concerns both internally to management and externally to the CQC and Local Authority safeguarding team. We saw referrals were made as required and found the provider was no longer in breach of this regulation.

Staffing was considered a concern at the last inspection and we found the provider was in breach of

Regulation 18 of the Health and Social Care Act 2008. Prior to the end of the last inspection staffing was increased. Following the last inspection, the provider had voluntarily made the decision not to accept any new placements of people until they were more confident in meeting the requirements of the regulations. The increased staffing had remained in place throughout reductions in numbers of people living in the home. Everyone we spoke with including staff and people in the home told us staff had much improved. One person told us, "It is much better now, staff have more time to spend with us and we don't feel rushed at all."

We were confident at the time of the inspection there were enough staff to meet people's needs in the home. The registered manager assured us they would begin to use an assessment tool that worked with the new care plans being developed. This would ensure the provider was aware of the correct numbers and skills of staff to meet people's needs as the numbers of people in the home grew.

We reviewed the personnel files of five staff. This included staff new to post and those who had been in post for a considerable time. Records of recruitment were complete and included application forms, interview records and appropriate checks of the suitability of potential staff. The provider ensured checks were made with the Disclosure and Barring Service (DBS) and two suitable references were collected for each prospective employee. Where any concerns were noted at this stage additional information was gathered and appropriate risk assessments completed before staff were employed. We found the recruitment procedures were equitable. Some eligibility to work in the UK documents were missing from the files and we were assured they would be checked and put back on the personnel record.

The home had an emergency fire box to the front of the building and both the manager and the fire department had a key to the box. The box held up to date personal evacuation plans for each person in the home. We looked at the records for monitoring fire equipment and found these were completed in line with best practice guidelines. We also looked at the professional testing of equipment and gas and electrical installations in the home. We found these were all in date and if any issues were identified they were addressed. This showed us the provider ensured all equipment in the home was regularly tested and safe to use.

We observed how staff administered medicines to people in the home and saw this was done with patience and in line with people's prescriptions. We reviewed the records used to manage the administration of medicines and found them to be accurate and contained good person-centred information as to how people liked to take their medicines. There were protocols for the administration of medicines people took as and when circumstances dictated including when they were in pain. There was good information for staff to recognise symptoms of people who were unable to verbalise them to staff. This included changes in appetite, mood and facial expressions. People told us they received their medicines on time and how they liked them. One person told us, "I am diabetic and need my medicine at certain times and I get them when I need them."

We reconciled four medicines and found them to be accurate. Staff were trained and their competency tested. Appropriate records and systems were in place for the receipt, storage, ordering and disposal of medicines. We saw the fridge temperature was close to its maximum temperature on occasions and was told it could sometimes be too close to the wall behind. We were assured this would be rectified.

We saw good evidence of learning from incidents and concerns including a comprehensive plan on addressing the concerns identified at the last inspection. The staff team were involved in driving improvements and issues such as complaints, accidents and quality standards were discussed at team meetings where actions were agreed and signed off.

Prevention and control of infection policies and procedures were in place which accounted for the cleanliness of the home and the protection of staff and people from infection. There was enough suitable personal protective equipment available and monitoring and audits were completed ensuring the building cleanliness and equipment was kept to a good standard. Much of the furniture and fittings in the home had been replaced and updated since the last inspection. The home was fresh and clean throughout the three days inspection staff were on site.

Is the service effective?

Our findings

At the inspection in November 2017 the provider was rated as requires improvement for delivering an effective service to people. There had been changes in both the management and some staff since that time and the home had undergone and continued to undergo change to drive improvement. This has led to enough improvement to be made to now rate this key question as good.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

At the inspection in November 2017 the provider was found in breach of Regulation 13 of the Health and Social Care Act 2008. We found the provider did not follow the principles of the Mental Capacity Act (MCA) when applying restrictive practices such as the use of bed rails. Bedrails and other restrictive practice were used to keep people safe. When people lack capacity to agree to the use of restrictive practice then decisions must be made and recorded in their best interest. This was not the case at the last inspection. During this inspection we reviewed the care plans of three people who were supported with equipment that required consent or assessment under the MCA. We found the provider had considered the capacity of each person prior to the equipment's use and had completed a decision specific assessment for one person who had fluctuating capacity. This had then led to a best interest decision being undertaken for the equipment to be used. The decision was signed off by the person completing the assessment and a family member for the individual. We found the provider had taken the appropriate action to meet this regulation and were no longer in breach of Regulation 13.

We reviewed the documentation used by the home to support people living without or with fluctuating capacity and found there were some contradiction between the paperwork. For example, the procedure stated if someone had a Power of Attorney for care and welfare then they must sign and consent to all decisions. However, as in most cases where people have Power of Attorneys in place they may still have capacity and as such should still be asked for their consent in all cases. We discussed this with the registered manager who informed us the new paperwork would not be ambiguous as to who should give consent and when.

The provider had developed an assessment tool for all aspects of daily living and completed an assessment of people's capacity to complete them independently. If they were unable then further assessment would be

completed to ensure their autonomy and independence was upheld whilst receiving the required level of support.

People told us and we saw they were asked for consent throughout the day. This included if they wanted support to the dining room or support with their personal care.

We spoke with people about their perception of staff being able to meet their needs and got some very positive comments including, "Staff understand my needs very well." And, "I need 24-hour care and that's what I get, it's fantastic." Another person said, "This is definitely the best place I have been in."

At the last inspection we found staff had not received the required training and support they needed to confidently support the people they were supporting. We spoke with staff about this who all told us they had completed lots of training since the last inspection. Training records were provided which showed all staff had completed mandatory training as deemed necessary by the provider in the last 12 months. Mandatory training for the home also included specialist training in visual awareness. We noted that mandatory training was mostly scheduled every three years with some including moving and handling and safeguarding being required every two years. The provider had taken the appropriate action to ensure staff were appropriately trained and supported to meet people's needs and we found they were no longer in breach of the associated regulation. However, we are concerned at the frequency of some of the mandatory training. Good practice guidelines and regulations can change frequently and we would not judge training every three years would keep staff informed of those changes. The registered manager assured us they would ensure training was delivered as changes occurred in best practice.

Staff new to post received a comprehensive induction which included days shadowing other staff and the completion of some training prior to working a shift as part of the rota. Regular staff meetings took place and supervision was undertaken which included observational, competency testing in medicines and moving and handling and group supervisions to discuss changes in work practice. A staff toilet held posters on the wall and other information which was regularly updated. The aptly named "learning loo" was a good source of information which staff told us was read and understood. We also saw appraisals were beginning to take place and a plan was in place for these to be undertaken for everyone in 2019.

We saw information was collated on people's needs to develop a holistic assessment which was used to develop risk management and care plans. Sensory assessments were also completed to develop more comprehensive plans of care to meet specific needs associated with any visual or sensory impairment. This assessment information was currently disjointed and when we discussed this with the registered manager, development of the plans was completed by the last day of the inspection. We were told each plan would be reviewed to ensure the completion and inclusion of all information to develop person centred plans of care for everyone in the home.

We saw staff took their time with people they were supporting and considered how they supported people. We saw staff slowing down as they approached junctions in the home's corridors anticipating if someone was coming around from the other direction. When staff joined a group of people they introduced themselves and said what they were doing there. This could be, "I am just sitting here watching." Or asking people specific questions such as, "Would you like a cup of tea or coffee."

Each person in the home had a nutritional assessment and the chef led the assessment and review of people's nutritional needs. They completed monthly assessments and universal screening tools were used to depict areas of need and risk. The chef used this information to ascertain where more support was required to regain lost weight or additional support needs needed to be addressed via referral to more

specialist services.

People were regularly weighed and this information was used to support the chef's assessments. Additional monitoring of people's nutritional and hydration intake was monitored if risks in this area increased and we saw specialist diets were provided if required.

People we spoke with told us the food was good. One person told us, "The food is very good, I am a diabetic and they make sure I get the right diet." Another person told us, "I now eat everything up which is good as I used to not eat so well."

At lunch time we heard staff telling people where food was on their plate using a clock face to orientate them to the placement of food on the plate. We saw a good array of cutlery and crockery was used and saw most people ate independently with the additional support the adaptive utensils and crockery provided.

The home had a weekly GP clinic which allowed people with complex needs to receive appropriate medical support. The GP reviewed medicines for people and made referrals as required to other services including the falls team and specialist services including the SALT (Speech and language therapist) and mental health and memory clinic. The provider had a number of dedicated services on the site which the home was a part of. These included specialists visual aid equipment, activity coordinators and therapists. These services were managed through the same board and support was provided to people in the home as required.

The home had been designed specifically with the needs of those who were visually impaired. Each door had a raised number both at eyeline height and wheelchair height. Information was available on notice boards in braille and flooring was textured to depict different areas in the home. This included the same textured surface under foot for each junction in the home and a darkly coloured flooring at each exit location.

The building had recently been decorated and refurbished and all the furniture was in excellent condition. The dining room area was soon to be redeveloped to encompass a more social eating space as well as more formal dining area so the choice was available to those in the home.

Is the service caring?

Our findings

At the last inspection in November 2017 the provider was found to require improvement in the caring key question. Fundamental changes to how the home was managed had seen improvements in this area. People told us they felt involved with both how their own care was delivered and in how the home had moved forward. These changes have allowed the caring key question to now be rated as good.

The last inspection found the provider in breach of Regulation 9 Of the Health and Social Care Act (Regulated Activities) Regulations 2014. Regulation 9 includes the requirement to involve people in the ongoing development of the care they received. We found people had expressed preferences and choices at the point of admission which were not implemented and followed once the person had taken up placement at the home. During this current inspection we found all care plans had been rewritten and everybody had been involved in the reassessment of their needs. Care plans were signed by people or their appropriate appointed person and we were told the care requested was delivered. One person told us, "The staff are always nice and friendly and they are very good at making me happy." The same person's relative told us, "The staff are marvellous and make sure [my relative] attends the football which they have always loved." Another person told us, "The staff know me really well and make sure I'm looked after. I like to get up early every morning and have a shower and this always happens." The information we saw and were told allowed us to confidently say the breach previously found had been addressed. The provider was no longer in breach of Regulation 9 of the Health and Social Care Act 2008.

Since the last inspection the provider had listened to the views of people and had made a number of changes, this included putting doorbells on the bedroom doors of those that requested them. A comprehensive programme of activities and social events now took place and importantly the death of a resident was acknowledged and people had opportunity to engage with memorials and attend the funerals of those they had lived with if they choose. On the day of the inspection a memorial was being held for a resident who had recently died. People we spoke with told us how important they felt this was. People lived with visual impairment and therefore could not see if people were no longer around. The sharing of this sad information in a formal way, allowed people in the home to grieve together in a timely and sensitive way.

We saw people were asked their views throughout the day at the home and saw care plans were developed around people's preferences including when they liked to bath or shower and how much support they wanted to receive in these instances. We found during observations that staff were always on hand to provide support if it was requested or required and people were given the opportunity to be independent. We found a 'would you like me to help you with that' approach to care delivery and support rather than a 'let me help you with that' approach. People we spoke with appreciated that and we were told that the support provided was exactly right for the individual. One relative told us, "[family member] has been bed bound for three years and never had a bed sore." Another relative told us, "[family member] likes to stay in their room but they have lots of company and staff always pop their head around the door to say hello. All the new activities have also encouraged them to come out of their room a bit more so everything is improving."

Everybody we spoke with told us they were treated respectfully and we saw positive and dignified

interactions between people throughout our inspection. Staff were consistently aware of the impact of their presence in someone's space and always introduced themselves, we saw this naturally comforted people who were living with more progressed visual impairment.

People told us they felt listened to and were involved with the journey the home had been on. One person told us they had been nominated as a resident representative and was now part of a committee involved with developing and improving the service. We saw the next meeting was scheduled for the following week and were told the design of the dining room area was to be discussed. Everyone had been provided with a 'smart speaker'. This was a piece of technology where you spoke to a small speaker connected to the internet and could ask it any question you liked and it would answer. The speaker would also play music at request and answer questions about the weather. People we spoke with were very impressed with the technology and any issues were also to be discussed at the next meeting.

We saw staff knock or ring the doorbells of rooms before they entered and introduce themselves as they walked in, asking for both consent to enter and offer the person choice or give consent to the support offered or question asked.

The home had an open-door visitor's policy and visitors told us they were always welcomed. They could eat with their family members if they so choose and were also involved with relative meetings to feedback on the service provided and be kept informed of changes being made.

We asked people if they always had access to any aids they needed for both communication and mobility and were told yes. One person told us, "My hearing aids are checked daily and I always know where they are." We saw people had access to daily papers and other reading materials and we saw two Norfolk and Norwich association for the blind newsletters were being made available in both a typed and braille format. The home was on a site owned by the Norfolk and Norwich association for the blind. The site was also used by a supported tenancy scheme, an activity centre, an aids and adaptations centre and office space for the organisation. The whole site had a community feel with beautiful gardens, which at the time of the inspection were decorated for Christmas and a flower bed had been designed as a Christmas tree. People we spoke with across the site and specifically in the home had a pride for their home and the community in which they lived.

Is the service responsive?

Our findings

At the inspection in November 2017 the provider was found to be inadequate for being responsive to people's needs. As in previous key questions there had been fundamental and driven improvements made to how responsive the home was and we now found this key question was rated as good.

At the last inspection we found the home in breach of Regulation 9, person centred care. We found there was not a focused and thought through plan of delivered activities. There had been massive improvements in this area. This was very clear by the array of decorations and weaved baskets available in the activity room which had all been made by people in the home. We saw a weekly programme of activities which was clearly defined and focused to meet the needs of people who were visually impaired. Activities were tactile and included stimulation for all the senses to truly engage with people who were living with visual impairments. We saw people using a giant parachute who were making waves and causing wind to blow and bounce soft balls on top of the chute. We heard staff continuously engage with people involved with the activity to encourage and anticipate involvement and next steps. This included when a ball was coming their way and for them to interact with it as they so choose. To catch and feel it or to throw it back on the chute. Soft music was playing and people were laughing and joking whilst engaged in the activity.

The home had access to two activity coordinators who were skilled in different areas. One led on craft type activities and the other on sporty activities. We saw activities done in groups but included an individual aspect such as basket weaving or chair exercises and others completed alone but formed part of a group project such as crochet or knitting individual squares for a larger blanket. People in the home were all involved with the new programme of activities and each told us how they had improved. One relative told us, "The new activity programme has really bought [relative] out of themselves, they are nothing less than a new person." Another told us, "Activities are much better, we are doing baskets, knitting, flower arranging. Wow, I can't tell you how much better it is."

The conversations we had with people reinforced the knowledge at how big a difference appropriate activity can have on an individual's wellbeing. We have confidently been able to say the provider is no longer in breach of this regulation.

Complaints were also a concern at the last inspection and we found the provider in breach of Regulation 16 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We previously found the procedure was not accessible to people in the home and people we spoke with did not know how to complain. Since the last inspection the procedure had been given and discussed with each person in the home. The procedure was available on notice boards in type and braille (a raised tactile typeface for people who can read via touch). At the last inspection there had not been a recorded complaint since 2013.

We asked to see the available complaints file and were shown an organised file for complaints and compliments. The procedure was available at the front of the file and had clear guidance on how to handle, investigate and conclude complaints. We saw there had been one written and one verbal complaint received in the last 12 months. Both had been concluded to the persons satisfaction. The procedure had a

built-in appeals process which had not been required for either of the recorded complaints. We found that the action taken since the last inspection was enough to ensure the provider met the requirements of the regulation and they were no longer in breach of the regulation associated with complaints.

We looked at the care files for eight people living in the home. We found they included information on each person's risks and needs to support good health and wellbeing. We saw primary assessments had been completed in core key areas to ascertain if help and support was required. We saw from the developed paperwork that reviews were due to take place every six months. We looked at three files for people who we knew had changes to their support needs in the preceding six months of the inspection.

We found the recording of information was currently inconsistent. One person was in receipt of palliative care and records had been correctly updated to include information on end of life and any additional support required. Another person had fallen twice in September and once in October and their risk assessment review stated no change and no additional information had been added to their file to better support them. However, they had been referred to the movement and disorder clinic as was noted within their care plan and professional visits section. Information was contradictory as to when and how they used their walking frame to mobilise. One plan stated they did not use their frame in their room and another said they used it to move to and from their chair. We found the third file included similar information to the second. The risk assessment documentation was limited in that there was not enough space to include updated information. One document included information on all risks to the individual so when one risk increased or decreased a complete new document needed to be rewritten. We spoke with the registered manager about their thoughts on the care file information and how useable the format was when people's needs changed. We also discussed the six-monthly review and whether this was suitable when the document included so much information on the individual. The registered manager agreed that reviews would be made as people's needs changed and at least monthly. The registered manager showed us a newly developed care plan and assessment tool which was better than the one currently in use.

The provider had arranged for each individual to have a comprehensive sensory assessment and care plan. These documents reviewed the impact of any sensory loss on all aspects of their life and care needs. The document included support needs because of the sensory loss. However, these documents stood alone outside of the risk assessment and care plans and should form a fundamental part of each person's care needs assessment and care plan. Again, we discussed this with the registered manager who ensured the information was added to the care files for each person.

Current information used to assess people's needs and develop care plans was disjointed and information was at times contradictory. However, there was clear evidence people's increasing needs were met either directly from staff at the home or via referral to more specialist services. The new care file information had been drawn up for one person in the home whose care we had discussed. The tool could be easily updated and reviewed as people's needs changed. It was clear the document in use at the time of the inspection was used to ensure people's needs were understood and met to keep people safe. Moving forward an assessment and care plan tool was being developed to ensure it reflected and recorded how people's needs were being met in a person-centred way.

We recommend the provider reviews the available information and develops a comprehensive and person-centred plan which includes all information and is easy for staff to follow.

The files we reviewed included information about people's preferences at the end of their life including a final wishes document and preferred priorities of care. We saw many Do Not Attempt Cardio Pulmonary Resuscitation DNACPR documents that had been completed correctly and were reviewed as and when

required. We spoke with the registered manager about end of life care and were told they were to develop advanced care planning documentation to support the current end of life care planning.

Is the service well-led?

Our findings

At the last inspection in November 2017 the provider was found to be inadequate at being well led. By the time of this inspection there had been changes in both the management and some staff. Immediate action was taken as a result of the last inspection and a comprehensive live action plan was developed and worked through. The provider had undergone and continued to seek to drive improvement. Some systems and processes were still developing. It is acknowledged the registered manager will progress this but at the time of the inspection there was still work to do. This key question is now rated as requires improvement.

Following the last inspection, the provider sent the Care Quality Commission an action plan informing us of the action they were to take to address the concerns raised. As part of this inspection we reviewed that action plan and were provided with an update. We found the provider had been proactive at addressing concerns immediately following the last inspection by commissioning support from a local consultancy firm. The firm took immediate steps in addressing shortfalls and developed a system where concerns at the home should not worsen. This included redrawing everyone's care plans with the involvement of people in the home and their representatives where appropriate. Staff were given the key skills and training to meet people's needs. Staff numbers immediately increased whilst the provider took the decision not to increase the number of people living in the home. This allowed a period of breathing space for improvements to be made.

The last inspection found the provider in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This regulation is associated with quality audit and monitoring of the service. It was found that audits had not identified concerns and action had not been taken to address concerns where they were identified. A new suite of audits was immediately introduced and following the recruitment of the new registered manager these had been further developed. Quality assurance processes included information to evidence the provider was addressing the key questions identified through the key lines of enquiry used in the inspection methodology. We found audits were comprehensive and complete in identifying concerns. Systems had been developed to action any concerns and improvement planning was ongoing. We found that regular audits and monitoring required some additional analysis to identify themes and trends. When this is completed it will allow the provider to focus action where it is required most. We spoke with the registered manager about this and they acknowledged work needed to be done in this area.

We recommend monitoring specifically around accidents/incidents and complaints is developed to allow additional analysis of themes and trends. This information can be used to drive quality and reduce risk of reoccurrence.

The provider had adopted a transparent approach in how they managed the findings of the last inspection. Staff in the home, people living in the home and their relatives and the highest board level members had all been invited to become involved with taking appropriate action to both resolve the issues and minimise risks of the issues arising again. A whole system approach had been developed and the recruitment of a new registered manager was central to this. Since the recruitment of the new manager systems introduced by the consultancy company had been improved and were continuing to improve. The recommendations

made within the report support the registered manager's own view of what needs to be done. The provider had redesigned procedures encompassing both quality audit and quality assurance involving both staff and people in the home in the required improvements. It was clear from talking to people they were aware of the previous inspection report and were all motivated and confident the situation had improved.

We spoke with the visiting GP who told us the staff at the home had become more engaged in the weekly surgeries and they worked well in implementing suggestions and advice given by the GP. They were confident the relationship would continue to develop under the new registered manager.

Staff told us they felt supported by both management and their peers and were keen to settle into a more positive way of working with people in the home. Some concerns were raised in relation to staffing numbers increasing in line with new people being admitted to the home. We reviewed the dependency tool used at the time of the inspection and could not see how it correlated to the information in the care plans. The registered manager assured us they knew of a tool which would be more purposeful in ensuring the right number and skills of staff were in post to meet people's needs both now and moving forward when more people were placed.

We found notifications were sent to the commission as required in line with the registration and the home's management and staff team were open with the inspection team during the inspection. The manager was knowledgeable in changing key policy and regulations and had taken steps to share the information with staff via the 'learning loo'. The consultancy service was to continue to act as a form of external validation moving forward into 2019.

Questionnaires had recently been completed on service quality by people in the home and relatives and feedback was positive. There was one outstanding action which the registered manager was aware of. People in the home had requested a trolley service with newsagent type items for sale. The manager was sourcing the trolley and was hoping this would be in place shortly after the inspection. Staff had also completed a survey in September 2017 where the staff room was raised as a concern. This had been addressed by the time of this inspection.

Meetings were being held with all interested parties and nominated people from the home sat on a formal committee to agree fundamental changes to how the home was managed and the design of the environment.

Staff held various champion roles which included additional training and sharing information with the rest of the staff team in meetings. Roles included nutrition champion and safeguarding champion roles.

Resident of the day was being implemented which included that the person's file being reviewed and them being involved in the choices of the day and the key worker role was beginning to embed. The key worker role is one taken on by staff members and they are paired with specific people in the home to promote positive relationships where each spend dedicated time to get to know each other. This was important as there had been a number of staff changes and this role helped people getting to know staff.