Palmgrange Limited

Clairleigh Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
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 30 and 31 March 2017 and was unannounced. At our last inspection of the service in January 2015 we found that the provider was meeting regulatory requirements. Clairleigh Nursing Home provides accommodation and nursing care for up to 30 people. At the time of our inspection 26 people were living at the service. The home had 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 and associated Regulations about how the service is run.

At this inspection we identified a breach of regulations because risks to people had not always been accurately assessed or action taken to manage risks safely. We also found a further breach of regulations because the provider's systems for monitoring the quality and safety of the service were not always effective in driving improvements and the monitoring system for conditions placed on people's Deprivation of Liberty Safeguards (DoLS) authorisations did not always ensure conditions were met. We also found that records relating to people's care were not always up to date or provided conflicting information about people's current conditions.

You can see what action we told the provider to take in respect of these breaches at the back of the full version of the report.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and the action to take if they suspected abuse. There were sufficient staff to meet people's needs and the provider followed safe recruitment practices, although improvement was required to ensure professional references were provided by staff wherever possible and that the roles of referees were clearly identified when references were provided.

Staff were supported in their roles through an induction and training, and through regular supervision, although improvement was required to ensure all staff were up to date with training in areas considered mandatory by the provider. People's medicines were stored securely and administered safely by trained staff.

Staff sought consent from people when offering them support and the provider worked within the requirements of the Mental Capacity Act 2005 (MCA) to ensure decisions were made in people's best interests, where they lack capacity to made specific decisions for themselves. People were supported to eat and drink sufficient amounts and to access to a range of healthcare services when required.

People told us staff were kind and caring. Staff treated people with dignity and respected their privacy. People were involved in decisions about their care and treatment and had been consulted with regards to the planning of the care. People's care plans were reviewed on a regular basis and reflected their individual needs and preferences. People were supported to take part in a range of activities they enjoyed and were

able to maintain the relationships which were important to them.

Any complaints received by the service had been dealt with in line with the provider's complaint's policy and procedure which was accessible for review by people and relatives when required. The provider had systems in place to seek feedback from people and we saw examples of improvements having been made at the service in response to people's feedback. People, staff and healthcare professionals spoke highly of the registered manager and their leadership within the service. The provider and registered manager also had a strong focus on making continuous improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people had not always been accurately assessed and action had not always been taken to manage risks safely.

The provider followed safe recruitment practices but improvement was required to the processes followed by the service when seeking references for new staff.

There were sufficient staff to meet people's needs.

People were protected from the risk of abuse because staff were aware of the types of abuse that could occur and the action to take if they suspected abuse.

Medicines were managed safely

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were aware of the importance of seeking consent from people and the service complied with the requirements of the Mental Capacity Act 2005 (MCA). The registered manager had made appropriate applications to deprive people of their liberty under the Deprivation of Liberty Safeguards, however systems were not in place to identify any conditions placed on people's DoLS authorisations.

Staff undertook an induction and training in a range of areas when starting work at the service. However improvement was required to ensure all staff were up to date with training considered mandatory by the provider. Staff were supported in their roles through regular supervision and an annual appraisal of their performance.

People were supported to maintain a balanced diet and to access a range of healthcare services when required.

Is the service caring?

Good

The service was caring.

People told us staff treated them with kindness and consideration.

Staff respected people's privacy and treated them with dignity.

People were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People had care plans in place which were reviewed on a regular basis and reflected their individual needs and preferences.

People were supported to take part in a range of activities to promote social stimulation. Staff encouraged people to maintain their independence where possible.

The provider had a complaints policy and procedure in place and people told us they were confident any issues they raised would be dealt with appropriately.

Is the service well-led?

Requires Improvement

Improvement was required to ensure the service was consistently well-led.

The provider undertook a range of audits at the service but these were not always frequent and did not always effectively identify issues or drive improvements. Other records relating to people's care and treatment were not always adequately maintained.

People spoke positively about the registered manager and the current management of the service.

The provider had systems in place to seek and act on feedback from people and relatives. The service had a focus on making continuous improvements.

Clairleigh Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 March 2017 and was unannounced. The inspection team consisted of one inspector on both days of the inspection. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law.

We also contacted a local authority involved in monitoring the service, to seek their feedback, including any information they held about complaints or safeguarding investigations. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to provide some key information about the service, what the service does well and any improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spent time observing the care and support being delivered by staff. We also 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 spoke with eight people, six relatives and two visiting healthcare professionals to seek their views on the service.

We also spoke with six staff, the registered manager the provider and a member of the provider's senior management team. We reviewed records, including six people's care files, five staff files, staff training and supervision records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Risks to people had not always been accurately assessed and action had not always been taken to manage risks safely. Records showed that risks to people had been assessed in a range of areas including moving and handling, skin integrity, malnutrition, choking, the risk of falls and risks associated with the use of equipment such as bed rails. These assessments had been reviewed on a regular basis to ensure they remained up to date and reflective of people's current conditions.

However, we found that assessment tools had not always been used correctly to determine risk levels. For example, one person's malnutrition risk assessment had not identified the weight they had lost over a four month period as placing them at a higher risk level in line with the risk assessment tool guidance. The failure to calculate malnutrition risk levels correctly placed people at risk of not having any potential weight loss acted upon in line with the risk management guidance used by the provider.

We also found that action had not always been taken to demonstrate that areas of identified risk had been safely managed by staff. For example, where risks to people's skin integrity had been identified we saw guidance was in place for staff to reposition people on a regular basis. However repositioning records completed by staff for two people showed that people had not always been repositioned at the frequency specified in their risk assessments. This placed their skin integrity at increased risk. In another example we found that staff had identified that one person had lost a significant amount of weight over a six month period and had been identified as being at high risk of malnutrition. We spoke to the registered manager about this and they confirmed that whilst a GP had been involved in the person's care during that period, staff should have made a referral to a dietician as a result of the weight loss, but a referral had not been made.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). During the inspection the registered manager took action and made a dietician referral for the person we had identified. Following the inspection they also confirmed that they would be retraining staff on the use of risk assessment tools and had made changes to ensure the need to reposition people whose skin integrity was at risk could be monitored and addressed more easily within the service to ensure it was safely managed. We will follow up on these issues at our next inspection.

There were arrangements in place to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place which were up to date and provided information on the support people required to evacuate safely. Regular fire drills had been conducted at the service and staff were aware of the action to take in the event of a medical emergency or fire. Records also showed regular checks had been made on emergency equipment within the service to ensure it was fit for purpose should the need to use it arise.

There were sufficient staff deployed within the service to safely meet people's needs, although we received mixed feedback from people about the speed at which staff were available to support them on some occasions. All but one of the people we spoke with regarding staffing levels told us staff were quick to support them when needed. One person said, "The staff come when I call them. I needed help at 2am this

morning and they came promptly." Another person commented, "If I have an emergency, the staff will come and support me very quickly." However, one person told us, "They [staff] come and check on me if I use my call bell, but can't always help me immediately if they're busy elsewhere." They explained that this had meant they had needed to wait to go to the toilet on occasions which they found uncomfortable, although they spoke positively about the support they received and told us they felt their needs were well met by staff.

Staff told us they thought current staffing levels enabled them to meet people's needs. One staff member told us, "There's pressure to meet everyone's needs, but there are enough of us [staff] to do so safely." The registered manager explained that staffing levels were calculated using a dependency tool and records showed staffing levels reflected these calculations. We observed staff responded promptly to people's call bells and were on hand to support people promptly in communal areas when needed during our inspection.

The provider followed safe recruitment practices although improvement was required to the checks made to ensure staff were of good character. The provider had undertaken criminal records checks and had sought references prior to new staff starting work. However, the positions of referees were not always clearly identified and did not always reflect the reference details provided in staff member's application forms. We also found one example where it was not clear whether the provider had attempted to seek a professional reference for one person whose file contained a personal reference, despite their employment history suggesting this would have been possible.

Staff files also contained completed application forms which included details of each staff member's qualifications, full employment history and information about the reasons for any gaps in employment. Records also contained copies of staff identification, confirmation of their right to work in the UK (where applicable) and details of nursing staff member's professional registrations to help ensure their suitability for the roles they had applied for.

Medicines were managed safely at the service. People told us they received their medicines as prescribed. One person said, "I get my medicines on time; the staff are very regular with them." Another person told us, "The staff make sure I take my medicines; there have been no problems."

Medicines were only administered by trained staff whose competency to do so had been assessed. Medicines were stored securely within locked trolleys in secure rooms within the service. Where people had been prescribed controlled drugs, these were stored within a locked controlled drug cupboard, in line with regulatory requirements and medicines requiring refrigeration were securely stored in medicines refrigerators. Records showed regular checks were made on the temperatures of storage areas to ensure they remained within safe ranges.

People's medicines administration records (MARs) included a copy of their photograph and details of any medicines allergies, to help reduce the risks associated with medicines administration. The MARs we reviewed had been completed by staff to confirm people had received their medicines as prescribed and the information they contained accurately reflected the remaining stocks of people's medicines when cross referenced.

People were protected from the risk of abuse. One person told us, "I feel quite safe living here." A visiting relative said, "My mind is at rest knowing [their loved one] is well looked after." Staff we spoke with were aware of the potential types of abuse and knew the action to take if they suspected abuse had occurred. The registered manager was the safeguarding lead for the home and knew the process to follow to report any allegations of abuse to the local authority safeguarding team and CQC. We saw guidance in place for staff on

how to report any concerns and staff we spoke with were aware of the provider's whistle blowing policy. One staff member told us, "We have to report any safeguarding concerns to the manager. If I felt I needed to, I would also report any concerns to the social services or CQC."

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were aware of the importance of seeking consent from people when offering them support. One staff member told us, "We would never force anyone to do anything against their wishes; it's their choice." This was confirmed by people we spoke with. For example, one person told us, "They [staff] help me when I need it and talk to me to make sure I'm OK with what they're doing, for example when helping me to have a wash."

We saw mental capacity assessments had been conducted where people had been identified as potentially lacking capacity to make specific decisions about their care and support, in line with the requirements of the MCA. We found that where people had been assessed as lacking capacity, records showed that decisions had been made in their best interests, involving relatives and relevant healthcare professionals, where applicable. For example where one person had been refusing to take their medicines, we saw the option to administer medicines covertly had been discussed and agreed upon by this person's GP, pharmacist and relatives.

The registered manager understood the conditions under which a person may be considered to be deprived of their liberty and knew the process for submitting applications to the relevant local authority, in line with the requirements of the DoLS. Records showed appropriate applications had been made, and authorisations granted to ensure people's freedoms were not unnecessarily restricted.

However, the registered manager told us they were not aware of whether any conditions had been placed on people's DoLS authorisations. We found one person's DoLS authorisation included a condition requiring that the provider undertake a range of mental capacity assessments on decisions around the person's care planning but this had not been complied with. The registered manager took action and confirmed they had addressed this issue following the inspection.

People and relatives spoke positively about the competence of full time staff at the service. One person told us, "I need to be hoisted every day and the staff are very competent." A relative said, "[Their loved one] has twice been assessed as being at end of life and on both occasions the staff here have nursed them back to

health; they do a great job." One person suggested that the competency of agency staff could be improved but acknowledged they were happy that their needs were being met.

Staff also told us they felt they had the skills needed to perform their roles confidently and confirmed they had completed an induction when they started work at the service which included a period of orientation, time spent familiarising themselves with the provider's policies and procedures, and a period shadowing more experienced colleagues. The registered manager also told us they were in the process of identifying which new staff may benefit from completing the care certificate, which is a nationally recognised programme, although this was still to be rolled out at the service at the time of our inspection.

Records showed most staff had undertaken training in a range of areas considered mandatory by the provider including safeguarding vulnerable adults, moving and positioning, fire safety, first aid, food safety and equality and diversity. We also noted that staff undertook training in other areas specific to people's health conditions, for example stroke awareness, diabetes awareness, dementia and pressure area awareness. However improvement was required because some staff were not up to date with their training requirements. For example, only 74% were up to date with food safety training and fewer than 50% of staff were up to date with diabetes awareness and stroke awareness training, where this had been identified as a requirement for their roles. We raised this issue with the registered manager and they confirmed they would ensure any outstanding refresher training was completed by staff as required. Following the inspection the registered manager sent us information confirming they were making improvements in this area.

Staff confirmed they received support in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "Supervision is helpful; it gives me direction on areas in which I can improve and I can talk about any issues I have." Records confirmed that staff received supervision on a regular basis. The registered manager had also identified when annual appraisals were due for staff and was in the process of carrying these out.

People's nutritional needs were met. Whilst we received mixed feedback from people about the food on offer at the service, the majority spoke positively about the food choices available to them. One person told us, "The food on the whole is excellent. I get more than enough to eat and we get plenty to drink as well." Another person said, "We get a choice of meals and there's always a lot to eat." A third person commented, "The food is mostly good. Sometimes I don't like the options on offer, but they'll always find me something and we get plenty to eat."

People were offered a choice of meals each day and were able to eat in a place of their choosing; for example in dining areas or their bedrooms. Staff were on hand to support people with their meals where required. We observed the lunchtime meal in a dining area during which most people were able to eat independently. We also saw staff supporting people on a one to one basis with their meals where they were unable to manage this for themselves. Where one person declined the meal option they had chosen, staff arranged for an alternative to be provided.

Kitchen staff were aware of people's specific dietary needs as well as their likes and dislikes. We saw details of people's allergies were recorded in the kitchen for staff to review. Relevant dietary information, for example guidance from a speech and language therapist (SALT) about the required consistency of people's meals where they had been assessed as being at risk of choking was also available for staff. We spoke with a SALT who was visiting the service at the time of our inspection. They told us whilst there had been one or two issues in following guidance they had left with staff under the previous manager, the return to the service of the current registered manager, who had worked at the home previously, was a positive point in helping to ensure people's needs were appropriately managed.

People were support to access a range of healthcare services when needed. Records showed people healthcare needs were met by a range of healthcare professionals including a GP, SALT, dietician, dentist and podiatrist. One person told us, "Staff help arrange any appointments I need for me." Another person said, "The manager arranged some physiotherapy for me because I want to get back up and walking again. I had my first appointment this week." A podiatrist who visited the service on a regular basis told us, "The staff keep me well informed [about people's needs]. We have a good line of communication and any recommendations I make are followed."

Good

Is the service caring?

Our findings

People and relatives told us that staff treated them with kindness and consideration. One person said, "The staff are all lovely. I have my favourites but they're all very nice." Another person commented, "All the staff are wonderfully kind people and very caring." A relative told us, "The staff seem very caring. [Their loved one] always tells me they're kind." Another relative said, "[Their loved one] responds well to the staff here; they bring out [their loved one's] personality."

We observed the interactions between staff and the people living at the service during our inspection and noted that the atmosphere was relaxed and friendly throughout. Staff engaged with people in a familiar manner, sharing jokes and discussing things that were important to them. Where people showed signs of concern or distress, staff moved quickly to provide support in ways which had a positive effect. We also observed the sensitive way in which the registered manager discussed issues of concern with relatives at one point during the inspection, providing them with sympathy and reassurance.

People were supported to maintain the relationships that were important to them. The registered manager told us, and people confirmed that visitors were welcome at the service. One person said, "I've had lots of visitors and hey can come when they want." A relative told us, "I pop in regularly and am always welcome. It's difficult placing a family member in a home but this has been a positive experience and we're all very pleased."

People confirmed they were involved in making decisions about their care and treatment. One person told us, "The staff discuss my support with me to make sure I'm happy with what the help I get." Another person said, "I have a routine but staff will always ask if there's anything else they can do for me." Staff we spoke with also confirmed they sought to involve people in day to day decisions wherever possible, for example in choosing the clothes they wished to wear or seeking their preferences in support with personal care each day.

People were provided information about the service in the form of an information booklet. This contained information regarding the services available through the home as well as information regarding how to raise a complaint and guidance on a range of potential support services should people require external advice. The provider also had a 'virtual tour' presentation available for people or any perspective new residents which provided further information about the history of the home as well as details about the services and activities on offer. Additionally, people received information in the form of a month newsletter which included information about service updates, details of any significant events such as people's birthdays and information about any new members of staff and their roles at the service.

People were treated with dignity and staff respected their privacy. One person said, "The staff make sure I have privacy for things like using the commode; they'll always make sure the door is shut." Another person told us, "Staff respect my privacy; I can't think of any issues I've had in that area." Throughout our inspection we observed staff interacting with people in a respectful manner. Staff described the ways in which they ensure people's privacy and dignity were respected. One staff member told us, "I always knock on people's

doors before entering. If I'm providing support with personal care, I'll make sure the doors and curtains are closed." Another staff member said, "I always make sure people are comfortable with what I'm doing. If I'm supporting a person to wash, I'll make sure they're as covered up as much as possible so that they're not exposed." We observed staff knocking on people's doors before they entered their rooms and bedroom doors were closed whilst people received support. People also told us that their privacy was respected.

People and their relatives, where appropriate were involved in decisions relating to their end of life care needs. The service had achieved commendation level accreditation from the Gold Standards Framework, a nationally recognised accreditation for the provision of end of life care. Records showed people's end of life care preferences had been discussed with them to ensure decisions in this area reflected their individual preferences. Following the inspection we received feedback from a healthcare professional from the local hospice team who had regular involvement with the service. They told us, "They [staff] still enter fully into embedding the principles of good end of life care in the home. The patients that I have had in the home have received sensitive and appropriate care with good symptoms control."

Good

Is the service responsive?

Our findings

People told us they had been involved in discussions around their care planning to ensure the care they received met their individual needs. One person told us, "Yes, we talk about my care plan. I can't remember all the details but the staff make sure I'm happy." Another person said, "I do have a care plan and we've talked about the help I need; overall I'm very happy with the care I get."

The registered manager confirmed they undertook an assessment of people's needs prior to their admission to the service in order to ensure the home could provide them with appropriate support. They then developed people's care plans based on this information and discussions with people and their relatives, where appropriate after they had moved into the home.

Records showed people had care plans in place which were reviewed on a regular basis. Care plans had been developed in areas including personal care, continence, mobility, communication, night time support and skin integrity. The care plans included information regarding people's choices and preferences in the way they received support in each area. For example we saw care plans recorded individual preferences around the gender of staff when supporting people with personal care and people we spoke with confirmed their preferences in this area were met.

People's care plans also contained information about their life histories as well as details about the things and relationships that were important to them. Staff we spoke with demonstrated a good knowledge of the people they supported. They knew the details of people's preferred daily routines, as well as personal information about the things liked to do and the days on which friends and family usually visited them. This knowledge enabled them to provide care which was person centred and meaningful to people as individuals. For example, one staff member described how they always made sure they gave one person a back massage before they went to bed as this was something they particularly enjoyed.

Staff told us they encouraged people to maintain their independence wherever possible when providing support. One staff member told us, "If I'm helping someone to have a wash, I'll always ask them what they can do for themselves and given the encouragement. For example they might wash most of themselves and I'll only help with the areas they struggle to reach." Another staff member said, "I try to encourage people to support themselves whilst being available to help where needed."

People told us their need for social stimulation and interaction were met. The provider was in the process of developing the facilities at the home which included the provision of an activities room, library area and cinema room. We spoke with the activities co-ordinator who told us they provided a range of activities to meet people's different preferences. She explained, "We have a weekly programme of activities including exercise classes, massage, quizzes and arts and crafts. One person likes word searches so I buy them word search books on a regular basis. We also go on trips to the theatre or arrange entertainment in the home such as singers or visits from the zoo lab."

People told us they enjoyed the range of activities on offer at the service or explained that they preferred to

keep their own company or spend time with visitors in the privacy of their rooms. One person said, "I like the activities; I take part in the exercise classes, quizzes and reminiscence sessions." A relative told us, "The activities co-ordinator does a good job and makes sure [their loved one] gets involved."

The provider had a complaints policy and procedure in place which was on display within the service for people to consider if required. The procedure included information on the timescales in which people could expect a response to any concerns raised, as well as details of how they could escalate their concerns to the local authority or relevant ombudsman if they remained unhappy with the outcome. The manager maintained a record of complaints which included details of any investigations undertaken as well as copies of their complaint response. These records showed that complaints were dealt with in line with the provider's complaints procedure.

People told us they knew who they would talk to if they had any concerns about the service and said they felt confident that any complaints they raised would be addressed. One person said, "I'd speak to the manager if I had any problems; she does a good job." A relative told us, "The manager would deal with any problems if I raised them."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. They had only returned to work at the service during the month prior to our inspection, but had previous experience as the registered manager for the service between 2014 and 2015. The registered manager demonstrated a good understanding of the requirements of being a registered manager and their responsibilities with regards to the Health and Social Care Act 2008 however during their absence from the service some quality monitoring systems had not been used effectively.

The provider had systems in place to monitor the quality and safety of the service provided to people, but these systems were not always effective in promptly driving improvements. Staff undertook checks and audits in range of areas including care planning, health and safety, and medicines. We saw examples of recent audits conducted by the registered manager since their return to the service which identified issues and improved safety within the service. For example updated information had been put in place for staff to refer to with regards to substances that could be hazardous to health, such as cleaning materials used at the service to ensure they were managed safely, in line with regulatory requirements.

However, we also noted that despite these improvements, there remained some issues that had built up prior to the registered manager's return to their role at the service. For example, audits of people's care plans had not always been conducted frequently, to ensure they remained up to date and reflective of people's needs. For example, one person's care plan had not been checked since March 2016 and we found issues with the frequency at which they were recorded as being repositioned which may have been identified with more regular monitoring. We also found that issues in people's care planning had not always been identified as part of audit process, and where issues had been found, they had not always been addressed. For example, an audit of one person's care plan had not identified that sections of the person's falls risk assessment had not been completed which meant we could not be assured all possible action had been taken to safely manage the risk of falls. In another example, a recent audit of one person's care plan had identified the need for improvements around the recording of repositioning of one person to ensure their skin integrity was safely managed but we found this continued to be an issue at the time of our inspection.

Effective systems were not in place to ensure full compliance with the deprivation of liberty safeguards (DoLS). At the time of our inspection, the registered manager had not been aware of the need to check whether any conditions had been placed on people's DoLS authorisations in order to prevent the risk of people being unlawfully deprived of their liberty.

We also found some concerns with records relating to people's care and treatment. For example, wound management records were not always up to date and photographic information relating to the management of wounds had not always been dated so it was not always possible to identify from people's records the current situation with people's wound care. This was a risk if people received support from staff unfamiliar with their individual needs as they may not be able to track the healing or deterioration of wounds. In another example we found one person's care plan identified they had lost weight over a one

month period whilst records held by the registered manager showed they had gained weight during this time. Whilst this did not have a negative impact on the person in question, inaccuracies in monitoring records place people at risk because increased risks may not be correctly identified.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). issues Following the inspection the registered manager told us they would undertake a care plan audit covering all the people living at the home to ensure care plans were up to date and reflective of people's needs and that records relating to people's care were accurate and fit for purpose. We will check on the outcome of this at our next inspection.

The provider had systems in place to seek and act of feedback from people using the service and their relatives. The registered manager confirmed that they conducted regular residents and relatives meetings and that the service sent out an annual survey to request feedback from people in order to drive improvements at the service. Feedback from the most recent annual survey was positive but we noted that the provider was in the process of making improvements in areas where issues had been raised. For example we noted that concerns had been raised around the management of people's clothing. This was in the process of being addressed as part of the redevelopment of the service as a new laundry room had been built.

Records showed that areas discussed at a recent residents meeting included feedback on people's views on the way in which staff treated them, the menu, activities and safeguarding. The meeting minutes showed that people experienced positive outcomes living at the service and this was reflected in the feedback we received from people during the inspection. People and relatives also told us they felt action had been taken in response to their feedback. For example, one person told us, "We discussed the menu at a recent resident's meeting as the food can be a little bit bland for my tastes. I think things have been a bit better since then." A relative said, "I've attended a relatives meeting where I could give feedback. Any issues I've raised have been addressed."

People and relatives spoke positively about the registered manager and the impact they had had on the service since returning to the service in February 2017. One person told us, "I think the manager is doing a good job. She's friendly and I can talk to her when I want to. The staff also seem to like her which is important." Another person said, "The manager is excellent and does a good job. She's very easy to talk to." A relative commented, "The manager is very good; any minor maintenance issues we've raised have been addressed quickly."

Additionally the feedback we received from healthcare professionals during the inspection process highlighted the positive leadership of the registered manager at the service. One healthcare professional told us, "The registered manager's return to the home is good thing. She's very open and works transparently." Another healthcare professional said, "Although [the registered manager had only been] back a few weeks, I have seen a real difference. The need for our input clinically is less under her management as she understands completely what is required at the end of someone's life, and teaches this to her staff."

Staff also commented positively about the registered manager and the impact they had had on the service since returning to the service in February 2017. One staff member told us, "The manager is great; she's firm and fair, gets the job done and is very approachable." Another staff member said, "The manager is very supportive and has made improvements since returning. For example, we now have better procedures in place for when people are admitted to hospital as we have copies of all the information they need to take with them ready to go." All of the staff we spoke with made reference to a strong team working ethic at the

service which they told us was instilled by the registered manager and their actions.

The registered manager held regular staff meetings to discuss the running of the service and to help ensure staff were aware of the responsibilities of their roles. We reviewed the minutes from a recent meeting and noted areas of discussion had included the management of people's medicines, building work at the service, the implementation of new policies and procedures, and updates regarding people currently deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS).

The registered manager and provider demonstrated a strong focus on making continuous improvements at the service. In the time since the last inspection this had included the completion of the Gold Standard Framework (GSF) accreditation, the introduction of the hospital admission vanguard system which ensures an effective transfer of relevant information about people's needs between the service and hospitals where required, as well as improvements made to the building and equipment as part of the provider's plans for expanding the service. The registered manager also confirmed that the service had been involved in an ongoing research project looking at the quality of service provision for people with dementia in homes whose staff had received specialist dementia training compared with homes which had not. The registered manager explained that the service had been selected as an example of a home whose staff had not received the training prior to the research project but that the specialist training would be provided as a result of their involvement.

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 Risks to people were not always accurately assessed and action had not always been taken to manage risks safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for monitoring and mitigating risks to people, and for ensuring the maintenance of complete and accurate records relating to people's care and treatment were not always effective.