

Ash Hall Limited

Ash Hall 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on the 16 August 2018. At the last inspection on the 5 March 2018 and 6 March 2018 we found five breaches in Regulations. The provider breached Regulations because they had not ensured that decisions were made in people's best interests, people's risks were not mitigated to keep them safe, nutritional risks were not monitored effectively and there were not enough suitably skilled staff to meet people's needs in a timely way. We also found that the service lacked monitoring systems to enable poor care to be identified.

Following the last inspection, we served a Notice of Decision to place restrictions on admissions to the service and requested weekly update from the provider to show the actions in place to make improvements to the care people received and to meet the Regulations. At this inspection, we found that improvements had been made to meet the regulations. However, some further improvements were still required.

Ash Hall Nursing home 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.

Ash Hall Nursing Home accommodates up to 60 people in one adapted building. At the time of the inspection there were 34 people using the service.

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

There was a registered manager at the service who was available on the day of the inspection. 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.

Further improvements were needed to ensure that the systems implemented to monitor and mitigate risks to people were imbedded and sustained within the service.

Improvements were needed to ensure people's medicines were managed and monitored effectively to keep people safe.

Improvements were needed to ensure people's preferences and diverse needs were included in their care records to enable individualised care provision.

Improvements were needed to ensure that people's end of life wishes were assessed and recorded.

The provider had taken action to ensure the environment was safe and they had plans in place to make further improvements to the environment to ensure it met people's needs.

Risks to people's health and wellbeing were identified, managed and followed to keep people safe from harm.

There were enough suitably recruited staff available to deliver people's planned care and to keep them safe. Staff had received training to enable them to carry out their role effectively.

People were safeguarded from abuse because staff knew how to recognise and report potential abuse. Infection control risks had been reduced to protect people from the risk of avoidable infections.

When people did not have the ability to make decisions about their care, the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. This meant people were supported to have as much choice and control of their care and treatment in their best interests.

People's nutritional risks were mitigated and advice was sought from health and social care professionals when people were unwell.

People told us they were treated with care and compassion. People were treated with dignity and their right to privacy was upheld. People's choices were respected by staff.

People had the opportunity to participate in interests and hobbies that met their preferences.

People knew how to complain about their care and the provider had a complaints policy available for people and their relatives.

People and their relatives were encouraged to provide feedback about their experiences, which had been acted on to inform service delivery. The provider had been open and transparent about the improvements required at the service.

People and staff told us that the registered manager was approachable and staff felt supported to carry out their role. Staff were involved in the implementation of the improvements at the service.

The provider had acted on feedback received from professionals and lessons had been learnt when things went wrong. The provider had a clear overview of the service and an action plan was in place to ensure the service people received continued to improve.

The registered manager understood their responsibilities of their registration with us (CQC).

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements were needed to the way medicines were managed to ensure new systems were imbedded and sustained at the service.

People were supported by staff that had been suitably recruited to ensure people were protected from the risk of harm. There were enough staff available to meet people's needs in a timely way. People were safeguarded from abuse because staff understood how to recognise and report suspected abuse.

People's risks were planned and followed by staff to ensure people were supported safely. People were protected from the risk of infection and cross contamination. The provider had acted on feedback received from professionals and lessons had been learnt when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Environmental risks were managed to protect people from harm. However, improvements were still needed to ensure the environment met the needs of the people who used the service. The provider had not always ensured people's diverse needs were assessed.

People's nutritional risks were managed. However, improvements were needed to ensure people's choice was promoted at mealtimes.

People's healthcare needs were met and advice was sought from healthcare professionals to ensure people's wellbeing was maintained. People were supported by staff that were sufficiently trained to carry out their role and there were systems in place to ensure people received consistent care.

The registered manager and staff adhered to the principles of the Mental Capacity Act 2005 and people received support in the least restrictive way possible.

Requires Improvement ●

Is the service caring?

Good 

The service was caring.

Staff were caring and kind and showed patience and compassion when they supported people. Staff treated people with privacy, dignity and respect. Staff understood people's individual ways of communication which ensured people were enabled to make choices to the way their care was delivered.

Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

Improvements were needed to ensure people's preferences were planned to enable individualised care provision that met people's preferences. Improvements were needed to ensure that people's end of life wishes were assessed and recorded.

People had the opportunity to participate in interests and hobbies to meet their emotional wellbeing. There was an effective complaints system in place and people knew how to complain if they needed to.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

The provider had implemented an action plan and had made some improvements to the care people received. The registered manager and provider had taken immediate action to ensure that they were meeting the regulations as required. However, further improvements were required to ensure that all actions were implemented and the newly implemented systems were imbedded and sustained.

People, relatives and staff felt able to approach the registered manager and the provider. People and their relatives had been asked for feedback and the provider had been open about the improvements needed at the service. Staff were involved in the implementation of improvements at the service.

The registered manager worked in partnership with other agencies to make improvements to the way people received their care. The registered manager was aware of their responsibilities of their registration.

Ash Hall 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 was 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 16 August 2018 and was unannounced.

The inspection team consisted of two inspectors, 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 service.

Before the inspection we reviewed information, we held about the service. This included notifications that we had received from the provider about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding concerns. We also contacted commissioners of the service to gain their experiences. The service had been placed under a Large Scale Enquiry (LSE) by the Local Authority and we received regular updates with regards to the progress the provider was making to improve the quality of care to people. At the time of the inspection the LSE had been closed due to the improvements made.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people, seven relatives, four staff, the deputy manager, the registered manager, the business manager and the provider. We observed care and support in communal areas. We viewed five records about people's care. We looked at how the service was managed which included four records for staff employed at the service and audits to monitor the quality of the care provided. We also viewed seven people's medication records and observed how medication was managed and administered to people.

Is the service safe?

Our findings

At our last inspection, we found that people's risks were not mitigated and medicines were not always managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the regulation. However, further improvements were needed to the management of medicines.

Some improvements in the way medicines were managed had been made. We found that written protocols had been improved to ensure staff had clear guidance to follow when people needed 'as required' medicines. 'As required' medicines are medicines that are not needed on a regular basis. Medicines were administered by staff in a dignified way, advice had been gained from a pharmacist and safe storage practices for bulk 'as required' medicines were followed. However, we found that there were still improvements needed to ensure that medicines were consistently managed in a safe way. For example; we were unable to assess whether people had received their medicines safely as we found the stock stored in the medicine trolleys did not match the amounts on the Medicine Administration Records (MARs). The deputy manager told us that the medicine carried forward from the last MAR had not been included on the new MARs and they were unable to confirm that people's medicines balanced. The deputy manager told us that they completed a random stock check and they signed to show this had been completed. However, there were no signatures from the deputy or registered manager to show this had been completed. The deputy said, "I agree. This needs to be completed and I will arrange for the nurse to check all the stock in the medicine trolleys to ensure we have an up to date amount of medicines that are held in the trolleys". We saw the deputy spoke with a nurse on the day of the inspection and requested this to be carried out with immediate effect. We also found that one person's discontinued medicine was stored in the trolley and had not been removed, which meant there was a risk that this medicine would still be administered and the process for disposal of medicines had not been followed for this person's medicines. This meant that further improvements were needed to the way medicines were stored and recorded.

At our last inspection, we found that there were not enough staff available to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found improvements had been made to meet the Regulation.

People told us that there were enough staff available to meet their needs. One person said, "I have a buzzer, whenever I have had to press it they did not take long to come". Relatives told us they felt their relatives were safe because there were enough staff available to assist them when needed. After our last inspection the provider increased the staffing levels which ensured there was a staff member available in the communal areas at all times to mitigate people's risk of falling and to provide support to people when needed. We saw that there were enough staff available to provide support in a patient and unrushed manner. People were able to stay in their rooms or access the communal areas and staff were deployed across the building to ensure that staff were available to people. Staff told us that the improvements that had been put in place had made a difference to the support people received. One staff member said, "There have been lots of improvements. The staffing levels are much better and it means people get support quicker and we can spend more time with them". Another staff member said, "Things are so much better

now, it has made such a difference as we can now support people quicker". This meant improvements had been made to ensure there were enough staff available to meet people's needs.

People who used the service told us they felt safe. One person said, "I feel safe, it's like being from home to home". A relative said, "I have not seen anything to make me feel unsafe". Relatives we spoke with were happy with the treatment their relatives received and told us they felt their relatives were safe. Staff we spoke with were aware of the various signs of abuse and understood the actions they needed to take if they suspected abuse. This included reporting unexplained bruising. We saw that unexplained bruising that had been identified and reported was investigated by the registered manager to ensure people were receiving safe care and treatment. One staff member said, "I would report any concerns by completing an incident form. We are informed of the outcome and what we need to do to minimise any further incidents". The records we viewed showed that concerns had been reported to the local safeguarding authority and an investigation had been carried out. This showed that people were protected from suspected abuse.

Improvements had been made to ensure people were supported with risks to their safety. One person said, "They have to hoist me, I feel safe when they do this". We observed a person being supported to move with the use of equipment. Staff explained the support they needed to provide and we saw the person was moved safely. We observed that people who were able to walk independently were able to move freely around the service because the environment was clear of any hazards that could be a risk to them, such as trips and falls. Staff explained people's risks and how they supported them to remain safe from harm. For example; we saw where people had care plans and risk assessments in place to protect them from the risk of pressure damage which provided clear information for staff to follow to keep people safe. People who had been assessed as requiring specialist pressure cushions and chair sensors were seen with this equipment in place to lower the risk of harm. We also saw that people who needed assistance to move around the service had detailed manual handling plans in place which gave staff guidance on how they needed to support people safely, which we saw staff followed in practice. This meant people's risks were planned and managed to keep them safe from potential harm.

Staff had been employed using safe recruitment procedures. Staff told us and we saw that they had received checks of their character through the Disclosure and Barring Service (DBS) and references from previous employers. DBS carries out criminal record checks to ensure staff are suitable to work with vulnerable people. This meant people were supported by staff that were of suitable character and had been recruited safely.

Improvements had been made to the cleanliness of the service. People and their relatives told us that the service was always clean. We saw that the environment, furniture and equipment were all clean and fit for purpose. After our last inspection the provider had ensured that any equipment that presented as an infection risk were replaced and they had implemented a system to ensure that all areas of the home were cleaned regularly. We saw domestic staff cleaning all areas of the service throughout inspection. We observed staff wearing gloves and aprons when they supported people and staff told us that these were always available for them to use. The registered manager explained how they ensured that staff prevented the risk of cross contamination. We saw an infection control audit was in place to ensure that any risks to people were mitigated. This meant people were protected from the risk of infection and cross contamination.

People, relatives and staff told us that the management were approachable and had made improvements since the last inspection. The registered manager told us that they had taken learning from the last inspection and it had helped them to focus on the improvements needed. The registered manager showed us how they had ensured staff were working in line with the improvements made at the service and where

staff had not carried out their role effectively the actions the registered manager and provider had taken. This included staff supervisions, memos to staff and training where required. This meant that lessons were learnt and action was taken when things went wrong at the service.

Is the service effective?

Our findings

At our last inspection, we found that people were not supported to drink sufficient amounts to promote their health. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the regulation. However, further improvements were required to ensure people choice of food was promoted effectively.

People told us that they enjoyed the food. However, we found that improvements were needed to ensure people's choices were supported at mealtimes. One person told us, "The food is very nice, there are no choices but if you don't like what they give you I expect they would offer you something else". Another person said, "I can't remember being asked what I want, but I forget". During lunch we observed people were provided with their meals without being given a choice. We saw staff place people's meals in front of them without being given a choice. There was a menu available to people with two choices. However, this was not in a format that all people could understand. For example; there were no pictorial menus available to aid people's choices. We spoke with the registered manager who told us that people were asked their choice in the morning. The registered manager agreed that it would help people's understanding to provide pictorial menus and to show the choices of meals to people. We observed staff encouraging people to drink and reminding them of the importance of drinking regularly. People who were at risk of not drinking or eating enough were monitored to ensure they ate and drank sufficient amounts. People's weight was monitored where it was necessary to do so and we could see where other relevant professionals had been involved in relation to meeting and promoting people's nutritional needs. This meant that people's nutritional and hydration risks were monitored and managed. However, some improvements were needed to ensure people's choices were promoted at mealtimes.

Before a person used the service an assessment was carried out to ensure that the person's needs could be met at the service. Information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, physical and emotional needs and people's likes and dislikes. However, at the last inspection we found that the assessment form did not detail specific information about people's diverse needs such as cultural background, religion or their sexuality. At this inspection we found that improvements were still required. We fed this back to the registered manager who stated that they had concentrated on the urgent concerns from the last inspection. The registered manager told us they had not gained this information from people who already used the service. However, a new assessment form had been implemented which considered people's diverse needs for new admissions to the service. This meant improvements were still needed to ensure that people's diverse needs were assessed, which we will assess at our next inspection.

Improvements had been made to ensure that environmental risks were assessed and acted on to protect people from the risk of harm. For example; risk assessments were in place to identify the potential hazards to people and what action had been taken to reduce these risks. Concerns that were identified at our last inspection had been rectified and maintenance records we viewed showed that the registered manager regularly monitored the service and alerted the maintenance staff member when needed. We saw that the

service was free from trip hazards and there were adapted facilities available which included bathrooms with equipment to ensure people were supported safely when bathing. The registered manager and provider discussed their plans to make renovations at the service, which included replacement flooring in people's bedrooms and plans to make changes to ensure the environment met the needs of people who were living with dementia. We will assess these planned improvements at our next inspection. This meant improvements had been made to the environmental risks within the service and the provider had plans to make further improvements to the design and décor of the service to meet people's needs.

At our last inspection, we found that the provider had not acted in accordance with the Mental Capacity Act 2005, which meant people were not always supported to make informed decisions and there was a risk people were not always supported in the least restrictive way. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the regulation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making certain 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 make certain decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's consent was gained before staff provided support. One person said, "I am quite independent and staff always ask me before they help me with anything". We observed staff allowing time for people to make decisions demonstrating patience and gave people the opportunity to respond. Where people were unable to make decisions about their care and support we checked that the provider was meeting their responsibilities outlined in the MCA. Staff demonstrated to us that they understood the process for supporting individuals who could not make decisions about their care and support and we saw decisions were made in people's best interests. 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 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. One person's DoLS authorisation contained specific conditions, which the provider was meeting. Staff understood why certain people had restrictions in place to keep them safe and how they needed to support them in the least restrictive way. This meant that people were supported in the least restrictive way in line with the MCA.

At our last inspection, we found that staff had not received sufficient training to carry out their role effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the regulation.

People and relatives felt that staff had sufficient knowledge and skills to support them safely and effectively. A relative said, "I think that the staff are highly qualified to look after my husband". Staff told us that they received a detailed induction and had regular training on specific subjects and could tell us what training they had received. Staff told us that they had undertaken training since the last inspection and this had helped them to understand how to support people effectively. One staff member said, "The training in MCA has really helped me as I wasn't very knowledgeable in this area, but I now understand how to support people to make decisions". This staff member demonstrated their understanding in MCA by explaining their role in supporting people to make informed decisions. We viewed a training matrix and plan that had been implemented by the business manager and we saw that the plan identified when training needed to be refreshed to ensure staff received regular update in their knowledge. This showed people were supported by

staff who had received training to care and support people effectively and safely.

Improvements had been made to the staff handover documentation to ensure that the support people received was consistent and staff were aware of people's needs. The new handover contained details about people's needs and recorded any changes in people's needs that staff needed to be aware of. The handover also detailed people's emotional and physical wellbeing and any appointments or referrals people required. Staff told us that the new system was much improved and the handovers had ensured they had updates in people's care needs. Staff told us that they had meetings which gave them an opportunity to raise any issues and to suggest improvements to people's care. This showed us that staff worked together to deliver effective care.

People had access to healthcare services. A relative said, "The GP comes out to see my relative when needed. The service had arranged for the Speech and Language Therapist (SALT) team to visit to make sure my relative's food is prepared in a way that they can managed to eat". Staff could tell us about the specific health needs of people and the documentation we saw evidenced that referrals to healthcare professionals had been made. For example, we saw records that showed when people had been assessed by a Community Psychiatric Nurse to ensure their anxieties were managed effectively and people had received advice from the SALT team which gave staff guidance on how to support people effectively. We observed that the advice received was followed by staff. This showed us that staff worked in partnership with other organisations and that people were supported to maintain their health and wellbeing.

Is the service caring?

Our findings

At our previous inspection people's safety was not always considered, which meant the provider had not shown respect for people who used the service. We rated this area as requires improvement. At this inspection improvements had been made and this area was rated as good.

People told us that the staff were kind and caring towards them. One person said, "The staff are nice and kind. They are always very helpful". Another person said, "The care is great and they seem to know what they are doing". Relatives told us that staff showed compassion towards their relatives and they were always made welcome to visit their relatives. One relative said, "The staff are caring, if they see someone upset they will sit and speak to people, there is always someone around". Another relative said, "Since being here my relative is a different person, they are so much better. Staff know what they are doing here and they are very caring".

We observed staff interaction with people and found that staff were caring and compassionate when they provided support. For example; we heard one person who was becoming distressed asked for help in the lounge. A staff member went over to them immediately, spoke to them in a gentle manner and helped the person to calm down. The person said, "I'm pleased to see you", which the staff member responded, "I'm very pleased to see you too". The staff member supported the person to be comfortable by placing a pillow behind their back. The person said, "Oh thank you, that's much better". Staff were seen sitting with people throughout the day, chatting and holding hands with people, which we saw gave comfort to people. Staff regularly asked people if they were comfortable, if they were warm enough and whether people wanted a blanket over their legs. We saw staff were given time to provide caring support for people in an unrushed manner and staff were able to sit and talk with people. This showed that staff treated people with care, kindness and compassion.

We viewed compliments from people and their relatives about the standard of care that was provided. The comments we viewed included; 'Thank you. You should feel proud of what you do', 'Love and support was shown towards my relative' and, '[Person's name] was glad of your caring smiling faces'.

People told us that they were given choices in how and when their care was carried out. One person said, "I choose what time I get up, what time I go to bed and what I wear". Another person said, "I am capable of making decisions regarding my care and staff respect my wishes. They never do anything without asking me first". We saw that people were given choices throughout the day by staff who were patient and listened to what people wanted. For example; people were supported to their rooms when they wanted, staff asked people where they wanted to sit in the lounges, and staff asked people's permission before they provided support. We heard staff asking people in a way that promoted their understanding and repeated questions if people hadn't heard or understood the question. This meant people's choices were promoted.

People responded well to the way staff interacted and staff had a good understanding of people's ways of communicating their needs. For example; We observed a staff member supporting a person with their meal. The person was unable to talk with the staff member. However, the staff member talked to the person

explaining what they were doing and asked if the person was enjoying their food. The staff member waited for the person to show physical signs that they were ready for more of their lunch. This meant people were supported in line with their communication needs.

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "They always knock before entering my room". Another person said, "I feel comfortable when staff help me to have a wash. They are sensitive and make sure I feel comfortable". People told us they were able to access their bedrooms if they wanted time alone and privacy with visitors. We saw that staff spoke with people in a way that respected their dignity, for example; staff were discreet when they asked people what they needed help with. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. This meant that people were treated with dignity and their right to privacy was upheld.

Is the service responsive?

Our findings

At our previous inspection people's diverse needs and preferences had not always been considered. We rated this area as requires improvement. At this inspection improvements were still required and this area continued to be rated requires improvements.

People and relatives told us and care records showed that they were involved in the assessment and planning of their care. One person said, "I do know of my care plan and I am aware what is in it". A relative said, "I am aware of my relative's care plan and it has been re-visited when things have changed". People told us that they were asked whether they preferred a male or female carer to support them and we were told that the staff respected their wishes. Staff we spoke with had a good understanding of people's preferences and the way people like their care providing. The initial assessments we viewed contained some preferences such as likes and dislikes. However, improvements were needed to ensure people's individual preferences were detailed in their plans of care for staff to follow. For example; the care plans we viewed were task focused and did not contain details of people's preferred routines. We fed this back to the management team at the close of the inspection and we were told that there were plans to update and review people's preferences in their care plans. The registered manager told us this would include the knowledge that staff had gained from people and their relatives to ensure people received consistent care. We saw this was detailed in the provider's action plans. This meant that improvements were still needed to ensure that people's care plans contained details of their preferences in how their supported needed to be carried out.

Improvements were needed to the advanced planning of people's end of life preferences and wishes. Information was available regarding people's decision for a DO Not Attempt Cardiopulmonary Resuscitation (DNACPR). A DNACPR is a document issued and signed by a doctor, which informs a person's medical team that they do not wish to be resuscitated. Information had been gained from people and/or their relatives with regards to preferred methods of burial and chosen funeral directors. However, this did not provide personalised information to give staff guidance to understand what was important to people at this time of their lives or how they wished their pain to be managed. This meant that improvements were needed to ensure that information regarding people's wishes at the end of their life was available.

People told us that there were activities on offer such as; exercising to music, flower arranging, one to one chats with staff and people's birthdays were celebrated. One person said, "I like listening to music and the staff put music on that I like to listen to". Another person said, "We have parties when it is our birthday. It's very nice". People who were in their bedrooms told us they were regularly visited by care staff and the activity staff member to ensure they did not feel isolated. For example; one person told us that they liked to spend time in their room and the care staff and activity staff visited them to chat and they enjoyed the time spent with staff. There was an activity co-ordinator at the service who planned activities and supported people with various activities. This member of staff was responsible for providing mental stimulation for people in communal lounges and in bedrooms. During the inspection we saw both care staff and the activity staff member spending time with people. Staff ensured people led the activities and discussions and where people chose not to be involved in certain activities, staff ensured they had time to sit and talk with people

as an alternative. People responded to time spent with staff by smiling and laughing in a relaxed manner. This demonstrated that people had the opportunity to be involved in activities, which ensured people's emotional wellbeing was maintained.

People and their relatives told us they knew how to complain. One person said, "I have no complaints at all. Everything is good but if I did I would tell the staff or [registered manager's name]". A relative said, "I have no concerns or complaints. I would know how to complain if I needed to". The provider had a complaints policy in place, which was on display in the reception of the home. We saw that there was a system in place to log any complaints by the registered manager and/or the provider. This showed that complaints received at the service had been investigated and the outcome had been shared with the complainant. This meant that there was an effective system in place to deal with complaints.

Is the service well-led?

Our findings

At our last inspection, we found that the provider did not have effective governance systems in place to monitor the service and mitigate risk to people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made to meet the regulation. However, further improvements were needed to ensure that the newly implemented systems in place were fully embedded within the service.

The provider had an improvement plan in place and some improvements had been made since our last inspection. However, there were still some areas that needed improvements, which needed to be fully embedded and sustained at the service. For example; the system to monitor people's medicines needed further improvements to ensure that all medicines held at the service were checked regularly to ensure people had received their medicines as prescribed. Further improvements were also needed to ensure that people's preferences were included in their records and records were updated where changes had been made. For example; we found that one person required thickened fluids. Care staff were aware of these changes and we saw this person was supported with thickened drinks. However, their care records did not contain this important update of information. The registered manager was aware of the improvements needed and said, "We have concentrated on ensuring people receive safe care. I have plans to make further improvements in line with our action plan". This meant that improvements to the service were still in progress and we will assess these at our next inspection when they have been fully imbedded and sustained.

Improvements had been made in line with the provider's action plan. For example; systems had been implemented to monitor the quality of the service and to mitigate risks to people. This included audits of fluid monitoring which showed the actions taken by the registered manager where people were not meeting their required daily fluid intake. There was an audit in place to ensure that people were protected from the risk of infection and equipment was checked regularly to ensure they were clean and fit for purpose. There were audits to ensure people's weights were monitored and people were repositioned by staff as required to reduced the risk of skin damage. Action had been taken to ensure staff were completing these important checks and the audits showed there had been an improvement in the completion of people's repositioning charts, which showed the audit had been effective in bringing around improvements for people. There were weekly governance meetings held with the registered manager, deputy manager and business manager to ensure that there were clear plans of the improvements scheduled and responsibilities in place to make the improvements. The registered manager and the provider had a clear oversight of the service and were had taken action to mitigate risk to people. This showed that the registered manager and provider were working towards ensuring people had an improved quality of care.

People and their relatives told us that the registered manager and provider was approachable. One relative said, "[Registered manager's name] is very good. They are always available if I need to speak with them". Another relative said, "The registered manager is always asking if everything is okay and if anything needs to be done differently". During the inspection we saw people approach the registered manager and people were comfortable talking with the business manager and provider. The management team all took time to

speak with people and asked how people were feeling. A residents/relatives meeting had been held after our last inspection which informed people of the concerns raised and the provider's action plans to make improvements, which showed the provider was open and transparent about the improvements needed. The provider had asked people/relatives to provide feedback about the service in the form of a survey. The results of these surveys had been out on the noticeboard and contained the actions taken in response to feedback. For example; the survey had highlighted that not all people/relatives a copy of the complaints policy and we saw that an action had been completed to ensure this was provided to people. This was confirmed by people and relative's we spoke with had knowledge of how to make a complaint if needed. This meant people were able to approach the management team and feedback was gained from people/relatives to inform service delivery.

Staff we spoke with told us improvements had been made at the service, which impacted on people's care. One member of staff said, "The improvements have made such a difference. The staffing is so much better as I can support people quicker and also have time to sit and chat, which is nice for people that we have time for them". Another member of staff said, "The monitoring of people's fluid has made a difference we now have clear guidance and know when we need to support people to drink more". Another staff member said, "Staff morale is so much better now. I love my job, making people smile is the best feeling ever". Staff told us they had been involved in the improvements, through staff meetings and the registered manager regularly speaks with staff to ensure the new systems are working well. One staff member said, "We have all worked together to make improvements for people". This demonstrated that staff had been involved in the improvements to the support people received at the service.

Staff told us the registered manager was approachable and supportive. One member of staff said, "The registered manager is supportive and is always available when I need them. I can approach all of the management team and never feel like I can't ask any questions". Staff had received a supervision. A supervision is an opportunity for staff and management to discuss work related issues and areas of staff development. Staff told us they found supervisions useful to discuss any issues, raise any areas of development in their role and areas of their role they needed to improve on. The registered manager also carried out a daily walk around the service to ensure any issues were identified and actioned. For example, we saw that issues with regards to cleanliness of the service, recording issues and dignity had been identified and action taken by the registered manager to ensure staff performance improved. This meant that systems were in place to ensure that staff were performing in their roles as required.

We saw that the registered manager had contact with other agencies on a daily basis. This included health professionals such as G.P's, hospital staff and consultants. Records showed that the registered manager arranged for social worker visits when required to ensure that people's needs were met. After the last inspection the registered manager and provider had ensured that people had access to 'Assistive Technology'. This is technology to help manage people's risks for example, sensor mats to alert staff when people who were at risk of falls when mobilising. This meant that the registered manager worked in partnership with agencies to ensure people received care that met their changing needs and mitigated their risks.

The registered manager understood their responsibilities of their registration with us (CQC). We saw that the rating of the last inspection was on display in the home for people and relatives to read. We had received notifications of incidents that had occurred at the service, which are required by law. These may include incidents such as alleged abuse and serious injuries. The meant that there was a culture of openness and transparency within the service.