

Sanctuary Care Limited

Bartley Green Lodge Residential Care 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?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 21 June 2018. The inspection team consisted of three inspectors, a pharmacist 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 service.

Bartley Green Lodge Residential Care 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. Bartley Green Lodge accommodates up to 47 people in one adapted building comprising of three units, two of which specialise in caring for people living with dementia. Twenty nine people lived at the home at the time of our inspection visit.

At our last inspection in February 2018 we identified significant improvements were needed throughout the service. We judged the home as 'Inadequate' in two of our key questions and identified six breaches of the Health and Social Care Act 2008 and one breach of the Care Quality Commission (Registration) 2009. We found people's needs had not been assessed or managed to reduce the risk of avoidable harm and found examples of where people had been exposed to actual harm. There were not enough staff to meet people's needs safely and people did not receive their medicines as prescribed. Staff did not always have or embed their skills and knowledge to meet people's health and support needs. We found people did not have their rights upheld in line with the Mental Capacity Act 2005 (MCA). We could not be assured people were having their dietary requirements met. People did not always receive support in a caring way and their privacy and dignity was not respected. People did not receive person centred care that was responsive to their needs. Systems and processes to monitor the safety and quality of care people received was not effective. There was ineffective management of the service and as a result people had experienced inadequate care and support. Additionally, we also found the provider had failed to notify us of incidents as required by the law.

Following our February 2018 inspection the overall rating for the service was assessed as 'Inadequate' and the service was placed in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. We took urgent enforcement action following our last inspection which required the provider to send us a report each month of the actions they were taking to keep people safe and how they intended to improve the service. We also imposed conditions on the provider's registration to prevent any admissions to the home. The provider had complied with the action we took. Following the inspection we met with the provider and asked them to complete an action plan to show us what they would do and when by to improve all the key question(s) to at least "good." The provider sent us their action plan in February 2018 and we looked at their action plan as part of this inspection.

This inspection took place on 21 June 2018 to follow up on our previous findings. We returned on this

occasion to check whether people were safe and that the provider was taking the necessary action to improve the quality of care and reducing the risks to people. 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.

Although a registered manager's application was in progress, at this inspection of June 2018 there was not a registered manager in post. The provider had appointed a home manager who had submitted an application to CQC to become the registered manager in April 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home manager was present throughout our inspection.

Staff knowledge of the actions to take to keep people protected from abuse had improved, but their knowledge of who to report concerns to outside of the organisation was inconsistent. People could not always be assured that they were being supported by staff of good character as the systems used to recruit staff had not been robustly followed. Where accidents and incidents occurred, robust follow up action was not always taken to ensure that lessons had been learned to reduce the risk of them happening again. People received their medicines as prescribed.

People told us staff had the right knowledge and skills to deliver the care and support they needed. People were encouraged to have a well-balanced and nutritional diet. People were supported to maintain their health and well-being and access additional care and treatment from other health care services when needed. We saw people were supported to make choices about their day and consent was sought to the care being delivered.

People told us staff were kind and compassionate. People were treated with respect and their views were listened to. People were supported to make their own decisions and choices throughout the day. Staff spoke and supported people in ways each person could understand and we saw staff protect people's dignity and privacy when providing care.

People received personalised care that was responsive to their needs. We saw there was a varied activities programme available which reflected people's interests. Care plans contained details regarding the majority of people's needs and we found these were followed by staff. People told us they knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Significant action had been taken to improve the systems used to check and audit the quality of the care provided at the home. However, further improvement was needed. Staff felt well supported in their roles. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions. People and staff felt supported and were confident in the management of 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?

Requires Improvement 

The service was not consistently safe.

We found since our last inspection improvements had been made to keep people protected from harm.

Staff knowledge of the action to take to safeguard people from the risk of abuse had improved, but further were needed.

Analysis of incidents had not been used effectively to prevent re-occurrence.

People told us staffing levels had improved.

People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective.

Staff had the right knowledge and skills to carry out their roles and to meet people's individual needs.

People enjoyed their meals and were supported to eat a healthy diet.

People experienced positive outcomes regarding their health and well-being.

People were supported to make decisions about their care and were asked for their consent before care and support was delivered.

Is the service caring?

Good 

The service was caring.

Staff communicated effectively with people and treated them with kindness, compassion and respect.

People's privacy and dignity was promoted by staff. Staff were guided to support people to be as independent as possible.

People's right to confidentiality was respected.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs. Staff had a good understanding of providing person-centred care.

People had the opportunity to participate in a range of meaningful activities.

People's care plans had been developed to include people's life history and what was important to them.

There was a complaints policy in place and people and visitors told us they would raise any concerns with staff.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Significant improvements had been made to the quality and safety of the service, however further improvements were required.

We found that people's and staffs experiences of the service had improved since our last inspection.

Bartley Green Lodge Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced comprehensive inspection took place on the 21 June 2018. We undertook this inspection to follow up on our previous findings. We returned on this occasion to check whether people were safe and that the provider was taking the necessary action to improve the quality of care and reducing the risks to people. The inspection team consisted of three inspectors, one pharmacist 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 service.

We had already asked the provider to complete a Provider Information Return (PIR) earlier in 2017, so we did not ask them to complete this again. A PIR 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 took this information into account when we made the judgements in this report. We also reviewed the information we held about the service. We looked at information received from the local authority commissioners, Healthwatch and the statutory notifications the manager had sent us. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit, we met and spoke with 11 of the people who lived at the home. 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 to us. We observed care and support being

delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We spoke with two relatives of people and one visiting care professional to get their views. In addition we spoke at length with the regional manager, the home manager, the deputy manager, seven care assistants and the head chef.

We reviewed five people's care plans and daily records to see how their care and treatment was planned and delivered. We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts for 12 people. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

At our last inspection in February 2018 we rated the registered provider as 'Inadequate' in this key question. We found examples of where people had been exposed to actual harm and staff had failed to protect people from future occurrences. The registered provider had failed to ensure staff had the appropriate knowledge and understanding to protect people from abuse and recognise when safeguarding referrals needed to be made. Staffing levels were insufficient to meet people's needs in a timely way and people did not always receive their medicines as prescribed. The provider had failed to ensure people received consistently good, safe care that was compliant with the legal regulations and were in breach of Regulation 12 (safe care and treatment), Regulation 13 (safeguarding service users from abuse and improper treatment) and Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the service was now meeting the requirements of the above regulations. We will continue to monitor the service to ensure the improvements have been sustained and will review this at our next inspection.

At our last inspection in February 2018 we found people living at Bartley Green Lodge were not receiving safe care and support and were placed at risk of harm. Staff lack of knowledge around safeguarding people meant that they had not recognised or responded appropriately to known abuse. On this inspection we found improvements had been made. A member of staff explained, "I have a duty of care to report anything wrong." We saw systems were in place to follow safeguarding procedures to ensure people were protected from abuse and the provider was no longer in breach of this regulation. Whilst most of the staff we spoke with had received training and understood their responsibilities to report any concerns; but their knowledge of who to report concerns to outside of the organisation was inconsistent.

We looked at how staff were recruited to the home and saw that safe recruitment practices were in place. A member of staff we spoke with told us, "Before I started to work I had to have a DBS check and had to bring in lots of ID [identification]." The Disclosure and barring service (DBS) helps providers to ensure that potential staff members were of good character and suitable to work with people who live at the home. We checked two staff recruitment files and found pre-employment checks had been carried out. However, one reference raised concerns about the staff member's suitability to work with vulnerable people. The provider had not considered undertaking a risk assessment in the interim. We were advised by the provider that the appropriate documentation would be completed immediately.

Accidents and incidents that had occurred at the home had been recorded. Staff were aware of their responsibility to report and record any accidents or falls. Whilst there were systems in place to identify if there were any changes in people's needs there was no oversight to look at ways of reducing the risks of it occurring again. For example, we noted one person had encountered seven falls during the month of February 2018; it was not clear how this had been analysed.

People we spoke with told us they felt safe living at the home. One person told us, "I feel more than safe here." One relative told us, "Doors are secure at the front entrance but dad can still go and have a smoke when he wants to." At our last inspection of February 2018 we found the registered provider had failed to

ensure there was an effective system in place to ensure risks were monitored and managed in order to protect people from avoidable harm. At this inspection the provider had taken steps to improve the process of identifying and assessing people's risks and the provider was no longer in breach of this regulation. People we spoke with told us staff understood their needs and managed their risks appropriately. One person told us that they often go outside and that staff remind them to use their walking frame. Care plans we sampled had improved and demonstrated that people who lived at the home had risk assessments in place in relation to their specific conditions and to keep them safe.

We looked at other risks, such as those linked to the premises, for example, fire safety practices. We found fire risk assessments were completed and staff we spoke with were familiar with the emergency procedure at the home. People had Personal Emergency Evacuation Plans (PEEPs) in place and these were up to date and reflected people's needs in the event of an emergency. In addition, potential environmental risks of the building were completed to ensure the premises were safe, which included checks of gas, electricity, mobility equipment and water safety. We spoke with the head chef who advised the service had achieved a '5' star rating by the environmental health agency which meant they regarded the service as having good food hygiene standards.

At our last inspection of February 2018 we found there was a lack of sufficient staff to meet people's needs safely. People told us and we observed there were not enough staff and they had to wait for staff to be available to meet their health and care needs. At this inspection people and their relatives told us they could see an improvement in staffing levels. The registered provider told us that dependency levels had been reviewed and updated since our last inspection. As a result staff numbers had increased to ensure people's needs were appropriately met. The provider was no longer in breach of this regulation. One person said, "If I use buzzer don't usually wait too long, [the staff] say sorry if [there's] an emergency and takes longer." Relatives told us they thought staffing levels had improved and were happy that their family members were now getting the care they needed. We observed and staff confirmed since our last inspection staffing levels had been increased which resulted in them being able to respond to people's needs in a timely manner. One member of staff said, "We have enough staff now and we're a great team."

At our last inspection in February 2018 we found the registered provider had failed to ensure the safe care and treatment of people through appropriate management of medicines. At this inspection the provider had taken steps to improve the process of the management of medicines and the provider was no longer in breach of this regulation. People received their medicines safely and when they needed them. One person said, "Staff give medication and usually on time, I do inhaler myself, I can have additional painkillers if I need them." We looked at the Medication Administration Records (MARs) for 12 people and found they had been completed correctly and demonstrated people were receiving their medicines as prescribed. Where medicines were prescribed to be administered 'when required', we found there was robust information available for the staff to be able administer these medicines safely and when people required them.

We looked at records for people who were having analgesic skin patches applied to their bodies. We found the provider was making a good record of where the patches were being applied, which showed the patches were being applied in accordance with the manufacturer's guidelines. The provider therefore was able to demonstrate that these patches were being applied safely. Medicines were being stored securely, and at the correct temperatures, for the protection of people using the service. Medicines requiring cool storage conditions were being stored at the correct temperature and so they would be effective in treating the condition they had been prescribed for.

The service was supporting people to administer their medicines independently. We spoke with one person who had expressed a wish to administer one of their own medicines and they told us that they were well

supported by staff to administer this medicine. We looked at the records for this person but was unable to find a risk assessment that captured what risk this medicine posed to the individual themselves and to other people using the service.

People were protected from the risk of infection as there were adequate cleaning and infection prevention arrangements in place at the home. People we spoke with told us that staff followed good hygiene practices in order to keep them safe and reduce the risk of infection. One person told us, "Carers put on gloves when creaming [my] knee and wash [their] hands". We observed care staff wore personal protective clothing when they supported people with their care.

Is the service effective?

Our findings

At our last inspection in February 2018 we rated the registered provider as 'Requires Improvement' in this key question. We found that people were not supported by staff that had the training, skills and knowledge to support them effectively. People were not supported in a way that protected them from unlawful restrictions. People did not have their dietary requirements managed safely. At this inspection we found improvements had been made. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

Pre-admission assessments were completed prior to people moving into the home. People's physical and emotional support were identified; this enabled the provider to ensure they were able to meet people's individual needs. Assessments contained evidence that people, and, where appropriate their family were involved and contributed in the assessment process.

There was some use of assistive technology to support people. This included sensor mats to alert staff when people were moving around. We observed that sensor technology was only used as necessary and identified as part of the risk assessment.

People told us they thought staff were well trained and had the skills they needed to support them. One person told us, "Staff must have training." A relative we spoke with said, "They [the staff] all know what they are doing." We observed staff continuously engaged with people and interacted with people effectively. People who lived at the home looked comfortable in the presence of staff members. Staff we spoke with told us they felt they received the training they required for their role. One staff member told us, "We have lots of training, some face to face and some e-learning. It all helps us." Staff we spoke with told us that they felt supported in their roles and that the management team were approachable. Staff told us they had the opportunity to discuss any issues or personal development needs with the home manager and deputy manager.

Staff who were new to the service completed an induction to the home and had the opportunity to shadow more experienced staff members. One staff member told us, "My induction has been fantastic. I have been shown everything and I didn't do any manual handling until I'd completed the training." The registered provider had ensured their induction processes were in-line with the principles of the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

People were supported to have enough to eat and drink. People told us and we saw they could choose to eat their meals in the dining and communal areas or in their bedrooms. Feedback we received regarding the food varied. Most people told us they enjoyed the meals and always had a choice. One person told us, "Food nice, I like my dinner, food all been very good." Another person said, "Food very good, good selection, I've put on weight." However, other comments from people included, "Some meals okay and some aren't, could be cooked better, meat and carrots hard, due to be a meeting about food but it never happened." and "Meals 50/50 served on cold plates."

There was a set menu in place but people told us they could have an alternative choice if they preferred. We observed drinks and snacks were offered between meals. One person told us, "Definitely plenty to drink, staff forever saying do you want a cup of tea." Dining room tables were laid with tablecloths, napkins and cutlery and people were able to sit with friends. Staff were attentive to people and sat and ate meals together with people. This promoted a positive and relaxed mealtime experience for people. Staff had a good understanding of people's dietary needs, including their preferences, cultural and religious needs.

At our previous inspection in February 2018 we found that people who were identified as being at risk of malnutrition were not always supported appropriately. We found that food and fluid monitoring charts had not always been completed fully. At this inspection we found that improvements had been made. We saw when people were at risk of malnutrition; their dietary intake was recorded and monitored and advice was sought from the dietician.

Systems were in place to ensure that people received consistent care when they transferred between services. For example, a hospital transfer form was used to support people when they were admitted into hospital. The information within these documents included, what professionals should know about the person in respect of their medical conditions and peoples preferences to how they liked to be supported. This enabled people to receive care and support from staff that knew how to support them effectively.

People were supported to access to healthcare professionals such as their GP, dentist and optician to maintain their health. One person told us, "[I had an] eye test a couple of months ago and chiropodist visits every six weeks." We saw well- being information that included details of visits from health professionals were displayed on 'resident' notice boards.

The premises had been adapted and decorated to support people to move easily from their own bedroom and around the communal areas of the home. We saw people who were able to mobilise independently moved freely between the communal areas and their own bedrooms. There was a garden which people could use independently or with support from staff.

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. At our previous inspection in February 2018 people were not supported in a way that protected them from unlawful restrictions. During this inspection we looked to see if the service was working within the legal framework of the MCA. We found that improvements had been made. One person we spoke with told us, "Staff always ask before doing anything." Staff were able to describe the basic principles of the MCA relevant to their role and supported people to make day to day decisions based on their knowledge about people. One member of staff told us, "It's all about ensuring people make their own decisions and asking permission before doing anything." During our inspection we observed staff gaining consent from people before supporting them with their needs. For example, one person looked uncomfortable sitting in their chair and we observed a staff member asking the person for their permission to move their head to a more comfortable position. We saw that capacity assessments were completed to determine what capacity people had to make decisions for themselves. The home manager provided several examples of when decisions had been 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. The home manager had an understanding of the legislation in relation to DoLS. We saw where restrictions on people's liberty had been identified; the home manager had made DoLS applications to the relevant authorising authorities. This protected people who were unable to make all of their own decisions by ensuring restrictions were proportionate and were not in place without being legally authorised. Staff did not consistently know or understand what DoLS was and what it meant for people. The home manager advised this would be addressed following our inspection.

Is the service caring?

Our findings

At our last inspection in February 2018 we rated the registered provider as 'Requires Improvement' in this key question. We found that staff were focused on tasks to be completed and missed opportunities for interactions. People's dignity and privacy were not always respected. At this inspection we found improvements had been made. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

We received positive feedback from people and their relatives regarding staff being caring. One person told us, "So far very nice, girls [the staff] very nice, it's lovely, no rush to go anywhere else, very nice here to be honest." A relative told us, "Staff are kind and thoughtful."

At our previous inspection in February 2018 we found staff interaction with people was limited. At this inspection we observed people were treated with kindness and compassion in their day- to -day care. Throughout our inspection we observed a lot of positive and caring interactions between people and staff. We heard staff speak to people in ways that were appropriate to the individual and ways in which each person could understand. People told us they enjoyed the company of staff and we observed many occasions when staff asked people about their well-being. One person said, "Staff are great can't fault one of them, been lucky with these lot." People's facial expressions and responses indicated they were very at ease with staff and they had a laugh and a joke with them. We observed staff knew people well and spent time with people and chatted and engaged with them about their personal histories and interests. Staff told us and we observed that they were committed to providing good care, that met people's individual needs and enable them to have a good quality of life.

At the time of our inspection there was no-one living at the home who required advocacy support. Advocates are trained professionals who support, enable and empower people to speak up. Information was on display within the home which informed people about local advocacy services available to them.

People were able to spend their time as they wished and were given choices and supported to be involved in their care. We found people were supported to express their views and make decisions about their care as far as possible. One person told us, "I can sit out with people or in my room, no pressure on me" and "I can get up when I want, staff say do you want to get up or leave it a bit?" Another person told us, "Didn't feel like getting dressed today and prefer to stay in room and listen to music." We observed that people had their own style with regard to dress including accessories and hair styles. People's rooms were decorated and furnished to reflect their personal tastes. Bedrooms displayed items such as keepsakes, pictures, family photographs, plants and ornaments.

At our previous inspection in February 2018 we found people's privacy and dignity was not consistently respected and promoted. At this inspection we found improvements had been made. One person told us about their occupation and said, "Staff know that and look on me with respect." We saw that when staff were supporting people, they did so in a way that promoted and maintained their dignity and privacy. For example, we observed staff knocking on people's doors before entering their rooms and when one person

needed assistance to pull their nightclothes down this was done in a discreet manner. When speaking with people we observed staff knelt beside them to be on the same eye level. People's right to confidentiality was respected and protected appropriately in accordance with data protection guidelines. Care plans were locked in a secure cupboard and only staff with appropriate authority were able to access them.

People told us staff respected and promoted their independence. One person told us, "I use frame on my own try and do everything I can." Another person said, "[staff] let me be as independent as possible and I can make myself a cup of tea when I want one." Staff described ways in which they supported people to be as independent as they could be. We observed people were able to move around the home freely and had access to the aids and adaptations they required to promote their independence. We saw staff encouraging people to get involved with daily life tasks such as laying the table for lunch.

Relatives and friends visited throughout the inspection and all those we spoke with told us they were always made welcome. One person told us, "Family and dog are made welcome." We were told that people could visit at any time; however, we noted that meal times were protected to try and maintain people's privacy and to maintain their dietary intake. Whilst this had been discussed at resident and relatives meeting, one relative told us they would welcome the opportunity to spend time with their relation at meal times. We discussed this with the home manager who advised that there was opportunity for relatives and their loved ones to eat together in the private dining areas around the home. The home manager said they would address this again with all people and their relatives.

Is the service responsive?

Our findings

At our last inspection in February 2018 we rated the registered provider as 'Requires Improvement' in this key question. People did not consistently receive personalised care from staff as they were not always aware of or responsive to people's individual care, emotional and support needs. The provider had failed to ensure they were compliant with the legal regulations and were in breach of Regulation 9 (Person-centred care). At this inspection the provider had taken steps to improve personalised care and was no longer in breach of this regulation. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

People received personalised care that was responsive to their needs. People who lived at the home and family members told us they were pleased with the care and support they or their relative experienced. One person told us, "If I'm not well, the girls [staff] are straight on it and call the doctor and let my family know." A relative said, "Staff know [name of person], I've told them what she likes." People received care and support from staff who were aware of their needs. Staff knew people's backgrounds well and spoke to them about their families, careers and places they lived and enjoyed to visit. Throughout our inspection we saw staff responded to people's request for support in a timely manner.

People's cultural and religious needs were supported. Staff understood people wanted to maintain links with religious organisations that supported them. During our inspection we observed a religious service offered for people to attend and were told regular religious services were provided on both a group and individual basis. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age. One member of staff told us, "Everyone has equal rights to be who they want to be." Although staff we spoke with and observed demonstrated they were knowledgeable about people's needs and routines, some care plans lacked detail about how to meet people's diverse needs, such as spiritual, gender and sexual orientation.

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify record, flag, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. Care plans we reviewed contained some information about how to support people, for example, ensuring they were wearing their glasses or hearing aids. However, the registered provider had not explored ways to make sure people had access to the information they needed in a way they could understand it and comply with the AIS. The registered provider had not fully offered people the opportunity to receive information in alternative formats such as an alternative language, large print or pictorial format. The registered provider advised us that there was work in progress in order to meet the standard fully.

Each person had a care plan which was personalised to them. The care plan recorded details about the person's specific needs and how they preferred to be supported. It detailed people's choice of daily routines. For example, people's sleep routines and likes and dislikes. People told us that regular reviews on their care plans were completed and where appropriate, with their relatives. One person told us, "I've had a

meeting to talk about if I'm happy, my daughter came as well."

At our last inspection in February 2018 we received mixed feedback from people regarding the suitability of activities at the home to meet peoples' preferences. Improvements had been made since our previous inspection to how people were supported to engage in activities or things that interested them. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. One person told us, "The girls [staff] paint my nails, I chose the colour." A relative spoke positively about the improvements around activities and said, "I'm really pleased, dad's learning new skills. I'm hoping further improvements will be made for outside activities and trips." We observed staff engaging people in group activities which included making fresh fruit skewers, walking in the garden, sensory boxes and gentle exercise. Staff also supported people with individual activities which were meaningful to each person. We observed staff members speaking with one person about their background. Staff knew the person well and understood and respected the emotional impact of the experiences the person had encountered. Some people chose to stay in their rooms and we observed staff spending time with them to prevent social isolation. Each unit had a 'resident's notice board' which showed people participating in various activities such as handicrafts, baking and animal visits. We saw details of weekly bingo and coffee mornings on a Friday with the home's Café area.

Following our previous inspection of February 2018 the home had been decorated in ways that helped people to orientate themselves. For example, contrasting handrails to help people see them clearly and people's bedroom doors had their preferred name and picture of their choice and / or a memory box of personal items to help orientate people to their rooms. One person we spoke with enjoyed telling us about the items in their memory box and confirmed how important all the items were to them. Staff had received additional training related to dementia care. We saw there was a range of tactile objects such as dolls, handbags, dusters, brushes and clothing around the home to support people who lived with dementia and we observed people engaging with the objects independently and with the support from staff.

People and their relatives told us they felt comfortable to make a complaint and that it would be taken seriously. One person told us, "[I've] no complaints, I would go to the office if any complaints." One relative told us, "If I had a complaint I would go and see [name of home manager]." People and their relatives were provided with information on how to raise any concerns they may have. Details of how to complain were on display around the home.

Some people's end of life wishes had been recorded so staff were aware of these. For example, 'Do Not Attempt to Resuscitate' (DNAR) for people who did not want to be resuscitated if they were unresponsive to immediate lifesaving treatment. However, more work was needed to ensure end of life plans were person-centred to ensure people were supported to be comfortable, pain free and dignified at the end of their life and that people's religious and personal wishes were respected and taken into consideration.

Is the service well-led?

Our findings

At our last inspection in February 2018 we rated the registered provider as 'Inadequate' in this key question. There were no effective systems in place to ensure that the service was well-led. The registered provider failed to protect people from unsafe care and as a result people had experienced inadequate care and support. The registered provider failed to notify us of incidents as required by law. The provider had failed to ensure people received consistently good, safe care that was compliant with the legal regulations and were in breach of Regulation 17 (Good governance), and Regulation 18, (Registration) Regulations 2009 (Notifications of other incidents). At this inspection we found some improvements had been made and the service was now meeting the requirements of the above regulations. The registered provider had recognised that they needed time to evaluate the care being provided and made adjustments to the service being provided. We will continue to monitor the service to ensure the improvements have been sustained and review this at our next inspection.

At our last inspection in February 2018 we found systems had not been established or operated effectively to assess, monitor and mitigate the risks to people's health, safety and welfare. At this inspection we found improvements had been made but further were still required. Following our last inspection an action plan was devised in order to address the issues we had identified, along with other areas the provider wanted to improve and develop. The provider had reviewed their governance and auditing systems to ensure they were effective to monitor the delivery and quality of care and support provided. Whilst there had been significant improvements they had not always been effective. For example, the monitoring of staff recruitment documents had not identified that a pre-employment record did not contain sufficient information to give assurance that the staff member was suitable to work with vulnerable people. Care plan audits had taken place but they had not identified that one person's weight that required close monitoring had not been completed during May 2018. Whilst there was no impact for the person, the potential risk had not been identified through auditing systems.

We found that the oversight of the service required further improvements. For example, fire drills were carried out by staff to confirm their knowledge of the homes fire safety procedures. However there was no oversight of which staff had attended and which staff had not or needed to. We found the health and safety action plan had no dates for expected completion. Seven out of the nine complaints we reviewed had been investigated and responded to. An overall analysis had been completed for April 2018 and the analysis for May 2018 was in progress. At our last inspection in February 2018 improvements were required in analysing information that was available to the registered provider to drive improvements. At this inspection we found improvements had been made but further were needed. For example, we saw that although all accidents and incidents had been recorded they had not consistently been analysed to determine themes and patterns to prevent reoccurrence. We reviewed the accident reports and saw a number of incidents had occurred on a monthly basis. Whilst the provider had taken action for individual people, there was no overall oversight for the accidents and it was unclear how this information had been analysed.

At our last inspection in February 2018 we found improvements were required to protect people from harm. Systems did not ensure staff understood people's risks and how to manage them. The registered provider

had failed to ensure staff could recognise potential safeguarding concerns and how they would be responded to appropriately and as a result people were exposed to on-going harm and abuse. At this inspection we found the registered provider had an effective system in place to report and record all safeguarding concerns and incidents. We found this information was provided to safeguarding agencies in a timely and detailed manner. We did see that complaints procedures and 'speak up' information were on display around the home. However, they were not available in accessible formats to meet the communication needs of all people.

People, relatives and staff told us that the home manager was approachable, supportive and readily available. One person told us, "[name of home manager] is very nice and very helpful." A relative said, "[name of home manager] is really nice and we can see lots of improvements, the staff seem much happier as well." The home manager told us they were passionate and committed about the care being provided and ensuring people lived a positive life. We saw that the home manager and deputy manager were visible within the home. This meant they had a better understanding of the culture of the service. Daily staff handover provided each shift with a clear picture of each person who lived at the home and encouraged good communications between all staff members.

At our last inspection in February 2018 systems to ensure there would be enough staff on duty to promptly meet people's changing care needs were not effective. Improvements were required in analysing information about people's abilities, emotional needs and dependencies to ensure staffing levels were reviewed and revised in line with increases in people's needs. At this inspection we found the registered provider had reviewed the systems to monitor people's dependency levels and as a result had increased staffing levels. This had resulted in a better quality of life and outcome for people who lived at the home.

At our last inspection in February 2018 Improvements were required to ensure the registered provider met all of the requirements of their registration. Organisations registered with the Care Quality Commission (CQC) have a legal responsibility to notify us about certain events that have taken place. The service had failed to monitor the service to ensure timely and appropriate action had been taken to protect people from harm. At this inspection we found that safeguarding concerns had been reported and investigated in a sensitive way and could demonstrate what action had been taken in response. In addition we saw that the service had on display in the reception area of the home and their website their latest CQC rating where people could see it.

People and their relatives told us they had been asked for feedback on the quality of the service provided at the home. One person told us, "I've completed surveys." A relative told us, "We had a meeting about two weeks ago." We saw that resident and relatives meetings had taken place in order to obtain their views about their experiences of living at the home. The registered provider conducted annual satisfaction surveys of people's views to identify areas of improvement to be made within the home. The results of the surveys had been analysed, however, it was not clear from records what actions, if any, the registered provider had taken as a result of the survey.

Staff told us they attended meetings and were kept updated regarding changes within the home and had the opportunity to share their views. Staff members spoke positively about the recent management changes. One member of staff told us, "[name of home manager] has turned the place [the home] around." Staff felt confident they could raise any issues with the home manager and these would be addressed.

The provider engaged with local stakeholders and worked in partnership with other agencies such as community nurses, doctors and mental health teams to support care provision and development. This helped to ensure they were up to date with changes in legislation and best practice.

