Countrywide Care Homes Limited

Howgate House

Inspection report

Howgate
Idle
Bradford
West Yorkshire
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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 took place on 1 and 24 August 2017 and was unannounced. The inspection on 1 August 2017 was a planned inspection to check the provider had taken action to address the breaches of regulation identified at the last inspection. The visit on 24 August 2017 was carried out in response to information of concern we received from a relative of a person who lived in the home.

The last inspection report was published in February 2017 following an inspection in November 2016. The overall rating for the service was inadequate. We found the service was in breach of five regulations, regulation 9 (person centred care), regulation 10 (dignity and respect), regulation 12 (safe care and treatment), regulation 17 (good governance) and regulation 18 (staffing). The service was placed 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.

Howgate House provides accommodation with nursing or personal care for up to 63 people over three floors. There is one bedroom which can be shared by two people and the remainder are single rooms. There are communal rooms on two floors and there is an accessible outside area. The building has access for people with disabilities and there is a passenger lift to all floors. At the time of our inspection there were 43 people living at the home.

The home did not have a registered manager in place. 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. A new manager had been appointed and was in the process of applying for registration at the time of our inspection.

Everyone we spoke with said the home provided a safe place for people to live. Staff were trained to recognise and report any concerns about people's safety and welfare. The required checks on new staff were done before they started work and this helped to keep people safe.

Generally people were satisfied there were enough staff to meet their needs. However, we asked the provider to keep the staffing levels under review to make sure there were always enough staff available to meet people's needs in a timely way.

People told us they had their medicines at the right time and overall we saw medicines were managed safely. Regular checks were carried out and when errors occurred action was taken to reduce the risk of recurrence.

Risks to people's safety and welfare were managed although this was not always reflected in their care

records.

The home was clean and well maintained.

Most people felt staff were adequately trained to meet people's needs. However, one person felt staff would benefit from more training on supporting people living with dementia and dealing with behaviours which challenge. We saw staff received training on a variety of subjects. Staff told us they felt supported. Staff one to one supervisions had fallen behind schedule but there was a plan in place to address this.

People's rights were promoted and protected and they were asked for their consent before care was provided. Where appropriate best interest decisions had been made on people's behalf. People were treated with kindness and compassion and their privacy and dignity was respected.

People told us they enjoyed the food and were offered a choice. We found people's dietary needs and preferences were catered for.

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People were supported to meet their health care needs and had access to a range of external health care professionals.

We saw positive interactions between staff and people who lived at the home. Staff knew about people and their lives and chatted with them about their interests. We saw people had opportunities to take part in a variety of social activities.

People's needs were assessed and there were care plans in place. The care plans we looked at were not always person centred or detailed enough in the guidance they provided for staff. The manager told us this was being dealt with.

People told us they had no reason to complain. Formal complaints were recorded but while less formal complaints were dealt with they were not always recorded.

People had opportunities to share their views of the service and expressed confidence in the management team.

People told us and we found there had been significant improvements to all aspects of the service in recent months. Improved quality assurance systems were in place but these needed to be tested over time before we could be assured they of their effectiveness in sustaining improvements.

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.

People told us they felt the service was safe. Staff knew how to recognise and report concerns about people's safety and welfare.

There were generally enough staff and people said the staff were lovely.

Action was taken to manage risks to people's safety and welfare but this was not always reflected in their care records.

Overall people's medicines were managed safely.

The home was clean and well maintained.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were asked for their consent before care was delivered. When people lacked capacity decisions were made in their best interests.

People were supported to have an adequate dietary intake and their preferences were catered for.

People were supported to meet their health care needs and had access to the full range of NHS services

Staff received training to help them carry out their duties.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People's privacy and dignity was respected.

People were encouraged to make decisions and supported to

maintain their independence.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Overall people's care needs were met but this was not always evidenced in their care records.

People had the opportunity to take part in a variety of social activities.

Complaints were dealt with but less formal complaints were not always recorded.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People who used the service, relatives and staff had confidence in the management team. There was a clear commitment to continuous improvement from management and staff.

People were given the opportunity to share their views of the service.

Improved quality assurance systems were in place but these needed to be tested over time before we could be assured they of their effectiveness in sustaining improvements.

Howgate House

Detailed findings

Background to this inspection

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

The inspection took place on 1 & 24 August 2017 and was unannounced.

On the first day the inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is someone who had personal experience with this type of service. The expert's area of expertise was people living with dementia and older people. On the second day the inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we had about the service such as statutory notifications. We contacted the local Clinical Commissioning Group and the local authority commissioning and safeguarding teams to ask for their views of the service.

During the inspection we spoke with seven people who lived at the home and eight relatives. We also spoke with the peripatetic manager, the home manager, three nurses, five care workers, and the chef. We observed the meal service at breakfast and lunch time and observed people being supported in the communal rooms. We looked around the home. We looked at five peoples care records and looked at other records relating to the running of the home such as medication records, staff files, training records, meeting notes and audits.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

All the people who used the service told us they felt safe at the home. Most of the relatives we spoke with told us people were safe. One person told us they felt safe because, "I am very happy here, all the staff are really lovely. There's always someone at night to come and see to you, the other night I could not get comfortable with my pillows so I pressed my buzzer and someone came and made me comfortable. I am well looked after. Staff tell me to press my buzzer, they tell me I don't press it enough."

Another person said, "I feel safe here because there are people around you, you are not sat on your own." A third person said, "I have yet to find fault with anything, the staff are lovely, the meals are lovely and the place feels lovely. What more do you want?"

One relative told us they felt people were safe because, "I have worked in a care home and staff are doing what they should." Another relative said, "Staff are brilliant with my loved one they do everything for him, he knows them well. I don't like leaving him at night but I know he is safe, otherwise I wouldn't leave him." A third relative said, "I feel my loved one is safe because of the overall care. He's not nervous of anything. I feel reassured by the way staff are with him, they have got to know him and he them."

One visitor told us they felt their relative was safe when they were not agitated. They said the staff were very caring but they sometimes worried that when their relative had been 'non-compliant' staff were reluctant to approach them. We did not observe anything of this nature during our inspection. We observed staff reassuring people who were confused or agitated. For example, one person was getting agitated when being transferred on the hoist and staff stopped moving the hoist to re- explain what they were doing and to reassure the person that they were safe and that they would be as quick as possible.

Staff we spoke with understood safeguarding matters and how to identify and act on any concerns. They said they were confident people were safe in the home and had not seen anything of concern.

The service did not manage money on behalf of anyone who lived there.

People who lived at the home and relatives told us people had their call bells within reach so they could call for help when they needed to.

The people who used the service we spoke with told us there were enough staff on duty to meet their needs and said they were not kept waiting very long when they needed help. One person said, "I always have two staff and I never wait longer than about five minutes." Another person said, "I never have to twist my face and say "I'm not happy" staff are always on the move, I am careful what I ask for but if I ask for anything I don't wait long, the staff are proactive." A third person said, "There is always enough staff on, I don't wait long. After I had a fall staff were on me all the time, looking after me."

The relatives we spoke with us there were usually enough staff on, although one relative said they felt the home was sometimes short staffed upstairs with people having to wait to go to the toilet.

Another relative said, "There is plenty of staff when I come in, have not seen a shortage but you do sometimes have to wait to access equipment depending how busy staff are." A third relative said, "Staff cope well with what they have to do, sometimes my relative has to wait 10 minutes for care but that's not a problem." A fourth relative said, "I visit every day and stay nearly all day, there is always enough staff on, my relative does not wait long for care."

We spoke with the manager about staffing levels. They said they were currently fully staffed in terms of nursing staff, and had two care worker vacancies. These vacancies were being covered by staff working additional shifts and there was a low use of agency. The manager told us that staffing levels between 8am and 2pm were one nurse and six care workers on the ground floor and one senior and two care workers on the 1st floor. From 2pm until 8pm there were two less care workers on duty. Overnight five staff worked in the building, three care workers and either two nurses or a nurse and a senior care worker. Staff we spoke with told us there were enough staff during the days. However, two staff who worked nights said there had been occasions when safe staffing levels were not maintained. They said there had been occasions when there had only been four staff working. We spoke with the manager who said when this had been the case, a staff member had stayed late and another come in early to cover to help ensure the busy periods when people went to bed and got up were covered.

During the last inspection we found the provider was in breach of regulation because staffing levels were insufficient. During this inspection we found the staffing situation had improved and the provider was no longer in breach of regulation. However, we recommended the provider should keep staffing levels under review.

During the first day of our inspection we observed care and support on the 1st floor and found that overall there were sufficient staff to ensure people's needs were met. People's requests for assistance were responded to in an appropriate timescale, although there were some periods when people did not have access to any stimulation in the morning, before the activities co-ordinator arrived. At other times, particularly in the afternoon we saw staff had time to spend with people, talking as well as completing care and support tasks.

When we visited on 24 August 2017 we found the numbers of staff on duty were sufficient to meet people's needs. We saw that following a recent incident the manager had put a system in place to make sure there was always a member of staff present in the lounge on the ground floor.

Safe recruitment procedures were in place. New staff had to complete an application form and attend an interview. Interview records were kept showing people's suitability to work with vulnerable people was assessed. Staff had to complete a Disclosure and Baring Service (DBS) check and provide references to provide evidence they were of suitable character to work in the home.

All the people we spoke with told us they received their medicines when they should and had access to pain relief when they needed it. The majority of relatives we spoke with were satisfied that people received their prescribed medicines correctly.

Medicines were managed safely. Medicines were administered by nursing staff or senior care workers who had received training. Competency assessments were carried out annually or more frequently if concerns were identified. This helped ensure staff continued to have the skills to administer medicines safely. People had medication care plans in place to support safe administration of medicines. Medication reviews took place including people's families. People were assessed as their ability to self-medicate and where this was deemed feasible it was supported by a care plan to help ensure the person's safety.

We looked at a selection of Medicine Administration Records (MARs). These were well completed indicating people had consistently received their medicines. We counted the stock levels of several medicines and found the number in stock matched what records stated should be present if people had consistently received their medicines. Some people required medicines at specific times and others were of variable dose. We saw these medicines were given as prescribed.

Some people were prescribed topical medicines such as creams. These records were completed by care workers and were located in people's rooms. Overall these records were completed to an acceptable standard.

Where people were prescribed 'as required' medicines for pain relief, constipation or behaviours that challenged these were supported by protocols to ensure their safe and consistent use. However, these protocols were not stored with the MARs which meant there was a risk they would not be reviewed by staff administering medicines.

Medicines were stored safely and securely within locked medicines trolleys or fridges within a locked treatment room. The temperature of rooms and the medicine fridge was monitored to ensure the medicines were stored appropriately. The date of opening was written on the side of bottled medicines to establish when they expired. Although we found the medicines we checked were within date, one relative raised concerns that their relative had been using out of date eye drops in July and it was only rectified after they pointed this out. We saw the person had a care plan in place for their eye drops which detailed the two prescribed eye drops and the level of support they needed. However, there was nothing recorded about considering when the eye drops needed replacing or how to ensure they did not run out of date.

At the last inspection we found the provider was in breach of regulation because risks to people health and welfare were not managed properly. During this inspection we found improvements had been made. A risk screening tool was completed when people were admitted to the service, to assess whether there were any significant risks associated with their care and treatment. Where risks were identified more detailed risk assessments and care plans were put in place. This covered area such as nutrition, falls and mobility. We found risk assessments were subject to regular review.

Incidents and accidents were recorded and subject to monthly analysis by the management team. We saw evidence that action had been taken to learn from incidents. For example, one person had experienced a number of falls earlier in the year. Their seating had been reviewed and a new anti-slip surface provided. In addition, their footwear and medication had been reviewed in conjunction with external health professionals and relatives. We saw the number of falls they had experienced had reduced. However, details of these measures had not been put in the person's falls care plan which was generic and lacked person centred detail.

When we visited on 24 August 2017 we found the manager had made changes to the way accidents and incidents were reported to them. This meant they were informed of accidents/incidents on a daily basis and were therefore able to ensure appropriate action was taken without delay.

We looked around the premises and found it was safely managed and adequately maintained. We saw safety features were installed on the building such as window restrictors, guards for radiators and keypads on stairs to reduce the risk of injury. Safety checks and regular maintenance was undertaken to ensure the building was kept safe and hazard free. This included checks on the gas, electrical and water systems. Although we found during the inspection hot water outlets were appropriately warm, one person said that they struggled to get hot water in the evening.

A fire risk assessment was available and regular fire checks and servicing of equipment took place. Regular fire drills involving both day and night staff were undertaken to help ensure staff could competently evacuate the building. People had personal evacuation plans in place to support their safe evacuation in the event of an emergency.

Equipment such as hoists and mattresses were subject to regular maintenance/checks to ensure they remained safe and in good condition.

All the people and relatives we spoke to told us the home was very clean. We observed domestic staff cleaning throughout the day and saw that the home was clean. People told us and we observed staff used gloves and aprons and washed their hands when appropriate.

Requires Improvement

Is the service effective?

Our findings

Most people felt staff had the training they needed to meet people's needs. One person said, "They know what they are doing." Another person said, "Staff know exactly what to do. They manage my falls well, I have an alert mat." A third person said, "Everybody mucks in, everything has to be done. Staff are always there to rely on and I can tell they are well trained because of the way they do their job."

A relative told us, "Staff seem to be efficient, know how to use a hoist, empty a catheter bag, things like that." Another relative also commented that staff used the hoists properly, making sure they always had two staff and checking people were comfortable. However, one relative said they were not sure staff were trained well enough to deal with challenging behaviours and people living with dementia.

Staff we spoke with said they received a range of training and felt well supported.

New staff received an induction to the home and its ways of working. They were required to complete a range of induction training and shadow experienced staff. Staff new to care completed the Care Certificate. This is a government recognised scheme which provides the necessary training to equip people new to care with the necessary skills to provide effective care and support.

Staff received training updates in a range of subject. Most of this training was computer based learning although there was some face to face training in manual handling and medication. Topics included Mental Capacity Act (MCA), dementia and safeguarding. Training was supported by competency assessments to ensure staff had learnt the required knowledge. We reviewed training records and found training was mostly up-to-date. The service had organised a schedule of specialist training provided by health professionals to provide staff with specific skills over the course of the year. For example, recently staff had received training in syringe drivers, dysphagia, Parkinson's disease and wound care.

Staff received regular supervision and appraisal, although 2017 supervision were slightly behind schedule. We saw a plan was in place to bring these up-to-date. Staff told us they felt well supported by the service.

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

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

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

We saw historically some unsuitable DoLS applications had been made. For example, in 2016 an application was made for someone whose care plans showed they had capacity. Care plans showed an application had been made because the service had concluded the person was unsafe to go out alone. The application was rejected by the supervisory body in February 2017. We spoke with the person who understood they were unsafe to go out alone. This process could have been managed better through seeking the person's consent for an agreed plan of care to ensure their safety whilst promoting their freedom and independence.

The manager was in the process of reviewing all DoLS applications. Our discussion with them gave us assurance that the correct procedures would be followed in the future.

We saw examples of where the service was working within the legal framework of the Mental Capacity Act (MCA). For example, best interest meetings had been held with relatives and health professionals about whether it was in people's best interests for specific medical or support interventions to take place.

The people we spoke with told us staff asked for their consent before providing care and explained what they are doing. We observed staff doing this.

We observed breakfast time in the home. We found a pleasant atmosphere with people provided with an appropriate mix of supervision and assistance where required. People were given a choice as to what they ate and a range of drinks including fruit juice, tea or coffee were offered. We saw one person ate all their toast and staff asked them if they wanted a second helping which they did. This was promptly provided.

Following weight loss we saw plans of care were amended and measures such as increasing snacks and fortifying food were put in place to increase people's nutritional intake. We saw one person's weight had stabilised following this strategy.

All the people and relatives we spoke with were positive about the food. They told us there was plenty of food, people get enough to eat, the food was served at the correct temperature and they were offered choices.

One person said, "It suits me, you get a lovely breakfast and the jam is nice, you get plenty and if I don't like anything I get something else. One man who sits with us at lunch always has the alternative." Another person said, "The food is very nice, I ordered a jacket potato today and there was a choice of fillings but I couldn't make my mind up between two so staff said "have both", so I'm having tuna and cheese."

Another person said, "It was dreadful at first but has improved in recent months. They spend ages with me making different meals; I don't eat very much but am doing well now and have put weight on. The chef checks stuff with me and is always putting more on my plate."

Relatives commented, "The food is very good, there is always an alternative to the menu e.g. if someone is not wanting to eat much they offer them bread and jam." "It looks okay and my relative eats it and enjoys what they have." "The food is very nice, I have sampled it myself, and they can have seconds if they want."

All the people we spoke with told us they had enough to drink and relatives confirmed this. People told us they had jugs of water in their rooms and we observed this in rooms we saw. We observed tea/coffee/juice being served mid-morning with biscuits and mid-afternoon with plates of chopped fruit. People on the first floor had glasses of water or juice in front of them in the lounge but people in the downstairs lounge did not.

We observed lunch on the ground floor. There were menus on the tables which displayed the alternatives available for those who did not want what the main course. The food looked and smelled appetising. Soft drinks and alcohol were served with the meal and afterwards people were offered tea or coffee. Many of the people we observed cleared their plates. The atmosphere was relaxed with music playing and staff chatting to people. However, we saw at one table three people needed assistance and for most of lunch only one member of staff was helping all three.

We saw portion sizes were changed to suit people's preferences, food was cut up to aid independence and some food was pureed. Only one person had a suitable plate to facilitate their eating independently and we saw three other people whom we felt would have benefitted from having plate guards. Staff brought out a board with pictures of the pudding on so people could see the choice and have an alternative. Staff checked if people wanted to wear clothing protectors while eating.

We spoke with the chef who knew about people's dietary needs and preferences. They told us following training on dysphagia they were trying new ways of presenting food to people who needed a soft diet. By using a thickening powder they were to present soft food in a more visually appealing way. They told us they had received positive feedback about this from people living at the home. At the time of our inspection the only special diets being catered for were for people with diabetes. However, they chef assured us they could cater for other diets such as gluten free and Halal if necessary.

Most of the people we spoke with told us staff contacted the doctor for them if needed. Relatives told us their relatives were referred to other healthcare professionals such as audiologists, opticians and mental health specialists appropriately.

Care records provided evidence people's healthcare needs had been assessed by the service. Care delivery was co-ordinated with a range of external health professionals which included GP's, Parkinson disease nurse specialists, tissue viability nurse specialists, neurologists and chiropodists.

The home was well decorated with good standard of furnishings. Lounges were roomy and bright. Dining rooms were set out nicely with place mats and napkins. There were dementia friendly pictures in corridors which were well lit and spacious to aid visibility and accessibility. There were very little other dementia friendly resources and there was a lack of good signage to help people find their way around. People's bedrooms were roomy and personalised. The outside space was well designed with a seated decking area and we saw it was well used by people living at the home.

Good

Is the service caring?

Our findings

One person said of staff; "I am always singing their praises". "They are jolly and you can have a laugh." Another person said, "Everybody is lovely, we are all good friends here, we have good banter." One relative said, "They are brilliant, they can't do enough for him, really friendly." Another relative said, "Staff are very good with my relative and they are very fond of him. They are kind, compassionate and respect his privacy. I know if they didn't he would complain and he hasn't complained about anything. They treat him like a normal human being not a vegetable."

At the last inspection we found the provider was in breach of regulation because staff were not always respectful in their interactions with people. During this inspection we observed good caring interactions between staff and people who used the service. We saw staff took an interest in people and chatted to them about their lives, and what was happening that day. In the morning when people arrived for breakfast, staff greeted them warmly and asked how they had slept. Staff took a genuine interest in people's responses. Staff bent down to eye level when communicating with people. We observed staff had developed positive relationships with people and knew people well. A relative told us, "Staff are good with my relative, always there for them, pop in and talk to them." Staff were patient with people, for instance one person did not want to eat anything at lunch time and staff very kindly persuaded them to eat a little. Another person was sleeping in their chair and staff gently woke them up and encouraged them to eat. The person then ate most of their lunch.

Staff demonstrated good caring values and a desire to provide a high quality care and support. One staff member said, "It's so rewarding to know you can look after them." Staff were able to give examples of how they gave people choices on a daily basis. For example, one staff member told us how they got people's clothes out of the wardrobe each morning and laid them out so the person could make an informed choice as to what to wear.

All the people and relatives we spoke with told us people were treated with dignity and respect. They also told us staff respected people's privacy and cited the fact staff always knocked and waited before entering rooms, pulled curtains before administering personal care and also kept people covered up. This was consistent with our observations. We saw staff respected people's privacy and dignity. For example, people were offered clothing protectors to preserve their clothing during mealtimes. We saw staff routinely knocked on bedroom doors before entering, respecting people's privacy and choices as to whether they closed their bedroom doors.

We saw people's independence was promoted. For example, one person had a care plan in place supporting them to lock their own bedroom door at night. We saw people had been involved and encouraged to help with tasks and activities particularly in the garden. Recent work had including spray painting wheelbarrows and growing vegetables. Some people were supported to self-medicate some of their medicines and one person managed their own sweeteners and added them to their drink themselves.

We saw people were offered choices. This included what they wanted to eat and drink and where they

wanted to sit and what they wanted to do. Before tasks we saw staff routinely asking people what they would prefer. For example, whether they wanted white or brown bread at breakfast time.
One person told us, "The staff are good, they put me to bed when I want to go, they are kind and caring and respect my privacy."

People had "Me and my life books" providing information on their past lives. However, these were inconsistently completed with some sections blank.

People's end of life care needs was assessed and future wishes recorded.

Requires Improvement

Is the service responsive?

Our findings

Most of the people who lived at the home and relatives told us they were happy with the care provided. People told us their choices were respected. One person who lived at the home said, "[it is] almost a holiday, you are so well looked after without being bossed about." A relative said, "They treat people with respect and are caring, that goes a long way, they try and meet all their needs but it is not always possible."

Feedback about involvement in planning was mixed, some people and relatives knew about care plans and had been involved with them and others did not.

We saw people looked clean and well-dressed indicating that their personal care needs were met by the service. We saw people wearing aids such as glasses and hearing aids in line with plans of care. Staff had a good understanding of the people we asked them about giving us assurance that care plans were followed.

People's care needs were assessed and care plans put in place which provided staff with information on how to meet people's needs. However, some of these were difficult to follow due to the standard of handwriting. In addition, a number of care plans were generic and lacked person centred detail. For example, one person's care plan lacked detail as the person specific interventions needed to keep them safe from falls, although from speaking with staff we were confident appropriate measures were in place. In addition, their religious beliefs care plan was basic with a lack of personalised information despite being identified as belonging to a particular faith.

Care plans were reviewed monthly, however, updates were very generic such as "person is able to communicate his needs and wishes" rather than proper evaluation as to the on-going success of the care and whether any changes were needed.

The manager told us this was being addressed as part of the improvement action plan.

At the last inspection we found the provider was in breach of regulation because people were not receiving person centred care. During this inspection we found that people were receiving appropriate care which met their needs and the provider was in the process of ensuring this was reflected in their care records.

We saw evidence people and their relatives were involved in annual care review where any areas of concern could be discussed and amendments made to plans of care. Care records showed the service had regular contact with people's relatives in between reviews, over any changes in their needs or following incidents.

People also told us there was plenty to do at the home. One person said, "I like to stay in my room but I check the noticeboard and if I want to do the activities that day I will press my buzzer to be taken up. I sit outside when I want to; I did the flower baskets for outside." Another person said, "There's plenty to do. I like watching telly and DVDs, I have done painting and play dominos." A third person said, "There are things you can join in; games, dominos in groups we are always laughing." Some relatives told us their relatives were not interested in activities but said staff did try to encourage participation.

We saw people had access to a range of activities. An activity co-ordinator was employed who covered five days a week. We saw a varied programme of activities was in place; this included encouraging people to utilise and take part in activities in the pleasant enclosed garden area. People had been supported to grow and tend to vegetables and paint furniture. Events such as BBQ's and a Pimms afternoon had been held. Other activities included arts and crafts and games such as dominoes. External entertainers periodically visited the home to sing and play music to people.

The complaints procedure was displayed in the home and there was a suggestion box where people could share their ideas improvements to the service. One person told us, "I have never had a cause to complain, and when people get to my age they like to complain a lot." We saw evidence formal complaints were recorded on a complaints log and responded to by the management of the service within a reasonable timeframe. However, we saw whilst less formal complaints were responded to, they were not always recorded as complaints which made it difficult to monitor the number and type of concerns received. For example, care records showed a relative had complained about not finding out about a recent fall which their relative experienced. Whilst it was clear this had been responded to, it had not been logged as a complaint. Another person's relative told us had complained about medication being out of date, again we found this had been addressed but was not recorded as a complaint.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found the provider was in breach of regulation because their governance systems were not effective. During this inspection we found the service was improving.

Since the last inspection the registered manager had left the service. Following their departure the home was managed by a peripatetic manager. When we carried out this inspection a new manager had been appointed and was in the process of applying for registration with the Commission.

All the people and relatives we spoke to told us the home was well led. One person said, "Everybody gets on well, no squabbles. All the staff mix and there is a good atmosphere, all friendly and we have a good laugh." Another person said, "They are all busy, not standing around doing nothing, they are getting stuff for people." A third person said, "It's a friendly place, I am happy here, it's lovely and homely, we are all one big family." One relative told us, "It seems efficient and relaxed." Another relative said, "It's very calm and runs smoothly."

People who lived at the home and relatives told us they had been given opportunities to say what they thought about the service in meetings and in questionnaires.

Staff told us that, whilst they felt the care had always been good, there had been a number of improvements to the service since the last inspection. One staff member said, "It's a lot cleaner now." Another staff member said, "Things have changed for the better now, new manager, everyone working together now." Staff all said they thought the service provided good quality care and they would recommend it to friends and relatives.

Staff spoke positively about the management team. One staff member said, "[Peripatetic manager] is a nice guy." Although the new manager had only been at the home for two weeks, staff said they had a good first impression of them and felt assured that improvements would continue.

A range of audits and checks were undertaken. For example, an annual quality report was conducted by compliance staff who worked for the provider. This looked at a comprehensive range of areas based on the Care Quality Commission domains. An action plan was generated following this report and we saw the most recent one was being worked through by the manager.

Audits in areas such as mealtimes experience, care plans, medicines management and health and safety took place. We saw these were effective in identifying issues which were addressed by the management team. For example, a recent medicines management meeting had been held to discuss issues identified through a recent medicines audit. Flash meetings for heads of departments and staff meetings were regularly held, and provided a further opportunity for quality issues and the findings of audits to be discussed.

Incidents and accidents were recorded and subject to monthly analysis which looked for any trends and themes. We saw evidence that following falls, trends had been identified and actions taken to improve

people's safety. However, following incidents, it was not always made explicitly clear in people's care files of the action taken to keep people safe.

People's feedback was sought and used to improve the service. Resident meetings were periodically held and people's views in relation to mealtimes and activities sought on a regular basis. A wine and cheese evening had recently been held to introduce the manager to people who lived at the home and their relatives. This provided a mechanism for people to raise any issues or concerns.

We concluded that significant improvements had been made to all aspects of the service since our last inspection. It was clear the provider was committed to continuing to improve the experiences of people who used the service. However, it was too early for the provider to be able to demonstrate that these processes were fully embedded and that these improvements could be sustained over time.