Dryband One Limited

Newgrove House Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Newgrove House Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates 39 people in one adapted building over two floors, with lift and stair access to the first floor. All rooms are for single occupancy, with a range of communal rooms on both floors. At the time of our inspection there were 18 people using the service.

This comprehensive inspection took place on 8 March 2018 and was unannounced. At the last comprehensive inspection on 19 and 20 July 2017, the service had an overall rating of 'Inadequate' and was placed in special measures. We had found concerns with person-centred care, consent, safe care and treatment, staffing and overall governance of the service.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, is the service safe, effective, responsive and well-led? to at least good. We received a comprehensive action plan and regular updates which demonstrated progress made with the improvement programme. At this current inspection, we looked at the previous breaches of regulations and the action plan to check that improvements had been made and sustained over a period of time. We found significant improvements had been made in all areas.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 in post since August 2017 and completed their registration with the CQC in February 2018.

The provider, registered manager and staff had worked hard to make improvements. People, their relatives and visiting professionals provided only positive feedback about the service. We found the leadership and management of the home had improved. The operations manager had a more active role in the running of the service. Everyone spoke highly of the new registered manager who they said was approachable and supportive. Quality assurance systems had been fully implemented and maintained since the last inspection and we saw action had been taken when issues had been identified. The audit tools for medicines and care records required further development and this was completed following the inspection. The operations manager and registered manager had worked hard with implementing many positive changes and were committed to ensuring the improvements made were sustained and developed further, to make sure people consistently received high quality care.

Staffing numbers had increased and were consistently maintained. People told us staff responded quickly when they needed assistance. Throughout our inspection we observed there was a visible staff presence at all times. The registered manager monitored the dependency levels regularly, ensured staffing levels were

sufficient and staff deployment was effective.

The service was operating within the principles of the Mental Capacity Act 2005 (MCA). We found improvements in records when people were assessed as not having capacity to make their own decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff were clear about the need to obtain consent prior to carrying out care tasks.

People's care plans had improved and further development was planned to make sure the care records were more person-centred. Risks to people's health and safety were better assessed and managed. The assessment records were completed accurately and updated when people's needs changed. Improvements had also been made in relation to environmental risks and any maintenance work required was completed in a timely manner.

The home was clean, comfortable and bright. Many areas of the home had been refurbished and redecorated and this was on-going. Equipment used in the service was checked and maintained.

A thorough recruitment and selection process was in place, which ensured staff recruited had the right skills and experience and were suitable to work with people who used the service. Recruitment of suitable skilled staff had been positive in the last six months and there were no staff vacancies. Staff received the training and support they required to carry out their roles and meet people's needs. Training updates were scheduled for some staff.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training. Some minor recording shortfalls were identified, which the registered manager took steps to address.

Staff knew how to safeguard people from the risk of harm and abuse. They had completed safeguarding training and knew how to raise concerns and who to speak to about them.

Staff worked closely with health and social care professionals to ensure people were supported to maintain good health. People received a well-balanced diet that offered variety and choice. People told us they liked the meals provided to them and their nutritional needs were met.

People and their relatives were complimentary about the attitude and capability of the staff. Staff were kind and considerate; they had developed good relationships with people who used the service. People's privacy and dignity was respected by staff who had a good knowledge of what people could do for themselves, how they communicated and where they needed help and encouragement. Private and sensitive information was stored confidentially.

We saw people were encouraged to participate in a range of activities within the service and local community. Relatives told us they could visit at any time and we saw staff supported people who used the service to maintain relationships with their family.

There were systems in place to manage complaints and people who used the service and their relatives told us they felt able to raise concerns and complaints.

The registered manager practiced a management style that was open and inclusive. People, their relatives and staff had opportunities to comment on the service through surveys and meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements had been made in staffing numbers and there was sufficient staff employed to meet people's needs. Staff were recruited safely.

Risks to people's health, safety and welfare were assessed and mitigated. Staff knew how to safeguard people from the risk of harm and abuse. They had completed training and knew how to report concerns. The environment was clean and safe.

People received their medicines as prescribed, some minor shortfalls in recording were found and the audit tool was strengthened to identify and improve these.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions. When they were assessed as lacking capacity to do this, the provider and registered manager acted in people's best interest and consulted with relevant people.

People's health and nutritional needs were met. There was a range of community healthcare professionals to advise and provide treatment and the meals provided to people met their nutritional needs.

Staff had access to a range of training, supervision and support to ensure they felt confident when caring for people and meeting their needs.

Is the service caring?

Good

The service was caring.

People told us staff supported them in a kind and caring way. We observed this during the inspection.

People's privacy and dignity were maintained and their

individuality promoted. They were provided with information in accessible formats.

Confidentiality was maintained and personal records stored securely.

Is the service responsive?

Good

The service was responsive.

Improvements had been made in the way people's needs were assessed and care was planned. Further work was in progress to ensure the care records were more person-centred.

Care was delivered to people in ways that met their preferences, likes and dislikes. People received end of life care and relatives were supported through this process.

People were able to participate in a range of activities to help prevent isolation and promote social interaction.

There was a complaints procedure on display and people felt able to raise issues. The provider and registered manager took action when concerns were raised with them.

Is the service well-led?

Requires Improvement

The service was well-led.
While improvements have been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

Previous regulatory breaches had been met. There had been improvements in the quality monitoring of the service delivered to people. The audit programme had been fully implemented and maintained, although some development was needed with the audits for care records and medicines to strengthen these areas. This was completed following the inspection. People's views were sought via meetings and questionnaires.

The new registered manager provided strong leadership and effective management of the service. People, their relatives and staff told us the service was well-managed and the culture within the service and organisation had improved.

Newgrove House Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

The comprehensive inspection site visit took place on 8 March 2018 and was unannounced. The team consisted of four adult social care inspectors.

Before the inspection we reviewed information available to us about this service. We had not requested a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding events and statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us by law, like a death or a serious injury.

We also contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England.

During the inspection, we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with five people who used the service and five people who were visiting their relative or friend. We spoke with the registered manager and the regional manager, a senior care worker, two care workers, an activity coordinator, a cook and housekeeper. We also spoke with two visiting health and social care professionals and received further information from another health professional following the inspection.

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

We looked at five care files which belonged to people who used the service. We also looked at other important documentation relating to them such as 10 medication administration records (MARs) and monitoring charts for food, fluid, weights and pressure relief. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, training records, the staff rota, records of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records.

Good

Is the service safe?

Our findings

At the last inspection in July 2017, we identified some concerns in this key question. These included breaches in regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding the provision of safe care and treatment and staffing. At this inspection, we found the provider had made the required improvements and was now meeting the regulations in these areas.

People who used the service told us they felt safe living there and staff responded quickly when they rang the call bell. Comments included, "There are always lots of staff on; they are friendly and will sit down and chat with you", "When I ring the bell they come straight away" and "I like it here; yes, I feel very safe."

Relatives said, "The staff are marvellous and always plenty of them around", "[Name of family member] has mobility problems and I know they are safe" and "There have been significant improvements in all aspects of the service and I'm totally happy and content that my [Name of family member] is safe."

We found risk was managed more effectively and safely. We saw people had assessments of their needs completed, which included any areas of risk. These included falls, moving and handling, nutrition, anxious or distressed behaviour, fragile skin and the use of equipment such as bed rails. Risk assessment records were accurate, complete, reviewed regularly and up dated where necessary. The risk assessments helped to better inform staff on how to support people and minimise the potential for incidents and accidents. Staff were aware of the actions to take to minimise risk whilst still enabling people to make their own choices and decisions. There had been a significant reduction in accidents and incidents in the last six months and staff were more proactive in the prevention of falls.

Risks associated with the premises and equipment had improved and were appropriately managed. Systems to manage any maintenance work and repairs had been reviewed and were overseen by the registered manager who completed daily checks of the premises. Care staff told us repairs were now completed as they were reported and there were no delays; we saw records which confirmed this. The registered manager confirmed they regularly audited the premises and equipment in the service to ensure people's safety. Equipment used, such as hoists, the lift, and electrical and gas appliances was serviced and well-maintained. There was a business continuity plan for emergency situations.

We found the service was clean and tidy. Staff had completed training in infection prevention and control and cleaning schedules were available for housekeeping staff. The laundry was well organised. Staff had personal, protective items such as hand sanitiser, gloves, aprons and paper towels to help prevent the spread of infection. Relatives told us, "The home is exceptionally clean and tidy, never noticed any odours" and "It is always clean and never smells. The cleaners are excellent and always friendly."

We found staffing levels were appropriate for the number of people who used the service and the level of their needs. Staff confirmed they were able to spend time talking to people and were not rushed when providing care and support. We observed staff responded promptly to people's call bells and people and their relatives told us this was normal. Staff were visible in all areas of the service maintaining a presence in

the sitting rooms to provide any support needed. The registered manager used a dependency tool as a baseline to calculate staffing levels and this was reviewed monthly. They confirmed that when people's needs changed, staffing hours were reviewed and adjusted accordingly. Recruitment since the last inspection had been very positive and there were no staff vacancies currently. In addition to the range of care staff at different skill levels, there was an activity coordinator, housekeeping, catering and maintenance staff. The registered manager confirmed they had reviewed staffing hours and deployment for some ancillary staff over the last six months and had made changes, to ensure people's needs were safely met.

There was a safe system of recruitment. Staff had full employment checks carried out prior to them starting work. These included an application form to look at gaps in employment, obtaining references and proof of identity, attending for interview and completing a disclosure and barring service (DBS) check. The DBS check police records which include any cautions or convictions people may have and also a barred list, where people who have been barred from working with vulnerable children and adults, have been identified. These measures helped to ensure only suitable people worked with vulnerable adults.

Medicines were stored securely and at the correct temperature. We found people had received their medicines as prescribed and stock was controlled so people did not run out of them. Records showed staff had received training in medicines management and had their competency assessed. People told us they had no concerns regarding their medicines and received them on time and as prescribed. One person's relative said, "The staff take their time with the medicines, never any rush and always ask if they [family member] need any pain relief." We observed staff supported people appropriately during administration of medicines; they explained what the medicine was for, asked if pain relief was required, provided a drink and signed the MAR when they were satisfied the medicine had been taken. Staff approach was caring and patient; they sat down next to people and chatted to them whilst they took the medicines.

There were some minor recording issues which were discussed with the registered manager to address with staff. These included ensuring protocols for all medicines that were prescribed 'when required' or with a variable dose, were detailed and included clear rationales, and the standard of transcribing on the MAR (hand written) to consistently be detailed and witnessed by a second member of staff. We also found one person's updated anti-coagulant prescription had been hand written and not faxed from the GP as the fax machine had broken. A new fax machine was ordered during the inspection to ensure faxed prescriptions could be received; this reduced the risk of staff error.

Staff had received safeguarding training and in discussions could describe the different types of abuse and the action to take should they have concerns. The registered manager was aware of safeguarding referral procedures and told us they would discuss concerns with the local safeguarding team as required.

Good

Is the service effective?

Our findings

At the last inspection in July 2017, we found some concerns in this key question. These included a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding consent and the use of mental capacity legislation. At this inspection, we found the provider had made the required improvements and was now meeting this regulation.

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. The application of MCA was consistent. We saw assessments of people's capacity had been completed and best interest meetings had been held when important decisions were required; this included the use of equipment such as bed rails and sensor mats.

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 found the provider was acting within the MCA and had made appropriate applications for DoLS to the local authority. There were four people who had DoLS authorised and several more people were awaiting assessment. All staff had received training in MCA and DoLS, and in discussions, they had a good understanding of their responsibilities.

Staff had a good understanding of the need to obtain consent prior to care tasks being carried out. In discussions, they described how they gained consent by asking people their permission, providing explanations before carrying out tasks and supporting people to do as much as possible for themselves. People spoken with confirmed they could make their own decisions and choices within the limitations of their health needs. A relative told us, "The staff always ask and check if [Name of family member] is happy to have their personal care and assistance with moving. They are very good with that."

At the last inspection we received some mixed feedback from health and social care professionals about the timeliness of referrals, when concerns had been identified. At this inspection we found improvements had been made. The health and social care professionals we spoke with during the inspection described positive improvements in all aspects of care delivery and communication. One professional told us, "There have been a lot of improvements at the service and this has been down to the manager, who has a full grasp of the situation. Our team has confidence in the service and the care of our patients. The staff are very good at communicating with us."

People's care files showed us they had access to a range of community health care professionals and attended hospital appointments when required. People told us staff contacted their GP when required. Relatives said, "They are prompt at calling the doctor or district nurse and will arrange hospital transport

when needed" and "[Name of family member's] needs are well met, they always let me know if they have had to call the GP."

At the last inspection we made a recommendation to review staff training in relation to the quality of the induction programme and timely access to courses. At this inspection we found improvements had been made. A member of staff had completed a training course to enable them to deliver moving and handling training for staff. They told us they worked flexibly and supported both day and night staff. The induction programme had been reviewed to include a comprehensive range of competency assessments of staff practice. New staff without a national qualification would be expected to complete the Care Certificate; records showed all staff recruited since the previous inspection held a national qualification.

Staff had completed a range of training to ensure they had the skills and abilities to meet people's needs effectively. Essential training covered topics such as safeguarding, moving and handling, infection control, first aid, fire safety, health and safety, dementia awareness, communication, nutrition, confidentiality, mental capacity legislation and equality and diversity. Specific training to meet people's individual needs had also been completed by relevant staff. There was some outstanding training for staff, but this had been identified and planned.

Staff told us training, supervision and support had improved since the last inspection and the arrival of the new registered manager. They felt confident in meeting people's needs. Staff had regular one to one supervisions and an annual appraisal. The registered manager explained how they used supervision meetings to discuss areas of improvement to embed the changes needed and provide clear direction and support for staff. Detailed supervision records were maintained. Comments from staff included, "The new manager has made such a difference. We are well supported and [Manager's name] is kind and approachable", "The manager is out on the floor assisting us when necessary. We can go to her if we have any problems" and "Everything has changed and improved here now. We have regular training updates and meetings. Staff are much happier with the new manager. She listens to us and respects our opinion."

We found people's nutritional needs were met. The menus provided people with choices and alternatives and special diets were catered for, which included textured meals, low sugar and high calorie meals. We saw people had their nutritional needs assessed as part of their admission process; any risks such as swallowing difficulties or poor intake were highlighted and these were kept under review. Staff monitored people's weight and referrals were made to health professionals when required. Those people at nutritional risk had their food and fluid intake monitored. The cook had a list of people's dietary needs and these were recorded on a new whiteboard in the kitchen. We observed people were offered a good range of snacks in between meals. Tea and coffee and a selection of juices were available throughout the day.

People could sit and eat their meal in the dining room, the lounge or in their bedroom. The lunchtime meal experience was positive. The food looked hot, appetising and was well-presented on the plate. People received the support they required in a sensitive way and staff made sure people had sufficient to eat and drink. We observed one person ate their meal and then returned later to the dining room for another dessert. People told us they liked the meals provided to them and they could ask for alternatives. One person said, "The meals are always nice and tasty. If I don't like the choice they will cook me something else." Relatives told us, "[Name of family member] is vegetarian and the cook has always provided nice meals" and "Very good meals, always a good variety on offer."

The registered manager had developed a new redecoration and renewal programme and we found improvements to the environment had been made. More areas had been redecorated and the home looked fresher, tidier and more welcoming. There was some use of contrasting paint colours, photographs on doors

and pictorial signage to provide orientation for people living with dementia. There was a themed salon for people to visit to have their hair and nails done.

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the home. People were very complimentary of the staff. Comments included, "I'm very happy here, the staff are lovely and kind; they spend time with me", "The staff are all very nice people" and "Everyone has been very good to me."

A relative we spoke with said, "Extremely kind and caring staff. A marked improvement in atmosphere and spirit. It has become a nice place to visit." Another relative told us, "They [staff] are very good with my [family member] who has lived here for many years. The staff are like a family to them. I know if I am away I can ring and my [family member] will be okay." A third relative said, "It has a good homely feel here and my [family member] feels part of the family. Staff are caring, interested and know us all really well. Excellent staff." A social care professional told us, "The service has a nice, homely feel. Staff are empathetic and have a good rapport with the residents."

We spent time observing how care and support was provided to people who used the service. People looked relaxed and comfortable, staff displayed genuine affection and care for the people they supported and everyone seemed at ease with each other. Staff were attentive and ensured people were warm and comfortable. We saw staff offered and provided people with blankets to support their comfort and we overheard a member of staff tell one person, "We've got you a comfy cushion." Staff took time to sit and talk with people about topics such as the news, local affairs and their families; they shared jokes and laughed together. This provided good companionship to people and a friendly atmosphere.

People were treated with dignity and respect. We observed staff knocking on bedroom doors and asking if it was okay for them to come in, before entering the room. Staff spoke with people in a polite and respectful way, showed an interest in what they wanted to say to them and called them by their preferred name. Staff described how they promoted core values of privacy, dignity, choice and independence. They said, "I always ask people about their care and give them choices about what they want to do. I respect this is their home and respect them as an individual" and "We give people options about their care and their lives here, we support them to make their own decisions and try and support their independence where possible." A relative told us, "The staff always make sure [family member] is dressed nicely and are considerate when assisting with the toilet."

Staff communicated with people well and when necessary spoke with them by bending or kneeling down to their eye level, to communicate with them more effectively. Staff understood how to reassure and comfort people when they became distressed or upset. For example, we saw one person was feeling very anxious and needed reassuring. Staff sat and talked to them, encouraged them to have a drink and held their hand until they settled.

Bedrooms were personalised and people were able to bring in small items of furniture, pictures and ornaments to make it more homely. A new fish tank had been provided in the lounge and one person's relative explained how much their family member enjoyed sitting and watching the fish swimming round.

Staff supported people to maintain relationships and remain in contact with important people in their lives. Visitors told us staff were friendly, welcoming and they were always offered refreshments.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the management team, staff, people and visitors demonstrated that discrimination was not a feature of the service. Equal opportunity policies were in place and values instilled in relation to fairness, diversity and discrimination. The registered manager told us staff were informed of these during induction training and received training in equality and diversity.

We saw people who used and visited the service were provided with a good range of information on notice boards about the staff team, menus, dignity, activities, complaints and results of the quality assurance programme. Leaflets were provided in reception about safeguarding and advocacy arrangements. Some records such as menus were provided in pictorial and large print format. Records showed people had been supported to access advocacy services when necessary. An advocate is an independent person who can support people to speak up about the care service they receive.

We saw staff maintained confidentiality. They completed telephone calls and discussions about people's health care needs in private in the office. People's reviews were held in their bedroom or a quiet area. Care files were held securely in the staff office and staff personnel files were held in the registered manager's office.

Good

Is the service responsive?

Our findings

At the last inspection in July 2017, we found some concerns in this key question. These included a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding concerns about how people's needs were planned and reviewed. At this inspection, we found the provider had made the required improvements and was now meeting this regulation.

The registered manager explained how they had reviewed the overall assessment and care planning process and taken the decision to complete a reassessment of each person's needs and re-write their care plans. The registered manager also confirmed they had developed the delivery of person-centred care and improved the working relations with community health and social care staff. A health care professional we spoke with during the inspection confirmed staff were more responsive to their patients' needs and the quality of care was good. They told us, "Our patients' needs are well met and staff recognise and respond quickly when there have been any changes which would indicate an infection. There have been no skin tears or pressure damage for quite some time."

We looked at five people's records. We saw people who used the service had an assessment of their needs completed prior to admission. The assessment we looked at for a new person admitted to the service was thorough and included information about the full range of their needs. The registered manager confirmed they ensured assessments completed by health and social care professionals were received and used to form a judgement about whether Newgrove House Care Home was the most appropriate place for the person.

Assessment information was also used to formulate plans of care. We found people's needs had been reviewed and assessed following our last inspection. The assessment records included relevant information, for example, how staff would need to support the person to maintain a safe environment, nutritional preferences and needs, communication, mobility, elimination, sleep pattern, social needs, medicines, personal hygiene and dressing. There were also risk assessments to identify specific areas of concern. We found these had been completed accurately and they were linked to the care plans.

The plans of care we saw reflected people's assessed needs and provided guidance for staff in how to meet them. However, we noted that in some care plans the level of information about people's preferences for how they wished their care to be delivered was inconsistent. Some care plans contained a good level of personalised information and others less so. For example, one person's behaviour care plan detailed staff were to support the person to their room if they demonstrated behaviour that challenged, but they didn't describe the strategy the person responded to. In discussions, the registered manager acknowledged some of the care plans still needed to contain more person-centred information and that they were working with staff to make these improvements. All senior staff had received training on this topic and further training was scheduled. Following the inspection, the registered manager confirmed they had reviewed and updated 70% of the care files, with the remaining work planned. A senior care worker we spoke with said, "The care records are more uniform and in sections, so we can find the information quickly. It's easier to keep on top of things."

The care records showed that relatives had been involved in the assessment process and provided information about people's social history, family network and previous interests and hobbies. The visitors we spoke with all said they had seen, read or contributed to their relative's care plan and they felt involved in care and support decisions. We saw they were regularly contacted should people's care needs changed. One relative said, "[Name of registered manager] went through all the care plans with me and I was pleased with everything." A social care professional told us, "Residents are happy with the level of care and so are the relatives."

We found staff were knowledgeable about people's needs and responsive when these changed. Staff were able to describe how they recognised when people's physical and mental health was deteriorating and when to contact the district nurse or GP. They were aware of initiatives to prevent skin breakdown, urinary tract infections and escalation of people's anxious or distressed behaviour. Supplementary records were in place when closer monitoring was required for specific people, for example with food and fluid intake, positional changes and anxious behaviour. We found some of these records had not been completed consistently and mentioned this to the registered manager to address.

We saw people were able to remain in the service for end of life care. One person had recently died and we checked their care file to see how support at the end of their life was recorded. There was information about equipment used such as a specialist mattress for pressure relief, the care provided on a daily basis, preparations for pain relief and involvement of family, GP and the palliative care nurse. Arrangements for care after death had been discussed with the person and their relatives to ensure their wishes were documented. We spoke with the 'bereavement champion', which was a member of the care staff within the home, about their role. They had attended training on this topic at the local hospice and were passionate about supporting families and staff. The champion described how they had recently provided support to a bereaved resident in another of the provider's services locally; they had spent time over a period of weeks talking with and being there for them. The bereavement champion described how they had planted specific trees and shrubs so people had somewhere to sit and remember their loved ones.

The service employed an activities co-ordinator and people were encouraged to join in a range of social and leisure activities. The activity co-ordinator maintained a file which included a programme of daily events, this was also displayed on the notice board in the hall and we were told it could be subject to change if people wanted to do something else. Group activities and one to one sessions took place with people to ensure there was social stimulation and involvement. The range of activities included, gardening, craft work, bingo, skittles, dominoes and other games, reminiscence and chair based exercises. During the inspection we saw people completed jig-saws, watched a film and listened to music. The activity file showed some people had participated in outings to a farm shop, to a local restaurant for lunch and to the pantomime. Entertainers such as singers also visited the service regularly. Relatives had donated a tablet and lap-top computers so people could access music they preferred and could skype their friends and family.

Comments about activities included, "I join in sometimes with the games and have a bit of fun" and "I like the singers and they come in regularly." Relatives said, "[Name of family member] enjoys the bingo, quizzes and singing", "They play games and puzzles; have visits from singers and lunches out. When the weather is better they have trips to Cleethorpes" and "There have been a lot more activities in recent months, more reminiscence sessions and visiting singers. Staff are happy and get involved with activities."

The provider had a complaints policy and procedure. This detailed timescales for acknowledgement, investigation and response to the complainant. It also provided information to people on how to escalate complaints and concerns to senior management and other agencies. There had been no complaints received since our last inspection. People told us they felt able to complain and named specific members of

staff they would speak with. Relatives said, "I have raised concerns in the past, but not needed to recently. The concerns were sorted out" and "Very open policy at the home now. I always feel that I can talk to staff."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in July 2017, we found some concerns in this key question. These included breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding good governance and having up to date records. There was also a breach of Regulation 18 of the Care Quality Commission (CQC) (Registration) Regulations 2009 when we did not receive information as required about incidents that affected the safety and welfare of people. Following that inspection, the provider voluntarily agreed to stop admissions to the service until improvements were made. They had reviewed this in November 2017 and taken the decision to accept new admissions. At this inspection, we found improvements had been made in these areas and the provider was compliant with regulations. While improvements have been made we have not rated this key question as 'Good'; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

The registered manager had been in post since August 2017 and registered with the CQC since February 2018. They were aware of their registration responsibilities regarding sending notifications of incidents or accidents which affected the safety or welfare of people who used the service. Since the last inspection, we have received these in a timely way.

The registered manager told us they had an open-door policy, made themselves available to people who used the service, their relatives and staff and tried to resolve issues quickly. They described an open and inclusive culture, which focussed on delivering a high quality of person-centred care. They were very enthusiastic in their approach and demonstrated a good understanding of current regulations, good practice guidance and valued the importance of local network meetings.

Staff spoke highly of the new registered manager and said morale had improved significantly. One member of staff said, "There has been some good recruitment and morale has really improved. [Name of registered manager] is a good manager. Her office is always open and residents and staff can see her; she deals with issues. She boosts us if we are feeling low and keeps things balanced. Also helps out on the floor." Another member of staff told us, "The registered manager is brilliant, really good. She comes and helps us. Definitely supportive and gives advice and gets involved when needed. We have regular staff meetings; we can raise issues and we feel we are being listened to. The registered manager acts on things straight away." Other comments included, "Its lovely working here. We are well supported and the residents are at the heart of everything", "We get praised and thanked by the registered manager, which is much better" and "It's so organised now, everything is run differently. We get so much more support and staff morale has really improved; we are a team now."

Communication in the service was described as good and much improved. There were meetings for people who used the service and their relatives. These enabled people to express their views about the service. Relatives told us they felt the service was well-managed. They said, "There has been a huge, significant uplift in the last six months. The home is exceptionally well-managed since [Name of registered manager] joined. It's clear to see she has taken ownership of the role and has significantly turned the home round in the last six months. Top marks" and "Lots of improvements; more staff, better atmosphere, up to date assessments

and care records, better and more frequent activities and the home is clean and tidy."

There were regular shift handovers and meetings to ensure staff had up to date information about issues affecting the service and people who lived there. At the meetings, we saw information was given and discussions held around topics such as the CQC inspection findings, activities, standards of recording, staff breaks and rotas, meal times, communication and all aspects of care. Staff were able to participate in the meetings, express their views and make suggestions.

The registered manager and staff team had developed good relationships with other professionals and agencies. Health and social care professionals considered improvements had been made in the home. One professional described the registered manager as a 'breath of fresh air' and another considered the service was much more organised and the standard of care records had improved.

The operations manager had provided the CQC with a comprehensive action plan and regular updates following the last inspection, this showed how the improvement work was prioritised and completed. At this inspection, we found the quality monitoring systems had been better completed, in line with the annual programme. A range of audits and checks were undertaken by the senior management team on a monthly or quarterly basis. These included checks in key areas such as: care records, medicines systems, laundry, pressure care, infection control, the environment, dignity, meals, activities, weights and accidents. We found there were action plans to address the issues identified and the improvement work had been completed within the timescales set.

We found the medicines and care plan audits in place were limited in scope and required some further development to ensure all areas were reviewed effectively to identify any shortfalls. For example, the care file audit tools focussed on the presence of records in place and needed to include a fuller review of the quality of the records. We had found some minor recording shortfalls with both the medicines and care planning records. Following the inspection, we received confirmation that the provider had put in place more comprehensive medicines and care plan audit tools.

Since the last inspection, new processes to audit incidents had been introduced. Records showed appropriate analysis of the findings and results were published in new pie chart and graph formats. These showed that action had been taken to protect people's safety and reduce risk of further incidence. For example, staff deployment had been reviewed and altered where necessary. The kitchen assistant's hours had been changed in the afternoons, so care staff were not taken off the floor to assist with teas. A decision had been made to support one person to move to a ground floor room, where their safety could be better monitored by the staff. Overall, there had been a significant reduction in falls and incidents over the last six months, with none in February.

People who used the service, their relatives, staff and visiting professionals were involved in completing questionnaires about their experience of the service and any improvements they would like. We found the results of the recent relative survey in October 2017 were generally positive about the service and the findings were published on a notice board in the entrance hall, with action points. The staff survey is due to be issued in April 2018.