Wellmun Care Limited

Two Gates House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

This service was placed in Special Measures following our inspection in June 2017. The provider was rated as 'Inadequate' in two of the five key questions and 'Inadequate' overall. There were breaches in Regulation 12, 17, and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to ensure that the premises and equipment used to support people was safe. Risks to people's safety were not consistently assessed or managed to ensure people were moved in a safe way and people's medicines were not managed safely. The provider's governance system was not effective at assessing the quality and safety of the service. Action had not been taken in line with the expectations in place to comply with the regulations related to the Duty of Candour which requires providers to be open and transparent when things go wrong with people's care or treatment.

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 improvements have been made and the service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

This inspection took place on 8 and 12 February 2018 and was unannounced. Two Gates House can accommodate up to 32 older people who may have dementia in one adapted building. At the time of the inspection there were 24 people living at the home.

Two Gates House 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.

There was a registered manager in post who was also the provider. 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.

Improvements in the way risks to people's safety were assessed and managed meant that people now had the support they needed. Staff moving and handling practices had improved and people were being supported in a safe way. There were processes in place to ensure the premises and equipment were regularly checked and to manage the prevention and control of infection. The registered manager reviewed accidents and falls to ensure people had the right support to keep them safe. Medicine practices had improved and we saw checks were in place to ensure people's medicines were managed safely and administered correctly. There were enough staff to support people's needs and the provider followed safe recruitment practices. People told us they felt safe and staff knew how to report concerns about people's safety.

People's needs were assessed and people and their relatives told us they were happy with the care they received. People were supported by staff who had regular training to provide effective care for people. People were happy with the choice and quality of the meals provided and staff understood how to support people to eat and drink sufficient amounts to maintain their health. Staff communicated effectively between themselves and with other organisations so that people were supported to live healthier lives and have access to other professionals to meet their needs. The premises were suitable to meet the needs of the people who used the service. People are supported to have maximum choice and control of their lives and staff supports them in the least restrictive way possible; the policies and systems in the service support this practice.

People described the staff as caring and attentive and told us they enjoyed the fact that staff spent time with them. People's privacy and dignity was protected by staff and people were encouraged to maintain their independence. People were supported on a daily basis to express their views.

People were involved in the planning of their care and staff had knowledge of people's preferences so that people's care was personalised. People told us staff responded to them without delay when they needed support. People enjoyed a variety of regular activities and events of their choosing. People and their relatives told us they were confident that if they had any concerns or complaints they would be listened to. Where complaints had been received they had been investigated and people had a written response to their concern with the outcome. The provider had linked with other organisations to source training and the development of care practices to support people approaching the end of their life, this showed a compassionate response to people's needs.

People and their relatives spoke positively about the management of the home and felt they could voice their opinions on the service. People told us there had been improvements in the way the home was run. The registered manager and provider had improved their systems to monitor the quality and safety of the service and had further developed aspects of the service to provide better outcomes for people. External professionals told us they recognised improvements in the way people's care was managed and organised and that the provider had worked well with them to improve the standard of care for people. Whilst the systems in place now support the delivery of safe care to people the provider must ensure they can sustain these improvements and ensure the service is consistently well-led.

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.

The provider's approach to anticipating and managing risks to people had improved. They had ensured the premises were free from hazards and the equipment required to support people's mobility was safe for the purpose it was used. Risks to people's safety had been assessed and people were moved in a safe way with the right equipment. Medicine practices had improved and were administered safely. The provider had improved their recruitment practices and there were enough staff to provide care and support to people. There were systems in place to manage the prevention and control of infection.

Is the service effective?

Good

The service was effective.

People's needs were assessed and staff had support and training to meet people's needs. Staff communicated effectively between themselves and with other organisations so that people could access other professionals to meet their needs. People were offered the food and drink they required to maintain good health. The home environment was suitable for people's needs. People could be confident restrictions on their liberty would be identified and managed.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring to them. People said staff sought their opinions and they were able to express their views about the care they received and involved in decisions about their care. Staff respected people's privacy and dignity and encouraged people to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and people's

care plans reflected their individual needs and preferences as well as additional information about specific health needs. People accessed a variety of activities that they enjoyed. People were encouraged to raise any concerns or complaints and were confident these would be listened to. There were processes in place to ensure people would receive appropriate care at the end of their lives.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People were happy living at the home and described positive relations with the management. Improvements had been made to the governance system to monitor the quality and safety of the care people received. The provider had improved the way people's care was managed and organised and had worked with external organisations to improve the standard of care for people. The systems in place now support the delivery of safe care and improved management oversight of risks to people. However, the provider must now ensure they can sustain these improvements and ensure the service is consistently well-led .

Two Gates 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 and 12 February 2018 and was unannounced. The inspection team included one 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 care service.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commission services to gather their feedback. The provider completed a Provider Information Return [PIR]. 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 took this into account when we inspected the service and made the judgements in this report.

We spoke with 12 people living at the home and five relatives. Some people were unable to tell us about their experiences so 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 also spoke with three members of care staff, the deputy manager, registered manager and provider. In addition, we spoke with a visiting health professional. We sampled four people's care plans and medicine records.

We sampled records used by the provider to manage the service such as accident records, falls log, complaints, surveys, two staff files, induction processes, staff rotas and menus. We looked at audits conducted by the provider to assure themselves people received a safe, effective quality service. These audits included infection control practices, maintenance of equipment and environment, staff and residents meeting minutes, handover information, complaints records, provider's survey results and daily records.

Good

Is the service safe?

Our findings

At our inspection in June 2017, we found the service was not safe and we rated the provider as 'Inadequate' in this key question. This was because the provider had failed to ensure that the premises and equipment used were safe, people were moved in a safe way, risks to people were assessed and that people's medicines were managed safely. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection, we added conditions to the provider's registration. The conditions told the provider to assess the risks to people's health and safety and ensure staff are trained and competent in moving and handling practices. Equipment in use is safe and action is taken to identify and act on any environmental risks. Risk assessments reflect the support people need with their mobility and any falls are reviewed and appropriate action is taken to mitigate risks. That people received their medicines as prescribed. At this inspection, we found the provider had made improvements in these areas and they were now meeting the requirements of the law.

People were positive about how staff provided support to meet their safety. One person told us, "Lovely living here, take care of us. Very good here because I can't walk very well, staff walk with me, keep me safe". We found improvements had been made in the way people's safety was assessed and monitored. We saw that risk assessments identified people who were at high risk of falling and the support they needed with their mobility. Risk assessments included information on factors that might affect a person's safety such as dementia. For example we saw a person with their walking frame move around their home with a member of staff supervising. The staff member told us, "We walk with the person because sometimes they rush and will forget to use their frame". We saw staff were supporting the person in line with their risk assessment. Staff had also considered other measures to reduce risks such as a referral to the occupational therapist. This was to make sure the person had all the aids they required to support their physical needs and safety, without restricting their mobility and freedom. Risk assessments contained guidance as to the specific sized slings to lift people safely when using the hoist. In addition, slide sheets were used to move people cared for in bed.

Environmental factors had been considered in people's risk assessments. For example the support people needed to walk down the internal ramp to the dining area. Staff were able to identify people who needed assistance on the ramp to ensure they had their walking aid and used the handrail. Where people were at risk of developing pressure sores we saw staff used the correct equipment to provide pressure relief and plans were in place to reduce the risk.

The provider had ensured people were safely supported using equipment that was fit for purpose. We saw the provider had improved their system for checks on equipment such as wheelchairs, hoists and walking aids. Records showed that the provider's checks were carried out consistently and in more depth to determine the safety of equipment. We found that the equipment used to support people to move was in good condition and had been serviced in line with manufacturer's instructions. Staff we spoke with told us they checked equipment before use to ensure it was safe and they were expected to report any repairs

immediately. In addition, improvements had been made to the environment such as repairing uneven flooring and replacing worn carpets to reduce any falls risks to people.

We saw regular checks were undertaken by qualified individuals of lifts and mobility equipment. The registered manager had introduced health and safety audits to ensure the care home was a safe environment for people to live in. The provider had undertaken an external health and safety training course and Dudley Local Authority reported that significant improvements had been made in terms of the safety aspects of the home environment and staff practices when supporting people to move. Regular checks had been completed with regards to fire equipment and testing. Staff were aware of how to manage emergencies for example in the event of a fire. One member of staff said, "We have all done our training and have regular fire drills". We saw that people had Personal Emergency Evacuation Plans (PEEPs) in place to ensure staff had the information they required to maintain people's safety in the event of a fire.

Improvements had been made to the way in which the provider monitored, escalated and acted upon accidents and falls. For example falls were analysed for patterns and trends and measures were in place to reduce the risk of reoccurrence. People were referred to healthcare professionals and the correct equipment was sourced to support them. We saw care plans and risk assessments were updated as a result of changes to people's needs. Our analysis of the falls records showed there had been a decrease in the occurrence of falls and serious injuries since our last inspection. The registered manager informed us they had introduced a new system to ensure all accidents/incidents or concerns about people's safety were escalated on a daily basis. We saw the management reviewed this information on a daily basis to determine any actions needed to keep people safe. The registered manager told us they aimed to ensure they learned from incidents that had occurred at the service and we saw they had taken action to improve their oversight of risks to people's safety by ensuring equipment and the premises were safe. In addition staff reported that because improvements had been made to how risks were escalated this ensured they had the information they needed so people received consistently safe care where people's needs may have changed quickly. Staff told us the processes for managing accidents and incidents at the home had improved. One member of staff told us, "We've had a lot more guidance and it's made us much more aware of safety".

We found medicine management had improved since our last inspection. The provider had introduced new systems and safety checks. People told us they had no concerns about getting their medicines when they needed them. Medicine administration records (MARs) were completed accurately to demonstrate people received their medicines as prescribed. The receipt of medicines was recorded and balances were checked to ensure these matched the records.

We observed staff administering people's medicines and found they were aware of medicines which needed to be administered at specific times. For example, before or after food in order to be fully effective. Some medicines had been prescribed on a when required basis and we saw written guidance to support staff on when and how these medicines should be administered was in place and followed. We saw people had access to pain management medicines when they needed this and one person told us they had this regularly. Systems were in place for staff to record the location of where pain relief patches were applied to people's bodies. We saw a system in place for checking patches were removed before a new one was applied to ensure people did not experience unnecessary side effects. Staff who administered medicine had been trained and their competencies were checked to ensure their practice was safe.

Previous shortfalls identified in following safe recruitment practice had been addressed. One staff member told us about the recruitment checks carried out before they started work. They said, "I had references and a police check before I started work in the home". We saw the provider had followed safe recruitment procedures by ensuring they requested references from previous employers, proof of identity and sought a

disclosure and barring check; (DBS). DBS checks help employers to make safer recruitment decisions and prevent unsuitable people being recruited.

People told us there were enough staff to meet their needs. One person said, "Staff always on duty, haven't had to use the buzzer, if I want anything girls come and do it". Another person told us, "Don't use the buzzer much; staff come and check me anyway". We saw staff were available in communal areas of the home and could provide assistance to people as they needed it. For example we saw staff supported people to the toilet without delay, we saw staff sat and talked with people and comforted them. Staff were aware of people who had difficulties with their mobility and supported them when they needed help. Some people preferred to remain in their bedroom and they told us staff checked on them regularly and we saw staff did this throughout the day. Relatives told us they had no concerns about the availability of staff, one relative said, "Care is definitely better since the last report; staff more attentive, more going on, appears more staff".

The registered manager used a dependency tool to determine staffing levels and rotas showed staffing levels were maintained. Staff told us they felt staffing levels were appropriate to the needs of people but when people's needs had increased extra staff had been provided.

People told us they felt safe living in the home, one person said, "They look after us, I feel safe here, a place you do feel safe in". Relatives had no concerns about people's safety; one relative said, "Overall the care is very good; I'm really pleased, he feels safe as staff are about and he has a buzzer by him". Staff we spoke with confirmed they had received training and understood what to do should they suspect any abuse had occurred. The registered manager had procedures in place to report concerns about harm or abuse to the local authorities for investigation and understood their responsibilities in notifying us at the Care Quality Commission (CQC).

Everybody we spoke with commented on the cleanliness of the home. People's comments included; "Nice room, change bed, clean, laundry all done and brought back". "They change the sheets and towels, washing done straight away and nothing has been lost". We saw cleaning schedules were in place and followed; the home was clean and odour free. Staff used the correct Personal Protective Equipment (PPE) when undertaking different aspects of care. For example at meal times or when providing personal care to people they wore gloves and aprons. Antiseptic hand gel was available throughout the building. Staff understood their role in the prevention and control of infections and they had completed training in infection control. We saw infection control audits had been carried out by the provider to ensure people were protected from any risks of infection.

Good

Is the service effective?

Our findings

At our last inspection in June 2017, we rated the service as requires improvement in effective. This was because staff had not applied their manual handling training safely to manage risks to people's health and safety. In addition where people's choices potentially put them at risk this had not been taken into account when planning their care and there was no system for checking staff competencies to ensure staff used their training and skills effectively. At this inspection, we found improvements had been made which meant people were now in receipt of effective care.

People and relatives told us they had been involved in the assessment of their needs. One person said, "All the staff are very good; they take the time to get to know us, what we like and know what help I need". One relative whose family member lived with dementia said, "They know mom as an individual, on admission and on-going they ask about likes and dislikes, go above and beyond". Another relative told us, "Asked on a regular basis about likes and dislikes, attend care plan meetings if there are issues these are taken on board, asked if everything is alright".

The Provider's Information Request [PIR] informed us that the assessment included input from the person and their family as well as other professionals where people's needs may have changed. For example one person said, "I have to use a stand aid now, they [staff] are trained and know how to use it". Another person told us, "The district nurse visits to dress my legs, staff know how to support me". Appropriate referrals had been made and we saw assistive technology and equipment to support people was in place. For example a hoist with appropriately fitted slings to lift people and slide sheets to assist with moving people cared for in their bed. These approaches showed people's physical abilities were supported effectively.

People told us they were happy with the care they received. One person said, "Overall care is excellent, do everything well, staff fair, friendly, helpful, couldn't be nicer, nice place, nice people". Relatives told us the care their family members received was good and staff were knowledgeable. One relative said, "I saw the previous inspection report and I know things have improved considerably; staff are trained and I have no worries about how they care for my family member".

Staff told us they had received additional training in relation to moving people safely. One member of staff told us about support and advice from an external manual handling team and how the registered manager carried out checks to ensure they were using their training effectively. We saw staff correctly assisted people using individual pieces of equipment. One staff member told us, "We've had additional training and guidance and things are much clearer now as to how we should assist people, I have not seen any staff move people inappropriately". Staff had received regular training in a variety of subjects relevant to people's needs such as managing diabetes, epilepsy, pressure sores and nutrition. One staff member told us, "The training has been good and we also do various topics in our meetings so that we understand what is required". We saw for example that staff had attended sessions on managing slips/trips/falls and escalating concerns. We saw staff had written information on safe systems of work for each task so they had effective guidance to refer to when providing care.

Staff were also supported to study for nationally recognised qualifications in care as well as attending training in specialist areas. This approach supported staff to enhance their skills and knowledge in subjects such as palliative care and bereavement. One staff member we spoke with told us how they had become a champion in palliative care which involved supporting other staff and sharing their knowledge. They believed this training had benefitted people who were at the end stage of life.

The provider ensured staff had an effective induction and used the care certificate system. This is a set of nationally recognised standards to equip new staff with the knowledge they require to provide safe and compassionate care. A newly recruited staff member confirmed they were progressing with their care certificate and also shadowed more experienced staff until they were confident with their knowledge and skills to provide effective care to people.

Staff told us they had regular supervision in which to discuss and reflect on their practice. One staff member said, "We have improved a lot since last year; we discuss risks to people more and how we should be supporting them, like falls, nutrition, people not drinking enough, we know who needs monitoring". All of the staff we spoke with felt their knowledge and skills had improved which had resulted in people getting better care.

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 an assessment shows a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People told us staff sought their consent before they helped them with their care. One person told us, "I have no problem in that department; staff always ask us before they do anything." We saw staff gained people's permission before they provided support. Where people lacked capacity to make particular decisions best interest meetings had taken place where decisions had been made on their behalf in conjunction with other people involved in their care. For example people's care records included information about their medical conditions and capacity to understand and comply with care tasks so that where people's choices potentially put them at risk this was assessed and a plan put in place to meet their needs safely.

The registered manager had made referrals to the supervisory body to legally deprive people of their liberty. At the time of our inspection four people's liberty was restricted and eight people were waiting for DoLS approvals. Staff were aware of those people who needed their liberty restricted for their safety and confirmed they had received training in this area. In addition where people had capacity but refused the use of equipment such as a hoist, staff had guidance about advising people that this was against health and safety procedures. This ensured staff did not act in a way that could cause potential harm to people.

People were complimentary about the meals, one person told us, "Meals good, like fish and chips, always a choice". Other people commented; "Meals good, I prefer fish to meat and can always have fish when I want it, good cook". And, "Meals quite good; I have a choice, I like corn beef hash which I do get and I like a kipper now and again". People told us they had access to fruit and snacks when they wanted, one person said, "I have two or three pieces of fruit a day, no expense spared".

Staff regularly consulted with people about what type of food they preferred and supported peoples' diverse needs via the use of pictorial menus to aid their choices. People were supported to have a good nutritional

intake and we saw that where needed people's meals were fortified with additional calories and people's weights were monitored. We saw people were offered a variety of drinks throughout the day with jugs of juice visible and bowls of fruit in the lounge areas, a person in their bedroom had drinks and snacks within reach. One person said, "I'm offered drinks all the while and what we want", another person said, "I'm on a liquid restricted diet and staff measure it vigorously". Staff were attentive during the mealtime and people had support to eat at their pace. People who required it had specific diets related to their medical conditions such as diabetes.

People had access to a variety of healthcare professionals and told us they did not experience delays in getting the help they needed. Relatives also expressed satisfaction at their family members health needs being addressed. One relative told us, "If a doctor is needed they are arranged, chiropodist has visited, dentist visits and optician, has had a hearing test every twelve months". We spoke with a visiting health professional who told us the staff worked well with them and understood people's health needs. They told us staff kept them updated and alerted them to changes in people's health and followed guidance given. We saw people's medicines were reviewed and that referrals had been made to other health professionals such as speech and language, occupational health, diabetes and epilepsy nurses and the falls team. This supported people to get effective care and treatment from other organisations and healthcare professionals when needed.

Since our last inspection, the provider had updated and improved the physical environment to ensure it remained suitable for people's needs. For example, new raised over toilet commodes had been fitted to all toilets which made it easier for people with physical abilities to use these facilities. An upstairs balcony had been removed and replaced with a wall to reduce the risk of people falling over and down the stairs. Floor surfaces had been levelled and new carpet fitted to ensure there were no trip hazards. Ramps to the garden had been improved to aid people's access. We saw new wheelchairs were in place to ensure people could be supported to move around the premises safely. In addition, new slings for hoist equipment ensured people had slings of the correct size to reduce the risk of falls. There was signage around the home to help people with finding their way around, and to meet the needs of people who experienced memory loss or lived with dementia.

Good

Is the service caring?

Our findings

When inspected in June 2017 this key question was rated as requires improvement because staff practice within the home at that time compromised people's dignity.

We checked to see if improvements had been made and found that people's dignity was respected. One person said, "When they move me they use the wheelchair, same for the other people". We saw staff supporting people throughout the day with equipment such as stand aids, hoists and wheelchairs. They took their time to explain to people what they were doing and to reassure them whilst the manoeuvre was taking place. One person told us, "I don't feel rushed they take their time and the same with personal care". Staff told us the use of commode chairs to move people had ceased. One staff member said, "At the time we didn't see it as a dignity issue but we've learned from that".

We saw people's privacy was promoted. One person told us, "They [staff] always knock and wait for me to say come in; very much treated with dignity and respect". Relatives told us they had no concerns about staff protecting people's dignity and that staff ensured people's clothing, personal care and appearance was managed in a caring way. We observed this on several occasions where staff adjusted people's clothing, shut toilet doors for privacy and used a privacy screen for a person who was being seen by a district nurse.

We observed that staff spent quality time with people sitting and talking with them. We saw interactions that were kind; a staff member noticed a person struggling to remove their cardigan because they were too hot and assisted them. We saw from people's facial expressions and responses that people were at ease with staff. People regularly waved and called out 'hello' as staff entered the room and we saw on each occasion staff acknowledged people with a smile and interacted with them. Where people were unable to initiate contact with staff we saw they took the time to go to each person and say 'hello' and ask them how they were. These approaches supported people to feel they mattered. One person told us what they particularly valued in staff, "Ever so good staff; caring, staff very good to me, to all of us and staff listen and talk to us".

Staff had a good understanding of people's needs and knew how to support them. They told us they read people's care plans to refresh their knowledge. We saw care plans contained people's preferences, routines and personal information which helped staff to support people by keeping people at the centre of their care. For example we saw the favourite colour of clothing a person likes to wear and they were supported with this. People's preference for male or female staff was known, and another person was supported to wear shoes and not slippers during the day. We saw a person's plan said, "I will not buzz for assistance but like to be up at 8AM", which helped staff to respond to them in the way they wanted. We saw staff read articles to people where their eyesight was poor, and the cook used visual aids to help people choose their meal for the day. People's preferred way of communicating was known to staff and we saw they ensured they spoke clearly for a person who had a sensory loss. This meant that staff ensured they communicated with people in a way they would understand.

People had been asked about their needs in relation to any protected characteristics under the Equality Act; such as religious needs to ensure this could be considered when care planning. For example a religious

service was carried out in the home on a regular basis and staff told us people with different religious needs could be catered for. In addition, staff were able to tell us how they met individual needs of people related to their personal care such as having a choice of the gender of staff who assisted them. The provider told us in their PIR that all staff had attended Equality and Diversity training and we found from speaking with staff they understood the principles and practiced in a way that ensured Fairness, Respect, Equality, Dignity and Autonomy for people they supported.

People and their relatives told us they were encouraged to express their views and were involved in discussing their care needs. One person said, "Staff know me by sitting and talking to me". People confirmed they had regular meetings about their care and their decisions were respected, for example one person told us about choices they made, "I think showers are better and I have one whenever I want one and staff say, [regarding clothes] what you having on today?" A relative said, "I'm asked on a regular basis about likes and dislikes, I attend care plan meetings if there are any issues they take them on board". We saw information was presented to people in various formats such as large print to aid understanding. Whilst no one currently required the services of an advocate to represent their views, the registered manager said they would support people to access advocacy services.

We saw staff used a variety of ways to communicate with people and they were inclusive of those people who had difficulty in expressing themselves. For example our observations showed several interactions took place with staff talking to people and explaining what they were doing. We saw they encouraged people to get involved by showing them through gestures what to do. People were given time to express themselves and make choices. People told us staff were always willing to sit and chat to them and this made them happy. One person told us, "Staff are caring, very attentive, go over and above, get attached, become like family". Other people said, "Can't praise staff enough; they ask if they can pick anything up [for me] when shopping, all the girls [staff] are great".

People's needs were attended to in a caring and sensitive way and without delay. For example we saw staff were attentive and discreet when supporting a person to change their clothes. A person who lived at the home and who had observed the incident praised the staff for being considerate and attentive.

People told us and we saw people were treated with kindness and compassion. One person listening to music said, "This is when I cry". We saw they became tearful and the staff member asked, "Is this song upsetting you, what does it remind you off?" The person responded, "My mom". The staff member proceeded to ask if the person was comfortable listening to it or wanted it turned off. The person said, "No leave it on it reminds me of mom; happy tears". During this exchange the staff member was comforting the person; kneeling before them and rubbing their hand. The person told us afterwards, "She's [staff member] very kind and considerate".

Staff had been trained in equality, diversity and human rights and we saw they understood how to use their knowledge to help support people in a person centred way. For example staff told us how they supported a person living with dementia who became agitated and distressed. The care plan included guidance to staff on the importance of the approach to take with the person to aid their communication and understanding. Staff followed this guidance with the person; they were reassuring, listened to the person and reminded the person that their family member was visiting later. Staff used a cushion with photos of the family on it to comfort the person. The staff member had knowledge of the person's emotional needs and was able to explain to us the need for regular reassurance, encouraging the person to sit down, have a cup of tea and talk about their family. When the person was calm we saw they were able to move around the home freely which showed staff understood and respected the person's autonomy.

We saw staff cared for people in ways which supported people's individual needs and helped to maintain their independence. For example, one person told us, "I wash and dress myself, I'm pretty good and with the [walking] frame I'm alright". Another person said, "Staff assist me into the shower and I shower myself and then use the buzzer".

People told us that there were no restrictions on visiting times. One person told us, "My family visit all the time". Relatives confirmed they could visit at any time and were always made welcome and offered refreshments.

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in June 2017 we rated this key question as 'Requires Improvement.' This was because the assessment of people's needs and the process for sharing information did not work sufficiently to ensure staff were aware of and could respond to changes and risks associated with people's care. In addition the complaints process was applied inconsistently. At this inspection we found the provider had taken action to improve.

Relatives told us they had noticed improvements in the way staff responded to people's needs. One relative said, "Since the last [inspection] report staff spend more time with people". Another relative told us their family member had, "No falls for a long time". People we spoke with who lived at the home told us they felt happy staff were responsive to their care needs. One person who had noticed an improvement said, "All the staff are now working; at one time if four staff were on duty two would be working really hard and two at 50%". Our observations showed that staff were consistently in the vicinity to respond to people's needs without delay.

The provider had implemented a more thorough pre-assessment to ensure they had sufficient information about meeting people's needs and identifying any potential risks. We saw people and their relatives had been involved in planning their care and support via attending review meetings. These approaches ensured people's care remained responsive to their needs and preferences. One relative told us, "They [staff] know dad, they ask us, and we fill in a form once a month and have a meeting". Another relative told us, "They [staff] asked on a regular basis about likes and dislikes, and we attend care plan meetings". The registered manager told us, "The initial assessment is far more detailed now; we identify any risks and meet with the person and their family to put a plan in place as to how people want their needs met". In their PIR the registered manager stated, ' All residents have a care plan which details each area of need and how staff are to assist the resident. The care plan is completed with the resident or their family if they cannot contribute and their needs, levels of independence, preferences and choices are documented so staff are aware of how to assist them. This is to ensure their physical, mental, emotional and social needs can be met which is personalised'.

Throughout people's care plans we saw information which would help staff provide care for people in line with their preferences as well as their assessed needs. For example, the registered manager had worked with external professionals so that detailed plans were in place for people who were diabetic or who had epilepsy. Staff we spoke with could identify the signs or symptoms that might indicate a medical emergency. A staff member told us, "There's more information now in care plans as well as guidance as to what signs and symptoms to recognise emergencies and what we should do to respond". The level of information in people's care plans helped ensure that staff could provide support to people in a person centred way.

The provider used technology to support people to receive timely care and support. For example we saw call bells could be taken with people when they moved around the home making it easier for them to seek assistance from staff. This helped staff to respond to people when they needed it.

People's communication needs had been explored as part of their initial assessment in terms of the support needed to access information. This ensured that care planning took into account people's needs such as sensory disability or dementia so that people receive appropriate care centred on them.. People told us they had a copy of their care plan which was in large print and several people told us staff would read the plan to them to see they agreed. These approaches supported people to access information in their preferred way. We saw external professionals such as the Speech and Language Team [SALT] also supported people's communication needs.

Staff described how they tried to ensure they provided personalised care. One staff member said, "We always ask people what they want as things can change from day to day". Staff described the handover information had been improved since the last inspection with more detail about people's needs. They described the impact of this was they had more knowledge to adapt to people's needs quickly. A staff member said, "We are more aware of how people are feeling: if it's a good day or a bad day for them it helps us care for that person better". We also saw handover information was escalated to the managers to ensure any immediate action was taken in response to people's changing needs.

People told us they enjoyed a range of activities and social events within the home. We saw people enjoying a lively keep fit to music which was inclusive and interactive and generated a lot of fun and laughter. People told us they chose the activities they wanted to do and we saw a poster displayed with the activities for the week which included, arts and crafts, dance, singing, reading, exercise, puzzles and reminiscence. Relatives told us staff encouraged people to be active and have fun and were happy staff spent time with people. One relative said, "There's always something to do and staff do talk to people and make sure they are not bored or fed up, it is nice like that". People told us in good weather they enjoyed the garden and they celebrated lots of events such as Christmas, Easter and people's birthdays.

The provider had made improvements to the way in which they managed complaints. People who lived at the home knew how to make a complaint or raise concerns and told us they would be comfortable to do so. One person told us, "If I was unhappy I would speak to anyone available, can't find any fault". Another person said, "No recent complaints they are dealt with I would speak to managers they are approachable". Information about complaints was displayed and was in a format suited to people's needs to aid their understanding. We reviewed the complaints records and saw each complaint had been acknowledged, investigated and responded to in writing in line with the provider's policy. We saw people and their relatives were given the opportunity to feedback on their satisfaction. Action had been taken to resolve complaints and an apology was made. We saw the provider's process took account of the requirements of the Duty of Candour; being open and transparent when things go wrong. We saw examples of where the provider had rectified aspects of people's care delivery. For example a person felt they were waiting too long to be assisted in their wheelchair. Their care plan had been updated to show their preferences for their routine first thing in the morning and a written apology made acknowledging that this was unacceptable.

There were processes in place to ensure people would receive appropriate care at the end of their lives. Staff described the care they had given to people who had passed away at the home. One member of staff told us, "We make sure we take good care of them [people who lived at the home], make them comfortable, make sure they have pain management and we spend time with them". The registered manager told us in their PIR about the plans they had in place for the next twelve months to ensure staff had the skills to support people at the end stage of their life. This included; 'Staff to complete further training on death, bereavement and palliative care'. We spoke with staff and they told us that they had guidance from the three end of life champions in the home. One of the champions described the training they had undertaken at the local hospice. They explained how this had helped them to recognise the importance of pain control, comfort and 'thinking ahead' so that people had the opportunity to express their wishes at the end stage of

their life. We saw staff had ensured a care plan was in place which identified the person's needs and who should meet them such as support from the district nurses and palliative care team. The plan also identified how they supported people with pain management and comfort needs as well as identifying their wishes. This helped to ensure people were supported to have a comfortable and dignified death.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in June 2017, we rated the service as inadequate in well led. This was because the provider's governance system was not effective at assessing the quality and safety of the service. The premises and equipment used were not maintained sufficiently to prevent risks to people's health and safety. The provider's own audits of medicine practices had not identified the shortfalls we saw. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found the provider was in breach of regulation 20 of the above Act. This was because the provider had not taken action in line with the expectations related to the Duty of Candour. This requires providers to be open and transparent and sets out specific requirements that providers must follow when things go wrong with people's care or treatment.

At this inspection, we found the provider had made improvements to their quality assurance audits. The provider demonstrated their governance system was now effective at identifying and improving the care people received and was now meeting the requirements of the law. However the provider needs to demonstrate that these improvements can be sustained, whilst continuing to improve.

We looked at the audits the provider had completed in relation to equipment they used to support people such as hoists, stand aids and walking aids. We saw these audits looked at the condition of the equipment and the service history to ensure equipment was safe to use and well-maintained. Prompts were in place to guide the person undertaking the audit to ensure it was a thorough assessment. Environmental audits had been completed on a weekly basis and included looking at flooring for any trips or hazards and as a result of findings the provider had taken action to repair uneven flooring and replace worn carpets. The provider had taken positive action in undertaking structural changes based on their audit related to falling from height. This had resulted in changes to the upstairs of the home to reduce the risk of people falling from a balcony stairwell.

We saw areas of the governance system were now improving the quality and safety of the care people received. For example, systems were in place for checking pain relief patches were removed before a new one was applied to ensure people did not experience unnecessary side effects. The registered manager had ensured staff had been re-trained in using techniques to safely support people to move. Competency checks were in place to ensure staff put into practice their training to ensure people were moved in a safe way and using the correct equipment. Staff had access to safe systems for work which provided written guidance for the use of all equipment such as hoists.

At the previous inspection in June 2017 there had been a higher than average reporting of serious injuries in comparison to care homes of a similar size. We found shortfalls in how the provider managed and monitored falls. At this inspection we saw the provider had a system in place for auditing falls and reviewing these for any patterns or trends. We saw their analysis included looking at people's risk assessments and equipment to ensure people had the right support. Falls records included the action they had taken to reduce falls; for example ensuring people had staff supervision and or were prompted to use their walking aids and that referrals were made to healthcare professionals for advice and equipment. The provider's

oversight of risks had improved and there had been a decrease in the number of falls and injuries people had sustained since our last inspection.

We saw staff files were now being monitored to ensure staff were recruited safely and the provider was undertaking appropriate safety checks such as references. Staff awareness of issues related to dignity had improved because people were being moved with the correct equipment.

At this inspection we saw the provider had improved the way in which staff escalated and communicated any concerns about people's care or safety. Formal written handover information was available and in addition a management record was in place to demonstrate concerns had been escalated and the action taken. We saw the registered manager was reviewing this daily and taking timely action to follow up any issues. This meant potential risks to people's safety and wellbeing were consistently reviewed and where needed people's care plans and risk assessments were updated. We found the providers systems enabled them to be more effective and proactive in the way they monitored and managed the home.

The registered manager was regularly auditing these systems to ensure they were effective in identifying and managing risks to people and the quality of the service. They had also used the information to drive improvement within the service such as replacing carpets, equipment and undertaking structural changes to the environment.

At the previous inspection in June 2017 the provider had failed to meet the requirements of the Duty of Candour in relation to a specific incident at that time. The registered manager advised us of the action they had taken since the last inspection which included meeting with the family and providing them with a report as to the details of the accident and a written apology. At this time the family remain in discussion with the provider. At this inspection we saw the provider had introduced systems to ensure that in future any such incidents are identified and people are given written information and explanations in a timely manner when things go wrong with their care as well as a written apology. The provider had implemented a policy and procedure to support a culture of openness and honesty. Staff we spoke with told us they had been informed about the process to follow and their responsibilities. We found the provider had improved their understanding of the requirements of the Duty of Candour, improved their systems and had taken action to ensure they are compliant with this regulation.

Everyone we spoke with described the managers as being visible and approachable and the home having a very welcoming atmosphere. One person said, "Managers they are very good; I'm looked after, kind to you here". Another person told us, "Very good boss if can't do it today will get it done tomorrow". Relatives we spoke with knew who the registered manager was and had confidence the home was well managed. Relatives commented; "Atmosphere is very good, we know the manager and they are very approachable", and, "Nicest home I've ever been in and I've been in a few, atmosphere always happy here".

People who lived at the home and their relatives were supported to share their views in a variety of ways. For example, people told us they had conversations with the provider and registered manager every day. We saw the registered manager sought people's feedback via regular meetings and people confirmed their views about the home were also sought via surveys. We saw times and dates for resident meetings displayed on the notice board and people told us they enjoyed the meetings, one person said, "Always attend residents meetings and happy to raise issues which are dealt with". The results of surveys were displayed to inform people what action had been taken as a result of their feedback. For example the provider had purchased a fan as people had said the conservatory was too warm.

The registered manager was supported by a management team which included a new deputy manager and

senior care staff. We found that there was a clearer leadership structure with improved delegation of tasks. Staff reported the management structure had improved and they had more consistent leadership. The impact of this was clarity in terms of expectations. For example staff reported discussing topics such as managing accidents and falls. Staff had also received training sessions on escalating issues and said the clearer leadership team ensured they would get a response to any issues. Staff told us their formal supervision included reviewing key policies so that they understood the guidance, for example one staff member said, "We have gone through safeguarding, whistle blowing, and infection control and escalating issues, it helps because we know what we must do". Staff we spoke with knew how to raise a whistle blowing concern in the event they witnessed any unsafe or abusive practice at the home. Staff told us the improved organisation of the management team had helped them to better understand their specific roles and responsibilities.

The provider had a vision for the continued development of the home. This was evident with good links with other agencies to replicate best practice such as their local hospice to develop staff knowledge and skills around end of life care. In addition they told us in their PIR they planned to further develop the skills of the deputy manager by supporting them with their National Vocational Training; [NVQ] level 5 qualification. This was with the aim of strengthening the management team. The provider aimed to continue to monitor the service through the existing auditing processes that they have put in place. In addition they wished to further develop links with the local community so that people and staff are involved in community events. The provider told us in their PIR of plans to contact local schools, churches or groups with their overall aim to ensure people are happy.

The registered manager told us they kept themselves to date with current guidance and legislation via the care home manager's network, and attending events and meetings for registered managers which allowed them to share updates and ideas.

We saw the provider had worked with other organisations such as the commissioners of the service from the local authorities. This had included working alongside the manual handling team and the health and safety officer. They told us they had learnt from feedback and had implemented changes for the benefit of people who use the service. The local commissioners told us the staff had worked well with them to improve the standard of care and outcomes for people using the service.

Registered providers are legally required to display the ratings awarded by the Care Quality Commission (CQC). We saw the most recent rating was displayed within the home and on the provider's website. The provider had ensured that notifications had been submitted to CQC as required by law about certain events and about incidents that had taken place.