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Woodthorne Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook our comprehensive inspection of Woodthorne on 06 and 11 July 2018. The first day of the inspection was unannounced, the second announced. We previously inspected the service on 04 & 05 January 2017 and the rating after this inspection was 'requires improvement'. There was also a breach of regulations in respect of the services governance. At this latest inspection we found the provider had improved the service sufficiently to address the breach of regulation, but there was still scope for improvement. We rated the service as 'Requires Improvement' at this inspection.

Woodthorne 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.

Woodthorne accommodates a maximum of 21 older people that may have dementia. People live in one building that was adapted to meet the needs of people living there. There were 18 people living at the home at the time of our inspection.

The provider is not required to have a registered manager for the home as they are a 'sole provider'. They told us they had employed an acting manager but were still in day to day control in person or by phone. A 'sole provider' is a 'registered person'. 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. They were present for most of our inspection.

People said they felt safe at Woodthorne although there were instances where the provider had not learnt from feedback given by healthcare professionals to ensure people's safety was always promoted. We saw there was sufficient staff to ensure people received care in a timely manner, although visitors and staff felt more staff would be beneficial, to promote leisure activities for people for example. People were given their medicines in a safe way, but recording of these medicines was not always accurate, despite audits taking place. We found the home was clean and smelt fresh. There were appropriate checks on new staff to ensure they were safe to work with people.

People's right to consent was sought by staff and any restrictions considered what people's 'best interests' were and what would offer the least restriction when considering their safety. People were confident staff were well trained. People could access external healthcare as they wished and needed. People liked the food they had access to and were offered regular and varied drinks which they enjoyed. Woodthorne was small, homely and appropriate for the needs of the people living there.

People were supported by staff who were kind and caring and they were treated with dignity and respect. People's independence was promoted by staff. People could make choices in respect of their daily living. People were supported to maintain links with their people important to them.

People could engage in some leisure activities, and access had improved, but there was scope for development of these to continue so there was daily access to pastimes people enjoyed. People, or their representatives were involved in their care planning. People's needs, likes, dislikes and personal preferences were understood by staff.
People could raise complaints and these were responded to by the provider.

The provider had made improvements but there was still room to further improve systems to ensure any potential risks to people when identified were acted upon. The visibility of the provider, who was at the time of the inspection the manager could be promoted so people had a better idea of the management structure. People said there knew people in the management team they felt comfortable approaching though. The provider understood their legal responsibilities and used systems to keep them current with changes in the law.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People felt safe at the home but the provider had not consistently used learning to promote people's safety. People received their medicines in a safe way, but recording was not always accurate.

There was sufficient staff to ensure people received care in a timely manner.

The home was clean and fresh.

The provider carried out appropriate checks on new staff to ensure they were safe to work at the home.

Is the service effective?

Good

The service was effective

People's right to consent was consistently sought by staff and any restrictions considered people's 'best interests'.

People were confident staff were trained to meet their needs.

People accessed external healthcare as needed.

People had a choice of nutritious food and regular and varied drinks which they enjoyed.

The environment was small, homely and appropriate for the needs of the people living there.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring. People were treated with dignity and respect. People's independence was promoted.

People were supported to express their views and make choices

regarding their daily living.

People were supported to maintain links with their families and people important to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People could engage in some leisure activities, and access had improved, but there was still scope for continued improvement to ensure people had consistent access to these.

People, or their representatives were involved in their care planning.

Staff understood people's needs, likes, dislikes and personal preferences.

People could raise complaints and these were responded to by the provider.

Is the service well-led?

Requires Improvement

The service was not always well led.

While we saw the provider had made improvements, there was still further room to strengthen systems for governance so people were protected from potential risk.

People were sometimes unsure who the manager was, but felt they knew someone in the management team they could approach.

The provider understood their legal responsibilities and used systems to keep them up to date with changes in the law.

Staff felt well supported.

Woodthorne Care Home

Detailed findings

Background to this inspection

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

The inspection was prompted in part by the need for us to check what improvements the provider had made following our last responsive inspection on 04 & 05 January 2017 where we found the service was rated as 'requires improvement' for the second time. We had also identified a breach of regulation at this inspection. We inspected to see if the provider had taken steps to address issues identified within our last inspection report.

The inspection took place on 06 and 11 July 2018. The first day of the inspection was unannounced, the second announced.

The inspection was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service such as notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. The provider had completed a provider information return (PIR) prior to our inspection; this document that told us how the provider was maintaining and improving the service as well as providing other data. We also contacted other agencies such as commissioners and safeguarding teams. We used this information to help us plan our inspection.

We spoke with six people who lived at the home. Several people living at the home were not able to clearly express their views so we spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received. We carried out Short Observational Frameworks for Inspection (SOFI) to observe the people's experience of life at Woodthorne. We spoke with seven visiting friends/relatives, the registered manager, the provider and three care staff, a domestic and the cook. We reviewed six people's care records; four medicine administration records (MARs), controlled drugs records and three staff files. We also looked at other records relating to the management of the service, for

example audits and certificates of safety for equipment. We also spoke with a visiting social care professional.

Requires Improvement

Is the service safe?

Our findings

At our last inspection on 04 & 05 January 2017 we rated this key question as 'Requires Improvement' because action was not taken to protect people from falls, the provider's recruitment practices were not robust and people were not supported to take their prescribed medicines safely. At this inspection, we found some improvements had been made but there were still some areas of concern in respect of people's safety. The rating for this key question remains as 'Requires Improvement'.

People who lived at the home said they felt safe. One person told us, "I feel safe, everything makes me feel safe, the staff, and I come and go as I please". Another person said, "I don't get worried. I would mention it to someone if I was unhappy and then forget about it probably". A third person told us, "I feel safe and cared for". A relative told us, "This is a safe environment for her". A second visitor said, "I have peace of mind. I know he is safe here".

We saw people had risk assessments in place that detailed the actions staff should take to minimise identified risks to them, and staff we spoke with were knowledgeable about these. However, some of these risk assessments were found to be inaccurate. For example, we found one risk assessment stated a person was to be transferred using a yellow medium sling. We saw this sling and identified it as a toileting sling, and one that should only be used for toileting if the person is assessed as safe to use it. One member of staff we spoke with said they would use the yellow sling as detailed in the risk assessment. Other staff told us they would use the full body sling, which we saw was available. There had been an occupational therapist's assessment of this person's needs in respect of transfer and they had stated that the access (yellow) sling was inappropriate and that a full body sling would be safer and more comfortable. This meant that the person was transferred unsafely and had been potentially at risk of injury. We did see on the second day of our inspection that staff transferred the person with the yellow sling, this after we had raised the issue with the provider on the first day, and staff had assured the provider they would use the correct sling. The provider gave us assurances at the time that the yellow sling would be removed, the risk assessment updated and all staff made aware of the correct and safe sling to use. A relative told us, "[The person] is prone to getting sunburnt. We told a carer [staff member] that they needed to wear their hat in the sun. We didn't come in the next day, we came in the day after and [the person] had got burns on their head. The carer we told hadn't passed it on". We did see a staff member offer the same person sun cream when outside but they refused this. We discussed this with the provider who ensured staff made sure the person had their hat, which they were wearing later.

We saw other assessments of risk, for example of falls, were found to be more accurate and up to date, and we saw where appropriate action was taken to minimise these risks. For example, we saw where there were concerns contact has been made with the falls clinic and the assessment updated. We saw there was now monthly monitoring of falls, with a pathway for action based on any reoccurring incidents. This showed the provider had learnt from some incidents and used learning to improve people's safety, although there was scope for learning in other areas.

We found systems were not always in place to consistently and safely manage people's medicines. One

person said, "I have got inhalers for my asthma, and I get two paracetamol for pain relief". A visitor told us, "She has tablets and eye drops, I have no issues with that". We looked at three medicine administration records (MARS) and the controlled drugs book (these medicines which need to be managed in a specific way) and found these were not always completed appropriately with a wide variance in what was stated to be in stock and actual stock levels on occasion. The provider told us they understood the need for accurate monitoring, particularly of controlled drugs. Following contact with the pharmacist and GP the provider did manage to reconcile the stock and evidenced for us that the variations in stock were down to recording errors. This did raise concern about medicine audits however and staff needed to use the correct codes on MARs so it was clear whether a person had refused medicine or other reasons as to why it was not given. We observed medicines given by a senior on the day of inspection and saw this was carried out appropriately however, with checks on the MARs sheets prior to administration, and signature on the MARs only after the medicine was given. We saw the senior asked people if they wanted medicines such as pain killers and took time to ensure people took the medicine. While we saw staff had received medicines training they had not been checked by the provider for their 'competency' through regular checks and observation. They provider said they would consider implementation of these checks. At our previous inspection we had concerns that the guidance for people that chose to self-medicate was unclear. At this inspection we found these had been improved and provided clear guidance for staff and as to risks that may be present.

People told us there was enough staff available when they needed help and to keep them safe. One person said,
"There are enough staff". A second person said, "There is an adequate amount of staff. You don't have to wait a long time for anything". A visiting relative told us "The staffing fluctuates, since (acting manager) took over it's better". A second visitor said, "They have needed more staff at times, it seems to be improving though". A member of staff told us "We could do with one more staff member on duty. I have to complete a lot of paperwork so four on duty would give me time to focus on other aspects of the role". Other staff we spoke with had no concerns in respect of staffing levels. We saw staff responded to people in a timely way during our inspection and were available in communal areas. The provider told us they had now introduced a dependency tool they reviewed every month to ensure the staffing levels were appropriate to people's needs.

We found the provider's safeguarding and whistleblowing policies reflected local procedures and contained relevant contact information. Staff demonstrated a good awareness of local safeguarding procedures and knew who to inform if they witnessed abuse or had an allegation of abuse reported to them, telling us they would inform the local authority or the police. The management were fully aware of their responsibility to liaise with the local authority if there were any safeguarding concerns; this was demonstrated by alerts that had been raised with the local authority safeguarding team and ourselves. They also evidenced their understanding in their provider information return, sent to us prior to our inspection, with their knowledge of the local authority safeguarding procedures reflecting what they told us during our inspection.

We found a recruitment and selection process was in place that specified the checks needed to confirm the staff member's suitability to work with adults; for example, last employer references, health checks and exploration of their working history. We saw these checks were completed. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff we spoke with confirmed these checks had been completed before they commenced employment.

We found there were regular checks to ensure the premises and equipment was safe, for example checks on fire prevention and detection equipment and hoists. We saw staff were involved in regular fire drills and

information about people living at the home and their personal evacuation requirements were kept in the form of a 'grab file' so this was easily accessible in the event of a fire.

We found the provider had systems in place to ensure there was a good standard of cleanliness and people were protected from cross infection. One person told us, "I like the cleanliness". A visitor told us, "It's always clean". We saw the environment was visibly clean and the home smelt fresh throughout the inspection. The provider told us prior to our inspection they had an infection control policy in place, that we saw from observation staff were following. For example, appropriate protective gloves and overalls were worn by staff when needed to prevent cross infection. We spoke with a member of staff who told us about the systems in place to ensure good infection control was maintained, for example people's mattresses were checked on a rolling basis and assessments were completed of any findings from these checks.

Good

Is the service effective?

Our findings

At our last inspection on 04 & 05 January 2017 we rated this key question as 'Good'. At this inspection we found the rating for this key question remained 'Good'.

Staff promoted people's rights and choices. We saw staff asked people what they liked, or what they wanted for example, whether they wanted one type of drink or another, or whether they wanted to take part in an activity. People told us they liked the staff. One person told us, "The staff are good, they do everything you need". Another person said the, "Staff are nice". We saw when staff went to assist people, or provide care they asked the person for their permission and talked to them throughout. An example we saw was where a member of staff gave a person time to choose the drink offered and reinforced that the person had the right to choose. We saw people who were able were free to move around communal areas as they wished with no restriction.

We saw there were assessments in place to detail people's needs at the point of admission and we saw these informed people's risk assessments and care plans. There was evidence the provider consulted with other professionals and the person and significant others at the point of admission. We saw that people's assessments considered important information including people's heritage, past life and any personal characteristics protected by law, for example age, gender and disability.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager told us they had made applications for DoLS for several people living at the home but they were yet to receive confirmation from the local authority as to whether they would be approved. Staff we spoke with demonstrated a good working understanding of what the MCA meant for their practice, and how they gained people's consent, which we saw staff do during our inspection. One member of staff told us, "Everyone one has capacity, you must presume they have capacity, If a person doesn't have capacity then a best interest meeting is done and the least restrictive option is taken". We found where decisions were made, when a person did not have capacity and the ability to consent that their 'best interests' had been considered following consultation with the relative, and other professionals, for example a medical professional. Examples of where this was applied was for Do Not Resuscitate Orders (DNAR) and where there maybe restrictions, for example use of bed rails. The provider told us when they involved relatives in the decision-making process they were conscious of the need to ensure relatives making decisions on behalf of their loved ones had the appropriate legal powers to these decisions about their health, for instance an agreement giving them lasting power of attorney. We found where some relatives had made decisions about a person's health care, as detailed on their records, relatives had confirmed they had the appropriate lasting power of attorney.

People told us staff were skilled, knowledgeable and well trained. A person said, "Staff are as good as they

should be, there are no problems there". A relative told us, "I think [the staff] are adequately trained for [the person's] needs". Staff told us they had regular opportunities for training and had attended a variety of training that was relevant to their work. We saw the provider monitored staff training and most staff were up to date in training in the key areas of knowledge they needed. The provider told us told us how part of the senior's role was to observe other staff at to ensure they carried out their job properly. They said if the observed work fell below the expected standard they would discuss this at the time with the staff member. We found an incident were staff competence in moving and handling had been called in to question has led to the provider retraining staff in this area. We found there had some recruitment of new staff recently, and some of these staff told us they were provided with an induction they found useful. We spoke with a newer member of staff who told us, "I did all my induction" and they said they had access to on line training. The provider told us staff complete a range of basic training prior to commencing work at which point they would go on to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.

People had a varied diet and fluid intake which reflected their choice. One person told us, "The food is very acceptable. I had bacon, beans and egg for breakfast. There are no problems there". Another person told us, "The food is good, whatever I have is what I like". A third person said, "The food is lovely, there is a choice in all meals". We spoke with the cook who had recently started working at the home, and they told us how, with the provider's support were developing the menus so they were more varied. They told us they were offering people different choices to see if they liked these before adding them to a revised menu. One person living at the home liked a variety of choices that reflected their cultural heritage and the cook told us they were going to get support from the deputy manager who had knowledge and skill in preparing these dishes. We saw staff encouraged people with drinks during our inspection, this of importance as it was a hot day. We saw that assessments were in place that identified people's preferred foods, and any specialist diets, for example where people's diets may need fortifying due to weight loss. We saw people's weights were monitored on a regular basis to monitor if their weight loss became a risk. A relative told us their loved one, "Has gained weight since being here, it's a u turn".

People told us they were supported to access any healthcare they needed. One person told us, "The optician came and gave me reading glasses". A second person said, "I had a phone call from the dentist. I went with one of the staff". A third person said, "The nurse came to see me to check on my asthma". A relative told us, "Staff are on the ball with things like that. She was bad with a chest infection. They got the doctor in immediately". We saw there was records of people's regular and as needed access to for example, GP, dentist, opticians, and nurses. We saw from review of some people's records that timely referral to health professionals to meet people's specific health care related needs was implemented by staff, for example, where people were assessed at risk of malnutrition and a referral and subsequent consultation with a dietician had been arranged. We saw that due to some people's religious beliefs their views on receipt of certain healthcare may vary to other people's. Staff were aware of what these choices were but these were not documented in the person's records. The deputy and provider said this would be completed and we were made aware by a relative that they had instigated discussion with them about this.

We saw the environment was small and homely. There were a few shared rooms, some currently only occupied by one person. We did find when we asked people sharing rooms that this was a positive choice. One person told us, "I get on well with (person's name who shared room). I couldn't be happier". We saw there was on ongoing decoration underway to improve the ease of orientation for people living with dementia around the building, with different doors being painted different colours. The small size of the building however made it easier to navigate, for example for those people living with dementia.

Good

Is the service caring?

Our findings

At our last inspection on 04 & 05 January 2017 we rated this key question as 'Good'. At this inspection we found the rating for this key question remained 'Good'.

People told us staff were kind and caring. One person said, "The staff are alright and I like them". A second person said, "Nice people staff, we have a laugh and a joke". All Relatives but one was positive about the staff approach. One said. "The staff have been very nice and we think it is nice to know she is treated well". A second relative said, "The staff are approachable, very friendly". However, said, "Some of the staff are okay, some are brilliant, and some have a chip on their shoulder. Some of them are laid back and look at the residents. Some of them don't interact". We saw most staff interacted with people very positively during our inspection, for example one person was seen to be anxious and we saw the member of staff handle this in a calm and relaxed manner, giving the person options. The person was soon seen to calm down and the person and staff member were then laughing together. We spoke with the provider who said they were aware some staff needed to develop their skills, which was one of the reasons they had introduced staff observations, so they could identify where staff needed support to improve their approach.

People told us their privacy and dignity was respected. One person said, "The staff tap on my door and come in, I've got all the privacy I want". Another person said, "They help me keep my clothes clean". which was important for them. A third person said, "The staff look after everybody. They are very nice people. They are respectful. They put me at ease. They are lovely". People told us how they received personal care and were happy with how this was carried out, with the times fitting their routines. One member of staff told us how they would not clean a person's room until they had the person's express permission, as their choice may change on a day to day basis. They said if the person said no them would respect their wishes and ask again later or the next day. We saw some people had keys to their rooms and we saw the staff ask permission to enter their room, by asking if they could borrow the key. Where people wished we saw they could spend time in their bedroom.

We saw staff offered people choices or allowed them to make their own choices. One person told us, "The staff ask you what you want for dinner. There is an alternative". Another person said, "I can go out any time I want to sit in the garden". Staff we spoke with understood the importance of offering choices. One member of staff told us, "When I'm assisting a resident with their personal care I will ask they want to wear, trousers or skirt. Is there a particular colour they want to wear today? Even though I know their preferences I always ask because on that particular day they may change their minds".

We saw people were encouraged to maintain their independence where ever possible. One person told us, "I don't often need help, If I did I would ask them. They help me wash, they help me in the shower". Another person said, "I've got a bedroom too myself, I like to be independent and I like it here". One person said, "I can cut my own hair". We saw those people who were able moved around the home as they wished, and those less able were encouraged by staff to complete tasks independently.

People told us there was no restriction on their friends or relatives visiting the home, so they were able to

maintain links with people important to them. One person told us, "My son visits often". We saw there were several visitors who were either friends of family around during our inspection. Some visitors told us they were sometimes offered hospitality, as we saw during our inspection. One visitor said, "I have been asked to stay for lunch, we usually get asked if we would like a cup of tea".

No one was using advocacy services at the time of the inspection although when we asked the provider she said one person had been referred to a local advocacy service and they were waiting for contact. They said if a person needed support with any issues they would use local advocacy services to gain this support for them.

We saw people's records were kept confidential, with access limited to staff, although the provider and deputy did tell us people or their representatives were involved in viewing records to agree them or give their views. The provider and deputy also had an awareness of recent changes in respect of data protection (General Data Protection Regulation) that would impact on the way people's information was shared.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection on 04 & 05 January 2017 we rated this key question as 'Requires Improvement' because the was a lack of leisure and recreational opportunities for people living at the home. At this inspection, we found improvements had been made but there was scope for further improvement. This key question remains as 'Requires Improvement'.

People did have access to leisure opportunities but the provision of these was inconsistent. We saw activities taking place during our inspection that reflected some of the preferred activities identified in people's assessment's, such as music, old films, and word games. We saw staff interacted well with people during some of these. We did note that whilst music was playing, the television was also on in the same room so people experienced a mixture of music and television which were on at the same time. We also noted when the two televisions were on at the same time this caused some distortion to the sound. This was an issue that we had raised at our previous inspection in January 2017. We saw one person asked if they wanted to watch the football, and staff changed the TV channel for them to do so. There had been an old cowboy film on that another resident had been watching and they were not asked if they wanted to continue watching the firm. One person told us, "Its best to watch things that I like in my room. It's much easier than watching in the lounge. I prefer to watch TV in my room". Staff had not been aware that providing one person with their chosen activity had possibly impacted on another person's chosen activity. The provider told us their expectation was that staff should discuss any changes with all people involved.

The mixed views from people and relatives indicated what we had seen during the inspection was not always reflective of the leisure activities provided during our inspection. One person said, "I spend my time talking to people, reading, doing crosswords and sitting in the sun, when we have some. There are probably some activities but not very often". Another person said, "We have knockout dominoes and I have newspapers every day". A third person said, "They have music on, they have singers on during the weekends". Relatives told us some activities were offered but not often. One visitor said, "I came in one day and there was a juggling lady but I come in at different times and there are not enough activities". Another visitor said, "He kept active and now he is just sitting in a chair. I know the staff haven't got the time to do stuff with them. There is too much too do". A third visitor said, "We were here one day and there was a magician who came in". We also heard form a relative that their loved one's birthday was celebrated with a party with everyone joining in. A member of staff told us, "I would like to take the residents out more, away from the home, like taking them to bingo. We would need more staff and volunteers to help us". We saw advertised set day events, some of these reflecting people's cultural heritage, such as Jamaican Independence Day, with photos of some of these past events on display. There was no planned activities programme, although there had been discussion at resident's meetings about external entertainers that could be sourced. The deputy told us people chose which activity they wished to participate in on the day. We saw people's records now better identified what people's likes and dislikes were in respect of leisure and activity. While there had been improvement in providing leisure opportunities for people there was still room for further improvement so leisure opportunities were consistently available to people on a regular basis.

People told us they were involved in their care plans and staff knew their needs and preferences. One person told us, "I have seen my care plan and signed it". Another person said, "The staff, they know everything about me".
One relative said, "I feel I have been notified well about any changes in dad. I know what's going on. They have mentioned the care plan. I have checked and signed it. It was updated and signed off recently". Another relative said the communication was good, although another felt communication could be better. They said, "We have told, the main carer lots about [the person]. We have given a lot of information. We have got the information but it has not been taken any further. There is no one to pass this information on to". They did say they had seen the person's care plan however and stated, "The staff are helpful and seem to know what they are doing as far as they can".

The provider told us in their provider information return (PIR) submitted prior to our inspection that 'Through detailed assessments, care plans and risk assessments. We work closely with the service user, their representative and external agencies to ensure our approach is person centred and respects their personal choices, preferences and beliefs'. We saw people's care plans did reflect things that were important for them, for example we saw people had a likes and dislikes inventory including information about what they liked and what was important to them. Staff we spoke with had a good understanding of what was important for people, for instance what their heritage or religion was and what they needed to know about a person's likes and dislikes to ensure these were respected. A visitor told us, "The home is very respectful of [the person's religion], the home respect the faith". They told us staff were mindful and would consult with the person in respect of their specific wishes. We did note one person's religious wishes, whilst known by staff, may not have been expressed by the person due to their living with dementia, and were not detailed in their care plan in the form of an advance directive. We raised this with the deputy who we were aware had discussed this with the relative (who had the lasting power of attorney allowing them to legal make decisions on the person's behalf). Following this discussion, the deputy said the decision would be recorded in the person's care plan.

We saw there was a complaints procedure available to people in the home, although people we spoke with did not have any concerns or complaints. They also indicated they were satisfied with the service one person telling us, "I can't remember complaining about anything. I haven't had to". A relative told us, "I can tell the deputy if I have a concern". The provider told us they had received two complaints in the last 12 months which we saw were logged, with a documented resolution. We saw these complaints had been resolved at an informal stage to the complainant's satisfaction. Both complaints highlighted different issues, so no themes could be identified by the provider. The provider told us they would attempt to resolve complaints in discussion with the complainant to resolve any issues as soon as possible. We saw people were also asked if they had any complaints at resident's meetings.

The provider told us that the service would not normally offered a service for people with end of life care, but if there was a long-standing resident living at the home they would consider how to respond on an individual basis in consultation with healthcare services. We saw that people's records did contain some information on advance decisions and the deputy was in discussion with a relative in respect of one person's wishes during our inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 04 & 05 January 2017 we rated this key question as 'Requires Improvement' because there was a continuing breach of regulation with the provider not having taken sufficient action to ensure their governance drove improvements to ensure people received a safe service.

At this inspection, we found improvements had been made, sufficient to address the breach of regulation, but there was still scope for more improvement and we rated this key question 'Requires Improvement'.

We found the provider had developed their auditing processes so that they were able to better monitor, identify trends and better respond to risks to people living at the home. This included for example improved monitoring of falls, regular monitoring of safe staffing levels, complaints and incidents. There were also some improved monitoring tools, for example in respect of infection control there were now detailed mattress audits. The provider told, and showed us how they had commenced introducing random staff assessment, so they could check individual staff members competence and if needed identify if improvement was needed. However, despite audits of medicines we found there were numerous recording errors with this included controlled drugs. Whilst the provider did reconcile the discrepancies once discovered this showed there was a need for better medication auditing. In addition, at the time of the inspection the provider had not competency checked staff practices in respect of medicines, this to include recording of administration. We also found staff were not following the recommendations of a recent Occupational Therapist's assessment in respect of moving and handling one person, which had the potential to put them at risk of harm. The provider acted to address this at the time of inspection, namely removing the incorrect lifting sling that staff had been using.

The provider said in their action plan after the previous inspection they were 'Working to ensure front line staff and activities co-ordinators spend time on a weekly basis on a one to one with service users to gauge a better understanding of their hobbies and interests'. The provider did not have any dedicated activities coordinators at the time of the inspection, and whilst some of the work in identifying people's preferred activities had been done, the provider was still considering whether an activities co-ordinator could be useful.

People told us they could share their views with people in the management team, although some people were unsure who the manager was. One person told us, "I know what the manager looks like". A second person said, "I think I know who the manager is". One relative told us, "I know there are several managers. There is one who I pay the money to. There is [the deputy's name] who does the day to day". Another relative told us, "I am aware of the new management. I am happy with them". The provider told us they had employed a new manager to oversee the home on a day to day basis as they had been less involved. This manager was not involved in the inspection and the provider said they would now be taking a more active role in running the home, so would hope to be more visible, and easily recognised and better known by people and relatives from this point onwards.

The provider told us in the provider information returned before our inspection they were looking at

introducing a service user group; 'whereby [people] have greater input into how the service goes forward and what improvements we need to make'. We saw that house meetings had been held with people, the last in January 2018. We saw there was discussion around for example the menu, activities and raising complaints. In addition, survey forms had been sent to people and relatives in March 2018 for their views. Whilst there was a limited response the feedback received was mostly positive with comments including, 'Our family member is very content and happy here', 'All staff are excellent' and, 'I find the manager and professionalism is acceptable'. There were comments that the home could do with more staff from one person though and more activities from another. One relative told us, "I have done feedback but I have not heard what they did with it". This was indicative that it may be useful for the provider to advertise a summary of feedback and their response for people and their visitors.

Staff we spoke with told us they were well supported and were happy working at the home. One staff member said, "I feel supported in my role. I can go to [the name of managers], they are approachable". Another staff member said, "management have been really brilliant with me, have been there if I need someone to talk to". The provider told us that staff supervision and appraisal was not as frequent as they felt it should have been, although staff told us they had received supervision and were able to ask for time to discuss anything if needed. We saw there was regular staff meetings where issues needing improvement by the provider had been discussed with staff.

Staff said they could raise any issues with the registered manager but were aware of how to 'whistle-blow'. A 'whistle-blower' is a person who informs on a person or organization who may be regarded as engaging in an unlawful or immoral activity.

The provider was aware of their legal responsibilities, for example submitting notifications in respect of any incidents to CQC, as we saw had happened. Only one recent notification had been delayed, but has now been received by us. The provider was also able to explain what their responsibilities were in respect of their duty of candour, and told us, "If there are errors we can be open and transparent about the situation, speaking to residents and speaking to families". The law requires the provider to display the rating for the service as detailed in CQC reports and we saw the rating for the service as given following our last inspection was clearly on display in the home. The provider does not currently have a website for display of the ratings. The provider also told us, and we saw that they had purchased an off the shelf procedure and policy system that ensured they had up to date information. For example, they had procedures that reflected current changes in data protection with the introduction of the General Data Protection Regulations. The deputy told us that this system also included an advice line and they told us it was, "A good source of advice".

We found the provider worked in partnership with other agencies, this including for example GPs, nurses and opticians. This was said to benefit people as there was good communication with health professionals and people's preferences as to how they received healthcare were agreed, for example the provider told us how they would work with rapid response nurses to try and avoid people having the inconvenience of having to go to hospital for treatment when they could be treated at the home. The provider also said they were talking to health professionals about introduction of the 'red bag' scheme where important information would be available for staff to 'grab' if a person was to be admitted to hospital, this to ensure information about people's needs and wishes was known.