

Great Marsden Residential Limited

Nelson Manor Care Home

Inspection report

247 Barkerhouse Road
Nelson
Lancashire
Lancashire
BB9 9NL

Tel: 01282449000
Website: www.caring.uk.com

Date of inspection visit:
11 May 2017
12 May 2017

Date of publication:
20 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an inspection of Nelson Manor Care Home on 11 and 12 May 2017. The first day was unannounced.

Nelson Manor Care Home is registered to provide personal and nursing care for up to 70 people. There were 60 people accommodated at the time of the inspection. Accommodation is provided in 70 single bedrooms on three floors. The ground floor provides personal care for older people, the middle floor known as the Jubilee unit provides personal and nursing care for people with mental health needs and the top floor provides people with nursing care. All the bedrooms have an ensuite with a shower facility. The home is located in a residential area approximately one mile from Nelson town centre.

The service was managed by a registered manager. 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.

On our last inspection on 4 and 5 January 2017, we found significant shortfalls in the management of complaints, the maintenance of records and quality assurance systems. We therefore issued warning notices, which required the provider to be compliant with the relevant regulations by 28 February 2017.

We also found shortfalls in a number of other regulations including the management of medicines, the need for consent, the support provided to people during meal times, person centred care, the assessment and mitigation of risks and the recruitment of new staff. Following the inspection, the provider sent us detailed action plans which set out the action they were taking to meet the regulations. We also received regular updates on the progress of the action plan.

During this inspection, we found there continued to be an upward trend towards improvement in most aspects of the service. However, we also found significant shortfalls in the management of medicines. You can see what action we told the provider to take at the back of the full version of the report. (Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded).

People living in the home said they felt safe and staff treated them with respect. There were sufficient staff deployed in the home to meet people's care and support needs. Whilst appropriate checks were carried out when new staff were recruited, we found minor shortfalls in two staff member's employment histories. These issues were rectified during the inspection. Safeguarding adults' procedures were in place and staff understood their responsibilities to safeguard people from abuse. Risks associated with people's care were identified and assessed. There was a whistleblowing procedure available and staff said they would use it if they needed to.

Medicines were not always managed and administered safely. We found medicines were not consistently given in line with the prescriber's instructions and records were not always clear and accurate.

Staff had completed an induction programme when they started work and were provided with ongoing refresher training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. There were appropriate arrangements in place to support people to have a varied and healthy diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a respectful and dignified manner and people's privacy was respected. Wherever possible, people living in the home had been consulted about their care needs and had been involved in the care planning process. We observed people were happy, comfortable and relaxed with staff. Care plans and risk assessments provided guidance for staff on how to meet people's needs and were reviewed regularly. The registered manager ensured two of the 12 care plans we looked at were reviewed and updated during the inspection. People were encouraged to remain as independent as possible and were supported to participate in a variety of daily activities.

Systems were in place to monitor the quality of the service provided and ensure people received safe and effective care. These included seeking and responding to feedback from people in relation to the standard of care. The registered manager had also introduced a computerised central log of all accidents, incidents and complaints and had carried out an analysis to identify any patterns or trends. People living in the home and staff were invited to regular meetings and were encouraged to discuss their experiences of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was not consistently safe.

People were not adequately protected against the risks associated with the unsafe management of medicines.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People's risk assessments were reviewed and updated to take account of changes in their needs. Accidents and incidents were recorded and actions were taken to help prevent reoccurrence.

There were sufficient staff to meet people's care and support needs. Appropriate checks were carried out to ensure new staff were suitable for their roles.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were appropriately supported by the registered manager to carry out their roles effectively by means of relevant training, regular supervision and an annual appraisal.

People's rights were protected because staff worked in accordance with the Mental Capacity Act (2005). Where restrictions were in place, the correct legal process was followed.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Good ●

Is the service caring?

The service was caring.

People were involved in day to day decisions and given support when needed.

Staff knew people well and displayed kindness and compassion

Good ●

when providing care.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People were provided with a range of social activities.

Complaints were responded to and actions were taken appropriately.

Good ●

Is the service well-led?

The service was not always well led.

Whilst there had been improvements to the service, people's medicines were not always managed safely.

There were systems in place to assess and monitor the quality of the service, which included seeking feedback from people living in the home, their relatives and the staff.

Requires Improvement ●

Nelson Manor 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 was 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.

We visited Nelson Manor on 11 and 12 May 2017 and the first day was unannounced. The inspection was carried out by two adult social care inspectors, a specialist pharmacy inspector, and a specialist advisor in the care of people living with dementia on the first day and one adult care inspector on the second day.

The provider completed a Provider Information Return (PIR) before our inspection in January 2017. This is a form the provider completes to give some key information about the home, what the home does well and improvements they plan to make. The provider did not have the opportunity to update the PIR prior to this inspection.

In preparation for our visit, we reviewed information that we held about the home such as notifications (events which happened in the home that the provider is required to tell us about) and information that had been sent to us by other agencies.

During our inspection visit, we spent time observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 11 people living in the home and four visiting relatives. We also spoke with 11 members of care / nursing staff, the administrator, a cook, a kitchen assistant, a member of the cleaning team and the registered manager.

We observed how care and support was provided to some people who were not able to communicate their views to us. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a sample of records including 12 people's care plans and other associated documentation, two staff recruitment files, induction records, staff rotas, training and supervision records, minutes from meetings, complaints records, 15 medicines administration records (MARs), audits, action plans, policies

and procedures, service certificates and quality assurance records.

Following the inspection, the registered manager provided us with a comprehensive action plan detailing the action she intended to take to improve the management of medicines.

Is the service safe?

Our findings

People living in the home told us they felt safe, secure and well cared for in Nelson Manor. One person told us, "I feel so much safer here, as care is available all the time" and another person commented, "Everything is very good. I have no complaints at all." Similarly relatives spoken with expressed satisfaction with the service and told us they had no concerns about the safety of their family member.

We identified concerns about the safe handling of medicines at our previous in January 2017. The provider had sent us action plans outlining how they would make improvements after the inspection; however they had not been fully effective in protecting people's health from risk of harm. At this inspection as at the previous inspection, the registered manager who was appointed in June 2016, told us she was aware that there were ongoing concerns about the safe handling of medicines and despite regular audits had not been able to make any significant improvements. At the previous inspection the registered manager told us she had worked closely with the Medicines Management Team from the local CCG (Clinical Commissioning Group) to improve the medicines arrangements in the home and described detailed plans as to how she would improve the service. Immediately after our inspection the registered manager again, sent us full details of the actions she was taking to address the risks and concerns that we identified during this inspection, she also told us she would be working closely with the CCG again.

At this inspection a pharmacist, medicines inspector, looked at medicines and records about medicines for 15 people who were living in the home and found there were continuing shortfalls in managing medicines. The shortfalls included those identified at previous inspection and some new concerns which placed people's health at risk of harm.

Medicines were still not given safely. One person was given two different medicines for a month after they had been discontinued by their doctor; this placed them at risk of harm. We were told that they were given the discontinued medicines because the letter detailing the changes had not been filed properly and nurses were unaware the medicines must be stopped. The home had raised this as a safeguarding alert a few days prior to our inspection visit. Another person was prescribed some drops to be used three times daily but they were only used twice daily. A third person was prescribed a patch to be applied on a specific part of their body. The records showed that on numerous occasions it had been placed on the wrong part of their body causing them to suffer from the symptoms it was prescribed to alleviate. A fourth person was prescribed one tablet of paracetamol to be taken in each dose but the records showed that they had been given several doses of two tablets. If medicines are not given as prescribed people's health is placed at risk of harm.

Medicines were still not obtained safely. One person was unable to have three of their prescribed medicines because they had not been ordered in a timely manner.

The home had been audited by the pharmacy supplying the medicines and they had made several recommendations. One of them was to make arrangements to ensure that medicines which needed to be given at specific times with regard to food were given at appropriate times. The deputy manager told us she

had circulated a copy of the report and had left on each unit. We found that no arrangements had been made on any of the units we visited. Medicines which needed to be taken 30 -60 minutes before food were given with medicines that must be given with or after food or they were recorded as given at meal times. We spoke with a senior carer who was responsible for administering medicines to people. She told us that she was unaware that certain medicines needed to be given at specific times, despite the fact this information was printed on the dispensing label. If medicines are not given at the right times they may not be effective.

The audit also highlighted when people were prescribed medicines which needed to be given "when required" a protocol must be in place to provide information to guide staff how to administer medicines prescribed in this way safely and consistently. We found that most people had protocols in place but they still did not contain sufficient personalised information to ensure that medicines could be given safely or consistently.

As at previous inspections we found that when medicines were prescribed with a choice of dose there was no guidance available to help staff select the most appropriate dose. This meant there was a risk that people would not be given the best dose for their condition.

There were no arrangements to check people who chose to look after their own medicines were doing so safely. One person who looked after their own medicines had an excess of medication which meant they may not be giving themselves the correct prescribed dose, placing their health at risk of harm.

Records about medicines were not always clear or accurate. One person's Medicines Administration Records (MARs) recorded that they had no known allergies however their care plan clearly showed they had a drug allergy. That person had been admitted to hospital on the day of the inspection and a copy of the MARs had been sent to the hospital with incorrect information, which placed that person at risk of harm. The registered manager took immediate action to contact the hospital when this was drawn to her attention. One person's records showed they had not been given doses of their laxative because it had run out however when we checked the stock it was available. Records about the use of creams had improved, however we found one person did not have any records made about the application of one of their creams. The records about the dose of medicine given when there was a choice of dose did not show exactly how much medicine people had been given. As at the last inspection, we saw that the records about the fridge temperatures were not completed in accordance with national guidance because only the current temperature was recorded. The deputy manager explained how the thermometer should work but found that it would not give the maximum and minimum temperatures as required by the guidance.

Most medicines were stored safely. However we saw that waste medication was not stored safely in accordance with national guidance which means there is a risk that it could be misused. Creams were not always locked away in people's bedrooms. One person living with dementia had several creams in drawers that they could access and there was no risk assessment available to show that it was safe for them to do so. During the inspection we saw a pot of an emollient cream on an unattended trolley in the hallway. The deputy manager could not explain why it was not stored safely.

These findings evidence a continuing breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At the last inspection in January 2017, we found the provider had failed to operate an effective recruitment procedure and had not ensured appropriate checks had been carried out. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was

met. During this inspection, we found some improvements had been made.

We checked two staff recruitment files and found potential employees had completed an application form, which enabled gaps in their employment history to be examined. However, we found there were some minor shortfalls in the staff members' employment history. These were resolved during the inspection. Records had been made of the interview to support a fair process. References were obtained along with an enhanced police check. We also noted the provider had implemented a revised recruitment and selection policy and procedure. The registered manager assured us a new checklist incorporating the requirements of the regulations would be introduced to help with the recording of all recruitment records and checks.

The provider had a disciplinary procedure in place to respond to any poor practice and had referred staff to the Disclosure and Barring Service (DBS) following dismissal for misconduct. The DBS holds lists of people who are barred from working with children and vulnerable adults and informs service providers of any criminal convictions noted against job applicants.

People told us the provider employed sufficient staff to keep them safe and meet their care needs in a timely way. For example, one person said, "The staff come quite quickly if I press the buzzer and are on hand if I need any help." A member of staff also told us, "I think there are enough staff. If we need more help we can always ask for support from the other floors." The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. The staffing rotas confirmed staffing levels were consistent across the week. We noted there were enough staff available during our inspection to meet people's needs. The registered manager told us the staffing levels were determined by people levels of dependency and were flexible in line with people's changing needs.

At the last inspection in January 2017, we found the provider had failed to fully assess and mitigate the risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the visit the provider sent us an action plan and told us what action they intended to take to ensure the regulation was met. During this inspection, we found the necessary improvements had been made.

We saw individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Risks people might experience included those relating to restricted mobility, falls, skin integrity and nutritional needs. Further to this a healthcare professional told us before the inspection, "I have found all the staff very keen and proactive to reduce falls within Nelson Manor. They promptly refer for advice for all patients who are falling for advice and management strategies to reduce harm occurring to their patients."

Records showed that risk assessments were reviewed and updated on a monthly basis or in line with changing needs. This meant the staff were provided with up-to-date information about how to reduce risks.

We found robust systems had been implemented to ensure bedrails were appropriately maintained and secured. Staff carried out checks of the rails on a daily basis and the maintenance officer checked the rails on a weekly basis. We saw records of the checks during the inspection. We also noted people's risk assessments had been reviewed and updated in respect to any requirements for bed rails.

We checked the arrangements in place for the maintenance of the premises. Since the last inspection a series of checks had been implemented and embedded as part of practice. These included checks on the water temperatures, the call system, fire systems and environmental checks covering every room in the home. All records seen were complete and up to date. We noted any shortfalls identified were recorded and

signed off when resolved. We saw servicing and safety certificates to indicate periodic safety checks were carried out by professional engineers on the fire alarm, fire extinguishers, portable electrical appliances, hoists, passenger lifts and assisted baths. The electrical safety certificate was dated January 2017. We noted one element of the electrical systems required some remedial work and saw quotes had been obtained in order to carry out the work. We were assured the work was not urgent.

CCTV (Closed circuit television) was in operation in the corridors. The system did not operate in communal areas or in people's rooms. This helped the registered manager to monitor people's safety.

A fire risk assessment was in place, which had been checked by the Fire and Rescue Service earlier in the year. Arrangements were in place if an emergency evacuation of the home was needed. People had personal emergency evacuation plans (PEEPs) which recorded information about their mobility and responsiveness in the event of a fire alarm. At our last inspection, we saw there was a business continuity plan in place to respond to any emergencies that might arise during the daily operation of the home. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. We found there was an appropriate policy and procedure in place and safeguarding flow charts were displayed on each floor. The staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would report any incidents of abuse and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with. Staff spoken with confirmed they had completed safeguarding training. The registered manager was aware of her responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

The provider had a whistleblowing policy. Staff knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We saw there was a system in place to record any accidents or incidents, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure that any responses were effective and to see if any changes could be made to prevent incidents happening again. The registered manager told us she had made referrals as appropriate, for example to the falls team. Since the last inspection, the registered manager had established a computerised log of all accidents and incidents and carried out an analysis of the data every three months in order to identify any patterns or trends. The analysis had resulted in one to one staffing for a person who required additional support. We noted all accidents and incidents were discussed at the weekly management meetings.

We found the home was clean and tidy in all areas seen. Infection control policies and procedures were available and records showed staff had received infection control training. We noted staff hand washing facilities, such as liquid soap and paper towels were available with pedal operated waste bins. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were seen in use around the home. There were contractual arrangements for the safe disposal of waste. The provider employed housekeeping staff to clean the home and manage the laundry. There were also audit systems in place to support good practice and to help maintain good standards of cleanliness.

Is the service effective?

Our findings

People living in the home told us staff had the right level of skills and knowledge to be able to provide them with effective care. One person told us, "They are really good carers, both day and night. To be honest I couldn't complain about any of them" and another person said, "If I ask for help they do their best for you." Relatives spoken with also made positive comments about the staff team, one relative told us, "We absolutely cannot fault the staff. They know exactly what they are doing. They care very well for [family member's] needs."

At the last inspection in January 2017, we found the provider had not acted in accordance with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

Staff spoken with demonstrated an awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found staff understood the importance of trying to obtain consent before providing care or support. One member of staff told us, "I always ask people if they need any help and respect their choice."

We saw people's capacity was considered in care assessments so staff knew the level of support they required when making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other social or health care professionals as required, to make a decision in their 'best interest' in line with the MCA.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, she had submitted 23 applications to the local authority for consideration. We saw the registered manager had put a tracker in place to record the status of all applications. The registered manager told us she regularly contacted the local authority to check when assessments were due to be completed. We noted there was supporting information in people's care plans to provide guidance for staff on least restrictive practice in order to protect people's rights.

At our last inspection, we found the provider had failed to provide all people with appropriate support to eat and drink. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

People told us they enjoyed the food and confirmed they were given a choice of meals and drinks. One person told us, "I find the food very nice and it's good you can make special requests."

We observed the lunchtime period on the Jubilee and Nursing units. We saw a nutritional support worker had been employed to oversee the meal time on the Jubilee unit. In contrast to our last inspection, the staff were organised and people were asked what choice of meal they wished to eat at the time the meal was served. People were provided with their meal in a timely manner and staff sat alongside people requiring support to eat their food. We noted staff told people what food the meal consisted of when they gave them their plate. The meals were well presented and looked appetising. We noted staff interacted well with people and initiated conversation. The atmosphere was pleasant and cordial in all areas.

Weekly menus had been developed following consultation with people living in the home and were rotated every four weeks. We spoke with the cook who showed us the main menu and an extensive "lite" bite menu which was available in addition to the two main choices. The cook told us he was well informed about people's dietary requirements and regularly spoke with individual people to check they were satisfied with the food. He confirmed people were able to make special requests for any food of their choice.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. We also noted an internal risk assessment tool was used to assess nutritional and hydration risks. However, from looking at people's files we saw the scoring systems sometimes contradicted the MUST tool. In order to avoid confusion the registered manager told us the internal risk tool would be discontinued. Where necessary the staff maintained a record on people's dietary and fluid input. We noted the recording charts were completed at the time food and drink was served to ensure accurate records were maintained.

We looked at how the provider trained and supported their staff. Staff spoken with were keen to increase their knowledge and improve their understanding, in order to provide people with good quality care. One member of staff told us, "I have been offered lots of training in leadership and management. I have just started my management diploma." New members of staff participated in a structured induction programme which included a period of shadowing experienced colleagues before they started to work as a full member of the team. The induction training included an initial orientation induction, familiarisation with the company's policies, procedures and philosophy of care, the provider's mandatory training and the Care Certificate. The Care Certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. We saw evidence of members of staff ongoing work on the Care Certificate during the inspection. All new staff completed a probationary period of 12 weeks, which was reviewed every four weeks.

The registered manager maintained a record of each staff member's training and was aware when future refresher training was due. Staff were provided with a range of courses including health and safety, moving and handling, MCA 2005 and DoLS, nutrition, person-centred care, medicines management, risk assessment, fire safety, safeguarding vulnerable adults and infection control. In addition, staff undertook specialist training on de-escalation techniques to support people living with dementia. The falls team had also visited

the home to carry out training for the staff. All staff had registered with an on line training provider and completed tests and work books to consolidate their knowledge.

Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager and the management team. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Members of staff told us they found the supervision process helpful to them in their work. We saw records of staff supervision during the inspection and noted a wide range of topics had been discussed. Staff were also invited to attend regular meetings. They told us they could add to the meeting agenda items and discuss any issues relating to people's care and the operation of the home. According to the records seen staff received an annual appraisal of their work performance, which included the setting of objectives for the forthcoming year.

We saw that people's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. People living in the home had access to ongoing healthcare support. In non-emergency situations staff sought advice via Telemedicines. This system enabled staff and people to contact and talk to medical professionals at a local hospital using a computer.

Records looked at showed us people were registered with a GP and received care and support from other professionals, such the district nursing team, chiropodists and the speech and language therapists. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to recognise any signs of deteriorating health. From our discussions and review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Following a recent concern in the home, the registered manager had reviewed the arrangements in place for people's dental care. As part of this she intended to carry out an oral health assessment for each person and introduce an oral hygiene care plan alongside the personal hygiene plan.

We looked at how people's needs were met by the design and decoration of the home. On a tour of the Jubilee unit, we noted there were tactile wall hangings on the walls, memory boxes outside rooms, bedroom doors were individually coloured, and names were visible. Bathroom and Toilet doors along the corridors were clearly signed and were a uniform colour. Some communal areas were themed such as the cinema, garden room and a kitchen. The Jubilee unit was located on the first floor which meant many people required the support of staff to access the gardens and fresh air. We spoke with the nurse on duty about this situation and we were assured that all people were encouraged to spend time in the enclosed garden at the rear of the property.

Is the service caring?

Our findings

People living in the home described the staff as being caring and respectful and were complimentary of the support they received. One person told us, "The staff are lovely, especially the night staff. You couldn't get better anyway. They do their job so well" and another person commented, "The staff are so caring. I would give them ten out of ten. I feel lucky to have found this home." Relatives also gave us positive feedback about the service. One relative said, "I feel like [family member] is well looked after. They will often ask if there is anything they can help you with." We saw that staff interacted with people in a warm and friendly manner and observed that people were comfortable in the presence of the staff. We noted that staff gave their full attention when people spoke to them and saw that people were listened to properly.

Relatives spoken with confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed relatives visiting throughout the days of our inspection and noted they were offered refreshments.

We observed the home had a friendly and welcoming atmosphere. Staff spoken with understood their role in providing people with compassionate care and support. One member of staff told us, "I am very happy working here. I find the job so rewarding and I really enjoy caring and helping people." There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff spoken with were knowledgeable about people's individual needs, backgrounds and personalities. They explained how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.

We observed the staff knew people well and understood the way they communicated. This helped them to meet people's individual needs. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. We noted one member of staff readily gave one person a hug, which the person greatly appreciated. The staff also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them.

People's privacy and dignity was respected and people could spend time alone in their rooms if they wished. All people were provided with a single room which was fitted with an appropriate lock. We observed staff knocking on doors and waiting to enter during the inspection. There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.

People were supported to be comfortable in their surroundings. People told us they were happy with their bedrooms, which they were able to personalise with their own belongings and possessions.

People were encouraged to express their views as part of daily conversations, residents and relatives'

meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed. Wherever possible, people were involved in the care planning process and we saw people had signed their plans to indicate their participation and agreement.

We observed staff supporting people in a manner that encouraged them to maintain and build their independence skills. For instance the registered manager told us about two people who had regained their mobility skills following their discharge from hospital. Staff spoken with were committed to helping people to maintain their independence and to exercise as much control over their own lives as possible. In talking about their approach a member of staff commented, "It's really important people stay as active as they can as it helps them maintain their dignity." This approach was reflected in people's comments, for example one person said, "If I want any help I can always ask them. They never take over. I like to do things for myself."

Compliments received by the home highlighted the caring nature of staff and the positive relationships staff had established to enable people's needs to be met. We saw several messages of thanks from people or their families. For instance one relative had written, "Thank you for all the attentive and excellent care you have given to our [family member]. All the staff are extremely caring and welcoming."

Is the service responsive?

Our findings

People told us they received the care and support they needed and that staff responded well to any requests made for assistance. One person told us, "All the care you need is on tap. The staff are very amenable and will help with anything you ask for" and another person commented, "You can talk easily to the staff and things get seen to. You don't have to worry about anything." Relatives felt staff were approachable and had a good understanding of people's individual needs. One relative said, "On the whole, I think the staff are good. I feel I could approach them if I need to discuss anything."

At our last inspection we found the provider had failed to operate an effective complaints system. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, we issued a warning notice, which required the provider to be compliant with the regulation by 28 February 2017. During this inspection, we found the necessary improvements had been made.

People and their relatives told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint. We saw the complaints procedure had been revised and updated and was freely available in all areas of the home. Details about the complaints process were also included in the service user guide and had been added to the provider's website.

The registered manager had developed a computerised log of complaints which included details of the issues and any actions taken. This meant the registered manager could readily track the progress of complaints investigations and carry out an analysis of the data to determine any patterns or trends. The registered manager had received one complaint since the last inspection. This complaint had been recorded and investigated. We received details of the investigation and outcome prior to the inspection.

At our last inspection, the provider had failed to ensure an accurate and complete record of people's care and treatment. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we issued a warning notice which required the provider to be compliant with the regulation by 28 February 2017. During this inspection, we found some improvements had been made.

We looked at 12 people's care files and found each person had an individual care plan. The plans were arranged under the same headings and were supported by a series of risk assessments. We found ten care plans had been updated on a monthly basis and reflected people's current needs. However, we saw that some aspects of two people's care plans required updating. We discussed this situation with the registered manager, who made arrangements to review the plans. We saw the updated plans on the second day of the inspection. We noted the dates of care plan reviews were displayed on white boards in each staff office and the registered manager's office in order to provide a quick reference guide. Staff spoken with were familiar with the content of people's plans and were confident the information was accurate and up to date.

At our previous inspection we found the handover records used to relay information to staff at shift changeover were brief. During this visit, we noted the handover record template had been updated to ensure staff were provided with pertinent and relevant information. Staff also maintained daily reports which provided details of people's care and well-being. We noted the records were detailed and people's needs were described in respectful and sensitive terms. Charts were completed as necessary for people who required any aspect of their care monitoring, for example, personal hygiene, nutrition and hydration and pressure relief.

However, we found some shortfalls in the medicines records. We have dealt with this matter separately.

At our last inspection, we found the provider had failed to ensure all people were enabled and supported to make or participate in making decisions relating to their care. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan and which set out the actions they intended to take to improve the service. During this inspection, we found the necessary improvements had been made.

Three people spoken with could recall discussing their care needs with the staff and were familiar with their care plan. One person told us, "I have discussed everything with the staff. I think they have been very thorough." We checked people's files and found they had signed their care plan review forms to confirm their participation and agreement. This meant people were able to have direct input into the delivery of their care. Staff spoken with also confirmed people had involvement wherever possible in the development and review of their care plan.

When a person expressed a wish to move into the home, a representative from the service normally visited them personally to carry out a pre-admission assessment to make sure their needs could be met. Once the person had moved in, the registered manager used the pre-admission assessment to provide staff with initial information on the person's key preferences and requirements, pending the development of a full individual care plan. We looked at completed pre-admission assessments and noted they covered all aspects of people's needs.

People were given the opportunity to visit the home to enable them to meet other people and the staff. Reflecting on their visit to the home, one person told us, "The staff were so welcoming and friendly and everywhere looked very clean." They told us they then moved into the home on a trial basis. The person said, "Having a trial visit meant that I could be confident I had made the right decision and I have not regretted moving in since."

At our last inspection, we recommended the provider seek advice in order to develop a programme of meaningful activities for people living in the home. During this inspection, people told us they were happy with the type and frequency of activities. One person told us, "I think there is plenty to do. I like playing dominoes and I'm going out for lunch today." The provider employed two activity coordinators who worked in all areas of the home. The registered manager explained that all people had been consulted about their interests and preferred activities and had completed a "My personal and social choices" booklet. The information gathered had been transferred onto a spread sheet so activities could be arranged according to people's preferences.

The registered manager explained two volunteers helped in the home by supporting people with social activities, conversations and social contact. They also provided a link to the community.

Activity records had been maintained and we noted a variety of activities had been arranged on a regular basis. The activities included quizzes, bingo, dominoes, bowls, gardening and gentle exercise. People were also supported on trips outside the home, for instance one person was supported daily to buy a newspaper from the local shop.

Is the service well-led?

Our findings

People spoken with made positive comments about the leadership and management of the home. One person told us, "The home runs smoothly. Everything seems well organised" and another person commented, "The management are good. The home runs quite well."

At our last inspection, we found the provider had failed to improve the service since our previous visit. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we issued a warning notice, which required the provider to be compliant with the regulation by 28 February 2017. During this inspection, we found, with the exception of medicines management, improvements had been made.

We found risks to people's health and safety had been assessed and mitigated and regular checks had been carried out of the environment and equipment, including bedrails. Whilst we found minor shortfalls in the records obtained during the recruitment of new staff, these matters were resolved during the inspection. People's capacity to make decisions had been considered in line with the requirements of the Mental Capacity Act 2005 and wherever possible people were involved in the care planning process. Ten out of the 12 care plans looked at had been reviewed at regular intervals and reflected people's current needs. Aspects of the remaining two care plans were updated during the inspection. The complaints procedure had been revised and updated and a new central log of complaints had been established. A complaint received since our last visit had been appropriately recorded and investigated. The registered manager had also devised a new computerised log of all accidents, incidents and complaints and had carried an analysis in order to identify any patterns or trends.

The registered manager was supported in her role by the nominated individual who visited the home on a regular basis. The nominated individual was supportive of the ongoing improvements being made and had provided the registered manager with the necessary resources. We also noted the nominated individual had completed a report on his visits to the home. From looking at the reports we could see the nominated individual had checked the environment, looked at a sample of records and sought feedback from people living in the home and staff. This meant he had gained assurances about the operation of the service.

The system in place to manage medicines had not been sufficiently improved and our findings demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have dealt with this matter separately.

The registered manager was appointed in June 2016 and registered with the commission on 22 November 2016. The registered manager told us she was committed to the ongoing improvement of the service. She described her key achievements as ensuring the staff team had the confidence and skills to carry out their roles, establishing a programme of activities and embedding the Mental Capacity Act within the care planning processes. The registered manager also told us her planned improvements and priorities over the next 12 months included improving the management of medicines, strengthening leadership and management across all areas of the home and further developing links with the local community.

The registered manager was visible and active within the home. She was regularly seen around the home, and was observed to interact warmly and professionally with people, relatives and staff. People were relaxed in her company and it was clear she had built a good rapport with them. The registered manager operated an 'open door' policy which meant people and members of staff were welcome to go into the office to speak with her at any time. Staff said they felt confident in the management of the home and told us there had been a lot of improvements made to the service since the appointment of the registered manager. One member of staff told us, the registered manager was "Very approachable and supportive."

We saw evidence to demonstrate meetings had been held with staff in all roles across the home. This enabled the staff to meet with the registered manager and let her know their concerns. Similarly, people living in the home and their relatives were invited to regular meetings. One person told us, "I enjoy the meetings. We can discuss things and it brings us up to date with everything behind the scenes." We saw minutes and action points from the meetings during the inspection.

People were also invited to complete bi-annual satisfaction questionnaires. The last survey was carried out in April 2017. We looked at the collated results and noted several people had made positive comments, for instance one person had written, "I find the staff very good and helpful. I have no complaints" and another person had written, "Nice friendly staff, food superb." The registered manager had devised an action plan in response to suggestions for improvement.

Since our last visit the registered manager had registered on a new online quality assurance system, which provided example policies and procedures, auditing tools and record templates.

The registered manager had carried out a series of audits, which were designed to ensure different aspects of the service were meeting the required standards. These included checks on medicines, hand hygiene, mattresses, catering and infection control. The registered manager had also completed a detailed monthly audit which covered the operation of the home. Action plans had been developed to address shortfalls and all actions had been transferred to one overall consolidated action plan. We noted each section had been given a rating of red, amber or green to indicate the progress made.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people living in the home.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to protect people against the risks associated with the unsafe use and management of medicines. Regulation 12 (2) (g)

The enforcement action we took:

Issued the provider with a warning notice.