Meridian Healthcare Limited

John Joseph Powell Memorial Care Centre

Inspection report

McKenna's Court
11a High Street
Prescot
Merseyside
L34 3LD

Tel: 01514310247

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 13 and 15 December 2017. The first day was unannounced.

The last inspection of the service was carried out in September 2016 and during that inspection we found breaches of regulations in respect of the management of medication, records and assessing and monitoring the quality and safety of the service. Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions; is the service safe, effective, caring, responsive and well-led, to at least good."
During this inspection we found that the required improvements had been made however we found other improvements were required.

John Joseph Powell Memorial Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. John Joseph Powell Memorial Care Centre is registered to provide accommodation, personal and nursing care for up to 45 people. There were 44 people living at the service at the time of the inspection.

The service has 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.

Improvements had been made to the management of medication. People received their prescribed medication at the right times, this included food supplements. Each person had a medication administration record (MAR) which listed their prescribed medication and instructions for use. Body maps were available to guide nursing staff on the use of medication patches to help ensure that they were safely applied.

Improvements had been made so that people received effective care. People's needs were assessed and planned for. Supplementary care records for monitoring aspects of people's care such as fluid intake and skin integrity had been completed in full. They recorded what the expected outcome was for the person and details of the care provided.

Improvements had been made to systems for checking on the quality and safety of the service and for making improvements. The service was assessed and monitored in line with the registered provider's quality assurance framework. Where risks to people's health, safety and welfare were identified action plans for improvements were developed and followed through promptly so that risks to people and others were mitigated. However more robust checks were required to ensure that people's needs were met by sufficient numbers of staff and in a dignified person centred way.

People did not always receive dignified person centred care and treatment in line with their care plans. People and family members commented that the staff were kind and caring and we observed examples of this. However we observed occasions where staff spoke about people and provided care and support in an undignified way.

We have made a recommendation about staffing. There were occasions when there were insufficient staff to meet people's needs in a timely way. People were left waiting for staff to assist them and staff were rushed. Staff commented that their workload meant that it was often difficult to attend to people's needs in a timely way. An increase in staffing levels on the second day of inspection meant staff were less rushed and able to meet people's needs in a more timely way.

People's end of life wishes were planned for and taken account of. A multidisciplinary approach to planning care for people at the end of their life ensured that they were comfortable, free from pain and treated in a dignified way.

Allegations of abuse were acted upon to ensure people were safe from abuse or the risk of abuse. People were protected by staff who knew about the different types of abuse and how to recognise indicators of abuse. Allegations of abuse had been reported to the relevant agencies in a timely way.

Safe procedures were followed for recruiting new staff. The suitability of staff was assessed prior to them being appointed. They were subject to a series of pre-employment checks including a check on their criminal background and checks carried out with previous employers. Staff entered onto an induction programme when they started work at the service and relevant training and support was provided to all staff on an ongoing basis.

People knew how to complain and they were confident about telling someone if they were unhappy. Complaints received were listened to and acted upon in line with the registered provider's policy and procedure. A record of complaints received was maintained and showed that complaints were acknowledged, investigated and action was taken to improve the quality of the service people received.

There was a breach of the Health and Social Care Act 2008 (Regulated Activities) 2014 regulations. You can see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Improvements were needed so that people's needs are met in a more timely way.

The management of medication was safe.

The suitability of staff was assessed prior to an offer of employment.

People were safeguarded from abuse and the risk of abuse.

Is the service effective?

Good

The service was effective

People's needs were assessed, planned for and kept under review.

People received care and support from staff who received appropriate training and support.

People's rights were protected in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Requires Improvement

The service was not always caring.

People did not always receive care in a dignified way.

People's privacy was promoted and respected.

Positive relationships had been developed between people and staff and people were treated with kindness and compassion.

Is the service responsive?

Good

The service was responsive.

Care plans reflected people's needs in a personalised way.

Complaints were listened to and acted upon to improve the quality of care.

People at the end of their life were kept comfortable and pain free.

Is the service well-led?

Requires Improvement

The service was well led.

Checks on the quality and safety of the service had improved, however further improvements were required.

A clear management structure was operated with clear responsibilities and accountability.

The service worked in partnership with other agencies to achieve positive outcomes for people.

John Joseph Powell Memorial Care Centre

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 15 December 2017. The first day was unannounced.

The inspection team on the first day consisted of one adult social care inspector, a nurse specialist advisor 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, their area of expertise is dementia care. One adult social care inspector carried out the inspection on the second day.

We used information that we held about the service and the service provider. This included notifications we received and the provider information return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We requested information about John Joseph Powell Memorial Care Centre from local authority commissioners and safeguarding team. We used the information they shared with us as part of our planning for this inspection.

During the inspection, we used a number of different methods to help us understand the experiences of people living at John Joseph Powell Memorial Care Centre. We spoke with a total of 14 people living there, eight visiting relatives and 11 members of staff including the registered manager, clinical services manager, a nurse, five care staff, laundry assistant, chef and an area director.

Throughout the inspection, we observed how staff supported people with their care during the day.

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

We carried out a tour of the premises and looked at communal sitting areas, bathrooms, bedrooms, kitchen, laundry and outside areas. We looked at a range of documentation which included care records for eight people who used the service and four staff files, covering recruitment, training and supervision. We also looked at other records relating to the management of the service including, audits, policies and procedures, safety certificates for equipment and systems in operation, minutes of meetings and maintenance records.

Good

Is the service safe?

Our findings

At our last inspection in September 2016, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure people were protected from the unsafe management of medication. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

People told us that they felt safe living at the service and that they got their medicines on time, their comments included; "I feel safe", "I have no worries at all", "The nurse gives me my pills when I need them" and "I can have painkillers when I ask".

Improvements had been made to the management of medication. Food supplements were stored and administered appropriately and records were maintained for administration of pain relief patches. Food supplements were kept secure in the medication room and administered to people when they needed them. Medication administration records (MARs) for people were signed to show when food supplements were given to them. Body maps were in place for people who were prescribed pain relief patches. Body maps were completed to indicate where on the person's body the patches were applied and when. This helped to ensure patches were applied at the right time and not to the same place thus minimising the risk of side effects.

All medication and MARs received were checked for accuracy by two nurses and safely stored. Any unused medication was disposed of appropriately or returned to the supplying pharmacy and a record of this was kept. Each person's MAR listed each item of their prescribed medication and instructions for use. MARs displayed a recent photograph which was dated and the allergy section was completed with any known or unknown allergies. Protocols were in place for the use of PRN medication these are medicines prescribed to people to be given only when required. PRN protocols included what the medication was for and how and when it should be given.

Medication was administered by the nurses on each shift. On the first day of the inspection we observed the lunch time medication round and found that people received their medicines safely and in a timely way. Nurses administered medication from a lockable trolley which they secured and stored safely when it was out of their sight, for example when assisting people to take their medication. Each person was given their medication from a clean pot and they were closely supervised whilst taking it. MARs were signed by nurses after they were sure that the person had taken their medication. Codes were entered onto MARs to identify circumstances when medication was not administered and the reason why was recorded on a note section at the reverse side of the MAR. This included circumstances such as when a person refused to take their medication or were in hospital.

We checked a sample of medication, including controlled drugs (CDs) and found each item checked was in date, correctly labelled and that stocks tallied with the records kept. A medication fridge was in use for storing items which needed to be kept cool to ensure their effectiveness, this included eye drops. Eye drops had been dated to show when they were first opened which minimised the risk of them being used after

their expiry date. The temperature of the fridge and the medication room was checked and recorded daily to make sure that they were maintained at a safe range for storing medication.

At the last inspection we raised concerns about the security and safety of the premises this was because the front door was wide open on our arrival and fire exits were obstructed. At this inspection we found that the premises were secure and free from obstructions. There was a visitors signing in book located at the reception area which required completing by visitors to the service on entering and leaving. This helped with monitoring the security of the service and the safety of people and others inside.

People's needs were not always met by the right amount of staff. When we arrived at the service on the first day of inspection six people were sat at tables in the dining room with no staff present. Three people were eating breakfast, one person was asking for more cereal and the other two people had finished their breakfast and were waiting to be assisted out of the dining room. We called for a member of staff who confirmed to us that a staff member should be present in the dining room at all times when it was occupied by people. The staff member told us that they and the other staff were busy attending to other people's morning routines. We checked the staffing rota and saw that at the time the team was two staff short. We discussed this with the registered manager who advised us that one member of staff had called in sick at short notice and another had been sent home due to other circumstances. Additional staff were called upon and by mid-morning the staffing levels were at full complement in accordance with the rota.

People who used the service and family members commented that they thought there were many occasions when they felt there was not enough staff on duty. They commented that although staff did their best they were often very rushed and had to ask people to wait for their assistance. Staff told us that there was usually six care staff on duty which they considered insufficient to meet people's needs particularly during the busiest periods such as in the morning. Staff said this was because they were required to attend to people's morning routines and assist people with breakfast. We discussed the staffing levels with the registered manager and she confirmed that she had recognised that an additional member of staff was needed during the day so that people's needs were met in a timely way and to ease the workload of staff. On the second day of inspection an additional member of staff had been deployed. Staff were less rushed and they told us that the increase in staffing levels had made a big difference. The registered manager confirmed to us that the additional member of staff during the day would be a permanent arrangement.

We recommend that the service continue to review staffing levels so that they are sufficient to support people to stay safe and meet their needs.

Staff employed had been subject to a range of pre-employment checks before starting work at the service. All staff had completed an application form providing details of their skills, experience and qualifications and previous work history. A minimum of two references were obtained which included, where possible one from the applicants most recent employer. Successful applicants underwent a check with the Disclosure and Barring Scheme (DBS) before they could start work. These checks helped to ensure staff were suitable to work with who used the service.

Lessons were learnt and improvements were made following adverse incidents and events. Staff knew their responsibilities for reporting and recording any incidents which occurred at the service. Incident records showed that all incidents including accidents were reported, recorded and investigated in line with the registered provider's incident reporting procedure. Records completed included details of how and why the incident happened and what action had been put in place to prevent a repeat of the incident to minimise the risk of harm in the future. For example, a sensor mat was placed next to a person's bed to alert staff to their movements during the night to help reduce the risk of falls.

The systems, processes and practices in place safeguarded people from abuse. Records and discussions with staff showed they had received training in safeguarding people from abuse. Information and guidance about recognising and reporting abuse or potential abuse was available around the service for staff and others to refer to should they need to. Staff knew the different types and indicators of abuse and how to report any concerns and they told us they would not hesitate to report any concerns. A record of allegations of abuse which had occurred at the service was maintained. The records showed that the registered manager and other senior staff had taken appropriate action by promptly informing the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). The records evidenced that action had been taken to reduce further risks to people.

The provider had a whistleblowing policy and procedure which staff were familiar with. They said they would whistle blow if they became aware of any concerns regarding poor practice. Whistleblowing is when staff report concerns in confidence and their disclosure is protected in law.

Safety checks were carried out on the environment and equipment and systems used at the service. Visual checks took place daily to check on the safety of the environment and equipment used. In addition to this equipment was maintained and serviced by a suitably qualified person in line with the manufacturers guidelines. This included fire alarms and firefighting equipment, hoists and slings, the passenger lift, profiling beds and the nurse call system. Safety certificates were in place verifying equipment had been checked and serviced at the required intervals and was safe to use.

People received care from staff who received effective training in safety systems, processes and practices. All staff had received training in topics of health and safety including; fire awareness, evacuation procedures and basic life support. Staff were confident about supporting people in an emergency. They knew where to locate emergency equipment such as first aid boxes and fire extinguishers and they were familiar with emergency escape routes. Visual checks took place daily to ensure that escape routes were clear from any obstructions.

A personal evacuation plan (PEEP) was in place for each person which was kept under review and updated when a there was a change in their needs. Each person's PEEP included details about the support and assistance the person needed such as any equipment and number of staff to help during an evacuation of the building. A copy of each person's PEEP was easily accessible to staff and others who may need them such as the emergency services.

People's records were maintained and kept securely. Each person had their own care file which contained their care plans and other information and guidance about how to safely meet their needs. The files were stored kept in locked cabinets in offices which relevant staff had access to Care records were kept up to date with current information about each individual's needs. Supplementary care records which were in use for recording outcomes for people such as food and fluid intake charts and positional change charts were kept discreetly in people's rooms or in offices.

Good

Is the service effective?

Our findings

At our last inspection in September 2016, we found the provider was in breach of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks to people were mitigated and they failed to ensure the maintenance of accurate records in respect of people's needs. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

Improvements had been made to care records to show people received effective care to meet their needs. At the last inspection care records were not completed with information about how people's assessed needs were to be met and what the intended and actual outcomes were for people. At this inspection we found that care records were fully complete with the required information. For example, daily fluid intake charts included the amount of fluid the person needed to consume in a 24 hour period and the consistency of fluid they required. The amount of fluid a person had consumed had been calculated and recorded onto the chart at the end of the 24 hour period. This information enabled staff to monitor people's fluid intake and assess if it was sufficient to minimise the risk of the person becoming dehydrated. We saw examples where staff had recorded comments detailing the action they had taken when a person had not achieved their target intake. This included reporting their concerns onto the nurse on duty for further action.

Charts were in place and completed as required for monitoring air flow mattress settings and positional changes for people who were at risk of developing pressure ulcers. The required setting of air flow mattresses was recorded along with frequency and outcomes of checks carried out. Positional change charts recorded the frequency the person needed to be repositioned and they had been completed to show the positional change, when the care was given and who provided it. This helped to monitor people's skin integrity and minimise the risk of people developing pressure ulcers.

An assessment of people's needs which took account of any risk was carried out prior to them moving into the service, or within 48 hours of admission in an emergency situation. The assessment along with others obtained from external health and social care professionals involved in people's care were used to develop a care plan. Care plans identified the area of need, what the intended outcome was for the person and how this should be achieved so that people received safe and effective care.

GPs were called upon to attend to people when they presented as unwell or at a person's request. In addition people attended other routine healthcare appointments which included with their optician, chiropodist and dentist. A record was maintained of all contact people had and the outcome of appointments with external healthcare professionals.

People were supported to maintain a balanced diet. A nationally recognised tool was used to assess people's nutritional and hydration needs. Care plans were developed on the basis of the assessment and kept under review. Care plans detailed any special dietary requirements, equipment and any assistance people needed to eat and drink. People identified as being at risk of malnutrition and/or dehydration had their food and fluid intake monitored and when a decline in their intake and weight was noted a referral was

made to a dietician. People at risk of choking were referred to the speech and language therapist team (SALT) for assessment and instructions and advice they provided was incorporated into people's care plan. For example, required food textures and consistency of fluids. This information along with people's food likes, dislikes and known food allergies was also recorded onto individual diet notification sheets. These were kept in the kitchen for staff to refer to when preparing food and drinks for people.

People were offered a choice of meals from the day's menu which formed part of a four week seasonal menu. Food stores were well stocked with items set out in the menus. Each meal consisted of a choice of two main hot and selection of other items should people want an alternative. People selected their choice of lunch time and evening meals at the beginning of each day and were reminded of their choice prior to the meal being served. Alternative food items were offered to people who changed their mind. Hot and cold drinks were offered to people with their meals and at regular intervals with snacks throughout the day. People who were nursed in bed and those who chose to stay in their bedrooms were provided with fresh drinks, meals and snacks and assisted to eat and drink as required.

People received care and support from staff that were appropriately trained and supported for their role. On appointment new staff commenced a 12 week induction which began with an introduction to key information in relation to health and safety matters. They went on to shadow more experienced staff until they were able to demonstrate the required competencies to be included as part of the core staff team. Following the initial induction staff commenced The Care Certificate (TCC). TCC is a nationally recognised qualification introduced in April 2015 for health and social care workers. It sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice. Staff were assigned a mentor, and they had contact numbers of designated trainers within the company who they could contact for guidance and support throughout their induction.

Staff completed training either on- line or by attending classroom based training delivered by accredited trainers. Each member of staff was provided with their own unique password which enabled them to access on-line training at any time either in or outside of the workplace. Following each training session staff were required to complete a competency check which they had to pass before being credited with the training. Training completed by staff included topics such as moving and handling, safeguarding, dementia care and aspects of health and safety including fire training and first aid. The registered manager had access to data which enabled them to monitor staff training and plan for any future training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans included an assessment of people's capacity and outlined a process for ensuring that any action taken was in the best interests of people. At the time of our inspection a number of people who used the service had a DoLS in place and application had been made to the relevant local authority for a number of people who used the service. Copies of the applications were held in people's care files. The registered manager maintained a record to keep abreast of any DoLS authorisation and when they needed to be renewed.

Before providing any kind of care and support staff asked people for their consent. Staff explained the support they were going to give in a way that people could understand. The registered manager and other staff were clear in their understanding of how to support people who lacked capacity to make their own decisions. They knew about processes for making decisions in people's best interest and how to support people who were able to make their own decisions.

Requires Improvement

Is the service caring?

Our findings

People told us that the staff are kind, caring, polite and respectful towards them. Their comments included; "Staff are kind, they shut my door when looking after me", "The staff are most attentive, very good. I'm very well looked after", "lovely staff" and "They are caring and kind". Family members told us; "Staff are absolutely fantastic with him [relative]. They check on him all the time, especially now as he is not so good" and "Staff are amazing. They do treat him [relative] respectfully from what I've seen."

People and family members made positive comments about the approach of staff and we observed and heard about many examples were staff treated people with respect, kindness and compassion. However on the first day of inspection we observed occasions when staff failed to provide people with dignified person centred care. We observed one person struggling to eat their lunch and when we raised this with a staff member they told us that the person should be provided with adapted cutlery to enable them to eat more independently. The persons care plan stated that they required cutlery with chunky handles when eating meals. Another person was served their lunch which they left untouched for over five minutes and when we raised this with a member of staff they said the person needed prompting and encouragement to eat. The person's care plan stated that although they could eat independently staff were required to provide prompting, encouragement and where necessary assistance with eating and drinking.

Staff did not always refer to people in a dignified person centred way. Staff referred to people as 'feeds'. For example, when we asked a member of staff why one person had not been served their lunch along with others sat at the same table they replied, 'It's because she's a feed' meaning the person had to wait for a staff member to assist them with their lunch. We also heard a second member of staff say to another member of staff "Where are we up to with the feeds" meaning people who needed assistance to eat their lunch. When we discussed with staff why this was inappropriate they told us that they regularly used this terminology and had not considered it as disrespectful until now. On another occasion we observed a member of staff show a lack of respect whilst assisting a person with their lunch. The member of staff disengaged with the person they were assisting and interrupted their meal several times to hold discussions with other staff about work related matters, including allocation of tasks after lunch.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as people did not receive dignified person centred care to meet their needs.

People's privacy was respected. Personal information about people was treated in confidence. Records which included personal and sensitive information about people were kept secure in locked cabinets and accessed only by authorised staff. Information held on computers was password protected which only relevant staff had access to. Staff knew the importance of ensuring personal information about people was handled in confidence, this included ensuring records were kept secure when not in use and only accessed by authorised staff and others on a need to know basis. Staff also knew not to discuss people's personal information with others outside of the workplace. Visits and consultations with other health and social care professionals took place with people in private such as their bedrooms or offices with doors closed. Staff were careful not to be overheard when discussing private matters about people over the telephone.

We observed staff knocking on doors before entering bedrooms, toilets and bathrooms and people told us this was usual. People told us that staff ensured their dignity when assisting them with personal care. Examples people gave included; "Staff always make sure the door and curtains are shut", "They keep me covered as best they can" and "They never make me feel embarrassed or awkward".

We met with a family member of one person who was receiving end of life care and they told us that they could not ask for better care for their relative. They commented that the staff were very caring and showed a lot of compassion towards their relative and family members. The person was nursed in their own bedroom surrounded by all their personal belongings. Their personal hygiene was maintained to a high standard and staff carried out regular checks to ensure the person remained comfortable and pain free.

Staff knew people well they took an interest in things which were important to people. People or where appropriate family members were invited to share information about people's past lives. For example, place of birth and where they spent their childhood, important relationships, previous working life, skills and interests. The information gave staff a good insight into people's lives prior to them living at the service and helped them understand people's backgrounds and what was important to them. Discussions with staff showed that they knew people well including their preferred routines, things of importance, likes and dislikes. There was a lot of laughter and banter amongst staff and people which people enjoyed. One person said, "We always have a giggle, it brings joy to my day" and another person said "I have lots of laughs with the girls [staff]".

Good

Is the service responsive?

Our findings

People told us that they received the right care, felt listened to and enjoyed activities they were offered. Their comments included; "I'm well looked after", "I can speak up and say what I want", "I've no complaints. I would say so if there was", "There are plenty of activities if you want to join in" and "I choose what I want to do". Family members commented; "We have no complaints or concerns", "The home consults with us", "We think it's a good home. We have no concerns" and "There is always something going on, we always join in. Good on activities".

People told us that their views, preferences and choices were obtained as part of the care planning process and we saw that they were clearly reflected in their care plans in a personalised way. For example, people's preferred gender of carer, times they liked to retire to bed and get up each morning, things people must have and important relationships and events were all recorded in care plans. People told us that they received care and support in line with their expressed preferences and wishes. One person who was in bed when we visited them in their bedroom mid-morning told us that they had chosen to have a lie in and another person who spent the day in their room watching TV told us that was what they preferred to do.

How people preferred to dress and their preferred personal care routines were clearly set out in their care plan. For example one person's care plan stated that they liked to wear loose fittings clothes such as t shirts and joggers and another person's care plan stated that they did not like to wear socks. When we met with these people we saw that they were dressed in their preferred way. People's preferred personal care routines were outlined in their care plans and staff were knowledgeable about them and ensured they were met. For example, one person's care plan stated that they preferred to have a shower rather than a bath. Staff knew this and the person confirmed they were mostly showered unless they requested to be bathed.

One person's care plan stated that they were unable to communicate verbally and they communicated by use of facial expressions and hand gestures. The plan instructed staff to speak clearly and slowly and to give the person time to respond. We observed staff communicating effectively with the person by use of nonverbal communication methods described in their care plan. The registered manager explained that the use of computer technology had been offered to people to assist with communication; however no one at the time chose to use it.

Appropriate care plans were in place and followed for people who were at the end of their life. People were given the opportunity to discuss their end of life wishes in advance and they were recorded for those who chose to discuss them. We looked at the care planned and provided for one person who was at the end of their life. This showed that staff worked closely with multidisciplinary teams, including specialist nurses and palliative care staff. This helped to ensure that the focus remained on what's most important for the person and their family and so that the person remained comfortable and free from pain.

A daily record outlining the care delivered was maintained for each person. In addition staff handovers took place at the start of each shift. This enabled continuity of care as it helped staff to communicate important information about the care people received, aspects of their care that needed monitoring and any changes

made to their care plans. The records showed that people had received the care they needed in line with their care plan and that staff had responded appropriately to any concerns they noted.

People, and where appropriate relevant others were involved in the development and ongoing review of care plans. Care plans were reviewed each month or sooner if required to ensure that they reflected people's current and changing needs. A record was kept of each review which took place detailing when it took place, who was involved and any changes made to the persons care plan.

Calls bells were placed in easy reach of people who were in bed or sat in chairs in their bedrooms. Sensor mats were in place for people who had been assessed as requiring one due to being at risk of falls. People who needed equipment such as walking aids to help with their mobility had them placed in easy reach. Staff ensured people were provided with cushions for their comfort and they ensured that people who needed them wore hearing aids and glasses.

People were invited to take part in meaningful activities. There was an activities coordinator employed at the service with responsibility for organising and facilitating both one to one and group activities for people. The activities coordinator had obtained information from people about their hobbies, interests and backgrounds which enabled them to plan meaningful activities with people. People told us that they enjoyed a variety of activities which included; board games, bingo, film shows and arts and craft. People were invited to celebrate their birthdays and seasonal events such as Easter and Christmas. On the first day of inspection we observed people, their family members and friends enjoying a Christmas party with live entertainment.

People and their family members were provided with information about how to make a complaint. A copy of the registered provider's complaints procedure was available in each person's bedroom and a copy was displayed in the foyer near to the main entrance. People told us that they had no complaints but felt confident about speaking out if they had reason to complain. The registered manager maintained a record of complaints made which showed that complaints had been dealt with in line with the registered provider's procedure. The records showed that improvements had been made in response to concerns raised.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider had failed to ensure effective systems were in place to assess, monitor and improve the service that people received and protect them from the risk of harm. The registered provider also failed to ensure records in respect of people were maintained and complete. At this inspection we found that improvements had been made and the registered provider was no longer in breach of this regulation.

Improvements had been made to how the quality and safety of the service was monitored and improved. At the last inspection we found that some checks on the quality and safety of the service were ineffective. They had failed to identify areas which needed improvement, including the management of medication and care records. This put people at risk of receiving unsafe care. Our findings of this inspection showed that checks on the quality and safety of the service were effective. Audits (checks) were carried out in line with the requirements of the registered provider's quality assurance processes. Area for improvement which were identified were acted upon to improve the quality and safety of the service people received. However during this inspection we found more robust checks were needed to ensure that there were sufficient staff to meet people's needs and so that people received dignified person centred care. On the second day of inspection the registered manager confirmed that an additional member of staff had been deployed during the day. Our observations on the second day of inspection showed that this had a positive impact on people as their needs were met in a more timely way. Staff also commented that they felt less rushed and that their workload was more manageable. The registered manager also advised us that they had held discussions with staff about person centred care and commenced checks on their practice so that people received person centred care.

The manager in post at the last inspection was registered with CQC in May 2017. There was a deputy manager and a team of nurses who had responsibilities for clinical practises and overseeing and supervising the work of care staff. They also took responsibility for the running of the service in the absence of the registered manager. An area director had responsibilities for overseeing and monitoring the overall management of the service and for providing the registered manager with support and supervision.

People who used the service, family members and staff told us they knew who the registered manager was and that they found her approachable and supportive. However, some family members commented that over recent weeks the registered manager was not around as much as they used to be. This was because the registered manager had been helping out with the management of a sister service. During this inspection we were assured by the area director that the registered manager would remain at John Joseph Powell on a full time basis to ensure that the service was consistently managed.

The registered provider had a range of policies and procedures for the service which were made available to staff and kept under review. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Staff told us that they knew where to

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through, a web based system, which was reviewed by the registered provider each month. Information held on the system helped the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

The registered provider encouraged the involvement of people and relevant others to drive improvement within the service. People and family members were invited to 'resident and relatives' meetings which were held at the service, and in addition a managers surgery also took place each month for those who preferred to meet with the registered manager in private. Details of these meetings, including dates and times and topics for discussion were displayed on a 'residents and relatives' notice board which was situated on a corridor near to communal areas. These meetings gave people and their family members the opportunity to receive updates regarding the service and put forward any comments and ideas about how the service is run or could be improved.

People and family members were also sent out questionnaires giving them the opportunity to rate and comment on aspects of the service including, the quality of care, staff, activities and the environment. Results of questionnaires returned in June 2017 were analysed and responses were provided to comments people made about aspects of the service they felt needed to improve. For example, one person commented that at times meals were not well presented and the response given stated that this was discussed with the catering staff.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. This included working in partnership with key organisations, including the local authority and safeguarding teams.

The registered provider had notified CQC as required of significant events which had occurred at the service. This enabled us to decide if the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care when an event had occurred.

The rating from the last inspection was prominently displayed at the service for people and others to see.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users was not always person centred.