Parkview Care Homes Limited

Asher Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Asher Nursing Home on the 11 January 2017. We previously carried out a comprehensive inspection at Asher Nursing Home on 10 and 11 December 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines, the recording of people's aspirations and goals, the provision of meaningful activities and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 10 and 11 December 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. However, we identified a further breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to recruitment practices. Additionally, areas of improvement were identified in relation to infection control, staff training and management oversight of the service.

The overall rating for Asher Nursing Home remains as requires improvement. We will review the overall rating of requires improvement at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been made and sustained.

Asher Nursing Home is a mental health nursing home and registered to provide accommodation and care, including nursing care for up to 17 people, with a range of enduring and complex mental health needs. On the day of our inspection there were 17 people living at the service, who required varying levels of support.

A registered manager was in post. 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 and associated Regulations about how the service is run.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. However, we found that for staff who were recruited before 2012, that no DBS (Disclosure and Barring Services) check had taken place. This placed people at potential risk of receiving care from staff that were not safe to work with vulnerable people. This is a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and is an area of practice that needs improvement.

Procedures in relation to infection control were not robust and this has been identified as an area of practice that needs improvement.

Staff had received essential training and there were opportunities for additional training specific to the

needs of people, included managing behaviour that may challenge others. However, we saw that several members of staff had not received essential updated 'refresher' training in a timely manner. This is an area of practice that needs improvement.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement. However, we found issues in relation to management oversight and acting on known concerns. For example, when we raised our concerns with the management of the service in relation to historical DBS checks not taking place, we were told that the management of the service was aware of these issues, but had not acted upon them. Additionally, it was evident that despite having adequate processes and a training matrix in place, essential updated 'refresher' training not being made available in timely way. We have identified this as an area of practice that needs improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "They look after me well, they are usually good to me". Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

People chose how to spend their day and they took part in activities in the service and the community. Where appropriate, people were also encouraged to stay in touch with their families and receive visitors.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is really good". Special dietary requirements were met, and people's weights were monitored with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly relationships had developed between people and staff. One person told us, "They look after me well". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. Staff had received both one-to-

one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "I had supervision a month ago. They are very keen on supervision. It can be very stressful working in mental health, so it's good to be able to feed back".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Safe recruitment practices had not been used when employing all members of staff. Procedures in relation to infection control were not robust.

Staff understood their responsibilities in relation to protecting people from harm and abuse. There were enough skilled and experienced staff to ensure people were safe and cared for.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by staff who received appropriate training and supervision. However, some essential training had not been updated.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities.

Comments and compliments were monitored and complaints acted upon in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to assess quality and identify any potential improvements to the service being provided. However, identified areas of improvement had not routinely been acted upon.

People and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

Forums were in place to gain feedback from staff and people. Feedback was used to drive improvement.

Asher Nursing 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 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.

We inspected Asher Nursing Home on the 11 January 2017. We previously carried out a comprehensive inspection at Asher Nursing Home on 10 and 11 December 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines, the recording of people's aspirations and goals, the provision of meaningful activities and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 10 and 11 December 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

Two inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas of the service. We spoke with people and staff, and saw how people were supported during their lunch. We spent time observing care and 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 spent time looking at records, including 10 people's care records, all of the staff files and other records relating to the management of the service, such as training records, accident/incident recording and audit documentation.

During our inspection, we spoke with six people living at the service, three care staff, the registered manager,

the deputy manager and the chef. We also 'pathway tracked' the care for some people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 10 and 11 December 2015, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, at this inspection, we identified a further breach of Regulations in respect to safe recruitment practices and areas of improvement require in relation to infection control.

People said they felt safe and staff made them feel secure. One person told us, "They look after me well, they are usually good to me". Everybody we spoke with said that they had no concern regarding safety.

The provider had safe recruitment procedures, however these had not always been followed. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff. This included two references from their previous employers, photographic proof of their identity, a completed job application form, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. Files also contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date. However, not all DBS (Disclosure and Barring Service) checks had been completed. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. We saw that DBS checks had been carried out for staff who started work at the service after 2012. However, staff who had started work before this date did not have a DBS disclosure. We raised this with the management of the service who told us that they were aware of this issue and had raised it with the provider, but that it had not been acted on. This placed people at potential risk, as the provider could not be assured that these staff members were of suitable character to work with adults at risk. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and has been identified as an area of practice that needs improvement.

We saw that the service was working towards a comprehensive infection control policy with the introduction of an infection control lead. The service had a contractor for the disposal of infected waste. Yellow infected waste bags were collected on a weekly basis. The laundry used a coloured bag system and washing machines had a 'sluice' facility. However, there was an absence of anti-bacterial hand gels throughout the service and guidelines on hand hygiene. Some people at the service had infectious conditions, and we did not see detailed risk assessments or specialised plans to manage these and guide staff. On the whole, the service appeared clean and was odour free and there was a weekly cleaning schedule. However, this had not been completed since November 2016 and it was not possible to determine whether the specified cleaning had routinely taken place. Furthermore, for staff that required infection control training, the training matrix showed that update 'refresher' training for seven out of 15 staff was overdue. Procedures in relation to infection control were not robust and this has been identified as an area of practice that needs

improvement.

At the last inspection we found concerns in the way the service managed medication, which had placed people at risk. PRN 'as and when' medicine had not been managed appropriately and stock levels of medication contained discrepancies. At this inspection, we saw that improvement had been made. The registered manager told us a review of all PRN guidelines had taken place and that medication was now stored individually in people's rooms to ensure that stock levels were consistent and easier to manage. Documentation had been amended to show why PRN medication had been administered, and a recent pharmacy audit had taken place that had not identified any significant concerns in respect to the medication processes.

We looked at the management of medicines. The registered nurses and care staff were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

At the last inspection we found areas of practice that required improvement in relation to the recording of risk, in particular the risk of self-neglect. We found that improvements had been made and risk assessments were accurate and recording was relevant. Risk assessments had been carried out in relation to self-neglect and were regularly reviewed. The registered manager told us, "We have put a lot of work into people's personal care. In some case there is so much work we have to do just to get somebody to have a bath. There has been significant work put in around staff recording. We record at the end of each shift the engagement we have had with people and their personal care. It's one of the biggest issues here, as there is a conflict between capacity, choice and our wishes. We ensure that people can do as much as they can and record what they can do and act when they refuse. If there is self-neglect, we raise it as safeguarding and engage with care teams about specific people if we need input". Staff told us how they were aware that certain people preferred certain staff to provide personal care. They made sure that people were matched with their preferred staff, in order to encourage people to engage in personal care. One member of staff told us, "I encourage everybody with personal care, but some people only want me to assist them, so I make sure that when I'm working I go to them".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service and accessing the local community. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. For example we saw risk assessments for people to smoke, manage their own finances and access the community. There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests took place along with water temperature tests and regular fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

At the last inspection we found areas of practice that required improvement in relation to having a formal system to determine staffing levels. We found that improvements had been made and the registered manager showed us how staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "We have been piloting a staffing ratio tool for the past two months. We are just tweaking it and it will be rolled out soon. We have increased the staffing at the weekends from it". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that agency staff would be used when required. Feedback from staff indicated they felt the service had enough staff and our own observations supported this. One member of staff told us, "They don't work us too much, there are enough staff to cover". Another member of staff added, "It isn't stressful. Sometimes there are issues with staffing, but it's been better recently as we get regular agency staff. I think our staff ratios are fine".

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the service. They had a clear understanding of who to contact to report any safety concerns and all staff had received training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed. Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 10 and 11 December 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to the accuracy in recording of the settings of people's pressure relieving mattresses, recording of people's food and fluid intake, and staff following agreed plans of care in relation to people's diet. We saw that the required improvements had been made. However, we identified further areas in need of improvement in relation to staff training.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training such as, moving and handling, dignity and respect and infection control. Staff had received training that was specific to the needs of the people living at the service, this included managing behaviour that may challenge others. Staff spoke highly of the opportunities for training. One member of staff told us, "We do quite a bit of training. Training is important". Another member of staff added, "Every day is different, so you need the training to feel confident". However, we saw that the provider had identified several areas of training that were deemed essential for staff. Records showed that a number of staff had not received updated 'refresher' training in these areas in a timely manner. We raised this with the registered manager who told us, "There are gaps in the training, we have recognised this. I have booked staff onto the required training courses for their updates". We saw that this was the case, however this has been identified as an area of practice that needs improvement.

At the last inspection, we identified areas of practice that needed improvement in respect to the accuracy in recording of the settings of people's pressure relieving mattresses, recording of people's food and fluid intake, and staff following agreed plans of care in relation to people's diet. The registered manager told us that the service no longer used pressure receiving mattresses as they were no longer required to meet people's needs. Improvements had been made to people's care plans and they contained up to date and relevant nutritional information. The chef confirmed that special diets were catered for, such as fortified, pureed, diabetic and kosher. They showed us documentation which contained people's photos and their specific dietary needs. The registered manage told us, "We have massively improved the food. We have likes and dislikes recorded in people's nutrition profiles and people help make the menu plans". Our own observation and documentation we saw supported this

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and Speech and Language Therapist (SALT). A SALT will assess a person's ability to swallow and make recommendations on how to support that person to eat and drink.

People were complimentary about the food and drink. One person told us, "The food is really good". Another person said, "Meals are good now, better than they were". People were involved in making their own decisions about the food they ate. For breakfast, lunch and supper, people were provided with options

of what they would like to eat. We observed lunch in the communal dining area. It was relaxed and people were considerately encouraged to move to the dining area, or could choose to eat in their room. The food was presented in an appetising manner and the atmosphere was quiet, but relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. Many people at the service did not stick to specific mealtimes, as this did not fit with their lifestyles. Therefore meals were left in the kitchen for them which could be heated up when they wanted and snacks were always available.

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 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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Asher Nursing Home and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "I had an induction and did shadow shifts. It gives you oversight of what the service provides". Another member of staff said, "Induction was useful. Training and shadowing. They showed me everything". The registered manager told us that new staff take on the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the supervision useful and felt able to approach the registered manager with any concerns or queries. One member of staff told us, "I had supervision a month ago. They are very keen on supervision. It can be very stressful working in mental health, so it's good to be able to feed back".

Care records demonstrated that when required, referrals had been made to appropriate health professionals. People commented that their healthcare needs were effectively managed and met. For example, one person told us that they had a stomach ache. We raised this with a member of staff who told us that this was unusual. After speaking with the person, the member of staff contacted the GP. Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their wellbeing. One member of staff told us, "I recognise when people are ill and I get the nurse. We recognise both physical and deterioration in their mental health. We know what to observe". The registered manager added, "Staff would definitely recognise if people were poorly. We know the residents very well and we talk about any issues in handover". We saw that if people needed to visit a health professional, such as a GP or a dentist, or go to hospital, then a member of staff

would support them.

Good

Is the service caring?

Our findings

At the last inspection on 10 and 11 December 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the assessment and recording of people's aspirations and goals. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found that care plans lacked assessments and recording of people's aspirations and goals. We saw the service operated a recovery star model, which was designed to emphasise and support a person's potential for recovery. The registered manager told us, "We use the recovery star and talk to people about their goals. Often people do not engage, but we want to ensure that people can do as much as they can and we record what they can do". We saw that this was the case and people's care plans contained information about their goals and ways that staff should work to encourage and achieve these. Goals and aspirations were varied and included wanting to remain at Asher Nursing Home and wishing to become an author. We saw that people could express their views and were involved in making decisions about their care and treatment. People's care plans included information that demonstrated how they were supported with making day to day decisions and choices about their care. Staff promoted people choices and respected their decisions.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "They look after us, but I can do things by myself when I want". Another person said, "I go out into town when I want". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "People are individuals. They do as they please, whether that is to go to the shops or go to the pub. They get choice in what they do, we just support them to do it". Another member of staff said, "I offer choice every day around food and clothes". The registered manager added, "People can come and go as they please, and we offer day to day choices to them".

Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "Its ok, they look after us". Another person said, "They look after me well". A member of staff added, "I think the residents and staff are lovely here and we get on well. We make them feel safe and we have good times here. We have good one to one times where we sit and chat together". Positive relationships had developed with people. For example, one person complained to a member of staff that the magazine they had purchased for them was not the one they had wanted. The member of staff was very patient and co-operative and returned the magazine to the shop and returned with the one the person wanted. Staff showed kindness when speaking with people. Staff took their time to

talk and showed them that they were important. They demonstrated empathy and compassion for the people they supported. For example, one person became agitated and aggressive when staff spoke with them. Staff were aware that this was a regular pattern of behaviour and all remained calm and spoke in a positive way which the person responded to. It was clear that staff knew the best way to communicate with person.

Throughout the inspection, people were observed freely moving around the service and spending time in the lounge, garden and smoking area. People's rooms were personalised with their belongings and memorabilia. People were supported as much as they wished to maintain their personal and physical appearance. They were dressed in the clothes they preferred and in the way they wanted.

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I always close doors and curtains". Another member of staff added, "You have to respect people's privacy". Our own observations supported this and we saw doors were closed when a member of staff was supporting a person.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "We encourage people all the time to be independent. We have placed tea and coffee facilities around the home and people now help themselves rather than wait to be asked. We encourage people to go to the café and do things for themselves". Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One member of staff told us, "Sometimes people here find it hard to get motivated because of their condition, so we encourage them all the time. We encourage them to go to the shops, or join us on the shop run. It's about knowing what encouragement works for them".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager told us, "Unfortunately, visitors are few and far between as many people here do not have family. Visitors that do come though can come and go as they please, there are no restrictions".

Good

Is the service responsive?

Our findings

At the last inspection on 10 and 11 December 2015, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation the provision of meaningful activities. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found the provision of meaningful activities for people were not consistently based on their assessed need and personalised to them. We saw at this inspection, that improvements had been made. The registered manager told, "We now have an activities lead and we hold meetings for people to give feedback on what they would like to do. We have an activities diary to record what was popular. We have trips into town and hold joint activities at our sister home. Coffee mornings are popular". There was evidence that people engaged in activities, in the service and out in the community. However, it is to be acknowledged that it was difficult to engage some people in activities. For example, when we discussed with people their preferences in relation to meaningful activities we received responses that included, "Activities? What for, I'm alright", "No, those things don't interest me" and "I just want to sit here and smoke". The registered manager told us, "It is difficult to get people to engage, some are more enthusiastic than others. We offer lots of choices, but often they are not interested, choosing just to stay in the smoking room. We will be closing the smoking room and creating a smoking area outside. This is hopefully to encourage people to do more. For some it is enough to just encourage them to come out of their rooms, but we always encourage them to join in". A member of staff added, "The activities have been a massive thing here and they have really improved".

We saw evidence of people taking part in activities, which included arts and crafts, films, trips to the cinema and local outings and themed events, such as parties at the service. Additionally the service organised joint activities with another service in the group that was located very close by. People were given the choice to join in activities, or to alternatively not take part should they not want to. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, we saw that with support from staff, one person was having cooking lessons at another service in the group. A member of staff told us, "I enjoy doing the activities and seeing the improvements that we have made. I encourage people to fill in feedback sheets. We go on trips for coffee, have booked an external singer and two or three people watch football together. We are trying hard to encourage and engage people".

At the last inspection we found areas of practice that required improvement in relation to the recording of people's views in relation to their condition and their personal preferences. We found that improvements had been made and care plans were relevant and person centred. The registered manager told us, "We talk to people and record their understanding of their mental illness and how they would like their care. We use the recovery star and talk to people about their own mental health to develop their care plans". People's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Nobody we spoke with wished to talk with us about their care plan however, paperwork confirmed

people were involved in the formation of the care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. For example, a member of staff told us how one person often refused to get dressed, but through getting to know them they had developed ways to encourage them, which was detailed in their care plan.

Each section of the care plan was relevant to the person and their needs. Areas covered included; medication, nutrition, managing finances and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff told us, "The care plans in general are insightful. The more you get to know people the more information you add". Another member of staff said, "The care plans are important, clear and detailed".

The complaints procedure was displayed for people and records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 10 and 11 December 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, despite improvements being made, we identified further areas of practice that need improvement.

At the last inspection, we found the monitoring of accidents and incidents and the implementation of action plans was not robust. We saw at this inspection, that improvements had been made. The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included medication and health and safety. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

However, we found issues in relation to management oversight and acting on known concerns. For example, when we raised our concerns with the management of the service in relation to historical DBS checks not taking place, we were told that the management of the service was aware of these issues, but had not acted upon them. Additionally, it was evident that despite having adequate processes and a training matrix in place, essential updated 'refresher' training not being made available in timely way. The registered manager told, "There has been so much change, so a lot of my focus has been on implementing systems. There is a lot of consolidation being done and changes in culture. There may be gaps, but it's about capitalising on what we have done and making sure it continues". We have identified this as an area of practice that needs improvement.

People and staff told us that they were satisfied with the service provided at the home and the way it was managed. One member of staff told us, "The manager is very good and trying hard to improve things". Another member of staff said, "[Registered manager] has made a massive difference, she listens and acts. It's a lot calmer here since she started". We discussed the culture and ethos of the service with the registered manager and staff. The registered manager told us, "We support some really challenging and complex people here. Residents and staff are starting to engage really well. There is a real willingness to get things right". A member of staff said, "This is a safe place for people to stay, it's their home. People are happy". A further member of staff added, "I could write an essay on all of the people here, that's how well we know them. This is what keeps them stable and happy. We do all we can to meet their needs, keep them safe and encourage them to join the community".

People were involved in developing the service. We were told that people gave feedback about staff and the

service, and that residents' meetings also took place. There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions. For example, people had been involved in choosing specific foods for the menu and ensuring that fresh fruit was available.

Staff said they felt well supported within their roles and described an 'open door' management approach, where they could approach the registered manager with any concerns or questions. One member of staff told us, "We have good management. They are very approachable and listen to us". Another member of staff said, "I have no concerns around approaching the manager". In respect to staff, the registered manager added, "Staff come and talk to me, I have an open door policy. We communicate really well, I think staff are happy. Morale was low during the challenging periods, but it has improved".

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. One member of staff told us, "[Registered manager] comes and works on the floor with us when she's needed to". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We go through every resident. It's an opportunity to talk about what has gone on and what is needed". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "I like the people here, we are a good team".

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the registered manager received updates from the CQC and local advocacy services. We saw that the service also liaised with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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 Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured that appropriate checks for employees had taken place. Information about candidates set out in Schedule 3 of the regulations had not been confirmed before they were employed.