

Four Seasons (DFK) Limited

Bickleigh Down Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The Inspection took place on 4, 5 & 6 March 2015 and was unannounced.

Bickleigh Down Care Home (referred to as Bickleigh Down) is a purpose built nursing home providing residential and nursing care for up to 77 people. Bickleigh Down is part of the corporate group Four Seasons. The home is divided into five units, three nursing units and

two residential units. On the days of the inspection 72 people were living at the home. Bickleigh Down provides care for older people who may also have mental health needs which includes people living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During the previous inspection on 16 and 17 July 2014 we asked the provider to take action to improve aspects of people's care and how they managed infection control. The provider sent us an action plan informing us of the improvements that would be made in these areas. They told us all improvements would be met by 31 October 2014. We found this had been completed.

During this inspection we found concerns with the management of medicines. We found there problems with the storage and recording of medicines. We also had concerns about the records kept in people's rooms which monitored aspects of their daily care needs such as how much they had eaten and drank during the day.

The environment was clean and clutter free. Staff carried out regular infection control audits to monitor this area. However we found the service was not familiar with the Department of Health guidance related to the use of hoist slings and invasive equipment such as catheters. A recommendation has been issued.

People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded. This helped staff provide consistent personalised care, treatment and support. A specialised dementia care programme, PEARL (Positively Enriching and Enhancing Residents' Lives), was used to promote and improve an individualised approach to people's care and experience. Care plans were comprehensive and detailed but the current format made it difficult to find information quickly. The provider was in the process of implementing a new care planning tool to improve care planning.

People's risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and safeguarding concerns were managed promptly. Investigations were thorough and action was taken to address areas where improvements were needed. There

were effective quality assurance systems in place. Accidents were appropriately recorded and analysed but we found the monitoring of falls at the service could be improved.

People were encouraged to live full and active lives. Two activity staff provided a wide range of activities for people to participate in including coffee mornings, baking and singing. People were able to visit the local area with staff support or with their families. Activities were meaningful and reflected people's interests and individual hobbies where possible. Creations from Valentine's Day were visible in the home and there were plans for a dog show in April.

People, friends, relatives and staff were encouraged to be involved and help drive continuous improvements. Residents' meetings enabled people to contribute to developments within the service and newsletters kept people informed. This ensured positive progress was made in the delivery of care and support provided by the home.

People knew how to raise concerns and make written complaints. People told us concerns raised had been dealt with promptly and satisfactorily. Any complaints made were thoroughly investigated and recorded in line with Four Season's own policy. People felt able to approach the registered manager and staff and informally discuss any worries.

During the inspection people and staff were relaxed and there was a calm and pleasant atmosphere. People who were able to communicate with us said they felt safe. People had lockable facilities to keep their belongings safe. We observed people's care was safely delivered and their human and legal rights respected. Staff saw their roles as "Protecting vulnerable adults, making sure they are safe."

Staff understood their role with regards to the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Applications were made or in progress. Advice was sought to help safeguard people and respect their human rights. Staff had undertaken training in safeguarding adults from abuse, they displayed good knowledge on how to report any

Summary of findings

concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Staff received a comprehensive induction programme. Sufficient staff were on duty to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. The provider was taking creative steps to recruit registered nurses which would reduce the use of agency staff and improve the continuity of care for people at Bickleigh Down.

Staff described the management to be very open, supportive and approachable. Staff talked positively about their jobs. There was good communication with staff through one to one's with their unit managers, staff meetings and newsletters. These helped look at staff development and keep them updated with changes.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to the Health and Social Care Act 2008 (Regulated Activities) 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe.

There were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the staff acted appropriately to protect people.

People's medicines were not always managed consistently and safely.

The environment was clean.

Requires improvement



Is the service effective?

The service was not always effective.

People received care and support that met their needs and reflected their individual choices and preferences.

People's human rights and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet but where people had nutritional needs recording of this required improvement.

Requires improvement



Is the service caring?

The service was caring.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People and / or relatives were informed and actively involved in decisions about their care and support.

Good



Is the service responsive?

The service was responsive.

Care records were personalised and met people's individual needs. Staff knew how people wanted to be supported and respected their choices.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People's opinions mattered and they knew how to raise concerns.

Good



Summary of findings

Is the service well-led?

The service was well-led.

There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Good



Bickleigh Down Care Home

Detailed findings

Background to this inspection

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

The unannounced inspection took place on 4, 5 & 6 March 2015. The inspection was undertaken by two inspectors for adult social care and a pharmacist inspector. Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had received from health care professionals, the local authority safeguarding team and the provider's action plan following the previous inspection.

During the inspection we spoke with 11 people who lived at Bickleigh Down, five relatives, the registered manager, the regional manager and 22 members of staff. We pathway

tracked eight people who lived at the home. Pathway tracking is where we follow a person's route through the service and capture information about how they receive care and treatment.

We observed the care people received in all of the five units at Bickleigh Down and carried out a Short Observation Framework Inspection (SOFI) on one of the dementia nursing units. SOFI is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive. We observed morning handover on one of the dementia nursing units and spoke with the senior care staff about people's care needs. We also looked around the premises and observed how staff interacted with people throughout the inspection.

We looked at eight records related to people's individual care needs and 15 people's records kept in their bedrooms which related to their daily needs such as their food monitoring and skin care. We reviewed five staff recruitment files, training records for all staff and records associated with the management of the service including quality audits. We looked at information the registered manager gave us during the inspection including meeting minutes, the business plan, staff meeting minutes and newsletters to people, relatives and staff.

Is the service safe?

Our findings

At our previous inspection on 16 and 17 July 2014 we had concerns the environment was not clean and hygienic. We found there were no sufficient systems in place to ensure people were protected from the risks of infection. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered manager sent us an action plan which included appointing an infection control lead, improved auditing systems and staff undertaking infection control training.

During this inspection we found people were kept safe by a clean environment. Improvements had been made in all areas since the previous inspection. Over 70% of staff had completed infection control training. Infection control procedures had been a subject in staff meetings and one to one supervision sessions to increase staff knowledge and awareness.

People told us they were happy with the standards of cleanliness and with staff infection control practices. For example people reported staff wore gloves and aprons when providing personal care. We also observed staff wearing protective clothing as they cared for people, this helps reduce the risk of cross contamination. The equipment in use, such as hoists, were clean. Systems were in place to manage and monitor the prevention and control of infection, for example there was a sign informing staff, people and visitors there had been a case of vomiting on one unit. Following a recent skin infection within the home all people and staff had been treated as a precaution. Regular infection control audits now monitored this area however we found the service was not familiar with the Department of Health guidance related to the use of hoist slings and invasive equipment such as catheters. A recommendation has been issued.

Medicines were administered in a safe and caring way. Medicines were stored securely. There were refrigerators for medicines needing cold storage and the temperatures of the refrigerators were monitored to make sure medicines were stored in the recommended way. However we found that other medicines, stored at room temperature, were stored at higher than recommended temperatures in some units. Air conditioning had been installed in one unit meaning that medicines were stored correctly, but in three of the remaining units temperatures were being recorded above the recommended range, meaning that these

medicines may not be safe or effective. In the fourth unit there was no recording of room temperatures although the room felt very warm at the time of the inspection. This was raised at our previous inspection in July 2014 when we were told that air conditioning units had been ordered for the remaining treatment rooms; however these have not yet been installed.

Medicine records were generally well completed; however we found one or more problems on each unit with some medicines charts. There were gaps in six out of 10 people's charts that we checked. This meant it was not possible to be sure whether a dose had been given. On another unit, two doses of medicine remained in the blister packs that had been signed as given. This meant that it was not possible to be sure that people always received their medicines in the way prescribed for them. We saw that creams and other external items were recorded on separate charts kept in people's rooms but we found that these applications were not always being regularly recorded.

There were policies and procedures in place to guide staff as to how to look after medicines in the home. Staff received regular training in medicines management. Regular medicines audits were completed by staff on the units and by the registered manager; however these audits were not picking up some of the issues that we found, for example, incorrect storage temperatures of medicines on some of the units.

These issues were a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected by staff who were confident they knew how to recognise signs of possible abuse. People who were able to communicate with us said they felt safe with staff and their property was looked after.

Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff understood their role as "Protecting vulnerable adults, making sure they are safe." For example, one staff member told us how they had identified a safeguarding concern. They had raised the issue with the registered manager and the local safeguarding team. Action had been taken to put protective measures in place to reduce the likelihood of a reoccurrence. Staff were up to date with their safeguarding

Is the service safe?

vulnerable adults training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. Safeguarding policies were accessible to staff and they knew where they were located.

People were supported and able to move freely around each unit within the home as they wished. Keypads on each unit kept people safe from leaving unobserved. People with mobility needs and walking aids told us the environment was free from obstacles as they walked around. We saw that people at risk of falls had a care plan in place describing the support they required to maintain their safety and reduce the risk of falls. For example ensuring people wore the correct footwear or a pressure mat was in place. During handover we heard information shared with staff regarding the appropriate equipment to use to support people to move safely and during our observations we saw staff encouraged people to use their mobility aids to maintain their independence and keep them safe.

People's falls were recorded and monitored in their care plans and, if an injury was sustained, in the accident / incident recording tool the service used. However we found that care plans and reviews of falls did not accurately detail the number of falls people had when there had not been an injury. For example one person we pathway tracked had nine falls recorded in their care notes in a two week period. The care records did not clearly detail what precautions had been taken to minimise the risks of this person falling. However, when we spoke to one of the nurses they had good knowledge of the person, how their health condition varied and how during these periods the person was at greater risk. We were informed a specialist was involved in their care and their GP was aware. We spoke with the registered provider and regional manager about the recording of falls. During the inspection process we were informed by the registered manager that all falls would now be recorded on each unit and the appropriate professionals contacted as necessary to ensure a proactive approach to fall management.

People's risks were assessed and the staff had good knowledge of people to minimise potential risks. For example, where people were at risk of skin damage and nursed in bed, we saw people were moved frequently and they had pressure relieving equipment in place such as special mattresses. However, during the inspection we found a few of the mattresses were not set according to

people's weight. We spoke with the registered provider and regional manager and new daily room checks were immediately put in place which included checking the mattress setting was correct for the person's weight.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken before staff began work. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were enough staff to meet their needs and keep them safe. People reported staff responded promptly to call bells and they had their medicines and meals on time. Some people said sometimes there were delays in the morning and evening when they needed staff to help them wash and dress and undress. Staff told us that shortages were often due to short term, unplanned absences such as sickness. In these instances they said effort was made to find additional short term cover through the "bank" staff or agency. We observed staff responding promptly to people and carrying out their work in a calm, unhurried manner.

The registered manager used a dependency tool to calculate staffing levels across the units and the rotas reflected the staffing levels required to meet people's needs. The unit managers for each unit were part of the staffing ratio in addition to their management responsibilities. The service had vacancies for five registered nurses and recruitment was an ongoing process. We had concerns following our conversations with staff and our observations that the use of agency staff for people with complex needs put pressure on the permanent staff team. Agency staff were not always familiar with the care records and processes in place as a permanent staff member would be. In addition we felt the unit managers required some time when they were not nursing / caring for people to support the development of their unit and staff. We spoke with the registered manager and the regional manager about these concerns. Both were fully aware the current staffing situation was not ideal and they were addressing the situation by creating two additional shifts in the morning and evening to support people's needs. Discussions were in progress within Four Seasons in relation to a recruitment strategy particularly in relation to recruiting and retaining registered nurses. In addition effort

Is the service safe?

had been made, as far as possible, to work with the same nursing agency and request staff who were familiar with the home and people. This helped offer continuity of care and reduce the risks.

We recommend that the service consider current guidance on infection control in care homes with regard to the single use of hoist slings and invasive equipment such as catheters and update practice and care records accordingly.

Is the service effective?

Our findings

People were positive about the food provided, felt they were given enough to eat and liked what they were given. One person commented “The food was nice today.” Some people commented their puddings were cold when they came to eat them and we saw people’s main meal, pudding and hot drink given at the same time. This meant if the pudding was hot, by the time people came to eat it, it no longer was.

People said they were sometimes given a meal without first being able to express a choice. Bickleigh Down had recently appointed a new chef who had plans to address these issues. The new chef intended to improve the involvement of people in the menus, and the ways in which people were able to order and choose their meals.

Kitchen staff informed us new systems were being implemented under the direction of the new chef so people’s likes and dislikes would be known and greater choice and alternative meal options would be available. Kitchen staff explained the current system meant they did not have much information about people’s preferences. For example people told us they were offered foods such as sweet and sour and curry which we read in their care plans they did not like. However, they were confident the new chef was working hard to sort these issues out. The nursing and care staff did know people’s dietary preferences and were aware of their individual needs. For example we saw one person liked sugar puffs and fried breakfasts and kitchen and care staff knew this. Another person we met who had mental health needs was concerned their food might be poisoned. Staff were conscious of offering them choices and encouraging them to eat foods the person felt were safe whilst they awaited professional support.

Meals were encouraged to be a social event and people were encouraged where possible to eat in the dining room so this helped them associate these rooms as a place for eating. On the nursing dementia units we saw pictures were available of the meals for that day. This did not entirely reflect the food available, for example we saw custard for pudding but not a picture of the pudding which went with the custard. However, we observed staff explaining to people what was available during mealtimes. Kitchen staff said snacks were available for people day and night and fruit bowls to encourage people to eat more fresh fruit.

Kitchen staff had the information they required about people who needed a special diet, for example those who needed a soft or pureed meal and those with diabetes. Assessments were used to identify those at risk of malnutrition, weight loss and those who might be at risk of choking. Nutritional care plans detailed people’s dietary requirements related to their health needs and their preferences and identified needs were discussed with people’s doctors. However where people’s food and fluid intake required monitoring for their health, records were incomplete. Not one of the 10 food and fluid charts we examined in people’s rooms were fully completed for the days prior to the inspection. It was unclear from these records what people’s daily food and fluid goal should be and who checked these at the end of the day. We spoke with the registered manager about the recording of people’s food and fluid charts and during the inspection process a more thorough process of recording and checking people’s food and fluid charts was implemented.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt supported by well trained staff who effectively met their needs. People felt staff had sufficient skills and knew the support they needed. People commented “They’re all very good.” During the SOFI we observed staff using the correct methods for moving people according to their care plan and encouraging people’s independence where possible. Staff communicated well with people dependent on their needs and level of cognition. Agency staff confirmed information about their training had been given to the registered manager. This confirmed agency staff had the skills and knowledge they required to support people at Bickleigh Down.

An initial two day induction introduced new staff to the home, policies and procedures. Those staff who did not have a health and social care qualification undertook a longer induction programme based on Skills for Care standards. The Skills for Care Common Induction Standards are the standards staff working in adult social care need to meet before they can safely work unsupervised. Staff confirmed the induction was good and covered what they needed to know. Agency staff confirmed they had received the information they needed to work temporarily at the home and received support from

Is the service effective?

permanent staff when requested. The registered manager was aware of the implementation of the new care certificate being introduced for all care workers in April 2015.

Staff training was encouraged and monitored by the registered manager. The registered manager informed us, all staff regardless of their job title, completed all the training arranged by the service. This was so all staff had the skills and knowledge to meet people's needs effectively. We reviewed the training matrix for the service and saw staff had completed a variety of courses including moving and transferring, conflict resolution, equality and diversity and fire safety. In recent months staff had received role specific training such as caring for people with dementia, death verification training and pressure ulcer care. Some staff had received training in the Four Seasons PEARL dementia care programme. The PEARL (Positively Enriching and Enhancing Residents' Lives) programme is an accreditation programme specifically designed by Four Seasons Health Care to ensure staff received the most up to date training, communication and interventions for people with dementia. We also read about creative care planning training to support staff development in this area.

All staff confirmed they felt supported in their roles and we saw regular one to one supervision sessions occurred for most staff. Staff told us they benefitted from these formal sessions but also felt able to approach the registered manager informally. Group supervisions, staff meetings and newsletters to staff were also used as opportunities to share information, knowledge and receive support.

The registered manager was aware of the recent changes to the law regarding DoLS and had a good knowledge of their responsibilities under the legislation. People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the

capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and authorised and evidenced the correct processes had been followed. This enabled staff to adhere to the person's legal status and helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member commented that everybody within the home could be encouraged and supported to make certain everyday decisions. For example, whether to take part in an activity or what to wear. However, when it came to more complex decisions such as a change in their medicine, they explained a health care professional or if applicable a person's lasting power of attorney in health and welfare would be consulted.

Care records showed it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced where health care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, one person's mental health had deteriorated. Advice had been sought and a more appropriate unit within Bickleigh Down was being arranged. Another person who had skin sores had the tissue viability nurse involved in their care and during our inspection staff had promptly called the GP to review one person whose legs were swollen. One person told us if they were "under the weather" staff responded quickly. Two relatives we spoke with expressed concerns that health needs were not always followed up promptly. We spoke with the registered manager about these people's needs and their relatives' concerns and they followed these up during the inspection.

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included; “It is nice. They look after you”; “They’re lovely here”; “It’s like I was at home”; “Caring? Oh they care!” and “Staff are approachable and friendly.” Staff commented “I like to get to know my resident, that is my favourite part, getting to know people.”

People told us their privacy and dignity were respected. We saw staff knocked on people’s bedroom doors and waited for a response before entering. Staff gave examples of how they respected people’s dignity in an individualised way, for example how they used a screen for one person who did not like the bathroom door closed when they used the toilet. We observed staff using a screen for one person who repeatedly undressed themselves in public areas.

Bathrooms and toilets had locks to respect people’s privacy and some had “engaged” signs when they were in use. People were dressed in a way they liked. We read one person liked to wear clothes that matched with her jewellery and we saw that she was. Bickleigh Down has signed up to the local city council Charter of how older people’s care should be delivered with dignity.

Staff showed concern for people’s wellbeing in a meaningful way. Staff interacted with people in a caring supportive manner and took practical action to relieve people’s distress. For example, one person showed signs of distress whilst with others in the lounge. A staff member promptly sat with the person and engaged them in conversation which reduced their agitation. They spoke with the person in a kind manner, offered the person choices of what they may wish to do and supported the person in the decision they made. Staff interactions were positive. All staff addressed people by their name, greeted them in a friendly, polite manner and spoke with them at eye level to engage with them. Staff encouraged people to express themselves, such as those more disorientated, and gave people time. We heard staff always ask people if there was anything else they needed before they left them. People’s confidential information was kept securely in locked offices to maintain their privacy.

Staff knew the people they cared for. They were able to tell us about individual’s likes and dislikes, which matched

what people told us and what was recorded in individual care records. People were familiar and comfortable with staff and we observed them readily approaching staff and freely entering the office to sit with them.

Staff explained they demonstrated good care by communicating well with people, speaking to them as they would want to be spoken with. Staff wanted Bickleigh Down to provide a lifestyle like people would have at home and reflected the care philosophy of Bickleigh Down “Choice, care, your home.” Staff gave people time to express themselves for example those with speech difficulties, staff explained they would sit quietly with them and let the person talk about their dog or look at pictures of their family with them. One person liked to attend the church service held on one of the units and we saw staff took the person over at the right time so they were able to participate.

Staff explained how they cared for people respectfully at the end of their life. Those important to them were involved in the process to ensure their death was dignified. Staff unfamiliar with death were taught how to make people’s last days as peaceful and individualised as possible. People’s and relatives’ choices and wishes were discussed amongst the staff team so all staff were aware. One person was at the end of their life during our inspection and staff were frequently checking they were comfortable. They knew of the relative’s wishes if they were not present at the time of death.

Four Season’s celebrated the caring attitude of staff and one staff member at Bickleigh Down had won the company’s “ROCK” award. This award represented staff who had been kind and compassionate.

People were actively involved in their care where possible. For example one person was hoping to return to their own home shortly. Conversations with them were focusing on what needed to be achieved in order for this move to be successful. Their wishes were being listened to and appropriate assessments and arrangements being made to enable this to happen.

A relative of one person and a Dementia Friend (an initiative to improve learning and understanding of dementia) who was a retired vicar visited the home frequently. They were particularly interested in supporting

Is the service caring?

people living with dementia to meet their religious needs. This support, which was available to staff and people, meant their faith could be incorporated into their care and daily lives.

People and their relatives were given information and explanations about their treatment and support so they could be involved in making decisions about their care. Staff informed us the content of care plans was shared with

people where possible and relatives were encouraged to be involved. We saw people had information about their backgrounds and lives by their bedrooms with important information about who they were and what they liked.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included; "They're all magnificent here" and "I'm always made to feel welcome, staff are so helpful."

Is the service responsive?

Our findings

At our previous inspection on 16 and 17 July 2014 we found care and treatment was not always planned and delivered in a way to ensure people's safety and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The registered manager sent us an action detailing how they would make improvements. At this inspection we found those improvements had been made.

People were involved in the assessment and planning of their own care and making decisions about how their needs were met where possible. Relevant health and social care professionals and families contributed to the assessment process. Regular handovers between staff changes aided the communication of people's care. This helped ensure people's needs were known and there was an understanding of how they liked their care to be given and their levels of independence. For example staff supported people to be independent in aspects of their personal care where possible by providing what people needed and enabling them with support to do what they were able to. Assessments helped identify people's capabilities and we observed staff encouraged people to remain as mobile as possible and worked alongside staff to maintain their strengths. Family were consulted regarding people's care, for example one person we met needed new teeth and this had been agreed with their family.

Care records contained detailed information about people's health and social care needs, they were written using the person's preferred name and reflected how they wished to receive their care. The registered manager told us they believed further improvement could be made to make the records more personalised and envisaged this happening with the new care planning system being implemented. The current care records were difficult to follow and not easy to find the information needed. The new system would mean a computerised tablet could be brought to people and their care plans written and updated alongside them.

PEARL is a dementia care programme which supports care to be individualised. Life stories, memory boxes, and observing people's care through dementia care mapping was supporting people's unique needs and behaviours to

be better understood by staff. The programme enabled staff to have a better insight to people's needs through observational and assessments and care plan changes were made to reflect those needs.

People told us they were able to maintain relationships with those who mattered to them. Each care record highlighted family were to be involved and to be contacted. The registered manager had asked relatives for emails to maintain better communication and contact with them.

Where people were able to they were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. For example some people we met enjoyed going to the local supermarket. The local community held a "knit and natter" group and the activities staff were looking at supporting people to participate in this group. A church service was held within the home for people who were unable to attend church outside of the care home. A member of staff told us; "We try and do whatever people want to do, we can't always achieve it but we try." Links with local schools had meant children had visited for carol singing at Christmas.

People were supported to follow their interests. Individual preferences and people's abilities were taken into account to provide personalised meaningful activities. The registered manager employed activities staff and across the week a range of events occurred. For example people were able to participate in baking, gentleman's darts and beer, and art and crafts. Creations from Valentine's Day were visible in the home and there were plans for a dog show in April. A coffee morning was planned to celebrate Dementia Awareness Week. Red nose day activities were planned and the activities staff were creating a wall chart to mark special days throughout the year, for example Armed Forces Day. Fundraising enabled local artists to visit the home, for example singers, which people thoroughly enjoyed. Lounges across Bickleigh Down had books and pictures from people's past for them to share and discuss with staff.

People and visitors felt able to voice their views and concerns. They said they would go and find the registered manager. All were satisfied with the responses they received. There were regular residents and relative meetings and people felt the registered manager was responsive to suggestions for improvement. People said they felt the home was run for them rather than the staff. Where action had been taken as a result of these meetings

Is the service responsive?

these were written in the entrance of the home for people to see their comments had been acted upon. Part of the new IT system being installed was a computer near the entrance where visitors and professionals would be able to leave feedback.

The home had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in the home and directed people to external agencies that could support them with their complaint if required. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised concerns, had their issues dealt with straight away.

We looked at the written complaints made to the home in the last 12 months. Most complaints had been responded to in a timely manner and thoroughly investigated in line with Four Season's policy. Appropriate action had been taken and in most cases the outcome had been recorded and fed back. The registered manager told us, and we saw evidence, that appropriate action was taken to improve their service and raise standards of care. For example, a concern regarding people's laundry had meant each unit now had a pen to label any laundry that came into the home unmarked.

Is the service well-led?

Our findings

People felt the service was well-led. People, friends, family and staff described the management of the home to be approachable, open and supportive. The regional manager, registered manager and acting deputy manager took an active role within the home and had a good knowledge of the people who used the service. People were able to speak with the registered manager when they wished and felt able to visit them in their office if the need arose.

People were involved in service developments, achievements and upcoming events. Residents' meetings were regularly held and satisfaction surveys conducted that encouraged people to be involved and raise ideas that could be implemented into practice. For example, the meeting held in February 2015 informed residents the new chef would be visiting them to discuss their food preferences. People had been informed of the knitting club at the local community centre and invited residents and relatives to join the Macmillan coffee morning.

Celebration of the staff member who won the ROCK award was shared and awards given to staff for the completion of 10 years' service. In addition residents were informed of the new laundry system to help reduce laundry going missing. People were kept up to date with what was happening in the service by the use of newsletters in addition to the formal meetings. Recent newsletters informed residents of raffle prize winners, and encouraged people to have suggestions for new activities and hobbies.

There were clear lines of responsibility and accountability within the management structure. Each unit had a manager with the exception of the two residential units who shared a manager. However, there were interim arrangements in place whilst recruitment took place. One of the dementia nursing units was without a manager; the acting deputy manager was offering support to the nurses on this unit. We raised this with the registered manager due to the complexity of the people on the dementia nursing unit and they were actively seeking solutions.

Staff meetings were regularly held to provide a forum for open communication. Regular meetings and memos reminded those in charge of their responsibilities including checking medicine trolleys and dispensaries, staff supervisions and room records. In addition, weekly staff newsletters kept all staff up to date with changes. For example, the newsletter for the week of our visit informed

staff of duty rota changes, breakfast time changes, record keeping and accountability, the next PEARL support visit and the staff who were the new continence pad champions.

Feedback was used to drive improvement. For example, from staff about the staffing levels in the morning and evening meant discussions were in place to introduce two additional shifts. This would enable people's needs during these busier times to be met more promptly and those who were more anxious in the evening to have more support and staff time. Breakfast was now being served at a later time so staff were not rushed getting people ready.

The service had notified the CQC of all significant events which had occurred in line with their legal obligations. The service had an up to date whistle-blowers policy and supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager and were confident they would act on them appropriately.

Information following investigations and PEARL was used to aid learning and drive improvements across the service. The use of PEARL promoted individualised care and visible changes were occurring as a result of the programme and evident since our previous inspection in 2014. One nurse commented "The manager does everything they can as soon as possible; there have been large levels of improvement." They went on to say new equipment such as cutlery and cups for people with dietary needs, the décor and refurbishment plans were being progressed. The registered manager confirmed this was a result of the PEARL programme.

Two dining areas had been amalgamated so people were able to eat together and have a more social dining experience. We heard how this had been a success. In one of the residential areas downstairs it had been noted people did not use the lounge area and sat in the corridor. As a result of these observations a new lounge was being planned for this unit with people's involvement. This demonstrated people's contributions were listened to and resulted in improvements for people.

Daily handovers, supervision and meetings were used to reflect on standard practice and challenge current procedures. For example, following the last inspection tissue viability training had been organised and a huge

Is the service well-led?

effort had been made to improve the knowledge and awareness of infection control and staff responsibilities in this area. Areas we identified during the inspection as needing improvement were already known by the management. The management team were working together to address these areas through auditing, training, supervisions with staff and the estates team.

The management team inspired staff to provide a quality service. Staff told us they were happy in their work, understood what was expected of them, and were motivated to provide and maintain a high standard of care. The provider, Four Seasons, celebrated kind and caring staff through awards such as ROCK. The staff we met were committed, kind and compassionate.

Staff recruitment was being proactively addressed by Four Seasons with strategies including advertising the available registered nurses posts to the job centre, open events around the country, supporting nurses to return to work if their registration had lapsed and encouraging senior care staff to apply to undertake their nurses training. These strategies aimed to recruit registered nurses to improve the stability of staffing at the service and reduce agency use.

There were effective quality assurance systems in place to drive continuous improvement of the service. The management carried out regular reviews which assessed

the home's standards against the CQC regulations and guidance. The new CQC methodology had been discussed with the registered manager so they were familiar with the new inspection methods.

During the inspection issues were identified with documentation. Within days of the inspection new systems were in place to improve this. A new Four Season's audit tool meant in the future any actions identified from audits would have to be resolved before being able to complete the audit tool. The new audit tool was due to be implemented and staff were receiving training in March 2015.

Complaints were analysed by the regional manager and any recurring themes or lessons to be learned were raised in staff meetings and newsletters. A daily checklist on each unit meant the person in charge was responsible for ensuring their unit environment was clean and safe. For example, we saw on one unit the trolley which held incontinence equipment was untidy and there were crumbs noted on the floor. Both of these were noted at the "walkaround" and action taken to tidy these areas. As a result of the February 2015 infection control audit we saw areas identified such as the shelves which needed de-cluttering, new bins and a lack of storage space had been noted. New bins had been ordered and plans were afoot to create additional storage space. The dates actions had been taken and progress made was clearly recorded.

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 did not take formal enforcement action at this stage. 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	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12(f)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations</p> <p>2014</p> <p>Management of medicines</p> <p>People did not have their medicines when they needed them in a safe way. Medicines were not handled safely and securely.</p> <p>Published guidance about how to use medicines safely was not followed.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>Regulation 20(1)(a) HSCA 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Records</p> <p>An accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user was not being maintained.</p> <p>Records did not reflect the care and support people were receiving.</p>