Cotswold Spa Retirement Hotels Limited

Beacon Farm Care Home

Inspection report

Beacon Lane
Cramlington
Northumberland
NE23 8AZ
Tel: 01670 715000
Website: www.fshc.co.uk

Date of inspection visit: 22 December 2014
Date of publication: 02/03/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 22 December 2014 and was unannounced. A previous inspection, undertaken in October 2013 found there had been a breach of Regulation 14 of the Health and Social Care Act 2008, in relation to the provision food and nutrition at the home. A further inspection carried out in February 2014 found that these issues had been addressed and there were no breaches of legal requirements.

Beacon Farm Care Home is registered to provide accommodation for up to 55 people. At the time of the inspection there were 28 older people using the service, some of whom were living with dementia.

The home has not had a manager registered since 30 September 2014. Our records showed the current acting manager had made a formal application to become the registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

Summary of findings

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.

The registered provider had policies and procedures designed to protect people from harm or abuse. Staff were aware of the need to protect people from abuse. There told us they had received training in relation to safeguarding adults and were able to describe the action they would take if they had any concerns. They told us they would report any concerns to the acting manager or the local authority safeguarding adult's team. Staff were also aware of the registered provider's whistleblowing policy and told us they would immediately raise any concerns they had about care. The registered provider monitored and reviewed accident and incidents and care practice was reviewed and updated in light of any identified issues or trends.

The premises were effectively maintained and fire systems and other safety checks carried out on a regular basis. The deputy manager showed us the system used to review people's needs and how this information was used to determine appropriate staffing levels. Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. We found medicines were appropriately managed, recorded and stored safely.

Staff told felt they had the right skills and experience to look after people. They confirmed they had access to a range of training and updating. Records showed there was regular monitoring of staff training to ensure it was up to date. Staff told us, and records confirmed regular supervision took place and that they received annual appraisals. We found some records were for group supervision sessions and where these had taken place records had been photocopied and placed in the file for each staff member who attended the session. The deputy manager and regional manager said group supervision was only used when a key message or change needed to be communicated to groups of staff.

We found some people's food and fluid charts indicated they had only had a small amount of fluid on one or two days in the previous week. We brought this to the deputy manager's attention who said she would address this matter. Relatives told us they felt the standard and range of food and drink provided at the home was adequate. They said the meals were good and alternatives to the planned menu were available. Kitchen staff demonstrated knowledge of people's individual dietary requirements and current guidance on nutrition.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff understood the concept of acting in people's best interests and the need to ensure people made decisions about their care, wherever possible. We saw assessments and best interest meetings had taken place, where appropriate. The deputy manager confirmed that applications had been made to the local authority safeguarding adults team to ensure appropriate authorisation and safeguards were in place for those people who met the threshold for DoLS, in line with the MCA. We saw copies of applications still in progress and confirmation letters where DoLS applications had been approved. We found people's bedroom doors were locked throughout the day, although staff could open them to allow people access, but could find no indication that this had been considered in line with people's best interests. The regional manager agreed to look into how this could be reflected in people's care plans.

Relatives told us they were happy with the care provided. We observed staff treated people patiently and appropriately. Staff were able to demonstrate an understanding of people's particular needs. People's health and wellbeing was monitored, with ready access to general practitioners, dentists, opticians and other health professionals. Staff where able to explain how they maintained people's dignity during the provision of personal care and understood about the need for confidentiality, when dealing with or reporting on people care needs.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care, as necessary. Some activities were offered for people to participate in. Staff and relatives told us about musical and entertainment events and we saw photographs of past activities at the home. The activities co-ordinator was relatively new to the post and explained ideas she had about developing tea dances at the home. However, there were limited activities individual to people's specific

Summary of findings

needs, particularly for those people living with dementia. People and relatives told us they would speak to the acting manager if they wished to raise a complaint. The acting manager told us there had been no recent formal complaints, but that relatives would often approach her informally and these issues were dealt with, before the need for a formal complaint became necessary.

The acting manager and deputy manager undertook regular checks on people's care and the environment of the home. The regional manager confirmed that she also carried out regular audits. Staff felt well supported and were positive about the acting manager's impact on care at the home and the running of the service. There were regular meetings with staff and relatives of people who used the service, to allow them to comment on the running of the home.

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?

Good

The service was safe.

People told us they felt their relatives were safe living at the home. Staff had undertaken training and had knowledge of safeguarding issues and recognising potential abuse. Staff told us they would report any concerns they had to the deputy manager or the local authority safeguarding adults team.

Risk assessments had been undertaken in relation to people's individual needs and the wider environment. Care plans reflected people's particular needs and were regularly reviewed. Medicines were handled safely and kept securely.

Proper recruitment processes were in place to ensure appropriately skilled and experienced staff worked at the home. The deputy manager ensured staffing levels were maintained at a level that effectively met people's care needs, through the use of an online system.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective

Staff told us, and records confirmed a range of training had been provided and staff received regular supervision and annual appraisals. Some supervision was in the form of group sessions and records were photocopied and placed in individual's personal files.

There was evidence that assessments had been undertaken in line with the Mental Capacity Act (2005) (MCA) to determine if care or treatment was being provided in people's best interests. There was evidence that applications had been made to the local authority safeguarding adults team to in relation to the Deprivation of Liberty Safeguards(DoLS).

Staff interacted with people living at the home although at times this was limited and did not actively engage people. We observed a range of food and drink was available at the home. However, we found some people were recording as having limited fluid input on one or two days. The deputy manager said she would address this. Staff were aware of people's special dietary requirements and advice was sought from specialist practitioners when required.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care their relatives received and felt they were well supported by staff. We observed staff supporting people appropriately and recognising them as individuals.

Summary of findings

People's wellbeing was effectively monitored. They had access to a range of health and social care professionals for health assessments and checks.

Care was provided whilst maintaining people's dignity and respecting their right to privacy. Staff were aware of the need to maintain confidentiality around all aspects of people care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There were some activities for people to participate in, although there were limited activities specifically targeted to support people living with dementia. The new activities co-ordiantor was looking to develop activities including arranging tea dances.

People were aware about how to raise any complaints or concerns. The acting manager told us there had been no recent formal complaints, but that she dealt with concerns and informal complaints as quickly as possible.

Is the service well-led?

Good

The service was well led.

The deputy manager and regional manager told us a range of checks were undertaken on people's care and the environment of the home. Records confirmed that audits were performed regularly.

Staff talked positively about the support they received from the acting manager and deputy manager and told us things were improving in the home. Outside professionals also told us they felt the new acting manager was having a positive influence on the home.

There were meetings with the relatives of people who used the service and the manager had established a carers' group, for relatives to provide mutual support to one another.

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

This inspection took place on 22 December 2014 and was unannounced.

The inspection team consisted of three inspectors and an expert by experience (ExE) who had experience of this type of care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. The safeguarding adults team told us they had been visiting the home on a regular basis earlier in the year, but they had since ceased to do this, as they felt the care at the home was improving.

Because of illness or confusion not everyone who used the service was able to speak with us. We spoke with six people who used the service to obtain their views on the care and support they received. We also spoke with three relatives who were visiting the home on the day of our inspection. We talked with the deputy manager, the regional manager, two nurses, a senior care worker, two care workers, the cook, two members of the housekeeping team and the home's maintenance man. We further spoke to the acting manager on the telephone following the site inspection.

Additionally, we conducted a telephone interview with a community matron and a care manager who visited the home on a regular basis. The community matron told us she felt that care at the home had vastly improved recently and that the new acting manager was making a difference. She felt there was a settled group of nursing staff and this was helpful. She said that wound care at the home was good. She felt the general atmosphere at the home was a lot calmer and this benefited the people living there. The care manager told us she felt things had settled down recently and felt a lot more confident about the care. However, she would like to see the home anticipate people's needs more, rather than just respond to them. She told us she had only spoken to the acting manager on the phone but felt the deputy manager was honest and responsive to requests and suggestions.

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

We observed care and support being delivered in communal areas and people's individual accommodation. We reviewed a range of documents and records including; five care records for people who lived in the home, 10 medicine administration records, four records of people employed at the home, duty rotas, complaints records, accidents and incident records, minutes of staff meetings, minutes of meetings with people and their relatives and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

All the staff we spoke with said they had completed training in relation to safeguarding adults and the identification of abuse. They were able to describe the types of potential abuse and signs they would look out for. Central training records and certificates in staff files confirmed training in this area had been completed. We asked staff what they would do if they had concerns about the care being delivered at the home or felt that someone may be being abused. They told us they would immediately raise their concerns with the acting manager or deputy manager. Some staff also mentioned they would contact the local authority safeguarding adults team. One staff member told us, "I would have no concerns about reporting anything to the manager; or even higher." We saw there was information and contact numbers for the local safeguarding team on display.

Staff were also able to tell us about the registered provider's whistle blowing policy. They told us information about whistle blowing was available throughout the home and we saw this material was accessible. This meant staff demonstrated they had the necessary skills and knowledge to ensure the risk of people being abused was minimised.

We looked at the information system used by the home to record accidents and incidents, which was recorded on the provider's electronic monitoring system. We saw that as part of the recording process a review of each incident was undertaken. For example, we saw that one person had sustained an injury to their palm caused by a contraction of their hand. We saw that as a result of the injury the person's care plan had been changed to manage their nail care better and there had been no reoccurrence of the injury. The regional manager told us information placed on the management system was reviewed as part of a wider company quality process. This meant processes were in place to review incidents in the home and make changes to care or systems in the light of new information.

We saw the premises were well maintained, clean and tidy. The deputy manager told us the upper floor of the home was currently undergoing repairs and was not in use. We saw the home had a person who dealt with any repairs which required addressing. He showed us records indicating he undertook regular checks on equipment and safety systems throughout the home, such as fire systems and emergency lighting. We also saw equipment was regularly checked to ensure it was safe to use We noted there was a system for staff to record repairs that required attention, such as failed lights or room repairs. We saw once these were complete the maintenance man signed and dated the book, to indicate the matter had been dealt with. This meant appropriate systems were followed to ensure the safety of the premises and ensure ongoing repairs and maintenance was up to date.

The deputy manager told us the home employed 42 staff in total, including seven nursing staff, six of whom worked full time. She showed us the electronic system for determining staffing levels in the home, based on dependency levels, and demonstrated how individual dependency levels were assessed monthly and then added to the staffing tool, which calculated suggested staffing levels.

Staff told us they felt there were enough staff on most shifts to provide care to people. They told us short term staff sickness was covered by staff undertaking additional hours or working extra shifts. They also told us there had been some long term sickness at the home which had added to workloads, but this had not affected the care of people living at the home. One staff member told us, "Some days staffing can be a bit low, but it is getting better." The deputy manager and regional manager acknowledged that sickness had been an issue in the past but the matter was being addressed, with the support of the provider's human resources department. One nurse told us, "The nurses are a very good team and we make sure all the shifts are covered." We observed people's needs were met throughout the day and there were no long periods when lounge areas were left unattended or unobserved.

Staff's personal files indicated an appropriate recruitment procedure had been followed. We saw evidence of an application being made, notes from a formal interview process, at least two references being taken up and Disclosure and Barring Service (DBS) checks being made. Staff told us they were required to wait for checks to be completed prior to starting work at the home. There was also evidence that checks had been made on people's identity through the use of passports or driving licences and other personal documents. The deputy manager showed us she checked the registration of the nursing staff with the Nursing and Midwifery Council (NMC) on a monthly

Good

Is the service safe?

basis, to ensure it was up to date. All nursing staff are required to be registered with the NMC to ensure they are fit to practice. This verified the registered provider had appropriate recruitment and vetting processes in place.

We observed the nursing staff dealing with people's medicines. We saw people were given their medicine appropriately; with time given for them to take their tablets and a drink provided to help them swallow the dose. We examined the Medicine Administration Record (MAR) sheets. We found there were no gaps in the recording of medicines, any handwritten entries were double signed, to say they had been checked as being correct and people with "as required" prescriptions had a care plan covering the circumstances when the medicine should be offered. "As required" medicines are those given only when needed, such as for pain relief.

We saw where people had refused their medicines or not been given them, there was an appropriate code or comment recorded. We saw two people had refused one medicine for a period of five days, but we could find no indication of any action taken in relation to this matter. We spoke to the deputy manager about this. She told us if there were concerns about people not taking prescribed medicines then the general practitioner would be contacted for advice. We saw a number of people were receiving their medicines covertly. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. We saw that best interest decisions had been undertaken in relation to covert medicines and these decisions had included the person's general practitioner, family members, care home staff and a local pharmacist.

We saw controlled medicines were stored safely and securely and the number of controlled medicines matched those recorded in the controlled medicine record book. Nursing staff confirmed they had undertaken training on the safe handling of medicines and their competency was regularly assessed by the deputy manager, and records confirmed this. This indicated medicines at the home were handled safety and administered correctly.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had access to a range of training, including ELearning, via a computer, and face to face sessions. One staff member told us, "We've had loads of training recently which I think is fine." A nurse told us, "We've had more face to face training recently. I'm due to go to Hexham to do diabetes training." The deputy manager showed us a copy of the training matrix maintained to ensure staff had up to date training and that plans could be made for future training needs. We saw that when training was due for renewal it was highlighted to ensure updating was undertaken. We noted regular training was offered in areas such as; infection control, safeguarding, equality and diversity and nutrition. Staff files contained copies of certificates confirming the successful completion of courses. Staff who had been employed at the home most recently told us they had undertaken an induction programme. They told us this had been comprehensive and gave them a feel for the service before they started fully in their roles. This meant the deputy manager was able to demonstrate staff's skills and knowledge were updated and reviewed, to deliver effective care to people.

Staff told us they had regular supervision and annual appraisals. They told us senior staff, along with the acting manager and deputy manager would carry out supervision every three or four months. We saw copies of supervision documents and appraisal records in staff personal files. Some records were highly personalised and a range of issues had been discussed, including future training needs and career progression. We found some records were for group supervision sessions and where these had taken place records had been photocopied and placed in the file for each staff member who attended the session. The deputy manager and regional manager said group supervision was only used when a key message or change needed to be communicated to groups of staff. This meant arrangements were in place to ensure staff had access to regular supervision and work was reviewed in relation to delivering appropriate care.

We observed how staff communicated and spoke with people who used the service. In most instances staff approached people appropriately and were courteous in their dealing with individuals. We also saw housekeeping and maintenance staff speak with people as they were walking about the home. However, we noted staff observing in lounge areas did not always readily sit and converse with people and or chat with them. We also noted staff, who were supporting people who could not assist themselves at meal times, did not readily engage with people and any interaction tended to be in question form which, because of their conditions, they could not easily respond to. This meant that interaction with people by staff was limited at times and did not always take account of people's communication abilities or difficulties. We raised this matter with the deputy manager and the regional manager, who said they would speak to staff about the issue.

Information contained in people's care plans indicated some consideration had been given to people's mental capacity and their right and ability to make their own choices, under the MCA. We saw best interest decisions had been taken in relation to people's ability to agree to personal care being provided and other issues such as the giving of medicines. We found in two people's care records "Do not attempt cardio pulmonary resuscitation" (DNACPR) forms. We saw these had been signed by the person's general practitioner. However, it was not possible to ascertain whether appropriate best interest discussions had taken place in relation to this issue. We spoke to the deputy manager and regional manager about this. They told us general practitioners would usually discuss the situation with relatives, but they would remind them of the need to fully record how the decision was made.

Nursing staff told us they had undertaken training in relation to the MCA and DoLS and were aware of the concept of best interest decisions and talked about ensuring people could make as many decisions as possible. Staff understood about assessing people's ability to make decisions and for them to be involved in their care as much as possible.

The deputy manager told us she had carried out an assessment of all the people who lived at the home and had been in discussion with the local authority safeguarding adults team regarding DoLS. She told us she had submitted applications for all the people at the home and showed us records of those granted, those refused and those that remained pending. We noted most people's rooms were locked when they were not using them, although staff were available to let them into their rooms, if necessary. We could find no record in people's care plans of

Is the service effective?

any discussion or agreements about doors being kept locked. We spoke with the deputy manager about this. She told us this was instigated to help protect people's property and ensure people were safe. The regional manager told us this issue had been addressed in other homes and she would ensure appropriate records of this decision were placed on record.

We saw that, where possible, people were encouraged to give their personal consent and agreement to care being delivered. Staff told us they would always ask people if they were happy with the care they were providing, whatever the individual's capacity to understand. One staff member told us, "You speak to them even if they can't speak back. They will always respond in some way, whether it is a nod or a frown."

We observed meal times at the home. We saw the food was hot and well presented. Pureed meals were also available for people who required special diets. Where necessary, people were encouraged to eat or were supported where they could not immediately help themselves. Between meals we saw people had access to drinks and snacks. A trolley with tea, coffee, juice and other drinks was brought round during the morning and the mid-afternoon. People were offered drinks after their meals. Because of the nature of the service, where people often picked up objects out of curiosity and walked whilst holding them, there were no jugs of water or juice in lounge areas, for people to help themselves to drinks. We also noted on two food and fluid charts people were only recorded as having 650mls of fluid on one or two particular days. We raised the need to ensure there was adequate access to drinks with the deputy manager and regional manager and they agreed to look into the issue.

We saw from people's care plans their weight and appetite was regularly checked and monitored. Where there was any concern about people's nutritional intake there was evidence this was brought to the attention of the general practitioner or other health professional. We spoke with the head cook and she showed us information about the needs of people living at the home and any special dietary requirements. She said she had a wealth of experience and training on nutrition and dietary requirements. We saw there was a range of fresh, frozen and dry goods at the home. This showed people's dietary requirements were noted and there was access to food and fluids during the day. She also showed us how she was working to complete the necessary documentation in relation to the recent law changes over identification of allergens in food.

Good

Is the service caring?

Our findings

Relatives we spoke with told us they were happy with the care provided at the home. Relatives told us, "The staff have been brilliant; very supportive and very caring" and "I am very happy with the care (relative) is getting." Another relative told us that one of the nurses had called the doctor that morning, but as they had not arrived she had made a second call to ensure their relative was seen the same day. One of the nurses told us, "The carers are doing a good job. They come and ask if they have any concerns."

We spent time observing how staff interacted and treated people who used the service. We saw people were treated appropriately, patiently and individually. For example, we noted a person was being supported on a one to one basis, in order to ensure their needs were met. We saw the care worker specifically tasked with this support chatted to the person and ensured that their daily needs were met, even though the person did not readily communicate back. We also witnessed a member of the administration staff take hold of a person's hand and walk slowly with them, taking them to get a drink during the afternoon tea time.

Staff told us there was one person whose first language was not English. They said they still took time to communicate with him and that over time he had learned some words and they understood some of his expressions, both verbal and non-verbal. They also told us a staff member, who was able to speak his native language, had provided a list of key words to help them communicate better. The deputy manager showed us copies of a pictorial menu to aid people making choices about meals.

Staff told us they encouraged people to make choices and to be as involved in their care as possible, to suit their individual needs. We saw people were offered choice about what they would like to eat and drink. We also noted staff would approach people and ask them questions such as; "Would you like…?" when ascertaining from them if they would like to go to the toilet or if they were ready for their meal. Staff said they were committed to supporting people and enjoyed working at the home. Staff comments included, "It is a good staff team, everyone is willing to support and care for the residents" and "Everyone genuinely wants to care."

We saw people's wellbeing was monitored and maintained. People's care plans indicated they had access to general practitioners, opticians, dentists and other health professionals, when they required them. We saw in one person's care plan they had been noted to be passing dark urine. We saw a urine sample had been taken and the matter referred to the person's general practitioner, who had subsequently prescribed antibiotics.

The deputy manager told us no one at the home currently used or accessed an advocate or advocacy service, although this would be arranged if they required it and people had accessed such services in the past.

Staff understood the need for confidentiality when dealing with matters at the home. They were able to describe how they would maintain confidentiality, including not giving out people's personal information over the phone, unless they were sure about the person calling; ensuring they checked the identification of anyone visiting the home and making sure that all care plans were securely stored away when not in use.

We observed staff treated people with dignity and respect. We saw the staff called people by their preferred names and regularly checked their clothes were clean and tidy. Staff we spoke with understood the importance of maintaining people's dignity. They told us how they ensured that people's bedroom doors were closed and curtains drawn during personal care. We noted staff slipped discreetly out of rooms when delivering care.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us they felt involved in people's care. Comments included, "The home keeps me informed of anything that I need to know" and "I am always kept well informed of my (relative's) condition and the home would ring me if they needed to discuss anything urgently."

We saw people had individual care plans in place to ensure staff had information to help them maintain their health, wellbeing and individuality. Care plans involved a range of assessments covering such areas as; their mobility, nutritional needs, personal care needs, communication issues and any identified health issues. We saw a pre-admission assessment had been undertaken, prior to people coming to live at the home, to ensure their needs could be met. One relative told us, "Two care staff came to assess my (relative) whilst still in hospital."

People's care plans were revised on a monthly basis and their needs reviewed. We saw where their needs changed the care plan was up dated to reflect these changes. For example, we saw staff had been concerned about the presentation of one person and had contacted the person's GP which had resulted in antibiotics being prescribed. One nurse told us that any changes to people's care plans would be highlighted during handover meetings. She also told us she approached each member of staff on the shift and gave them information on any changes, to make sure they were aware. We noted general information about people was displayed outside their rooms, including information about their personal and work history and what they enjoyed doing or what interests they had. Staff told us they found this information useful in understanding people and was helpful in offering subjects to chat to the person about. One relative told us the person he was visiting had been having some difficulty sitting up and that the home had ordered a new chair which supported her better and that this seat was available for her in the lounge.

We observed staff supporting people during the day and offering them choice, whether this was a choice of meal, a choice of drinks or the opportunity to join in with an activity. People's personal likes or dislikes were highlighted in their care plans. One staff member told us, "You get really attached to them and get to know them; what they like and dislike." We observed that when a family visited one person they were able to see the person alone and away from interruptions, but a staff member regularly checked that they were alright.

People told us there were a range of activities available at the home. One relative told us, "There are things going on at the home, they have events and entertainers." We spoke with the activities co-ordinator for the home. She told us she had only recently taken on this role, but was keen to develop a range of activities. She said she had recently arranged the home's Christmas party, along with entertainment from a singer and a magician. She also told us a local children's group had visited the home to sing for people. She said she was keen to make a success of the opportunity and was looking to arrange trips out and tea dances. We saw photographs were on display of previous activities and trips. The activities co-ordinator told us she was working on one-to-one sessions, providing hand care, pampering sessions and talking with them. However, there was no confirmation of daily activities running on a regular basis at the home and no clear indication of personalised activities to support people living with dementia.

People's relatives told us they currently had few complaints about the service. They said they would have no concerns about raising matters with the acting manager or the deputy manager, if they had issues. They felt that they would be dealt with. One relative told us, "I've had one or two problems in the past, but these have been sorted now."

We looked at the home's complaints records. We saw there had been no formal complaints since June 2014. We spoke with the acting manager on the telephone, who confirmed there had been no official complaints dealt with since she started at the home in July 2014. She confirmed a complaints policy was in place and we saw that information about how to make a complaint was displayed around the home. She told us the majority of relatives would speak to her informally about any issues and she hoped to resolve these before they got to the complaints stage. This meant people were aware of how they could complain and a process was followed to ensure complaints and compliments were dealt with appropriately.

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in place. Our records showed there had been no registered manager formally recorded with the CQC since 30 September 2014. The person who was currently acting as manager for the service was not available on the day of the inspection. The deputy manager of the home told us the acting manager was in the process of applying to become the registered manager and our records confirmed this application was being dealt with by our registrations team. The deputy manager and the regional manager were both present during the inspection.

Relatives told us they were happy with the service and felt the registered manager and deputy manager were available. We saw the deputy manager assisted with care tasks throughout the day and was aware of day to day matters at the home. Staff told us they felt the situation at the home was improving, with more stability now, following a quite disrupted period, after a number of managers had been in post. Staff told us, "(the manager) is quite strict in some ways. She likes things to be done well and I do too. She likes tables to be set properly. She is trying to make it a home from home"; "(Deputy manager) is quite supportive. She likes things done properly but is quite caring for the residents. She gets frustrated at times because she always wants the best for the residents" and "The manager is alright; quite fair. She wants to do things to make it better and things have improved." One staff member told us about a competition the acting manager was running where staff groups had been given £50 each to makeover an empty bedroom and then each room would be judged. They felt the competition was good and that it fostered team work.

Staff told us they were happy working at the home and felt the atmosphere was positive and said they were committed to supporting people and enjoyed working at the home. They said morale at the home was improving and described it as being good overall. One staff member told us, "It is a good team, willing to support and care for residents. Everyone genuinely cares. Staff morale is going up." A nurse told us about the care staff, "In general they are good workers. They are doing a good job."

The deputy manager told us she and the acting manager undertook a range of checks and audits of the home; weekly, monthly or over longer periods for some less critical items. We saw copies of audits on areas such as the kitchen and dining experience and the use of slings. We also saw care records were regularly checked to ensure they were up to date and that appropriate assessments had been reviewed, including people's Waterlow scores for skin integrity which were up to date and people's weight and malnutrition universal screening tool (MUST) scores were recorded.

We saw there was a regular health and safety committee meeting and a monthly safety tour of the home was undertaken by the acting manager. We noted at one health and safety meeting it had been stated that the kitchen floor needed to be resealed. The cook showed us where this work had been undertaken. There was also a clinical governance meeting, attended by nursing staff which discussed issues such as nurses working more directly with care staff and ensuring medicines were given on time.

Staff told us there were regular staff meetings and we saw minutes from the most recent meeting. We saw a range of issues were discussed, including the need to ensure food and fluid charts were complete, team working and issues from the last CQC inspection. We also noted the acting manager had been holding daily "flash" meetings with nursing and other key staff. Flash meetings are brief daily get togethers to highlight any immediate concerns and ensure that key activities for the day are dealt with. We saw for all meetings a register of people who attended was maintained. This meant there were a range of events that allowed the manager to ensure proper and safe care was being carried out.

Relatives told us there was a relatives' meeting held at the home, although one person told us they were not sure when. We saw minutes from the most recent meeting held in November 2014. We saw a range of issues had been discussed including the appointment of a new activities co-ordinator, inviting relatives to attend for a Christmas lunch that the home was currently looking to establish if people had any particular religious preferences and also that a cheese and wine party was being planned for the New Year. A copy of the minutes was on display on the public notice board in the main corridor. The acting manager told us she had established a carers' group at the home so relatives could pop in and have mutual support or exchange information about social care services or systems. She said the relatives' and carers' meetings occurred on alternate months.

Good

Is the service well-led?

We found records were up to date and complete. People's care records were regularly reviewed and updated along with food and fluid charts. Safety records, such a fire checks, gas safety and Lifting Operations Lifting Equipment Regulations (LOLER) checks on equipment were in place. Portable appliance testing (PAT) of small electrical equipment was up to date as were Legionella and water temperature checks.

The deputy manager told us she felt things were improving at the home. She told us that although there was still some use of agency staff there was a more stable staff team, particularly in relation to nursing staff. She told us she felt the key things about the home was the way they treated people with dignity and respect and that people were treated as individuals, not all the same.