

Four Seasons 2000 Limited

Hungerford Care Home

Inspection report

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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 29 and 30 September 2015 and was unannounced. This was a comprehensive inspection which included follow-up of progress on the non-compliance identified in the report of the previous inspection on 17 October 2014.

At the previous comprehensive inspection we identified non-compliance against Regulations 9 (Care and welfare of service users), 10 (Assessing and monitoring the quality

of service provision), 12 (Cleanliness and infection control), 17 (Respecting and involving service users) and 23 (Supporting workers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

From April 2015, the 2010 Regulations were superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider was meeting the requirements of the

Summary of findings

comparable current regulations. Regulations 9 (Person-centred care), 17 (Good governance), 12 (Safe care and treatment), 10 (Dignity and respect) and 18 (Staffing).

We found that the service had taken action to address the previous concerns although further improvements were needed. A number of new initiatives had yet to become established to ensure the changes are sustained.

Hungerford Care Home is a residential home with nursing that offers a service for up to 59 older people. Some people are living with varying types and degrees of dementia.

A new manager had been in post since May 2015 who became registered manager on 25 September 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The new registered manager had identified key areas where improvement was needed and had taken action to

address these. A number of new systems and monitoring processes had been established to oversee the quality of the service. The premises were undergoing a complete redecoration programme including the provision of new furnishings. People had been involved in choosing the décor and furniture.

People were happy with the care they received and told us staff were kind and respectful. We saw staff were enthusiastic and engaged positively with people. People were offered choices and given time to make them.

The level and range of activities had been improved and more individual activities were provided.

People's health and nutritional needs were met and the service consulted and worked effectively with external healthcare agencies. Advice and guidance from the local authority and the health authority care home support team had been taken and acted upon.

The service had recently been given a new brand name, "Brighterkind". As part of this process, new initiatives on catering, activities and healthcare were being introduced to improve the care people received.

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?

The service is safe.

Improvements had been made to the environment, staff training in infection control and monitoring to ensure that hygiene standards were maintained.

Staffing levels and their deployment met people's needs. Staff understood how to keep people safe and people felt safe.

People's medicines were managed safely by staff although there were one or two areas that need improvement.

Good



Is the service effective?

The service is generally effective.

Some further improvements were needed and new systems needed to become established to ensure that improvements were maintained.

A programme of training had been put in place to address gaps in training and ensure all staff received the training needed to meet people's needs.

People were happy that staff met their needs. Staff knew people's individual needs and effective communication systems supported care continuity. People's rights were protected.

People's health and dietary needs were managed well. The environment was being improved through a thorough refurbishment programme.

Requires improvement



Is the service caring?

The service is caring.

People were happy that staff were caring, treated them with respect and looked after their dignity and privacy.

Staff worked calmly and patiently with people and enabled them to make decisions and choices.

Good



Is the service responsive?

The service is responsive.

People felt staff were attentive and met their needs.

The care plan format was about to be changed to further improve care records and the level of people's involvement. The frequency of review of people's needs had increased?

The activities programme had been improved and further changes were planned.

People's complaints had been addressed appropriately.

Good



Summary of findings

Is the service well-led?

The service is well led.

The new registered manager had identified a range of priorities and had begun to address these to develop and improve the service.

Monitoring systems were effective in identifying issues, which were then acted upon.

The service worked well with other agencies and sought to develop and improve the care they offered. New care initiatives were being introduced.

Good



Hungerford 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.

This inspection took place on 29 and 30 September 2015 and was unannounced. It was carried out by one inspector.

This was a comprehensive inspection which included following-up progress with regard to the non-compliance identified in the report of the previous inspection on 17 July 2014. Where applicable we have referred back to the previous inspection to report the progress made since that visit.

Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with seven people using the service and three relatives. We also spoke with four staff, the registered manager and other members of the provider's senior management team.

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

We reviewed the care plans and/or associated records for five people, including risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the home's operation including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for four recently appointed staff.

We spoke with the members of the local care home support team who had recently become involved offering feedback and training to staff after detailed observations of care practice.

Is the service safe?

Our findings

At our inspection of 17 July 2014 the provider was not meeting the requirements of the then Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured people were safeguarded from the risk of acquiring an infection because equipment and the environment were not maintained to a satisfactory standard of cleanliness and because staff had not always used appropriate personal protective equipment.

The provider sent us action plans in February 2015 describing the actions they were taking to meet the requirements. The provider has also worked with the local authority Quality monitoring team in order to address the identified concerns. At this inspection on 29 and 30 September 2015 we found the provider had taken action to address the hygiene concerns previously identified. The service was now compliant with Regulation 12.

Since the last inspection a refurbishment programme had begun which included new bedroom carpets and the replacement of ensuite carpets with vinyl flooring to improve hygiene. The majority of the old taps which had been affected by limescale had been changed and the remaining ones were due to be replaced. A system of monthly mattress checks had been instigated. Additional hygiene related guidance and training had been provided to staff. Further training was booked, including Contingency care, Infection control (January 2016) and Food safety.

A new secure compound had been created for clinical waste bins. A clinical waste bin had been provided in one communal bathroom where one had not previously been available so waste could be disposed of before assisting the person out of the room. The supply of disposable gloves for staff use had been made more accessible. As part of the 'Resident of the day' scheme, each person's room and bed were now checked and thoroughly cleaned on a monthly basis. A new nightly cleaning rota had been set up in September and was to be monitored by senior staff.

The provider's clinical facilitator was visiting the services on the first day of inspection to carry out monitoring and

provided equipment for checks of staff hand hygiene. The service had been awarded five stars with regards to food hygiene following an environmental health inspection in February 2015.

People were all supported with their medicines by staff. The service used a monitored dosage system where most medicines were supplied in dated blister packs. The supplying company also provided medicines training for staff. Nurses had received training on medicines management from different sources but had received an appropriate update.

One medicines error had occurred since the last inspection which was notified to the Commission. As a result retraining was provided and clearer instructions obtained from the prescribing GP. One instance had occurred the day before this inspection where a nurse had given a medicine not at the usual time due to a person's increased agitation. The medicine was not prescribed to be given 'as required' (PRN). The manager began an investigation to establish whether or not this had been done in response to a discussion with the GP. The written instructions on the medication administration record (MAR) sheet pertaining to this medicine were not specific. This had led to some confusion about the administration time between the pharmacy instructions and staff actions, so further clarity was required.

Current medicines were stored in locked cupboards containing locked drug trolleys in each unit. Each cupboard also had additional locked storage, within which any controlled drugs were contained in an approved cabinet and any additional stock was also secured. Records pertaining to the storage and administration of medicines were fully completed.

People and relatives told us people were safe in the service. One relative told us: "[name] is safe here". People and relatives felt there were sufficient staff available most of the time. Where a concern had previously been raised about staffing at a specific time of day, an additional staff member had been deployed to address this. One relative said: "There seems to be plenty of staff mostly" and added: "If they are short they still do their job". Another relative said the: "staff ratio seems very good here".

Servicing and maintenance checks had been carried out to maintain the safety of the premises and its services. We saw certification confirming these checks. A business continuity

Is the service safe?

plan was in place in the event of various emergencies, which included contingency plans for evacuation away from the service should that become necessary. The plans included individual photographs of people and their support needs in the event of evacuation. Recent fire drills had taken place to ensure staff were aware of the process. General and individual risk assessments had been carried out to address potential risks and these had been recently reviewed.

Staff were informed about the whistle-blowing procedure and could also raise any concerns with members of the on-site management or the senior management team during monitoring visits. Since the last inspection a number of concerns had been raised anonymously and investigated by the provider and the local authority. Some matters had arisen and been addressed through an action plan from the local authority. More recently the issues raised had not been substantiated.

The changes at the home had led to some turnover of care and nursing staff and some staff shortages over the summer period. This was reflected by the feedback from staff during team meetings at that time, but the recent recruitment drive had been successful. A new deputy manager had been recruited to complete the management team and was due to start work in October. There were no

current care staff or nurse vacancies and only a new receptionist post remained to be recruited to. The use of agency staff had reduced accordingly although some nursing hours were still covered in this way while recruitment checks were completed. Staffing levels were sufficient to meet people's needs on the days of inspection. The service used a recognised format to calculate required staffing levels, based on people's assessed dependency. The service had used a number of initiatives to aid staff recruitment including offering accommodation, increased wages and overseas recruitment.

People were safeguarded because recruitment records contained the required evidence to show the process was sufficiently rigorous. Records included an application form, details of a criminal records check, copies of references and documents confirming identity. A health check form had also been completed. In one case there was no record to show a gap in the person's employment history had been discussed and satisfactorily explained. The manager undertook to address this. The provider was in the process of introducing an improved recruitment file system which would help ensure that all required steps had been taken and were evidenced. Appropriate disciplinary and other action had been taken to address identified performance issues where these had arisen.

Is the service effective?

Our findings

At our inspection of 17 July 2014 the provider was not meeting the requirements of the then Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured staff received appropriate training and professional development to enable them to deliver care to people safely and to an appropriate standard.

The provider sent us action plans in February 2015 describing the actions they were going to take to meet the requirements. The provider has also worked with the local authority Quality monitoring and NHS Care Home Support teams in order to address the identified concerns. At this inspection on 29 and 30 September 2015 we found that the provider had taken action to address the concerns previously identified. The service was now compliant with Regulation 18. However, some areas were in need of further improvement and some initiatives and improvements were recent and would require further time to ensure they were sustained.

People were supported by staff who received a programme of training of various types including face to face courses, computer-based and experiential learning. The proportion of staff who were up to date with various core training varied between 50% and 91% (averaging 73%), according to the provider's figures, partly due to significant staff turnover since the last inspection. The provider had a rolling programme of training in place to address this. Since the last inspection two staff had been appointed as moving and handling trainers to provide on-site practical training and competency assessments as required. This improved staff's ability to move and lift people safely. The provider's clinical facilitator had delivered training to staff on choking issues as well as staff having computer based training input on this via a basic first aid training module. The registered manager provided evidence of ongoing recent training bookings and a schedule of regular upcoming courses to address shortfalls.

The NHS care home support team had provided additional support to the service in 2015, particularly around caring for people who were distressed or agitated. The day before

the inspection they had begun a further period of observation and working with staff to enhance their dementia care skills. They had found the team welcoming and open to ideas. Nine of the new staff were due to enrol on the new care certificate and three for the leadership award. Where the first language of staff was not English, the provider facilitated English language support, where necessary, to enhance their communication.

The manager said they aimed to provide supervision meetings for staff on a two monthly basis. Although there were some longer intervals, records showed staff had received regular supervision. Staff had also attended some group supervision discussions around particular topics such as moving and handling. Annual appraisals took place to review performance and identify future goals and training needs. Staff could contact the registered manager or regional manager outside of office hours for advice or support.

Records of people's personal care had been improved by the introduction from August 2015 of a personal care monitoring record within which staff noted the delivery or refusal of key personal care. These were monitored daily by the lead nurse in each wing to confirm what had been done. The recently introduced resident of the day system enabled staff to focus in detail on each person's needs in turn, providing an effective basis for monthly review. Staff were familiar with people's needs and communication methods. Communication between staff was maintained through handovers and seniors meetings. The department heads daily meeting included discussion of changes in individual people's needs to maintain continuity. The registered manager told us handover records were about to be improved by the introduction of a new detailed weekly format per person.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Capacity assessments had been carried out for DoLS applications, or to confirm where a best interests decision was needed in relation to treatment or the use of equipment such as bedrails. Best interest decisions were recorded on people's files for bedrails and bedside alarm mats. Less restrictive solutions such as ground level beds

Is the service effective?

were under consideration. Appropriate applications had been made under the Deprivation of Liberty Safeguards (DoLS) in respect of fourteen people of which 12 had been approved by the local authority and two had yet to be assessed. The manager had two further applications to make. DoLS authorisations are provided under the MCA to safeguard people from illegal restrictions on their liberty. Where people had assigned power of attorney to others to make decisions about their financial matters or care and treatment needs, copies of the authority were on file so staff knew who had these powers.

Where people's behaviours could harm themselves or others or they were agitated, staff intervened to try to reduce anxiety and engage them in a positive activity. Four staff had recently received training on 'managing challenging behaviour and communication' and this training was due to be provided to others. Recent training on dementia care had also been attended by four staff and was being provided to others on a rolling programme. Three staff including the two new activities coordinators were due to attend training in November 2015 on providing activities for people living with dementia.

The provider was planning to transfer responsibility for catering to an external company to improve people's dining experience. The current menus offered people a choice daily and food was well presented and tasty. Most people were happy with the meals and snacks provided. People had been told about the proposed changes at a resident meeting in June 2015. One said: "the food is fine, it's good and the choice is good, we get a two or three course lunch". At lunchtime one person was unhappy that they were unable to have sausages and the staff didn't really explain satisfactorily that this related to their dietary needs. Another meal option was provided for them which they were encouraged to eat. Other staff engagement over the lunchtime was good. People were offered a choice of drinks and support and encouragement was provided with a smile. Staff knew people's preferences with regard to portion size and meals were provided accordingly.

People chose to eat in the dining room, the lounge or their bedroom. We saw relatively few ate in the nursing wing dining room. Where people were identified as at risk of dehydration or malnutrition following risk assessment, appropriate steps had been taken to address this. Referrals had been made to dietitians and some people received fortified diets. Where a risk of choking had been identified

the speech and language therapy (SALT) team had been consulted and some people were provided with thickened drinks or pureed meals. One relative confirmed this and added: "[name] has her food minced up due to a risk of choking, but she enjoys it".

Where necessary people's food and/or fluids intake was monitored and recorded. Recording was good but would benefit from the addition of daily targets and daily total intake to make it easier to monitor whether a satisfactory intake had been achieved. Following the inspection the registered manager provided an amended form which included these elements which was going to be introduced. People's files contained information on any special diets and individual preferences. People's weight was recorded monthly. If they had special dietary needs this was communicated to the kitchen via a notification form.

People were happy that the home's GP service visited regularly and saw them promptly when they were unwell. Other healthcare professionals also visited the home regularly. As a part of the provider's new care initiatives an optician had been engaged to provide a specified service to everyone who wished to be part of the scheme. The scheme had just started. Services would include identification of people's requirements, provision of glasses individually marked with their name and the purpose of the glasses to aid staff in providing people with the right glasses. As part of the assessment, discussions had been held with people or their representatives to identify where their interests might require assistance with vision. A provider had been appointed to offer a similar scheme around people's hearing support needs which was also due to be implemented soon. People could opt out and retain their chosen optician or audiologist if they wished.

Where people had been admitted with or developed pressure ulcer or had other wound care needs, records were maintained to demonstrate the healing process. These included photographs although these photographic records were not always complete or easy to follow due to incomplete labelling. The manager had purchased additional digital cameras so each unit had one to address this. If people required regular turning in bed this was well recorded and signed for. Regular pressure checks of specialist mattresses were recorded.

People and relatives told us they were pleased with the environmental improvements being made and the new furnishings. One relative told us they had chosen the

Is the service effective?

service partly because of its peaceful rural setting. People enjoyed seeing the wildlife in close proximity to the building. They were also happy that the bedrooms were a good size. One person had previous knowledge of the home when their partner had been there and told us that was why they chose to come in. One person said: "I have some of my own furniture, and my radio and phone". Relatives also commented positively on the décor and said people had been involved in decisions around this.

A premises refurbishment programme commenced after the last inspection and was continuing at the time of this inspection. The ground floor had been redecorated throughout aside from some flooring which was still to be replaced and work on the first floor was in progress. New furniture and flooring had been purchased and a new kitchenette area created in the dementia wing to provide

supervised drink-making facilities for people, rather than staff having to leave the area to get drinks. The service had a sensory room and access to this was beginning to be encouraged.

Dementia friendly signage had been installed in the dementia wing to identify communal area as well as toilets and bathrooms. Bedroom doors in the dementia wing were painted in a range of bright colours to differentiate them and help people locate their room. The doors also had a letter box and door knocker in accordance with current guidance on providing a dementia friendly environment. The lounge in the dementia wing had been refurbished with unsuitable vinyl flooring but the registered manager was already seeking its replacement with suitable carpet. People in the dementia wing had direct access to an enclosed area of garden from the lounge. They could access the garden without support if their mobility enabled them to do so.

Is the service caring?

Our findings

At our inspection of 17 July 2014 the provider was not meeting the requirements of the then Regulations 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These correspond to Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not ensured people always receive consistent care and staff did not always recognise and respond appropriately to people's distress. People were not always treated with dignity or have their privacy respected and were not always involved in decisions about their care.

The provider sent us action plans in February 2015 describing the actions they were going to take to meet the requirements. The provider has also worked with the local authority Quality monitoring and NHS Care Home Support teams in order to address the identified concerns. At this inspection on 29 and 30 September 2015 we found that the provider had taken action to address the concerns previously identified. The service was now compliant with Regulations 9 and 10.

People and relatives were happy with the caring approach of staff. One person said staff were: "very helpful, everybody is very kind and gentle" and added: "the manager is very caring". Another person told us the care is very good and said: "They care a bit special, nothing is too much trouble". A relative told us: "the staff have been brilliant". Staff were also described as: "approachable" and one nurse as being: "lovely". Another relative said people receive: "consistent care whoever is on".

People were positive about the approach of the staff. One said: "I get on well with the staff" and another told us visitors were always made welcome. A relative told us the staff: "treated people well and discussed their wishes with them". One person told us the manager had visited them in hospital to carry out the assessment. They had been told the care was provided in a person centred way and they had found this to be the case. A relative described the care provided as: "absolutely fantastic" and said their family member: "loved it here and was very settled".

Staff were attentive and proactive with their support. Staff engaged people with activities, trying alternatives when they were not enjoying existing ones. Staff were generally aware of people's dignity, for example wiping one person's

mouth and enquiring discreetly about the need for the toilet. Staff explained what they were about to do before doing it and offered reassurance and smiles. When one staff needed to leave a person with their activity, they explained where they were going and returned promptly to continue with the activity. Where people were wheelchair users staff ensured they were also engaged with and offered the opportunity to access the garden.

One person told us that the manager had involved them and their relative in the assessment process prior to admission, to get information about the person's wishes and preferences. Another said that staff always asked them first before providing support. Some families wished to remain involved in aspects of people's care such as personal laundry and this was accommodated. A relative described the care as: "gold star" and added that: "staff actively engage with [name] and she is looked after well". Relatives felt they were kept informed appropriately of any changes in wellbeing. People described the care as personalised and were pleased that the new staff had made a point of introducing themselves.

People were given options and choices. For example they could decide where to take their meals and what time they wished to get up. During the recent refurbishment programme people had been given the option of a range of colour schemes to choose from for their bedrooms. A choice of furnishings had also been offered. A 'my preferences' form had been included within the new care file format and these had begun to be completed to ensure staff had this information.

People felt the staff maintained their dignity and privacy. One person said: "staff look after my dignity and privacy with care". They described how their preferences were provided, for example, to have their door open at night. Another person told us staff always knocked and made sure their curtains were drawn before providing personal care. A relative told us the staff were good at supporting people's dignity.

The care home support team have provided input to the home to enhance staff skills around dignity. The registered manager recently held a 'dignity week' to provide staff with the opportunity to experience the impact of receiving support without attention to their dignity. The provider has

Is the service caring?

developed a 'train the trainer' course for dignity champions which it proposed to be introduced in the service soon. The minutes of the latest seniors meeting noted discussion of dignity issues.

Is the service responsive?

Our findings

At our inspection of 17 July 2014 the provider was not meeting the requirements of the then Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's care plans did not adequately reflect the support required or provided in sufficient detail. Records contained limited information about people's activities or preferences and did not confirm the care and support provided. Activities appeared focused on the needs of those able to express their wish to engage in these. They were largely group focused and there was limited evidence seen of individualised activities.

The provider sent us action plans in February 2015 describing the actions they were going to take to meet the requirements. The provider had also worked with the local authority Quality monitoring and NHS Care home support teams in order to address the identified concerns. At this inspection on 29 and 30 September 2015 we found that the provider had taken action to address the concerns previously identified. The service was now compliant with Regulation 9.

One person said call bell response could be slow at times and they would sometimes like to be up earlier but was generally happy with the response of staff. Others were happy with the call bell response. They said staff had been: "very accommodating". A relative told us they had asked particularly for a person to be able to see a favourite TV programme and the staff had made sure this happened. They felt staff were very approachable. Two relatives gave positive feedback about the effectiveness of wound care by staff. Another relative said: "if I have wanted anything, it's there, the staff are very prompt". A relative was very happy with the healthcare provided and told us of an incident where the staff had responded very promptly to a change in the person's health.

A relative confirmed they had been invited and had taken part in a person's review, with their agreement, noting that the review meeting had been very long. They told us about being asked about the person's likes and dislikes and that the service planned to provide them with one to one staff time as they declined involvement in most activities. Staff

discussed people's care plans with them. We saw letters on people's files inviting relatives to be involved in people's upcoming reviews to obtain their views or background information. Staff discussed people's changing needs on a monthly basis as part of the resident of the day scheme and noted any changes. The introduction of the resident of the day scheme meant that people's needs were regularly reviewed and identified changes could be responded to in a timely way. Discussions took place within the daily seniors meeting about people's changing needs and what actions needed to be taken.

The provider was developing a new improved care plan and records system. The design would help enhance a person centred approach with people's views being sought and included and their involvement better recorded. Some elements were in the process of being introduced. Each person had a care plan file and a second file available in their bedroom for staff access and so family could check their care needs were being met. People's main files contained assessments and care plans as well as related risk assessments. The degree of individualisation was being improved and would be further enhanced when the new format was fully introduced. People's views about specific aspects of care were documented. For example one person had an advance care plan stating they did not wish to be admitted to hospital unless it was unavoidable. Appropriate referrals had been made for support from external healthcare agencies.

People told us staff supported them at a pace that suited them and listened to them. Staff encouraged them to do what they could for themselves. One said they: "do it at my pace, I'm never rushed and they take time to sit and chat". Another preferred to be accompanied when using the lift and said that staff always offered to do this. We saw that staff responded to people's needs promptly. Staff also responded to people's mood and offered gentle verbal encouragement. One person who preferred to be left to themselves to wander, was left to do so whilst staff kept an eye on their whereabouts.

People were happy with the improved range of activities being provided. They told us about outside entertainers including an opera singer which had been enjoyed. People and relatives were aware the garden was available and said it had been popular, especially in summer. A visiting

Is the service responsive?

hairdressing service was provided. One relative of a person in the service was happy that painting and drawing facilities had been made available to the person specifically to address their interests.

The provider had engaged an external company to provide training to staff on providing effective activities to meet people's needs. The home had recently appointed two full time activities coordinators to lead activities during the week, and other care staff were now also involved as part of their day to day work. The new brightly coloured uniforms for activities staff were felt to help people identify them within the team. For now, organised activities were publicised a week at a time on a poster but this lacked visual appeal and did not yet include pictures to help explain activities. Plans included a more visual activities schedule and specific posters for key events such as external entertainers. There were plans to develop more memory based activities targeted for people living with dementia. One staff member was a qualified masseur and some people now enjoyed massage sessions.

We saw activities staff and care staff engaging one to one activities with some of the people in the dementia wing and staff also had the support of staff from the care home support team. One person was provided with soft toys and they spent some time holding one of them. A member of activities staff also sat for a time with her looking at pictures in a book. Another person was looking at a

newspaper and a book about history, which reflected their interests. Several people were assisted to access the garden through the day and those who were able could use the garden unsupported.

One relative had made a complaint in the past which had been resolved. Other people and relatives were aware of the complaints procedure but had not had cause to complain. One relative told us no issues had arisen and said: "the manager is available if necessary". One person said: "There is nothing I can fault". A relative told us: "the way they have worked around {name}, I was very impressed. I have had no complaints at all". The complaints procedure was provided to people within the provider information pack and was posted in reception.

Actions had been taken in response to people's suggestions to improve the service. For example a concern had been raised about staffing at a particular time of day and an additional care staff had been rostered to address this. Another complaint regarding inadequate records had led to the introduction of a personal care recording sheet which was completed when personal care and related tasks were completed. This record was available in people's bedrooms for care and management staff, people and relatives, together with other key ongoing care records. This provided greater transparency about the care and support provided.

Is the service well-led?

Our findings

At our inspection of 17 July 2014 the provider was not meeting the requirements of the then Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not protected from unsafe or inappropriate care because the registered person did not operate effective systems to regularly assess and monitor the quality of the service provided. Audit systems in place had not identified the issues found during the inspection.

The provider sent us action plans in February 2015 describing the actions they were going to take to meet the requirements. The provider has also worked with the local authority Quality monitoring and NHS Care home support teams in order to address the identified concerns. At this inspection on 29 and 30 September 2015 we found that the provider had taken action to address the concerns previously identified. The service was now compliant with Regulation 17.

A survey of people's opinions about the service had been carried out in August 2015 but the results had not yet been published. The previous survey report dated December 2014 was provided. Feedback was based on the return of 22 of the 51 surveys sent. Feedback suggested people felt the care was generally good and scored higher than the average across the provider's services. Issues were highlighted in some areas such as the physical environment of bedrooms which were being addressed through the current refurbishment programme. Activities also required improvement and this was being addressed through the improved activities programme and the appointment of two new activities coordinators.

Not all relatives could recall completing a survey but one said they had been asked their opinions informally. Relatives were aware of the residents and relatives committee meetings. A residents and relatives committee meeting took place most recently in June 2015. The minutes show that it was mainly attended by relatives with one resident present. The new registered manager

introduced herself and discussions took place on a wide range of subjects including staffing, catering plans, activities and refurbishment. The next meeting was scheduled for October 2015.

The new registered manager had welcomed the input of the local authority and had requested the support of the NHS care home support team. The local authority had carried out a series of monitoring visits focused on the service's progress on their action plan. The local authority was happy that significant progress had been made and their concerns had been addressed or were being addressed.

The registered manager had ensured that staff met regularly together in a variety of forums and groups to enhance communication, discuss care practice and peoples' changing needs. The seniors' meeting provided an opportunity for effective communication across the various departments contributing to the overall service. The minutes of meetings showed the registered manager had sought the views of staff about what was working well and what needed to change. The staff were involved in various initiatives to develop the service. Team meetings took place quarterly and covered a range of relevant topics. Recent minutes addressed care practice, the dining experience and feedback from a kitchen audit amongst other items.

Staff were pleased with the approach of the new registered manager and were motivated and committed to their role. Staff worked with enthusiasm and a positive, welcoming and friendly approach.

The service had recently been given a new brand name, "Brighterkind" by the registered provider as part of a national strategy to develop its services. External specialist providers had been identified to supply dedicated services to the home in the areas of catering, hearing and eyesight care and activities provision. The registered provider was also developing a new care planning format which would provide a more effective focus on the individual and their needs.

Members of the management team had been provided with leadership training and staff had received additional training input on care values and an induction to the new culture which they would be a part of developing. Two staff

Is the service well-led?

had been trained to continue to deliver this training locally to any new staff appointed. Visiting senior management had acknowledgement cards to give to staff when they see good examples of these values being displayed.

The majority of incidents requiring notification had been reported to the Commission and or the local authority as required. A notification is information about important events which the service is required to tell us about by law. One instance where police attended but took no action had not been notified at the time. The registered manager made a retrospective notification at the time of the inspection.

The regional manager carried out monthly quality monitoring visits to the service to oversee its operation. Reports included identified actions plans and subsequent monitoring showed actions were completed. The registered manager completed a food safety audit in

September 2015. The issues identified were included in an action plan and actions were being monitored. Other audits had been completed including medicines, nutrition, the mealtime experience and care plans.

An example of recent improvements in care was that the incidence of urinary tract infections had been significantly reduced. This had been identified as a concern during the quality monitoring process. The registered manager liaised with the local authority who provided training on their prevention to the staff.

The 'resident of the day' review process had helped to ensure that people's changing needs were more effectively monitored and acted upon. The registered manager varied her hours to enable observation of care practice at various times of day and provide supervision to night staff. Spot checks were also carried out at night. The service was also subject to external audits by the pharmacist and others, and action was taken to address their findings.