Priory Elderly Care Limited

# Abbey Court Care Home

**Inspection report**

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## Ratings

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

## Overall summary

Abbey Court Care Home provides accommodation for up to 88 people who require nursing or personal care. The service provides residential and nursing care for people and also supports people living with dementia.

The service is purpose built and divided into four wings. On the ground floor, 17 people live in the residential wing and 19 people in the nursing wing. The first floor was reserved for people living with dementia and this was split into two wings, East and West. There were 31 people living on the East wing and the West wing supported 21 people. Although people generally choose to stay on the floor where their bedroom is located, they could and do move between floors. There were 85 people living in the service at the time of our inspection.

This was an unannounced inspection carried out on 4 February 2015. At the time of our inspection the service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and

# Summary of findings

associated Regulations about how the service is run. The service had an interim manager in post and had recruited a permanent manager who was due to start in March 2015. The interim manager was not available on the day of the inspection.

We last inspected Abbey Court Care Home in August 2014. At that inspection we found the service was not meeting all the essential standards that we assessed. We found breaches in relation to the regulations regarding cleanliness and infection control, privacy and dignity and how the provider ensured the quality of the service.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection the registered provider had made referrals to the local authority.

People were not consistently helped to stay safe as some of the arrangements for people's medicines were not always safely managed. Although people told us that they felt safe in the service, there were times when there were not enough staff to meet people's needs on the nursing wing. This impacted on the support that people received.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and background checks had been completed before new staff were appointed. Staff helped people to avoid having accidents.

Staff had been supported to assist people in the right way, including people who lived with dementia and who could become distressed. People had been helped to eat and drink enough to stay well. People had access to a range of healthcare professionals when they required specialist help. The design of the floor reserved for people who lived with dementia had many positive features. However, it lacked signage to promote people's orientation.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect. However, we saw examples on the nursing unit when staff did not always respect people's privacy.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service. Visitors were made welcome by the staff in the service. People and their relatives had been consulted about the care they wanted to be provided. Staff knew the people they supported and the choices they made about their care. People were offered the opportunity to pursue their interests and hobbies.

People were not always offered choice around what food they would like. There were no pictorial aids available for people and menus did not reflect the food on offer, so people were unable to choose.

There were systems in place for handling and resolving complaints. However, not everyone was aware of the formal complaints procedure. The service was run in an open and inclusive way that encouraged staff to speak out if they had any concerns.

# 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?**

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed in a reliable way.

People experienced delays in receiving suitable assistance because of inconsistent staffing levels on the nursing wing.

Staff knew how to recognise and report any concerns in order to keep people safe from harm. People had been helped to stay safe by avoiding accidents.

**Is the service effective?**

Good

The service was effective.

Staff were recruited safely and trained to meet the needs of people who lived in the home.

People were helped to eat and drink enough to stay well.

People received the support they needed to see their doctor. Where people had complex health care needs, appropriate specialist health care services were included in planning and providing their care.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

**Is the service caring?**

Requires Improvement

The service was not consistently caring.

People were not always treated with respect.

People told us that they were well cared for. Staff were caring and people were treated in a kind and compassionate way.

The staff took time to speak with people and to engage positively with them.

**Is the service responsive?**

Requires Improvement

The service was not consistently responsive.

People did not receive the support they needed because there were not enough staff on the nursing wing.

People were supported to make choices about their lives including pursuing their hobbies and interests. However, people were not always offered an informed choice around what food was available.

The staff in the home were knowledgeable about the support people required and about how they wanted their care to be provided.

# Summary of findings

There was a system to receive and handle complaints or concerns. However, not everyone was aware of the formal complaints procedure

**Is the service well-led?**

**Requires Improvement**

The service was not consistently well-led.

There was no registered manager. There had been a lack of consistency over the last 12 months in how the service had been managed and led.

The provider had regularly completed quality checks to help ensure that people reliably received appropriate and safe care. However, quality checks had not picked up that the service did not consistently follow safe practice around storing medicines and staffing issues on the nursing wing.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

# Abbey Court 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.

We visited the service on 4 February 2015 and the inspection was unannounced. The inspection team consisted of two inspectors, a specialist professional advisor and an expert by experience. A specialist professional advisor is a person who has expertise in the relevant areas of care being inspected, for example, dementia care. We use them to help us to understand whether or not people are receiving appropriate care to meet their needs. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. In addition, we contacted representatives of the local community healthcare teams who supported some people who lived in the service to obtain their views on the care people received.

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

During our inspection we spent time talking with 12 people who used the service and eight relatives who were visiting on the day. The interim manager of the service was not available so we spoke with the acting deputy manager, a senior manager within the organisation and eight members of care staff. In addition, we spoke with the kitchen manager, the head housekeeper and members of the social activities team and the housekeeping team.

We observed care and support in communal areas and looked at the care plans of six people and looked at a range of records related to the running of and the quality of the service. This included staff training information, staff duty rotas, meeting minutes and arrangements for managing complaints.

We also looked at the quality assurance audits that the manager and the provider completed which monitored and assessed the quality of the service provided.

Requires Improvement

# Is the service safe?

## Our findings

People experienced delays in receiving suitable assistance because of inconsistent staffing levels.

The provider had established how many staff were needed to meet people's care needs on each wing. We noted that the greater needs of the people who lived with dementia had been reflected in higher staffing levels. A relative said, "Yes, there are enough staff up here for people. I visit each week and I have never sat and wondered where staff are. Someone is always buzzing around up here." One staff member said, "Staffing levels upstairs are now established and there is a good morale upstairs."

However, on the day of our inspection there were not enough staff on duty on the nursing wing to meet people's needs. Staff appeared task focused and did not have time to interact with people outside of providing their personal care. For example, we spoke with a person who was waiting for support to use the toilet. When the staff arrived we were in conversation with this person and staff said, "There are other people waiting, we've got to go." The person was hurried along by staff and taken to use the toilet. They were unable to take their time and proceed at their own pace. We noticed call bells rang for some time without being answered. A person could be heard asking the activities co-ordinator to help them. A staff member told the activities co-ordinator that the person would, "Have to wait, we've got others waiting and only three on."

People who lived in the service and their relatives said that the service was not adequately staffed on the nursing wing. A person said, "The care is very good but they could do with couple more carers. I do have to wait on a regular basis for the toilet." A relative said, "It always busy down here and you sit and wait and people fly by but never come in." We spoke with the acting deputy manager and a senior manager from the organisation about the staffing levels on the nursing wing. They acknowledged that they had identified that staffing levels on this wing were not sufficient to meet people's needs. They took action immediately to increase the staffing levels on the day on a permanent basis and provided evidence after the inspection that this had been put in place.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our last inspection in August 2014 we found that people were not always protected from the risk of infection. Systems in place to reduce the risk and spread of infection were not always effective and the environment was not always clean. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which said how they planned to address the areas highlighted.

During this inspection we found that the carpet on the first floor of the home had been replaced with an appropriate flooring. Chairs in communal areas had been replaced with ones made from a washable material and bedside tables had been replaced. Communal bathrooms and toilets were clean and tidy with no furniture or equipment stored in them.

We spoke with a housekeeper who was able to demonstrate their cleaning schedules and how they recorded when each area had been cleaned. We found the sluices and cleaning cupboards were tidy and had good stock levels of cleaning equipment and products. All sluices and storage areas were locked securely to protect people from unauthorised access to potentially dangerous chemicals.

People's en-suites and communal areas on the first floor and were tidy and visibly clean. A person said, "My room is cleaned and tidied very day." A relative said, "The home is clean and staff are very quick to attend to the residents if there are any spillages or other accidents."

Overall, the environment and the cleanliness on the floor reserved for people who lived with dementia had improved and systems in place to reduce the risk and spread of infection were now effective. This meant that people were protected from the risk of infection and the provider had made sufficient improvements and was no longer in breach of the regulation.

We looked at 13 people's medicine administration charts and found that there were no significant gaps which would indicate that people received their medicines as prescribed. However, we noted that one person had missed one of their prescribed medicines for eight days. We saw that the provider was having difficulty obtaining the person's medicines from a local pharmacy supplier. Senior staff were aware of this issue and had raised concerns with the person's doctor as this appeared to be an on-going

Requires Improvement

# Is the service safe?

issue. This had also been escalated to a senior level within the organisation and the pharmacy supplier and action was being taken. There had been no detrimental effect on the person and staff had made sure the person was safe.

We noted that temperature levels of a medicine fridge were not monitored on a consistent basis. The provider had specified that the temperature of the fridge should have been recorded by staff twice a day. This would ensure that medicines would be kept at a consistent temperature to ensure they remained effective. However, the records showed that this was not being completed on a regular basis. This meant that people were at risk of receiving medicines which had not been stored correctly.

People said that they felt safe living in the service. A person said, "I feel safe and comfortable here." One relative said, "I feel they are safe, always. I've never had a moment when I walked away and thought are they okay?"

Staff said that they had received training in how to maintain the safety of someone who lived in the service. They were clear about whom they would report their concerns to and were confident that any allegations would be fully investigated by the manager and the provider. They told us that where required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

The records we hold about the service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

Assessments were undertaken to assess any risks to each person who lived in the service and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, had reduced mobility or were likely to develop a pressure ulcer. The care plans identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress. This had been done with the agreement of the people concerned so they would be safe.

Staff demonstrated they were aware of the assessed risks and management plans within people's care records. For example, staff had ensured that some people who had reduced mobility had access to walking frames. In addition, we observed that staff accompanied people when they walked from room to room if they were assessed as needing support.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, we saw that a person had fallen in the service. This had been documented in the person's care plan. The person's falls risk assessment had been reviewed and action taken to reduce the risk of a further fall.

Staff who were employed by the provider had been through a thorough recruitment process before they started work to ensure they were suitable people to be employed in the service. This process included checking that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks involved obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct which made them safe to work in the service.

Good

# Is the service effective?

## Our findings

The overall design of the floor reserved for people living with dementia had positive features. The communal areas were spacious and had a lot of natural light. The windows were at an appropriate height which enabled people, whilst seated to be able to look out. The unit had been designed to enable people living with dementia to walk safely round the corridors with handrails at an appropriate height. However, the unit lacked signage to promote people's orientation and all the corridors were the same colour. This could make it difficult for people to find their way back to their bedrooms. The room numbering system was also confusing for people and did not run consecutively.

People were provided with enough to eat and drink. We received positive comments about the food available. People said, "It's pretty good, not too bad on the whole. They give you a choice." Another person described the food as, "Eight out of 10." A relative said, "I have no problem with the food. It has got better recently and I hope it continues."

We observed people having their lunch within the four dining rooms in the service and noted that the meal time was a relaxed, social event in the day as people were encouraged to come together to eat. However, people could dine in the privacy of their own bedroom if they wished to do.

We saw that when necessary food and drinks had been specially prepared so that they were easier to swallow without the risk of choking. We noted that the kitchen manager knew about the need to prepare meals so that people could follow special diets and records showed that this was being done in the right way.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said that they had all attended the provider's mandatory training programme and had on-going dementia training. Staff also had additional training in areas which included medicines management, end of life care and caring for people living with Parkinson's Disease. One staff member said, "It is great that we get the opportunities we do. It makes you want to do more."

Staff had periodically met with a senior member of staff to review their work and to plan for their professional development. This had led to them working towards a nationally recognised care qualification. Staff received regular supervision sessions which reviewed their performance. We saw that the manager had a timetable for all staff so that they could monitor when these supervision sessions and reviews were due to take place or had been completed. These processes gave staff an opportunity to discuss their performance and helped staff to identify any further training they required.

The acting deputy manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty were lawful. For example, we saw that one person received their medicines covertly. These are medicines which are given without the person being aware of it, for example, in their food. There was a specific support plan for this person and evidence that appropriate health and social care professionals were involved in with this arrangement. In addition, there was a specific Mental Capacity Assessment and any decisions were made in the person best interests.

The acting deputy manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they were aware of the need to take appropriate advice if someone who lived in the service appeared to be subject to a level of supervision and control that may amount to deprivation of their liberty.

Staff were confident that they could effectively support people who lived with dementia and who could become distressed. For example, one person walked around the corridor with part of their meal in their hand. This person was encouraged to the table by staff, however, could not settle and was not eating. They then continued to eat their food independently walking around and had consumed most of their meal by the end of the lunchtime period.

People said that they received the support they required to see their doctor. Some people who lived in the service had more complex needs and required support from specialist health services. One person said, "If I am not well the Matron here would make sure I see a doctor." Another person said, "If I want doctor, they send for the doctor." Another relative said, "The staff call me at home if [my relative] has an infection, and the GP has been called."

Good

# Is the service effective?

People's care records showed that people had received support from a range of specialist services such as from GP's, speech and language therapists, dieticians and district nurses. We spoke with two healthcare professional who knew the service. They said that they were satisfied with how people who lived in the service were supported to maintain their health.

Requires Improvement

# Is the service caring?

## Our findings

During our inspection in August 2014 we found that people's privacy and dignity had not always been respected on the floor reserved for people living with dementia. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At our last inspection, we had concerns about the environment within the dementia unit. At this inspection we found there had been some improvements on the floor reserved for people who lived with dementia. People now had memory boxes by their bedroom doors which were personalised to assist with people's orientation and promote their independence and a sense of personal space. A memory box is a collection of personal items. It can help trigger memories for a person living with dementia in a way that other forms of communication cannot. People's bedrooms were further personalised with their own belongings and pictures of family and friends and recent events as appropriate.

At this inspection we found that people had received their personal care as documented in their care plans. We spent time observing the care on the floor reserved for people who lived with dementia. We found that people had been assisted to wear clean clothes of their choice which were free from food stains and debris. Staff were observed to knock on people's doors before entering and wait for a response before they entered, mindful of people's privacy if they were being supported with personal care. We saw that staff were caring, responsive and respectful. Staff were heard to give explanations to people and explain about times of external activities in a patient and appropriate manner.

However, we observed that staff did not always respect people's privacy on the nursing unit. We observed staff members knocking on people's doors before they entered but they did not wait for a reply before entering. A relative told us that their family member was not wearing some of their underwear on that day. This was because they had run out of clean underwear, although the relative told us there was sufficient and said, "If my [family member] was aware would be mortified." This was fed back to the interim manager after the inspection and action taken to investigate further.

We saw that a person was waiting to be taken from the breakfast area and their wheelchair had been placed so that they looked directly at the back of a chair. This person was profoundly deaf and by being placed in this way they could not interact with anyone else or see the television. When lunchtime approached, some people were given clothing protectors however, these were simply placed over them in a task-orientated way, without any discussion.

Overall, we found that the provider had made sufficient improvements and was no longer in breach of the regulation however, improvements were still required.

There was a homely and welcoming atmosphere on the floor reserved for people who lived with dementia which was reflected in the comments we received from people, their families and staff. One person said, "I like being here with my friends." A relative said, "My [relative] has been here around 16 months and I can truly say they have all been brilliant. They are all very nice people and I am pleased with the care they get. Nothing is too much trouble. They always make me a cup of tea when I visit and we have a chat. I have never arrived to find them in a state, they always looked well looked after."

At lunchtime we observed people in the dining rooms within the service and found that it was a positive experience for people. We spent time with eight people in one dining room on the unit reserved for people who lived with dementia. People were given extra assistance from staff to make sure they were eating and drinking enough. Specialised cutlery or feeding aids were available, however, people were dining independently and did not appear to require these. Where people required support, staff did this by appropriately sitting next to the person describing the food offered and enquiring as to the temperature and if they were enjoying it.

People and their relatives were generally positive about the care provided in the other areas of the service. A person said, "Staff are my friends and are very good." One relative we spoke with felt that the staff were caring. "[Staff

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# Is the service caring?

members] are brilliant. They will take [my family member] outside on their breaks because [they] like to get out". A relative said, "I am happy with everything so far, the staff are very friendly."

We found that each person had a care plan which was personal to them and had been regularly reviewed to make sure that it accurately described the care to be provided. A person said, "My care plan was explained to me, I can't fault them, they keep me well informed."

Staff treated people in a kind and caring way and staff referred to people by their preferred names. We observed the relationships between people who lived in the service and staff and noted that these were positive and caring. We saw good examples of staff taking time to speak to people as they supported them. When a person found it difficult to hear the staff member, they would go closer to the person to repeat the question without raising their voice. We observed how one person had forgotten their handkerchief when they came into a dining area, staff noticed this and went back to their room to get it for them.

Families we spoke with told us that they were able to visit their relatives whenever they wanted to do so. A relative said, "I pop in every week. I always get a warm welcome and a cuppa. I am never made to feel I shouldn't be here." Another relative said, "It doesn't matter what time I come in, staff are always friendly and welcoming."

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Requires Improvement

# Is the service responsive?

## Our findings

We observed that there was not a consistent approach from staff in relation to the food choices available for people. As lunchtime approached we saw a person on the nursing unit ask a staff member whether there would be eggs and bacon. The staff member responded that the choice was between gammon and homemade burger. However, they didn't ask the person whether this was what they wanted or indicate whether this could be arranged.

People were not always supported to make choices. For example, we observed that menus were available in the dining areas, however, there were no pictorial aids for staff to use to show people the options available to them. There was not a vegetarian option on the displayed menu for people. The choice was either homemade beef burgers or gammon. We were informed that there was an option of pasta or a vegetarian burger available for people however, this was not on the published menu so people were not aware of the choices available to them. We observed that people's meals were served on plastic plates and their drinks in plastic mugs. This did not demonstrate that there was any individuality to how meals were served and presented and it appeared institutionalised

However, we did observe some good practice and saw that some staff took plates of food to people so that the person could make a selection. We also saw that staff took jugs of squash to the tables so people could choose the drink they wanted. We spoke with the kitchen manager who said they were in the process of photographing food options for pictorial aids and this would be completed with the next couple of weeks.

People told us that the staff in the home knew the support they needed and provided this as they required. However, we saw that people did not receive the support they needed because there were not enough staff on the nursing unit. People told us they had to wait to receive assistance from staff to use the toilet and we observed that staff were rushed and task focused.

We looked at six people's care plans which demonstrated how individual needs such as mobility, communication, spiritual and social needs, continence and nutrition were met. The main care plans shared a number of positive characteristics in that they were all set out the same was, clearly indexed, up to date and legible. Records held in people's rooms were complete and evidenced that required re-positioning to reduce the risk of pressure ulcers took place and fluid charts to monitor a person's fluid intake were completed.

There were person-centred aspects to people's care plans. For example, one care plan had a very detailed description of how to communicate with someone who lived in the service. The care plan described how this person might have difficulty expressing their choices and would be best presented with a choice that they could point to, rather than offer options verbally.

We saw that staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. One staff member was able to tell us about a person's past career and how this person took a pride in their appearance. The service had a programme called 'Resident of the day'. This included a review of a person's care plan, social and leisure plan and medicines. In addition the person was visited by members of the housekeeping and maintenance teams. The housekeeper reviewed the cleanliness of the person's room and carried out any additional cleaning. The maintenance team checked any fixtures and fittings were in good working order. The kitchen manager also visited the person to review their dietary needs and organise their favourite meal for that day. Although the documentation was comprehensive it did not involve people's relatives, friends or significant other. This was fed back to the acting deputy manager and a senior manager within the organisation and action was taken following the inspection to update the document.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. A person said, "I have been living here for few months now, they gave all information about the residence before I moved in. All details were explained to me." The acting deputy manager told us how people and their families were encouraged to visit the service before they moved in. This would give them an idea of what it would be like to live in the service and see if their needs could be met.

Staff were confident that they could communicate with and effectively support people who lived with dementia. Staff communicated with people effectively and used different

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# Is the service responsive?

ways of enhancing that communication. For example, by touch, ensuring they were at eye level with those people who were seated, and altering the tone of their voice appropriately. A relative said, "They know [my relative] so well. [My relative] is much more relaxed now, it's really changed their behaviour. The staff now how to divert [my relative]". We observed how a person had removed their belt from their clothing and was walking around holding their trousers up. Staff patiently persuaded the person to return to their room and get a replacement so that their dignity was maintained.

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "[My relative] had a few falls when they first came in but not for a while now. They [the staff] always ring straight away and update me."

Staff had supported people in a number of ways to pursue their interests and hobbies. The activities team had offered people the opportunity to take part in activities such as games, quizzes and craft work. A person said, "There is singing of songs, music and I go out in a bus". Another person said, "My children take me out, but I need a wheelchair. If I want to go out on my own there is a small bus and the wheelchair can go in and one of the girls [staff] would come with me."

Each person had an activities programme and staff were heard and observed to ask people what they wanted to do. There were activities folders for each person and they contained photographs of them participating in activities and short descriptions of the event. In addition to individual activities, the activities team ran separate 'ladies and gentlemen's' groups weekly and organised theme events around seasonal key dates. People also had the opportunity to go out for lunch and shopping on Tuesdays and Thursdays and to spend time with their families.

Most people knew how to raise a complaint about their care, however, one relative did raise an issue with us about their family member's care. They had raised these concerns with staff but felt at the time of our inspection these had not been resolved. This was fed back to the acting deputy manager and a senior manager within the organisation at the time of our inspection and action was taken to address these concerns promptly.

The provider had a formal procedure for receiving and handling concerns which was on display throughout the service. Complaints could be made to the manager of the service or to the registered provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

Requires Improvement

# Is the service well-led?

## Our findings

During our inspection in August 2014 we found that the provider did not have an effective system to regularly assess and monitor the quality of service that people received. We also found that there was a poor use of the staffing resources available in the housekeeping team. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider sent us an action plan which set out how they planned to address the areas highlighted.

At this inspection we found that there had been more housekeepers recruited and seven were now in post. One further person was undergoing recruitment checks and this then meant the service was fully staffed.

We met with the head housekeeper who outlined their role to us and explained how the working hours of housekeepers had been increased to cover the late afternoon period. Records we looked at confirmed that there were now robust cleaning schedules in place and the head housekeeper, interim manager and the operational manger monitored the cleanliness of the home on a regular basis.

Overall, we found that the provider had made sufficient improvements and was no longer in breach of the regulation.

The service did not currently have a registered manager in post. There had been three managers working at the service since our last inspection in August 2014. We had been informed prior to our inspection that a permanent manager had been recruited and was due to start in March 2015. We spoke with a senior manager from the organisation who explained that there would be a planned two week hand-over period so that important information about the service was shared by the interim manager.

There were clear management arrangements in the home so that staff knew who to escalate any concerns to. Staff told us they felt there had been a lot of change recently, however, they were adjusting. A member of staff said, "There have been lots of changes recently and staff need time to adjust. It's all about people having a good way of life and a good quality of life. " Another staff member said, "[The manager] is a very positive person, I wish they could stay. They have made a real difference. I am looking forward to the new manager coming and bringing new ideas. It's been a challenging time having three managers since October but I hope now it settles."

The interim manager of the service was not available when we inspected the home, however, the acting deputy manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. They were supported on the day by a senior manager from the organisation who also had a good overview of how the service ran.

We saw that the acting deputy manager and the senior manager from the organisation talked with people who used the service, staff and visiting healthcare professionals throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff.

Staff were provided with the leadership they needed to develop good team working practices. One staff member who worked on the floor reserved for people living with dementia said, "It's a settled team now. It feels completely different now. It's taken hard work but I think we are there now. The team is permanent. The re-arranged environment has made a real difference. I am looking forward to the new manager starting. I love my job. We have a brilliant relationship with relatives." On each of the wings there was a named senior person in charge of each shift. There were handover meetings at the beginning and end of each shift so that staff could talk about each person's care and any change which had occurred. These arrangements helped to ensure that people consistently received the care they needed.

There was an open and inclusive approach to running the service. Staff said that they were supported by the interim manager and senior staff. There were regular staff meetings for all staff at which staff could discuss their roles and suggest improvements to further develop effective team working. One staff member said, "We know what's going on." They went on to give examples such as when the new manager would be starting and what staff had been recruited. "We got feedback after the last CQC visit and they told us what needed to be done to improve." These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

Requires Improvement

# Is the service well-led?

We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to. One member of staff said they knew what whistle blowing was and knew how to raise concerns and added, "I've never needed to do it but wouldn't hesitate to do it."

People were given the opportunity to influence the service they received and residents' meetings were held by the manager to gather people's views and concerns. This showed that people were kept informed of important information about the home and had a chance to express their views.

There were quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. There were regular visits from the provider which reviewed the quality indicators. However, these checks had not picked up the need for improvement in how medicines were stored in a fridge and although action had been taken address the on-going issue of inadequate stocks of a person's medicines this was still on-going. We also found that staffing levels on the nursing wing had not been addressed until the day of our inspection.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>How the regulation was not being met: The health, safety and welfare of people who used the service were not safeguarded because there were not sufficient staff to meet people's needs. Regulation 18 |