Rowans Care Homes Limited

Burton, Bridge and Trent Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on the 29 February 2016 and was unannounced. At our previous inspection on the 13 and 14 July 2015 the provider was not meeting the regulations that we checked. This was because we identified areas of unsafe, ineffective and unresponsive care. This was because the service was not well led. The service was placed into special measures. Following our last inspection the provider went into administration. The administrators instructed consultants to oversee the running of the home on their behalf. The consultants sent us a report in September 2015 explaining the actions they would take to improve. At this inspection improvements had been made and although all of the breaches in regulations have been met, some further improvements are needed. We have taken this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

Burton, Bridge and Trent Care centre is registered to provide accommodation for 99 people. They can offer support to people with dementia and mental health related conditions. Bridge Court, Burton Court and Trent Court are three separate buildings but are registered with us as one location. Bridge Court provides nursing, residential and dementia care to older people. Burton Court provides nursing care to women with mental health related conditions and Trent Court provides nursing care to men with mental health related conditions. All three units are allocated a unit manager.

At the time of our inspection 47 people used the service. On Bridge Court there were 13 people, on Trent Court there were 22 people and on Burton Court there were 12 people.

There was no registered manager at the time of this inspection. However, we had been informed by the consultants overseeing the running of the home that an application to register a manager had been made. 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.'

Improvements had been made in the management of medicines but further improvements were needed to ensure safe medicine practices were always followed and that people's creams were available to them as prescribed.

Quality monitoring systems were in place to enable managers to make improvements where needed but they required further development to ensure the staff team consistently recorded the daily care they provided to people.

Improvements were needed to the recruitment checks undertaken to ensure staff's suitability before they started work. Improvements were needed to the staffing levels on Bridge Court to ensure staff were available to meet people's needs in a timely way and meet their social and recreational needs. People's living at

Burton Court and Trent Court were provided with sufficient opportunities to have their social needs met.

Improvements had been made to ensure people were supported in safe way; this was because staff had the skills and competence to support people safely. We saw that the staff supported people to move safely and used equipment that had been maintained and was safe for use. We saw that staff followed risk assessments to ensure people received safe care. The staff understood how to protect people from abuse. Staff had clear direction on how to support people who demonstrated behaviours that put themselves or others at risk; this ensured the support people received met their needs and kept them safe. People who required physical intervention to keep them safe had their rights protected, as information regarding these interventions was recorded.

People were supported to make important decisions about their care. Where people were unable to consent, mental capacity assessments and best interest decision had been completed and we saw that people's consent was sought before care interventions were delivered. Where people were deprived of their liberty applications to ensure this was done legally had been made to protect people's rights.

People's nutritional needs were met because staff had a good understanding of people's nutritional requirements and any risks associated with eating and drinking. People were supported to eat their meals and these were provided to people at a suitable temperature to be enjoyed. People were referred to healthcare professionals when needed to ensure their health care needs were met. We saw that staff were caring towards people and the needs and wishes of people were respected and their dignity maintained.

People knew how to make a complaint and we saw these were investigated. The leadership and direction for staff had improved to ensure people's needs were met. Staff told us they were comfortable raising concerns which demonstrated that a transparent and open management approach was in place.

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.

The recruitment practices in place were not thorough to ensure staff's suitability to work with people. Staff were not always available to meet people's needs in a timely way. Safe administration practices were not always followed and people did not always have their prescribed creams when they needed them. Staff understood their responsibilities to keep people safe from harm. Risks to people's health and welfare were identified and managed. There were appropriate arrangements in place to minimise risks to people's safety in relation to the premises and equipment.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to ensure people's needs were met. The Mental Capacity Act 2005 was consistently used to demonstrate decisions were made in people's best interest. People's nutritional needs were monitored and met. People's health care needs were met.

Is the service caring?

Good

The service was caring

Staff were caring and attentive and people were supported in their preferred way by staff who knew them well. People's visitors told us they were involved in discussions about how their relatives were cared for and supported. People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

Is the service responsive?

Good

The service was responsive

Care plans were followed by staff to ensure people's care needs were met. Staff had clear direction on how to support people. People felt able to raise any concerns they had with unit

managers and complaints were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality monitoring systems had improved but needed further development to ensure staff practice regarding the care provided was documented consistently. There was no registered manager in post but the management structure in place had led to improvements in the quality of service provided to people. The home was managed in a transparent way to ensure people were protected from poor practice.

Burton, Bridge and Trent Court Care Centre

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 was 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 the 29 February 2016 and was unannounced. The inspection team consisted of three inspectors, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

A Provider Information Return (PIR) was sent to the nominated individual prior to this inspection but was not returned. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the unit managers on duty at the time of the inspection if there was information they wished to provide to us in relation to this.

As part of our planning we reviewed information that we held. This included notifications from the provider. A notification is information about important events which the service is required to send us by law. We also looked at information from the local authority and the clinical commissioning group (CCG) regarding their ongoing involvement. The CCG are a clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. We looked at information received from relatives and from the local authority commissioners. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 17 people who used the service, seven people's visitors, six care staff and three nurses. We also spoke with the unit manager of Bridge Court and the unit manager of Trent Court. We observed care and support being delivered in communal areas and we observed how people were supported at lunch time. The person overseeing the management of the home was not available on the day of the inspection.

Some people living at the Bridge Court were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care plans for 10 people. We checked three staff files to see how staff were recruited, we looked at training records to see how staff were supported to deliver care and support appropriate to each person's needs. We looked at how medicines were managed to check people were supported to receive their medicines in a safe way. We reviewed management records of the checks the provider made to assure themselves people received a quality service.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found there was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for safe care and treatment. This was because safe systems were not in place to ensure people's needs regarding certain 'as required' (PRN) medicines were being met. People's pain relief was not managed to ensure they were comfortable and pain free. The improvements identified had been met. For example, we saw that mental capacity assessment and best interest decisions were in place for covert administration. Covert administration is when medicine is hidden in food or drink and the person is unaware that they are taking this medicine. A detailed record of the GP and the supplying pharmacist was documented to ensure medicines used in this specific activity were safe to be given in this way.

However, we found other areas regarding medicines management required improvement. For example, we saw that creams were not always administered or stored correctly. We saw that one tube of cream was unlabelled and another was not stored in the fridge as per manufacturer's instructions. We saw unexplained gaps for four days on a medication administration record (MAR) for a cream to be applied twice a day. Another MAR documented a cream was to be applied three times a day. The MAR was not always signed by staff and this was recorded out of stock and had not been applied for nearly three weeks. We saw the fax requesting this medicine from the GP and a reminder in the diary to chase up this request. However, staff had failed to follow up and obtain this cream. This meant people were not always receiving their creams as prescribed.

We observed that some nurses were not correctly following appropriate procedures or the provider's policy to ensure people's medicine was administered safely. We saw one nurse handling medicine without always washing their hands after handling medicine to other people. We observed that one nurse was distracted during medicine administration on four separate occasions by staff and a visiting professional. We saw they had difficulty in safely focussing only on administering medicines and support was needed to avoid these distractions.

At our previous inspection in July 2015 we found there was a breach of Regulation 13 (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for safeguarding people from abuse and improper treatment. This was because people were at risk of harm as the staff's competency in identifying abuse was limited, and people were not always treated respectfully to ensure their human rights were upheld. At this inspection people told us they felt safe; one person said, "I like it here and feel very safe because there is someone to keep an eye on me." Another person told us, "I feel safe as staff are very good. They look after me and do the things I can't do for myself." Discussions with staff demonstrated that they understood their responsibilities to keep people safe and protect them from harm. One member of staff said, "Safeguarding is protecting vulnerable adults, observing for signs of abuse and reporting them." Staff were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I would report any concerns to the manager." Staff told us they were confident that any concerns reported would be addressed by the management team. Another member of

staff said, "If we are concerned about anything we can speak with the manager. I have never had to report anything but I am confident something would be done." One of the unit managers told us, "It's always been my priority to keep people safe and well. Procedures were in place to ensure any concerns about people's safety were reported to the local authority safeguarding team. We saw when needed these procedures were followed to ensure people's safety.

At our previous inspection in July 2015 we found there was a breach of Regulation 15 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for premises and equipment. This was because people were at risk of injury as some equipment in use was damaged. Other equipment was not in use as it had not been maintained. At this inspection we saw that equipment was checked and most equipment appeared well maintained to ensure it was suitable and safe for people to use. However we did identify that the hot food trolley used to transport meals to people on Burton Court required repair. This was because one of the metal edges was tied with ribbon as it was unscrewed. The damaged edge was sticking out and was a potential hazard to people and the staff team. We saw some environmental improvements were needed. For example, we saw that some carpeted communal areas on Bridge and Burton Court were stained as were some of the armchairs in the small lounge on Bridge Court.

One of boilers on Burton Court had broken down at the time of this inspection; this affected the heating in some areas of the building. Discussions with unit managers confirmed that a new part had been ordered to repair this boiler. We saw that portable heaters had been purchased to ensure rooms were maintained at a comfortable temperature. Risk assessments for these portable heaters were in place and were being followed to minimise risks to people from scalding or fire hazards.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs. Staff told us they had all the equipment they needed to assist people and were able to explain the equipment used to support people safely.

At our previous inspection in July 2015 we found there was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for safe care and treatment. This was because risk assessments were in place but were not always followed or consistent to ensure people received safe care. At this inspection we saw that staff were aware of people's assessed risks and followed risk assessments to ensure people received safe and consistent care. For example, one person was cared for in bed and used a specialist mattress to reduce the risk of pressure sores. Staff we spoke with were able to tell us the setting this mattress was on, which corresponded with the actual setting when we checked and the information in the person's care plan. This showed us that people care plans were followed which demonstrated that consistent care was provided.

Recruitment procedures were not always safe to ensure staff were suitable to work with people. We looked at the recruitment records for the three most recently employed care staff. We saw that a police check had been undertaken before two of these staff had started work and all other required documents were in place for them. However, no police check had been requested for the other member of staff. This person had worked at the home three months previously and then left to work at another home. No reference from the person's last employer had been requested, prior to them returning to work at the service. The police check from their last employer was not portable, which meant it could not be used for any other employer. This meant the provider had not assured themselves that this member of staff remained suitable to work with the people, as the recruitment checks undertaken for them were not thorough enough.

People told us that staff were available to support them. We saw that in general there were enough staff to meet people's needs across the three units. However, we observed one occasion on Bridge Court when a person became upset because they wanted to rest on their bed. They had to wait for half an hour before they received support to do this. This was because they needed two staff to support them and only one member of staff was available at that time. This member of staff told us, "One person has to stay in the lounge; one person is on a one to one and the other member of staff is busy at the moment, so I have to wait until they come back." We saw that one person was provided with one to one support throughout the day. This had been put in place due to a change in their behaviour. However, the provider was not being funded to provide this level of support. Although it is commendable that the provider had identified the need for this level of support; it meant that this had reduced the staffing levels in place for everyone else. We discussed this with the unit manager who agreed that an additional carer would enable people's needs to be met in a timely way. This would ensure people did not become upset or anxious whilst waiting to receive support from staff.

Good

Is the service effective?

Our findings

At our previous inspection we found there was a breach of Regulation 18 (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for staffing. This was because staff did not have the knowledge required to support people according to their needs and in safe way. At this inspection, people we spoke with and their visitor's told us the staff had the skills to meet their needs. One person's visitor said, "I think the staff are all well trained and manage [Name] well. We are involved in reviews and staff always discuss any changes with us beforehand anyway." We saw that staff had a good understanding of people's needs and their likes and dislikes in relation to their care and treatment. This was demonstrated when staff were asked specific questions about people's health problems and the responses given by staff reflected what was documented in the care records. For example, a member of staff spoke about one person they supported and told us, "[Name] isn't like that every day. They display this kind of behaviour usually when they see many people around. [Name] likes coke and chocolate so we offer [Name] coke or chocolate and we try to divert them, joke and laugh with them." We saw that staff received training and a staff training matrix was in place to monitor staff progress against their required training. One member of staff said, "We do all mandatory training and NVQ's". Staff confirmed that their competency was checked following training. One member of staff told us, "If managers feel we are not doing things properly, they put us back on training and watch what we are doing."

Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. Staff told us they were supported well by the management team. One member of staff told us, "We have supervision once a month. Most of it is appraising our work, our time keeping and our appearance and how we are with people." Another member of staff told us, "When we have supervision we are asked how we think we could improve and if we have any issues. I can say what I mean; you can always go to managers with any issues."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our previous inspections we found there was a breach of Regulation 11 (4) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements regarding need for consent. This was because mental capacity assessments and best interest decision had not always been completed for people who were unable to consent. At our last inspection staff did not always seek people's verbal consent before supporting them. At this inspection, staff had an understanding of the requirements of the MCA. One member of staff said, "It's about supporting people to make decisions whenever they can and making sure that we care for them in their best interests when they can't make their own decisions." We observed staff obtaining consent from people where possible before providing any care and support. One person told us, "The staff ask if it's ok before they do things and always speak to me properly and in a decent manner." The information in people's assessments and care plans reflected people's capacity when they

needed support to make decisions. We saw that where people lacked capacity to make decisions, information was recorded that clearly demonstrated who could legally make decisions for them in their best interests. For example, we saw that some people's family members had a Lasting Power of Attorney (LPA) in place regarding decisions about their relative's health and welfare. This showed us that the provider understood their responsibilities to ensure people's legal rights regarding decisions about them were met.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked and saw that the service was working within the principles of the MCA. We saw that conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection there were 26 DoLS approvals in place. The manager was awaiting the outcome of 19 DoLS applications. Staff told us, "We have some people who have poor hygiene and a DoLS is in place so we can help them with washing. We don't have to use the DoLS really as most of the time we can work with people and persuade them." And "Some people want to leave and we know the DoLS means we can say they need to stay here to be safe." This demonstrated that the staff understood about people's approved DoLS and conditions, which enabled them to support people in a safe way that met legal requirements.

At our previous inspections we found there was a breach of Regulation 14 (4) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014in the legal requirements in meeting people's nutritional and hydration needs. This was because people's nutritional requirements were not being met and their health was put at risk. At this inspection we saw that staff followed care plans to ensure people were supported to eat and drink sufficient amounts that met their needs and minimise any identified risks. For example, one person's care plan and assessment showed they were at risk of choking and they required a special diet and fluids thickened to specific consistency. This person also required staff supervision when eating and for an hour following their meal, to reduce the risk of choking. We saw that safe swallowing guidelines and a protocol for thickening their fluids was in place along with a specialist report about the technique and seating position for this person when eating and drinking. We saw this person was provided with the correct diet and that staff supported and supervised them in accordance with their care plan.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person said about their lunch time meal, "It tasted good and there was plenty of it." Another person told us "The food is alright, we get proper dinners." We saw that people were supported to eat and drink. Drinks and snacks were offered throughout the day and those who required support with their eating and drinking received this. We observed the lunch time meal and saw that people had a choice of food and drink at meal times. People that needed help to eat were supported by staff in a respectful and unhurried way. Staff were attentive to people's needs and checked throughout the meal that people were satisfied and enjoying their meal. At our previous inspection we found there was a breach of Regulation 9 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for person centred care. This was because people were at risk of not having their health care needs met, as referrals to professionals were not always made when needed. At this inspection people told us their healthcare needs were met. One person said, "They sure do know what they are doing, the nurses are very good here. They notice if you are not well and get the doctor in." We saw that people's health care needs were met as referrals were made as needed and recommendations made by professionals were followed. For example, we saw that specialist equipment provided for people was used in accordance with care plans and specialist recommendations. One member of staff told us, "The GPs are very good and work really well with the staff." We saw one person's diabetes blood tests were recorded daily, and details of what staff should do if results went beyond safe acceptable limits. We saw their diabetes was regularly assessed and appropriate eye and foot assessments were made to safely meet their needs.

Good

Is the service caring?

Our findings

At our previous inspection we found there was a breach of Regulation 10 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014in meeting the legal requirements for dignity and respect. This was because people were not always supported to maintain their dignity. Some staff practices demonstrated that people were not always treated in a respectful way because some staff did not communicate effectively with people whilst providing support. At this inspection one person told us, "Yes they are mindful of my dignity. The staff knock before they come in and always make sure that the door is shut before helping me wash. They encourage me to do what I can for myself." Another person said, "They always ask if it is ok before they do anything and are very discrete about things." A visitor said, "The staff speak to people in a proper manner, with respect and as they would like to be spoken to, regardless of how people speak to them." We saw that people's dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear. We saw that some people, due to their health needs were at risk of spilling their drinks or food and were offered an apron to protect their clothing. We saw that one person declined to wear an apron and staff respected their wishes.

Visitors we spoke with told us they could visit at any time and were always made to feel welcome by the staff team. One visitor said, "I can visit anytime. It's open visiting but not many people here have visitors which is a shame. I talk to a lot of them; they feel like one of my family." Another visitor told us, "I am always made welcome, offered cup of tea when I come and if I am here at lunchtime they offer me a meal."

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "The staff listen to what I say and always speak to me properly and in decent manner." A visitor told us, "I have no problems or worries at all with the care here or with any of the staff. All are excellent; they are very caring and work as a team." Another visitor said, "The staff are so caring. When I came to look round before [Name] came here I cried, but I knew there was no alternative as it was no longer safe for me or [Name] at home. But I am so impressed with the care."

People told us staff supported them to maintain as much independence as possible. One person told us, "I try to do what I can myself, but staff help me to do things if I want help, but they do encourage me to do things for myself but don't force me to do anything." Another person said, "The staff like me to wash and dress myself but they help me shave and shower. I also help in kitchen upstairs with washing up." We saw that when needed people were provided with specialist cups to enable them to drink independently. We saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, makeup, jewellery and accessories of their choice.

We saw that staff supported people to make day to day choices where they were able. For example we heard staff asking people what they would like to drink and offering choices at meal times. This demonstrated that staff supported people to make decisions when possible.
We saw that independent mental capacity advocates (IMCA) were in place for some people to represent and

support them in relation to their best interests. An IMCA is a type of advocacy introduced by the Mental Capacity Act 2005 (MCA). The MCA gives some people who lack capacity a right to receive support from an IMCA in relation to important decisions about their care.

Good

Is the service responsive?

Our findings

At our previous inspection we found there was a breach of Regulation 9 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for person centred care. This was because people's care plans were not always followed by staff to ensure their needs were met. Staff were not always provided with clear direction on how to support people according to their needs. At this inspection comments from people, observations and records seen demonstrated that improvements had been made. One visitor told us, "The staff are impeccable. They know what they are doing and work as a team. They seem to see things before they happen." Another visitor said, "I observe things and can see how staff respond to situations and just know that [Name] is safe." We saw that staff had clear and detailed information on how to support people who demonstrated behaviour that put themselves or others at risk. Discussions with staff confirmed they had read and understood this. For example, staff were able to tell us how they supported one person when they became upset and agitated, this corresponded with the information in their care plan and showed us that a consistent approach was used to support people in a safe way. We saw that another person became upset and agitated and staff followed their behaviour management plan to support them. The support this person received was provided in the least restrictive way, as detailed in their support plan and when physical intervention was required we observed that staff supported the person to maintain their dignity. Following this, an incident report was completed to describe what had occurred, the actions taken and the reasons why this intervention was used. This meant that a clear audit trail was in place to demonstrate that people were supported in a safe way and in accordance with their care plan.

Visitors told us that their relative's needs were met. One person's visitor said, "The support provided is definitely person centred. The staff know [Name] well, their likes and dislikes, what to avoid so as not to upset them. They make a point of talking to us about [Name] to help with this." Another visitor said, "They manage [Name] well in a caring and non-oppressive way." Discussions with staff showed us they knew people well and understood their likes and dislikes. For example, one member of staff said, "[Name] enjoys music and would sing along. They are capable of saying what they like". And "[Name] loves company, they don't like being alone, I think it's the reassurance of knowing someone is there because they're visually impaired. So even when I don't have time to sit with them I keep talking to them and checking they are ok."

On Bridge Court we saw that staff spent time sitting and talking to people. We saw a member of staff sitting with a person looking through a magazine with them and another person sitting playing with a soft ball. We observed that most of the staff time was spent with one person who required a lot of their attention and staff were attentive to their requests throughout the day. This meant that despite the staff's best efforts other people received less one to one time from staff for their social needs.

We saw that staff were supporting people to engage in activities on Burton and Trent Court. People spent time doing things they enjoyed and were supported to make choices about what they wanted to do. For example on Burton Court we saw two people played dominoes and one person was knitting and a member of staff played a game of cards with another person. On Trent Court we saw that people were also supported to participate in activities that were stimulating and meaningful to them. For example, the unit manager told

us about one person who liked to walk around the unit with a clipboard and pen, as they associated this with the job they used to do. The unit manager told us, "It makes [Name] feel like they've got a purpose during the day and they now sleep a lot better at night". We saw that other people were provided with a variety of games and activities to participate in. The unit manager told us, "There is an activities coordinator on the unit who comes onset days of the week to go out to the community, so it is guaranteed that people can go out."

People we spoke with confirmed that any concerns or complaints were addressed. One visitor told us, "I have only had one minor concern; my relative had new clothes but always seemed to be wearing their old clothes. We told staff about it and now they wear their new clothes and look a lot better." Another visitor told us, "We've had no major complaints, the odd mishaps but nothing life threatening. We did make one formal complaint about three years ago and it was dealt with straight away." We saw there was a copy of the complaints policy on display in the service. Records were kept of complaints received and we saw that complaints had been responded to and addressed.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection we found there was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for good governance. This was because the systems and processes in place were not operated effectively to assess, monitor and improve the quality and safety of the services provided.

At this inspection we saw that improvements had been made to monitor staff practice and the services provided to people. However, we identified that further improvements were needed. This was because staff were not always recording the care or checks they provided to people. For example, one person cared for in bed on Bridge Court had incomplete records regarding their required two hourly repositioning and fluid intake on the day of our inspection. The lack of recording meant that staff did not understand the importance of recording the care people received, to ensure it was consistent and effectively monitored.

On Burton Court a person was cared for in bed. Staff told us that they checked on this person regularly but no records were in place to demonstrate this. One member of staff said, "We all check to make sure [Name] is ok but we don't write it down." Following the inspection we were sent evidence to show that staff were recording the checks this person received.

We saw some records of daily and monthly medicine audits had been carried out. However, some recent audits were missing or incomplete and one unit could not find the record of medicine audits undertaken. This demonstrated that a medicines audit system was not fully in place to monitor practice and follow up on any issues identified.

Unit manager's analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action to minimise the risks of a re-occurrence, such as referring people for an assessment of their mobility. Other audits seen included accident and incident audits, infection control and laundry audits, pressure sores, weight loss, and mattress and hoist audits. We saw that where actions had been identified these had been addressed.

At our previous inspection we found there was a breach of Regulation 20 (1) of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 in meeting the legal requirements for duty of candour. This was because the leadership and culture of the home did not encourage openness and honesty at all levels. This impacted on the care people received putting some people at risk of harm. At this inspection we saw that significant improvements had been made. Visitors and staff we spoke to told us they had seen improvements in the management of the service. One visitor told us, "There was a lot of agency staff but now they have more of their own staff which is better, as people get to know them and my relative has dementia so it's much better for them. I can't fault the staff; they do know what they're doing." Another visitor said, "It's well led with approachable management and good communication. I think it is very open and transparent here. It's not false, what you are see is genuine. It's like my family here." Another visitor told us, "I think it is well led, the manager is very approachable and accessible. Very good communicators. My husband is very impressed. It's an open culture very centred round peoples differing needs."

We saw that information on whistleblowing was on display. Staff told us they felt comfortable raising any concerns. One member of staff told us, "Under the new management system they are now very open and honest. They come and ask us if everything is alright." Another member of staff said, "The manager has made significant improvements, she is very calm and listens and includes everyone in decision making. They want everyone involved." One of the unit managers told us, "We tell carers to come and speak with us if they aren't satisfied with anything and they know to approach any of the manager's on the other units as we all work together. They've all been through the whistleblowing policy training. There's a fair system in dealing with staff discipline. Unlike before where some staff got away with poor practice. This isn't the case now."

The unit managers confirmed that the person overseeing the management of the service was creating new survey templates to send out to people. One manager told us, "They spend time on the unit a couple of days a week and are devising a quality assurance template for the residents". Staff told us that meetings for people and their relatives had not been undertaken to gather their views and told us, "We usually discuss with people and their relatives when they visit. We found that when we had meetings scheduled, people always said they wouldn't be able to make it for one reason or the other, so we now put up events like the Easter raffle and they turn up and we have a chat about things. It's more informal and they are more likely to turn up. They view these events to be a more friendly approach of obtaining their views". People we spoke with told us they felt their views and opinions were sought. For example, one visitor said, "Yes I have been encouraged to give verbal feedback from the first days. I think it is superb."

We saw that people's care plans were reviewed on a regular basis to ensure that any changing needs were met. Records showed that people and their families were involved in developing and reviewing their plan of care. One visitor told us, "I have always been involved fully in planning care with the staff and they involve [Name] as much as is appropriate but [Name] cannot really make decisions about lot of things." We saw that records were stored securely which ensured only authorised persons had access to them.