

# Cavendish Healthcare (UK) Ltd

## Canterbury House

### Inspection report

Gallows Hill  
Hadleigh  
Suffolk  
IP7 6JQ

Date of inspection visit:  
18 November 2016

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

We carried out this unannounced inspection on the 18 November 2016.

We last inspected this service on the 21 July 2015. At the time the service was rated Requires improvement overall with an inadequate rating in the domain of well led and three breaches of regulation. At this inspection there was a new provider and a new management team in place and a number of positive changes were identified.

The deputy manager had been in post since February 2016 and the manager since April 2016. The manager was waiting for their registration with CQC to be processed with a date arranged for their fit person's interview.

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 service is registered for 63 people. On the day of our inspection there were 39 people using the service. There are three floors including lower ground, ground and first floor which was unoccupied during our inspection. There were eleven people residing on the Turner unit, (lower ground) which is predominately for people living with dementia and 28 people residing on the ground floor.

The deputy manager was present during our inspection and the manager who was at a conference arrived later during the day along with her senior management team. All were fairly new to their posts and were working to improve standards of care in accordance with their detailed action plan.

The most notable change was around the recent appointments of staff which had led to a reduction in the use of agency staff. However, agency staff were still being used predominantly at night. New appointments had been made for a second activities co-ordinator, a chef and a maintenance person. We found staffing levels were sufficient on the day of inspection but improvements had been identified by the manager in call bell response times and continuity of care at night. The deputy manager had said they were looking to appoint staff working from 06:00am to 08:00am to assist night staff in getting people up that wanted to at that time as they felt this was a busy time of day. Staff said there were enough staff available. However, people using the service told us they did not always feel confident about the staffing levels and whether or not they were adequately maintained.

Risks to people's safety were well managed and staff had sufficient training around managing risk and supporting people with their manual handling needs. Assessments were regularly carried out to ensure risks to people's health and safety were known and sufficient steps could be taken to reduce risk.

Staff had an understanding of safeguarding people from the risk of abuse and who to report to should they have concerns about a person. Reporting procedures were clear and staff knew they could refer internally and to outside agencies.

We identified shortfall in the management of people's medicines. We found through our audit that stock levels did not always match recorded number of tablets so could not be assured people always got their medicines as intended.

Staff recruitment and induction were satisfactory and staff felt well supported within the service.

The service took the necessary steps to ensure people without capacity were adequately protected and the service acted lawfully. Staff had sufficient understanding of legislation relating to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). The MCA ensures that, where people have been assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. People were supported to make decisions and any restriction on people with carried out lawfully.

People were supported to eat and drink sufficient to their needs. Staff actively monitored any one at risk of unintentional weight loss so this could be prevented as far as possible. People's health care needs were met.

Staff were kind and caring and had time to spend with people. People told us they felt valued and staff were respectful and helped them maintain their independence. People were consulted about their care needs and wider issues about the running of the service.

The service was responsive to people's individual needs and staff were familiar with people. The care plans were more individualised and improved but this was still working progress with some care plans yet to provide enough information and guidance for staff to ensure continuity of care.

Activities for people to alleviate social isolation and boredom were provided most days and very much enjoyed by those participating. However we met a number of people who felt isolated in the service and did not feel activities provided were suitable for them.

The service acted upon feedback, compliments and complaints to try and improve the overall experience people had.

The service had worked hard to improve the service and we found the manager was responsive and knowledgeable. The team of staff provided high standards of care and the atmosphere was calm and cohesive.

Service audits were not yet effective in identifying shortfalls within the service as we identified a number of concerns which the service had not already identified.. However the service was continuously improving the service which gave us confidence for the future.

People's experiences could be improved at this service with better engagement of the voluntary sector and community groups.

We found one breach of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. You can

see what action we told the provider to take at the back of the full version of this report.

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## 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 always safe.

There were systems in place to ensure medicines were administered as intended by staff who were trained to do so. Medicine audits were not yet sufficiently robust.

Risks to people's safety were managed through assessments of people's needs and actions taken to reduce risk.

Staff recruitment processes helped ensure only suitable staff were employed.

Staff had a good understanding of how to support and report any suspicion, or allegation of abuse and there were clear processes to do so.

The service was hygienic and there were processes in place to minimise the spread of infection.

Staffing levels were adequate but at times temporary staff were used which affected the continuity of care people received.

### Is the service effective?

**Good** 

The service was effective.

Staff training was being updated and staff received additional training to help them meet the needs of individuals.

Staff received adequate support and felt confident in their role.

Mental capacity assessments and deprivation of liberty safeguards were in place as required and staff had sufficient understanding of this. However there were instances where families with enduring power of attorney had not been adequately consulted.

People had their health care needs met as documented in people's records.

People's nutritional needs were monitored to ensure people had

adequate diets. However not everyone we spoke with felt the food was of a good enough standard which did not help people with diminished appetites.

### Is the service caring?

Good ●

The service was caring.

We observed caring, kind practice with staff who were familiar with people's needs and met them in a timely way.

Staff promoted people's independence and facilitated different activities for people although for some this was insufficient.

People were consulted about their needs and the overall development of the service.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Staff were observed responding appropriately to people's needs and care plans had been updated. However these had recently updated and we were unable to see a firmly embedded system of assessment, planning, implementation and review. There had been recent incidents in which records had not been sufficiently robust to clearly show actions taken.

A programme of activities was in place to help promote people's emotional well-being. However this was insufficient in its scope and some people reported feeling isolated.

### Is the service well-led?

Good ●

The service was well led.

At the last inspection well led was rated as inadequate. At this inspection there had been significant improvements and we saw a well-planned, cohesive service.

Staff training and support was being updated to help develop staff professionally and ensure they had the skills to meet people's needs. Some refresher training had not been completed but this was being addressed.

There were systems in place to monitor, and assess risks to people's health and safety. This ensured as far as possible that people received safe, timely care which met their needs.

People were consulted about their care needs and the way in which they wanted the service to be managed. Most people were satisfied by how the service was provided but some people raised concerns about staffing levels, call bell response times, the food and insufficient activity. The manager was implementing change based on people's feedback.

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# Canterbury House

## **Detailed findings**

### Background to this inspection

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

The inspection took place on the 18 November 2016 and was unannounced.

The inspection was carried out by three inspectors. Before the inspection we reviewed previous inspection reports, contacted the Local Authority to and reviewed notifications which are important events affecting the safety and welfare of people using the service that the service are required to tell us about.

During the inspection we spoke with eleven people, six relatives and two visitors. We spoke with ten staff. We also spoke with the chef, the deputy manager, the manager and the Regional manager. We carried out observations in communal areas and in the separate dining rooms both on the residential floor and the floor for people who were living with dementia. We also looked at six people's care plans, records relating to the employment and support of staff and others records relating to the management of the service



# Is the service safe?

## Our findings

At our last inspection in July 2015 we found a number of improvements were required to ensure people received a safe service. We had minor concerns about the management of medicines. We found individual risk assessments were not always in place as required and the risk of cross infection was not properly addressed by the service.

At this inspection we found some Improvements in the way medicines were managed. However, further work was required to ensure compliance with regulations. A number of people told us about their experiences of how their medicines were administered by staff. One person was heard asking staff about their medications and staff patiently explained what medicines they were taking and what each medicine was administered for. They were sufficiently knowledgeable and were able to reassure the person as to why their medicines were important.

We observed the drugs round on one floor and medicines were administered and recorded appropriately. One person refused their medicines, staff accepted this and then came back ten minutes later and tried again explaining to the person the medicines had been changed to liquid form to make it easier to swallow. The person refused again and this was recorded as such. Frequent refusals of medication were referred to the GP for advice.

We reviewed eight people's records in relation to administration of their medicines alongside the deputy manager. We jointly carried out an audit of stock against their administration records. We found a number of discrepancies with some medicines not accounted for so we were not assured that people had received their medicines as prescribed. The service were conducting their own medication audits but had not identified the errors that our audit picked up. It was evident that staff were signing the medication administration record to say that they have audited stock daily. However, it was clear that staff were not counting the stock but just deducting from the total the amount that was scheduled to be administered. We discussed this with the deputy manager who confirmed with the team leader on that morning that they had not actually counted the stock. We identified further gaps including missed fridge and room temperature testing. We found extensive gaps in the recording of people's topical medicines. Internal audits had not identified this which meant audits were not robust and did not include checking the topical creams and lotion charts. Where issues had been identified, for example we saw a significant medication error recorded, there was no recorded actions taken as per policy. Team leaders confirmed action had been taken and the GP had been notified but this was not evidenced to us. This meant we could not see if the person was adequately safeguarded or what learning took place following adverse events.

The deputy manager told us and we reviewed records which showed us that all staff administering medicines had recently been observed on a number of occasions to ensure they were competent to administer medicines and were doing so in line with policy. Staff had undertaken recent training at different levels, introductory and intermediate and some staff had completed an advanced level of training. The deputy manager said competency assessments would be completed regularly, ideally six monthly but at least annually. Any error in medication would result in further competencies being completed for staff

involved to avoid repeated errors. Only senior staff administered medicines but the deputy manager told us all staff would have a basic awareness of the different groups of medicines and the reasons for their administration. Staff were also made aware of conditions people might have which might be controlled by medicines such as diabetes.

Most people took their medicines as prescribed but we found where a person received medication crushed through a percutaneous endoscopic gastrostomy tube there was no best interest decision showing the rationale and consent for this.

This meant there was a continued breach of Regulation 12 Health and Social Care Act: Safe care and treatment.

At this inspection we found the current staffing levels reflected the needs of people using the service. Staff were observed working at a timely pace without rushing. The atmosphere was calm and staff were attentive to people's needs.

A number of people using the service told us they felt there were definitely not enough staff. One said they were sometimes short in the day, another said the staffing levels was mostly an issue at night. All agreed that the use of temporary, agency staff had an impact on the care provided as they were not familiar with people's needs. One person told us staff did not always respond quickly when they pressed their call bell. "Up to ten minutes." They told us when waiting for the toilet this was a long time. During our inspection call bells were answered promptly and the homes manager told us they audited call bell response times and had identified this as something they would like to improve on. They said typically call bells were answered within five to ten minutes which they would like reduced to about two minutes. The call bell system did not include the facility to do a print out so it was difficult to ascertain how this was effectively monitored other than through observation and feedback about response times.

Staffing levels fluctuated according to the needs and numbers of people using the service and staffing levels were determined by a dependency tool which showed how many hours support people typically needed. This was reviewed to take into account changes in need. We examined the rotas and saw an improving picture in terms of continuity. Less agency staff were being used as more permanent staff were being recruited and this had resulted in increasing satisfaction with the service.

Staff spoken with felt there were enough staff and reported high morale within the team. Care staff said team leaders and senior management helped out when needed so they were able to meet people's care needs at a time of their choosing. The only exception to this was early in the morning when some people wanted to be assisted at the same time. The manager said this had already been identified and additional staff were being recruited and deployed to assist night staff.

There were robust policies and practice around staff recruitment. New staff were only employed after they had an interview and were able to demonstrate that they had the necessary attributes and attitude for their role. Recruitment checks such as health declaration, proof of identity, address, eligibility to work in the UK, Disclosure and barring check, suitable references and application form showing previous work history were in place. Where these were satisfactory staff were given a contract of employment and worked on shift under the supervision of the team leaders or deputy manager.

People were safeguarded from abuse. People spoken with did not have any concerns about the staff supporting them and said staff were kind. One person told us, "The staff are really patient and there are a few staff I really, really trust." Staff spoken with had sufficient knowledge of how to recognise signs of

potential abuse and how to report it. Staff understood the importance of records and reporting concerns to the team leader. They were also aware of other agencies they could refer to and there were policies and training to support staff in their understanding. Staff referred to the whistleblowing policy and said information was accessible and they had the numbers at hand to call if necessary. We identified one member of staff who was not fully aware of their responsibilities and brought this to the attention of the manager to provide them with additional support.

Not all staff spoken with were aware of a number of recent safeguarding's or any learning to come out of them. The manager told us outcomes of safeguarding investigations were communicated to staff through supervisions and they would reinforce any changes in policy or practice as a result of it. Such as support around the most appropriate management of falls in line with the services policy.

We reviewed the most recent safeguarding concerns and found the service were appropriately reporting, investigating when appropriate to do so. .

Risks to people's safety was monitored and reduced as far as reasonably possible through the provision of equipment, referrals to other agencies and through carrying out risk assessments. Risk assessments were regularly reviewed to ensure the control measures in place were effective in controlling the risk.

Care plans included details about any risks to people and how they should be mitigated. We saw that people at risk of acquiring pressure ulcers had regular checks and equipment was in place to prevent this. There were regular checks on people's weights and referrals to the dietician when needed to prevent further weight loss.

Falls were monitored and people had pendants to call for staff. We noted people were supervised as far as possible for their safety but the service was quite spread out so this meant people were not always directly observed. Falls risk assessments showed what actions had been taken to mitigate risks.

There was good evidence of pain assessment tools in place with a description for staff as to how to interpret when a person was in pain where they could not express themselves verbally

The environment was spacious and uncluttered. We identified a number of minor issues which we brought to the managers attention to address which were: We were able to gain access to one part of the building using a code to get through the door but were unable to exit using the same code. We also noted wet floors with no hazard sign which meant people had the potential to slip. This meant that people were not fully protected from risk.

We noted good infection control procedures which had been a concern at the last inspection. The risks of cross infection were well managed by staff adhering to good infection control practices and regular monitoring and auditing of cleaning standards. We saw people were cared for in a clean, odour free environment.

# Is the service effective?

## Our findings

At the last inspection we identified a number of improvements required and found the service was not always effective. We found that staff were not adequately supported and inducted and therefore might not have the necessary skills to meet people's needs.

At this inspection we found this had improved. Staff were knowledgeable about the needs of people they were supporting and all said that opportunities for training had improved. One staff member said, "We have support from all levels. More informative, more courses, Anchor are behind us 100% to advance us."

Staff said that training was provided in a number of different ways including computer based learning, face to face and group learning. They said there were direct observations of their practice and regular one to one supervisions which helped identify any training or development needs.

We looked at the training matrix which showed that not all training was up to date. The manager told us that all staff were supported to ensure their training was up to date and staff had been written to where there training had lapsed reminding them they needed to complete it within a specific time frame to enable them to continue working at the service. The manager said there were opportunities for staff to do additional study and about 25% already held an additional qualification, several staff were just completing additional courses and a further five were just about to enrol.

Staff told us they had completed recent manual handling training, training around meeting people's nutritional needs and health care needs. Staff had completed dementia care training. One staff member said they would like more detailed guidance to follow around specific health care needs of a number of people using the service.

New staff told us when first employed they were additional to the staffing rotas and were given time and support to settle in. They received some initial training, and then were shadowed by more experienced staff. Their practices were observed and they were subject to a probationary period. They were expected to complete a formal induction programme which covered all the essential areas of knowledge required to work in the care sector. They said they were supported by a team leader until they felt confident. They said they had the right level of support.

The manager said when all staffs training was up to date they would look at how to develop staff further by identifying staff who might want to take on additional areas of responsibility within the team. Staff champions are members of staff who have an area of health care that they have a specific interest or flare for and they can support staff in this area. The service had already trained staff as manual handling trainers so this training could be provided to staff in house. They said they were also going to train staff to become dignity and dementia champions.

The deputy manager said agency staff had an induction when first entering the service which involved familiarising themselves with the building and the health and safety procedures before starting work. They

also requested information from the employment agency before they started at the service to demonstrate that agency staff had all the necessary recruitment checks in place and had received suitable training.

Staff told us they had received training in the Mental Capacity Act 2005 and Deprivation of Liberties safeguards. Staff knew who had a deprivation of liberty safeguards application in place as required for people who are detained in their best interest and as approved by the Local Authority. Staff confirmed that some people had been assessed as lacking capacity and decisions had been made in their best interest. These were documented showing who was involved and the rationale for the decision. We noted that a number of people had relatives who had enduring power of attorney for care and welfare and there was no evidence they had been consulted about specific decisions. For example one person's record recorded they lacked capacity and staff had signed to say they could not be involved in decision making where in fact the family had the Lasting Power of Attorney and had not signed the documentation. The family spoken to said they had not been involved in any best interest decisions made.

We saw recorded discussions with staff and the manager evidencing actions they had taken to appropriately assess the needs and wishes of people with complex needs which the service felt might outweigh what they could provide. This had resulted in best interest meetings being arranged with an appointed independent mental capacity advocacy (IMCA), social workers and other professionals. Care plans recorded the outcome of best interest decisions.

People told us their health care needs were met. They confirmed that the nurse practitioner came to the service every Tuesday and saw people as required and offered support and advice. The GP and nurse were available as required and the home said they were well supported by the district nursing team. People said they had regular access to the chiropodist and other services. This was documented within their care plans. We saw staff regularly referring to the speech and language team, (SALT,) the dieticians and falls team.

People were supported with their dietary needs to ensure they ate and drank enough for their needs. We observed people being appropriately supported at lunch time. People were offered a choice of two main meals which were plated up to show people to help them select their preference. Alternatives could be sought if they did not want either option. Meals were served in a timely way at an appropriate pace. Some people enjoyed wine or sherry with their dinner and relatives were encouraged to come in if they wished.

Some people had lost weight but we saw this was managed well with staff referring people to the dietician and ensuring further weight loss was prevented. We did not see ready access to snack plates. There were snack stations around the service but did not note that everyone would be able to access these and some people would need encouragement.

There was a set of four weekly seasonal menus which some people told us they were not entirely happy with. Some people said the food was not up to much and meals were quite repetitive and boring. One person told us they did not have much of an appetite and felt the food did nothing to encourage their appetite. Another person told us, "I am fussy about vegetables and there is not many veg I like, so why do they put vegetables on my plate without asking me if I want them. I am perfectly capable of helping myself to vegetables if they would only put them into a platter on the table." Another said, "The food is very good. I have nothing to complain about."

The service had recently employed a new chef who told us they served the food and could monitor wastage. They said they had met with people individually and as part of residents/relatives meetings to discuss the food and to ask how people would like their meal prepared and what they would like to see on the menu. The chef had a list of people's dietary preferences and any special dietary requirements. Dietary summary

sheets were held in the kitchen. People's commented their overall dining room experience was improving. There was also a suggestion book which the chef said they looked at regularly and took into account people's feedback. The manager said they had introduced dishes to the menu and had asked people to contribute by taking part in tasting sessions to see which dishes they preferred to be on the menu. We looked at minutes of residents meeting, the latest held in September noted that people were not having a choice of vegetables and as a response the manager said they had ordered vegetable terrines. However, that was two months ago and these were still not evident in the service.

## Is the service caring?

### Our findings

Everyone we spoke with without exception said the staff were kind and caring. We observed staff working in a purposeful way. For example, staff spoke to people in a kind, compassionate manner. They knelt down to talk to people eye to eye. They were relaxed and unhurried, attentive to individuals and demonstrated a caring, positive attitude. People's feedback included, "It's nice here." Another said, "All the staff are very kind. I feel safe with them all." Another said, "Things are improving all the time and appear to be settling down. There are staff who are now familiar to you, not so many changes. They are discreet when helping you to wash and dress. I have no issues or concerns."

Staff spoke about people's attributes and we saw they promoted people's independence encouraging people to walk when able and only using a wheel chair when the person was fatigued. At lunch time we observed staff offering meaningful choice and giving just the right amount of assistance to people.

Staff respected people's decisions and offered care according to people's wishes and preferences. We observed respectful interactions and staff knocking on people's rooms and waiting to be invited in. Staff communicated effectively and gave people time to respond. The service was inclusive and staff stopped to talk to people and their relatives when passing.

We did not look at end of life care but noted from the records we saw that discussions had not been held with people or their families about what their last wishes might be or how they would like to be cared for when approaching the end of their life. The manager told us training was being provided for staff and this was something they were aware of and were trying to gather more information as appropriate so they could support people according to their wishes.

People were involved and consulted about the service and people told us how they had been involved in residents meeting about the further improvement and development of the service. Care staff were familiar with people's needs and offered people appropriate choices and care was led by people's wishes and preferred routines as far as possible.

## Is the service responsive?

### Our findings

At the last inspection we found the service was not always responsive to people's needs as care records were not personalised and the care observed was not always appropriate to individual's needs. At this inspection we observed person centred care which met individual needs. The documentation in place to support staff in knowing how to meet people's needs had also improved.

One person told us, "I get a lot of attention, staff are responsive." Another person said, "Nothing is too much trouble for the staff." Another said, "Yes we are reasonably happy here and have settled, nice staff, nice gardens. "

One relative said, "My [relative] is a lot happier now. There is more staff and they get more baths. Having regular baths is important to [relative]. This was not happening but when I spoke with the manager it got sorted quickly. I notice [relative] had red eyes, told the manager and before you knew it GP had been out and antibiotics prescribed."

We spoke with staff who were able to tell us about people's individual needs and about their life history and personal preferences. Staff had received training on personalised care and told us care was centred around the needs of individuals. Routines were led by people's wishes not staff. The manager had established a key worker system which meant there was a named member of staff for each person. They were responsible for liaising with the family, updating care plans and ensuring people's needs were being met. This system was yet to be firmly established as in recent month's care plans had been updated using new paperwork. There had been concerns about the previous standard of record keeping and if sufficient actions had been taken when people's needs had changed. This had dented some relative's confidence who felt care needs had not always been clearly communicated. The current management team said it had been difficult to pull information together and some information had been archived without an adequate referencing system. The manager showed us evidence of correspondence to all relatives asking them for information to update the care plans including life history. GP's had been consulted to confirm actual medicines prescribed and request for information as to health conditions.

The manager has also written to all relatives to gain proof for those people with Lasting Power of Attorney's in place to ensure their records were up to date and the information was included in plan of care. People were now involved as much as they are able to be in formulating new updated care plans. Staff appeared knowledgeable about what was contained in care plans.

We reviewed six care plans and found the information and guidance available for staff varied from plan to plan. The manager was aware of this and said the care plans were working progress. In some care plans we saw guidance for staff in managing distressed behaviours. However for other people there was no clear guidance for staff to follow. This resulted in inconsistent practices which increased people's distress behaviours rather than reducing them. We noted this through our observation where a number of people became distressed at different parts of the day and staff although kind gave conflicting information to them



and some tried to act in an inclusive way whilst other staff suggested people should go to their room.

Care plan audits were being carried out by the service and they were identifying and addressing their own shortfalls.

.Despite obvious improvements in people's plan of care we had identified a number of areas where we felt the service needed to improve. The standard of record keeping was good in some instances but less so in others. Information about people's needs was accessible but in respect of Do Not Attempt Cardiopulmonary Resuscitation, (DNACPR,) it was not evident as to how staff would know in the event of emergency whether or not a person would want to be resuscitated. Current way of managing this is for staff to go to the office and look at the care plan. This was not an effective system in any event of person having heart attack. Discussed with the manager and senior management team at feedback for then to review and find a solution.

The transfer of information to new style care plans did not always reflect people's needs accurately. Catering staff had access to information about people's dietary needs but were not able to tell us about anyone with unintentional weight loss which was important to ensure they had a fortified diet. There was also evidence that people had not always received foods which could be mashed when this is how their food was required. This was indicative of information about people's needs not always being clearly communicated and, or followed.

Staff told us there was a written handover at the start of the shift and at the end of the shift and would involve all staff. Relatives told us sometimes they were given contradictory information about how their family member had been so was not yet confident in the reliability of information shared between staff and gave us examples of where they felt actions based on poor communication had been incorrect. Another family told us staff kept them informed of any changes in their relatives care needs but said they had not been involved in writing up or reviewing the care plan although they had lasting power of attorney for care and welfare.

As the new care plan, key worker system becomes more widely embedded the plan was for keyworkers to be more involved in reviewing information and reviews were being undertaking to involve the person, families and others involved in the persons support.

There was an activities person employed who was being supported by a second member of staff recently employed. Between them they were doing 18 hours each with some overlap and a number of activities planned for weekends. People were complimentary about the staff providing activities. However this was an area in which we felt required more consideration. Some people spoken with said they joined in activities and seemed quite happy. Staff told us they supported people to join in activities. On the day of our inspection people were enjoying listening to a volunteer who came in and played the piano twice a month. The activities coordinator was off but had been in the day before and had done arts and crafts. There was a schedule of activities including planned celebrations around Halloween and Christmas. Families were invited to join in and at Christmas families and older people who might be on their own at Christmas had been invited in for a meal.

A number of people we spoke with told us the activities were rather limited in scope and not provided every day. People particularly without regular family or visitors reported feeling bored and isolated within the service. It was particularly noted that most people ate breakfast in their rooms and only came out of their rooms for lunch. The communal areas were not used much. Some people said they watched a film occasionally in the cinema room and used the conservatory and the hairdressers on site. There was a swimming pool but this had not been in use although there were plans for individuals to be able to use it

again and possibly other community groups. However this needed to be staffed appropriately with staff sufficiently trained and this was taking place. One person told us they were not aware of any volunteers in the service and said school children came in but only at Christmas. They told us that a pet wasn't something used by the service. They said they liked both children and animals. Some people said there were only a few one to one activities and no trips out. One person said, "On a nice day even a drive in the car would be nice. " Another said they were reliant on staff to take them out and needed a wheelchair but said this did not happen and they had not been out all summer. Another said their life had been curtailed since not being able to use their electric wheelchair. One person said there was a weekly church service but they said it hadn't happened in the last few weeks and they didn't know why, although they said they had been ill. Another said when living in your own home there are always things to do but living in residential care everything is done for you and they were not longer involved in useful occupation. They said, "I would like to cook. "

Some staff said the activities had improved in recent months with more going on. Examples given included afternoon cream tea, games, puzzles and gardening. Some people told us there were staff to take people out, church was one example.

Resident/relative meetings were held and people were asked for suggestions about what they would like in the service. We noted that information was readily available including a welcome board showing staff working in the service. There was information of activities, events and any fundraising. This gave people and their families the opportunity to join in.

Complaints were taken seriously and there was a record recording any complaint and actions taken. Most people spoken with felt they could approach senior staff to raise any concerns and a number of families told us they had raised concerns and these had been addressed.

## Is the service well-led?

### Our findings

At the last inspection we found the service was not well led and was rated as inadequate. At this inspection we found that there had been some improvements. there was a new manager and deputy manager in situ and there was support being provided by the regional team.

The service was well managed and continuous improvement was being implemented to enhance the standards of care and levels of satisfaction people received. We received complimentary feedback about the changes being introduced. One relative said, "The new manager gets things done. Things are much improved, calmer and more organised. The morale of staff is improved." Another relative said, "There was such poor communication before the new manager took over. Things are settling down nicely. They are always welcoming. I am always informed of any falls or changes if GP has been out to see [relative]. I visit daily and I wouldn't have [relative] live anywhere else. I am more than satisfied with the care we receive." All the staff we spoke with were positive about the new manager although one said there has been enormous changes which felt a little too fast for them to keep up with. One staff member said, "I thoroughly enjoy working for Anchor. Equipment is plentiful and replaced when needed. More hoists/slings, personal protective equipment. "They said management were helpful and friendly. "They help you with anything i.e. new care plan training." They said the management had good knowledge and were approachable.

The service was inclusive and where possible engaged with family and the wider community. We identified one volunteer who regularly came into the service and at Christmas a number of groups, the brownies and a choir came in. There was also some fundraising taking place to help support further activities. The manager told us that dementia alliance supported the service and people were able to attend. 'Together Tuesday.' And they were also looking to use the swimming pool and engage community groups which would bring in revenue for the service.

The service had audits to determine if the service was providing high standards and safe care. There were action plans in place which the service was able to show us and were able to demonstrate what improvements they were making. Audits were carried out by the manager and regional managers at regular intervals. These included both day and night audits. We looked at a sample of audits including the medicine audits which were not sufficiently robust as these had not picked up issues identified by us. Bed rail audits policy is for weekly checks but evident showed this was not happening with this regularity. This meant quality assurance systems were not sufficiently robust for every area of health and safety.

A number of audits around tissue viability, weight monitoring, pressure mattress, hand hygiene and checks on staff to ensure they are using personal protective equipment were also viewed and these were up to date.

The service used a system known as AIMS: Accident, incident, monitoring system to record any event affecting people's safety and well-being. We reviewed a number of incidents and saw referrals to other agencies were made as appropriate and investigations reviewed by the safeguarding team. The manager said learning from incidents takes place and there was reflective practice. They gave an example of a work

shop which took place to look at falls management when a safeguarding incident identified gaps in practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 4 HSCA RA Regulations 2014 Requirements where the service providers is an individual or partnership</p> <p>The provider was not ensuring that there were safe and proper systems for the management of medicines.</p>