

Bupa Care Homes (CFHCare) Limited

Chilton Meadows Care Home

Inspection report

Union Road
Onehouse
Stowmarket
Suffolk
IP14 1HL

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31 January 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 and 5 May 2016 and found significant breaches with regulatory requirements across all areas of the service. As a result of our concerns the Care Quality Commission took action in response to our findings by placing the service into 'Special Measures' and amending the provider's conditions of registration. This included the provider not being able to admit anyone new to the service.

We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider had shared with us at regular intervals their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection considerable progress had been made to meet regulatory requirements, however some further improvements were still required.

Chilton Meadows Residential and Nursing Home provides care and support to a maximum of 120 older people, some of whom living with dementia and/or had complex nursing needs. People were accommodated across four 'houses' called Beech House, Munnings House, Gainsborough House and Constable House. At the time of our visit there were 78 people using the service.

The inspection was unannounced and took place over two days, on the 30 and 31 January 2017.

At the time of the inspection the home did not have a registered manager in post, however a manager was in post and following their appointment had submitted their application to be formally registered with the Care Quality Commission. 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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run. Following the inspection the manager was formally registered with us on 20 March 2017.

Quality assurance checks and audits carried out by the provider and the management team of the service were in place and had been completed at regular intervals in line with the provider's schedule of completion. The provider and management team of the service were able to demonstrate a better understanding and awareness of the importance of having good quality assurance processes in place. This was a significant improvement and this had resulted in better outcomes for people using the service. Feedback from people using the service, those acting on their behalf and staff were positive and relatives spoke of the improvements made by the provider and management team following our last inspection in May 2016. This referred specifically to better visible management presence within the service and there now being optimism and confidence that the provider and management team were doing their utmost to make the required improvements to the service. Nonetheless, some improvements were still required to ensure that where issues were highlighted as part of the management teams auditing arrangements, information was available to show actions required had been addressed.

All staff spoken with at the time of the inspection described the management team as supportive and approachable. However, suitable arrangements were still needed to ensure that all staff received regular formal supervision and an annual appraisal of their overall performance. Staff told us and records confirmed that a range of training opportunities were available and provided to them, nonetheless staff had not received updated medication training or had their competency reassessed in this area for some considerable time. An assurance was provided by the provider that this would be addressed as a priority.

Staff understood and had a good knowledge of the Deprivation of Liberty Safeguards [DoLS] and the key requirements of the Mental Capacity Act [2005]. Suitable arrangements had been made to ensure that people's rights and liberties were not restricted. People were now routinely asked to give their consent to their care, treatment and support and people's capacity to make day-to-day decisions had been considered and assessed. Minor improvements were required to ensure particular decisions which had been made in people's best interests were recorded and evidence of Lasting Power of Attorney [LPA] arrangements sought.

Care records for people were much improved as they now centred on the individual rather than containing generic information. Care plans reflected people's needs, choices and preferences and included information relating to people's life history and experiences. Relatives confirmed they were now given the opportunity to be involved in the assessment and planning of their family member's care. However, minor improvements were still required to ensure that people's care plan documentation was accurate and up-to-date and care plans for people who could be anxious or distressed, considered the reasons for people becoming anxious and the steps staff should take to comfort and reassure them. Although suitable control measures were now in place to mitigate risks or potential risk of harm for people using the service, some risk assessments contained inaccurate and contradictory information.

Arrangements had been made following our last inspection in May 2016 to protect people from the risk of social isolation and loneliness. Additional staff had been employed so as to provide and undertake a programme of social activities for people living at the service. People and those acting on their behalf confirmed that social activities were available with the exception of weekends. Improvements were still needed in the way staff supported people to lead meaningful lives and to participate in social activities of their choice and ability, particularly for those living with dementia or who had complex care needs. Although further improvements were still required, it was recognised that this only related to two of the four houses.

We observed that staff followed safe procedures when giving people their medicines, medicines were stored safely and records showed that people were receiving their medicines as prescribed. Errors that had been identified were reported to the management team and actions taken. Whilst medication practices and procedures were generally safe, improvements were required relating to the length of time the medication rounds could take, accuracy of records to show when medication was administered and more detail required for medicines prescribed to treat people's psychological anxiety so as to ensure these were used consistently and appropriately.

Improvements were required to ensure that appropriate infection control practices, policies and procedures were applied, understood and followed by the management team and staff.

Significant improvements were noted at this inspection by the provider and management team to recognise matters that affected the safety and wellbeing of people using the service. Suitable arrangements had been carried out by the manager to take action when abuse had been alleged or suspected. People were protected from abuse and avoidable harm and people living at the service and others confirmed they were kept safe and had no concerns about their safety. Safe recruitment practices were now in place and being

followed so as to keep people safe.

Comments about staffing levels at the service were variable. There was an anxiety about future staffing levels at the service following the embargo on new admissions to the service being lifted. Although these concerns were expressed the deployment of staff across the service was observed to be appropriate and there were sufficient staff available to meet people's needs to an appropriate standard. Systems were now in place to determine the dependency needs of people using the service and these were used to support the service's staffing levels.

People were supported to have enough to eat and drink. Significant improvements were now in place to monitor and record people's nutritional and hydration intake so as to identify at the earliest opportunity those people who were at risk. Suitable arrangements were now in place to support people where they required assistance to eat and drink. People were supported to maintain good healthcare and have access to healthcare services as and when required. Records now confirmed people had appropriate access to external healthcare professionals.

Staff knew the care needs of the people they supported and people told us that staff were kind and caring. In general staff responded to people's need for support and demonstrated appropriate concern for their wellbeing. People and those acting on their behalf told us that they were happy with the care and support provided by staff.

Staff told us that the overall culture across the service was now open and inclusive and that they felt supported by the management team. Staff told us that communication between staff and the management team was positive and that they felt listened to. Staff told us that morale within the staff team at all levels had much improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Although risks to people had been identified, recorded and planned for, risk assessment information required improvement as some information was inaccurate and contradictory.

Improvements were required to ensure that appropriate infection control practices, policies and procedures were applied, understood and followed by the management team and staff.

Medicines management was safe; however improvements were required in relation to medicines management. This referred specifically to the length of time the medication rounds could take, accuracy of records to show when medication was administered and more detail required for medicines prescribed to treat people's psychological anxiety so as to ensure these were used consistently and appropriately.

Although people's comments about staffing levels were variable, the deployment of staff was observed to be appropriate and there were sufficient staff available to meet people's needs.

Suitable arrangements were in place to protect people from abuse and avoidable harm. Safe recruitment practices were in place to ensure the staff employed were suitable for their role.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Although arrangements were in place for staff to receive appropriate training and an induction, staff had not received updated medication training or had their competency assessed. Whilst staff told us that they felt supported by the management team, improvements were also required to ensure they received regular supervision or an annual appraisal.

The service was complying with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS], but further improvements were required to ensure

Requires Improvement ●

assessments were completed for all areas and Lasting Power of Attorney arrangements were in line with legal requirements.

People were supported to have their nutrition, hydration and healthcare needs met.

Is the service caring?

The service was not consistently caring.

Improvements were required to ensure that staff interactions on two out of four units were person centred and not task and routine led.

People told us they were treated with care and kindness and received appropriate care and support to meet their needs.

People told us that they were treated with dignity and respect and their independence was promoted.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

Care provided by staff was not always responsive to people's needs and improvements were required.

Improvements were required to ensure that all people living at the service received appropriate social activities to meet their needs.

Although some people's care plans provided sufficient detail others were not as fully reflective or accurate of people's care needs as they should be and improvements were required.

Appropriate arrangements are in place for people to give their views and to raise concerns or complaints. People are confident that their complaints will be listened to, taken seriously and acted upon.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Although significant improvements were noted at this inspection, the provider's systems to check the quality and safety of the service required minor improvements so as to ensure that areas highlighted for corrective action as part of the provider's auditing systems were followed up and addressed.

Requires Improvement ●

Chilton Meadows Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 January 2017 and was unannounced. The inspection team consisted of three inspectors on both days of inspection. On the 30 January 2017, the inspectors were accompanied by two 'experts 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. Their area of expertise related to caring for older people and people living with dementia. On the 31 January 2017, the inspectors were accompanied by a member of the Care Quality Commission's medicines team. Their role was to specifically look at how information within medication administration records and care records for people living at the service supported the safe handling of their medicines and to observe staff administration practices.

Before our inspection we reviewed the Provider's Information Report (PIR) which was received on 8 December 2016. This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other statutory notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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

We spoke with 24 people who used the service, 13 relatives, 13 members of staff, two qualified nurses, one unit manager, the manager, the deputy manager, the clinical service manager and two provider's representatives [Interim Regional Director for the Recovery Team and the Regional Support Manager for the

Recovery Team].

We reviewed in total 23 people's care plans and care records. We looked at the service's staff support records for seven members of staff. We also looked at the service's arrangements for the management of medicines, complaints and compliments information and quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection to the service on 4 and 5 May 2016, we found that risks were not identified, planned for or managed appropriately. This referred specifically to the management of falls, pressure ulcers and where people experienced acute or chronic pain. There were not enough staff available to meet people's needs to an appropriate standard and staff recruitment practice did not ensure that staff employed were suitable for their role. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This included the provider not being able to admit anyone new to the service.

We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider has shared with us at regular intervals their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection although considerable progress had been made, further improvements were still required.

Where risks were identified, suitable control measures considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions, the risk of choking and how to support people's management and experience of acute and chronic pain. However, although evidence showed that these assessments had been regularly reviewed, improvements were required to ensure that where information was recorded in several places within the person's care file, information remained accurate and not contradictory. For example, due to some people's level of cognitive impairment they had been identified as being unable to use their call bell so as to summon staff assistance. However, their care records instructed staff to put their call bell within reach for the person to use. Environmental risks, for example, those relating to the service's fire arrangements were in place and this included specific information relating to their individual Personal Emergency Evacuation Plans (PEEP). However, not all of these were accurate according to people's specific needs. The PEEP for one person did not evidence that a stair gate was in place and another person's document stated they required the assistance of one member of staff with their manual handling needs. The latter was incorrect and was not accurate as the person's manual handling risk assessment stated they required the assistance of two members of staff and not one.

Our observations on both days of inspection showed that the deployment of staff was suitable within all units to meet people's needs. However, people's and relatives' comments about staffing levels at the service were variable. People living in Constable and Gainsborough House felt there were sufficient staff available to meet their needs. This was in contrast to Munnings and Beech House. People felt on occasions there were insufficient staff available to meet people's needs. For example, one person told us, "There's not always enough staff available." Another person told us, "We're told there is enough staff but they [staff] can take a long time to answer the buzzer," when they required assistance to have their comfort needs met. When asked as to how that made them feel they told us, "Anxious because I can't walk quickly." Although this was confirmed by the person's relative they told us, "They're [staff] always busy. If I can't find them I go to a

senior member of staff who is very helpful." Another relative told us, "Generally, I think the staffing levels could be higher. They [staff] can't see to all the resident's needs and there's a sense that the staff are running around." Another relative told us, "Sometimes they're [the service] short staffed." Concerns were expressed by people's relatives and staff in relation to future admissions to the service and the potential impact this may have on staffing levels at the service. A member of staff told us, "I think we cope really well but more people would mean that we would need more staff or we won't be able to give people the attention they get now." We raised this with the provider's representatives and an assurance was provided to us that as the number of people admitted to the service increased, staffing levels would be adjusted accordingly.

In general staff told us that staffing levels were maintained. However, when staffing levels were short the qualified nurses and unit manager's advised that their allocated supernumerary time for the undertaking and completion of staff supervisions, up-dating of care plans and the management of staff rosters was cancelled. Staff also confirmed that they lost their allocated supernumerary time to cover vacant shifts arising from staff shortages. However, staff confirmed that all efforts were made to deploy additional staff to the service during these times. One unit manager told us, "We do get listened to and I can ask for extra staff."

People told us they received their medicines as they should and at the times they needed them. One person told us, "I take quite a lot of tablets and have pain relief medication. When I require pain relief, staff come pretty quickly when I call. Sometimes I have to wait, maybe 15 minutes; I know now to call them earlier when I first start to experience pain." People also told us that where they were prescribed a topical cream to help aid good skin integrity, staff were attentive and applied these regularly. Relatives also confirmed that their member of family received their medication as they should. One relative from Gainsborough House stated, "They [staff] give [name of person who uses the service] their medication. They take them all right." A relative on Munnings House advised that if their relative initially refused their medication, staff always returned later to attempt to administer the person's medication. Medicines were stored safely for the protection of people who used the service and at the correct temperatures. Records showed that people received their medication as prescribed and in line with the prescriber's instructions. Where people regularly refused their medication, action had been taken to review the person's medication with their GP.

Although staff followed safe procedures when giving people their medicines, the morning medication round on both days of inspection did not complete until late morning on two out of four houses. Staff spoken with confirmed they were regularly interrupted and distracted during the medication round by either healthcare professionals or other members of staff requiring their attention for advice and support. The management team were advised of this and an assurance was provided that the medication rounds and the time it took for staff to administer people's medication would be reviewed for the future. Where people were prescribed medicines on a 'when required' basis, written information was available to show staff how and when to give people these medicines. However, more detail was required for medicines prescribed to treat people's psychological anxiety so as to ensure these were used consistently and appropriately.

Regular medication audits had been completed for each house. However, where actions had been highlighted for corrective action, evidence was not consistently available to show what actions had been taken and completed. The manager told us that this would be reviewed with the clinical service manager.

Improvements were required to ensure that appropriate infection control practices, policies and procedures were applied and followed. Our observations showed that the service was generally clean and tidy, however some improvements were required and this referred specifically to Constable House. Several wheelchairs were stained and dirty with food and drink fragments which had not been wiped clean. Additionally, specialist arm chairs were noted to be sticky and greasy to the touch and worn duvets that were stained or

had holes in them were witnessed. This was discussed with the house manager and they agreed that the above equipment should not be in this condition but confirmed there was no cleaning schedule for staff to clean people's wheelchairs and chairs or to dispose of worn duvets.

In January 2017, there had been an outbreak of infection whereby nine people and some members of staff had developed chest infections. Although the house manager was able to confirm that all nine people required and were prescribed antibiotics, they could not say what would constitute an infectious outbreak or what they would do about it. The Care Quality Commission had not been formally informed of the outbreak, not all staff were aware of their role and responsibilities and the provider's policy and procedure had not been fully followed. For example, there was no evidence of a robust outbreak plan having been implemented and completed to confirm an accurate record of those affected along with details of the outbreak or daily update meetings. This was discussed with the manager and provider's representatives. An assurance was given that the above would be reviewed for the future.

Staff told us that efforts were made to keep people safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. One person told us, "Yes I feel safe." Another person told us, "I feel safe and well looked after." Relatives confirmed that in their opinion their family members were protected and kept safe from harm. One relative told us, "I am confident that [name of person who uses the service] is safe and looked after well when I go." One relative confirmed that as a result of their member of family experiencing several falls, appropriate arrangements had been put in place by the provider to keep them safe from harm. They told us, "I can rest because they're safe and the care is good."

Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff told us they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or provider were not receptive or responsive. Staff were confident that all members of the management team would act appropriately on people's behalf. Where appropriate, suitable arrangements had been carried out by the manager to take action and alert all relevant parties when abuse had been alleged or suspected. Records were well maintained including details of the alleged or suspected abuse, investigation report, accompanying documentation and the outcome if known.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for five members of staff appointed since our last inspection in May 2016 showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. The recruitment procedure included processing prospective staff member's employment application, conducting interviews, seeking professional and personal references and undertaking a Disclosure and Barring Service [DBS] check. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported.

Is the service effective?

Our findings

At our last inspection to the service on 4 and 5 May 2016, we found that the provider was not compliant with legislation relating to the Mental Capacity Act [2005] and Deprivation of Liberty Safeguards [DoLS]. People did not have their nutrition or hydration needs met. Staff received training but action was not taken where competency issues or improvements were identified and staff did not receive regular supervision or an appraisal of their overall performance. In addition, people were not always supported to have input from healthcare professionals. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This included the provider not being able to admit anyone new to the service.

We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider has shared with us at regular intervals their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection although considerable progress had been made, further improvements were still required.

Staff were complimentary about the quality of the training provided and told us there had been an improvement in the availability and access to training since our last inspection to the service in May 2016. Staff confirmed they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that they were able to request additional training so as to further their knowledge and to support their designated role. For example, one member of staff confirmed they had recently taken on the role of 'dignity champion' for their unit and had attended a three day dementia training course.

However, staff involved in the administration of medication had not received appropriate training updates nor had their competency been assessed at regular intervals to ensure they remained proficient to undertake this role to a safe standard. For example, five out of 12 members of staff who administered medication to people living at the service last received medication training in 2009. A further seven members of staff last received their training in 2013 and 2014 respectively. We discussed this with the provider's regional support manager and they confirmed that staff had not received updated training since this time and that our findings were accurate, however our observations and conversations with staff who administered medication did not raise any significant concerns.

Evidence of inductions commenced or completed for new members of staff employed at the service were not available to view. However, two newly appointed members of staff confirmed they had received a robust induction which included an introduction to the organisation and mandatory training as established by the organisation. One staff member told us, "The training was really good at preparing me for the job." However, agency staff inductions were not consistently completed. Staff confirmed that induction checklists were not always completed for agency staff used. For example, five days prior to our inspection an agency member of staff was used who had not previously worked at the service. The house manager confirmed that an

induction checklist was not completed for them to demonstrate they had been shown around the unit, introduced to people using the service and team members and the routines of the shift explained.

Although staff told us they felt supported by members of the management team, improvements were needed to ensure staff had a structured formal opportunity to discuss their practice and development so as to ensure they continued to deliver care effectively for the people they supported. For example, the supervision records for one member of staff showed they had not received formal supervision since September 2016. Additionally, where issues or concerns had been raised by them, for example in relation to staff shortages, the need for appropriate equipment and to reflect on their practice so as to make sense of events, situations and actions in the workplace, there was no evidence to show how these issues or concerns had been addressed. Equally where specific training was identified or requested by individual members of staff, information was not available to confirm if this had been actioned. The above was not an isolated case. Two members of staff could not tell us when they last received supervision. The manager told us that staff employed longer than 12 months had still not received an appraisal of their overall performance for the preceding 12 months. The rationale provided was that a decision had been made by the management team to prioritise other areas, particularly where this impacted on the health and wellbeing of people living at the service. The manager confirmed that they were aware of the above and were looking to make headway with staff supervisions and appraisals in the coming months.

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.

People can only be deprived of their liberty so that they can 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 whether the service was working within the principles of the DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were able to demonstrate a good understanding of MCA and DoLS and how these should be applied.

Records showed that where appropriate people who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty, the provider had made appropriate applications to the Local Authority for DoLS assessments to be considered for approval. Where these had been authorised the provider had notified the Care Quality Commission. Following discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves.

Assessments had not always been considered or completed where people had an alarm mat in place to alert staff when they got out of bed to mobilise. This showed that a management plan had not been completed to confirm that this decision had been discussed with the person using the service or those acting on their behalf to demonstrate this was in the person's best interest and the least restrictive option available. Where people had a bedrail in place to keep them safe and help prevent them from falling out of bed, some of the decisions had taken place in conjunction with people's relatives. However, not all relatives had the legal right to formally act on their member of family's behalf as their Lasting Power of Attorney [LPA]

arrangements solely related to finance and did not include the provision of health and welfare. We also found that although some people's care plans made reference to them having an appointed LPA, there was no evidence to support or confirm this.

People told us that they had sufficient food and drinks to meet their nutritional needs. People were positive about the meals provided. One person told us, "If anything, there's too much [food]. I like a cooked breakfast, but skip lunch because I'm not hungry. I have a nice snack for tea and enough snacks through the day." A second person told us, "The food is very good, I cannot fault it." A third person told us that although they had lost their appetite and did not need a lot to eat, staff weighed them regularly and they were provided with extra milky drinks.

Observation of the dining experience for people over both days of the inspection were noted to be relaxed, friendly and unhurried. People were supported to make choices from the menu provided and received food in sufficient quantities. Where people were not able to make an informed choice, staff supported them to choose their meal by showing them two plates with the meal served on them. If people did not like the choices presented they were offered an alternative, such as a sandwich, jacket potato or omelette. People were supported to use suitable aids to eat and drink as independently as possible, for example, to eat their meal using a spoon and use of specialist beakers. This showed that people were enabled and empowered to maintain their independence and skills where appropriate, for example one person had finger food as they preferred not to use cutlery and found it easier to eat in this manner. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People with special dietary requirements, for example, those who required a soft or pureed meal, had their needs met appropriately.

The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, we found that referrals to a healthcare professional such as GP, dietician and Speech and Language Therapist had been made and people received a fortified diet. However, where instructions recorded that people should be weighed at regular intervals, such as, weekly or monthly, this had not always been followed. For example, we found that some people who had been identified as requiring weekly weights were being weighed monthly instead. No rationale was provided as to why this was happening.

People told us that their healthcare needs were well managed. One person told us they became anxious when breathless and that staff sat with them holding their hand and called the GP as required. People confirmed that doctors from a local GP practice visited the service regularly. Another person told us that their health was very good and their relative accompanied them to attend optician and audiology appointments. A visiting healthcare professional told us they had seen improvements to the management of people's healthcare arrangements since our last inspection to the service in May 2016. They told us that as a result of the service having a restriction on new admissions in place and no-one deemed as requiring end of life care and a new management team in place, suitable measures were now in place to ensure that people's needs could be adequately met.

People's care records showed that their healthcare needs were recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital and GP appointments, District Nurse and Community Dementia Nurse Specialist, Optician, Occupational Therapists and Physiotherapists.

Is the service caring?

Our findings

At our last inspection to the service on 4 and 5 May 2016, we found that staff did not always treat people in a caring and compassionate manner and staff did not always treat people with dignity and respect. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This included the provider not being able to admit anyone new to the service.

We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider has shared with us at regular intervals their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection although considerable progress had been made, further improvements were still required.

People were satisfied and happy with the care and support they received. People told us that staff at the service were kind, patient and caring. One person told us, "All the girls are good and they're very nice." A second person stated, "We are looked after well and yes, I am happy with the care." A third person told us, "Everyone [staff] is very nice here and they look after me. Staff are very kind and whatever I want they [staff] get it for me." Relatives spoken with confirmed they were happy with the care and support provided for their member of family. One relative told us, "As far as the care is concerned I've got no qualms at all. [Name of person using the service] needs are being met. They [staff] excel their actual duties as far as I'm concerned."

The atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which people enjoyed. This included housekeeping staff. Staff were generally attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink or supporting people to mobilise within the home environment and this was particularly positive on Constable and Gainsborough House. One person told us that they often became anxious whilst waiting for assistance to be provided in relation to their comfort needs. Our observations showed that staff responded in a timely manner when the person used their call bell to summon staff assistance at these times. Another person was overheard to call out, requesting support and attention as they became restless. Staff were heard to respond in a calm gentle voice and to provide appropriate reassurance. When staff left the room the person was observed to be relaxed and comfortable. It was obvious that the support provided by staff had lessened the person's anxious and restless behaviour.

However, the majority of interactions particularly for people living on Munnings and Beech House were task-led and routine-led. For example, providing people with personal care, providing people with a drink and assisting people to eat. People confirmed that staff did not sit and talk with them for significant periods of time as they did not have the time. During a parachute game on Munnings House, all the people taking part remained seated whilst those responsible for providing social activities were observed to be standing up. One person who used the service kept standing up but was repeatedly told by staff to sit down each time. This demonstrated that staff's knowledge and understanding for people living with dementia was not

always as positive or proactive as it should be in relation to the practical needs of people using the service. This had resulted in routines that were task-led rather than person centred and there was a tendency to treat people as a group rather than as an individual.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, significant key events that had happened in their lives and people and places that were familiar to them. All the staff that we spoke with felt that the care and support provided to people was good and they were able to meet people's needs to a good standard.

There was evidence to indicate that some relatives had been consulted and involved in their family member's care plans. Relatives confirmed they had seen their member of family's care plan and had provided information as part of the pre-admission assessment process. One relative told us, "I'm aware of [Name of person using the service] care plan. The last review was a couple of months ago and I attended." Another relative told us, "Staff have involved me with [Name of person using the service] care plan. I can't remember when this was, but I was given the opportunity to be involved." However, few people using the service had been actively involved in planning their care.

Some people's independence was promoted and encouraged where appropriate and according to their abilities. Where this was positive, several people at lunchtime were supported to maintain their independence to eat their meal and some people confirmed that they were able to manage some aspects of their personal care with staff support. One person told us that staff encouraged them to remain as independent as possible. They told us, "I always try to do as much as possible for myself, however if I need help, the staff are always there."

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Observations showed staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. One person confirmed to us that staff knocked before entering their room and on the occasions where they had their door already open, staff asked them if they could come in. People also told us that staff treated them with respect. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. One relative told us, "They [staff] remember me and I'm always offered a cup of tea and a piece of cake."

Is the service responsive?

Our findings

At our last inspection to the service on 4 and 5 May 2016, we found that care records for individual people using the service were not person centred. People were observed to be disengaged and bored and did not have access to appropriate social activities and stimulation. Additionally, people and those acting on their behalf did not always feel their views or concerns were actively listened to or acted upon. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This included the provider not being able to admit anyone new to the service.

We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider has shared with us at regular intervals their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection although considerable progress had been made, further improvements were still required.

Our inspection highlighted that some people did not always receive care that was responsive to their needs. This was because at times some staff's approach was primarily task focused and routine based rather than person-centred. On Munnings House we found that several people using the service had been assessed by a healthcare professional for specialist chairs to be used so as to provide support with improving their posture. Clear written information from the healthcare professional was recorded detailing the chairs had sufficient pressure relieving properties built-in so as to enable the person to be sat in them for extended periods of time. However, additional instructions were also recorded stating that people should have their body repositioned every two hours so as to provide pressure relief. Nevertheless, our observations on the first day of inspection showed that three people were seated for between three to five hours with no change being provided by staff to their position or to have their comfort needs met.

On Beech House we found that nursing staff were not consistently changing people's dressings in line with the recommendations documented within their individual care plan. For example, the recommendation within one person's care plan stated that their dressing should be changed every three to five days, however records showed between 23 November 2016 to 16 January 2017 that their dressings were not changed for between seven and eight days.

Although some people's care plans provided sufficient detail to give staff the information they needed to provide personalised care and support that was consistent and responsive to their individual needs and these were much improved since our last inspection in May 2016, others were not as fully reflective or accurate of people's care needs as they should be and improvements were still required. For example, one person's care plan identified them as being at high risk of developing pressure ulcers and should have their body repositioned each hour. Records showed that staff had been completing hourly checks for some time and then this had stopped because they had been judged to be able to reposition themselves without staff support. The care plan had not been updated to reflect this and it was unclear as to who had made this decision or on what basis the decision had been made. The care plan for another person recorded them between October 2016 and December 2016 as being at high risk of malnutrition. The assessment for January

2017 showed that the person was continuing to lose weight; nevertheless they had been assessed as being at low risk of malnutrition. This was not accurate, particularly as the person had been referred to a healthcare professional as a direct result of their continued weight loss in January 2017. However, we could not find any impact on people's care during our inspection and these were records based issues that needed to be addressed to ensure that risks to people were managed as robustly as possible.

The manager confirmed that five members of staff were primarily tasked with providing and supporting people to participate in social activities covering all four houses over a five day period, 10.00 a.m. to 4.00 p.m., Monday to Friday. Two staff members confirmed there were no planned activities at weekends. A relative on Munnings House confirmed this by saying, "There's not anything going on at weekends. I come in more frequently at the weekend because there's nothing happening." Another relative told us, "Something should be done at the weekend relating to activities." Additionally, one of these staff told us that since the last inspection there had been a significant improvement in the activities available to people using the service and additional items had been purchased for table top activities.

Each person was observed to have an activities timetable in their bedroom and this informed them of the organised events taking place on their respective house. Those responsible for undertaking social activities told us that there were opportunities for people to go out with their families or to events organised by the service. People told us they had the choice as to whether or not they joined in with social activities at the service. Some people confirmed they preferred to spend time in their room or the communal lounge rather than join in with the social activities provided either through choice or because there had been a change in their physical and cognitive ability and they were no longer able to participate in the planned activities. One person told us that although they were confined to their bed, "I enjoy television and like to watch people as they come through the door. Everyone comes in to talk to me, it couldn't be better."

Our observations showed that activities provided to people across the service were variable. Whilst activities on Constable and Gainsborough House were seen to be positive, this was in contrast to activities provided on Munnings and Beech House. In relation to the latter, the activities taking place were primarily aimed at those people who were physically more able and those who had good communication skills. This was confirmed by staff as accurate. This meant that some people, such as those who remained in their bedroom or those living with dementia, had less access and opportunities to participate in meaningful activities.

Information on how to make a complaint was available for people to access. People spoken with knew how to make a complaint and who to complain to. People and their relatives told us that if they had any worries or concerns they would discuss these with the management team and staff on duty. One person told us, "There's nothing major, just niggles. The nurse is a lovely person and soon gets things sorted and organised." Another person on the same unit told us, "The nurse is wonderful and keeps them [staff] in order. They don't put up with any nonsense." A relative told us, "I've nothing to complain about." They confirmed if they had any issues this would be raised with the unit staff or the management team. Staff told us that they were aware of the complaints procedure and knew how to respond to people's concerns.

Complaint records showed there had been 12 complaints since our last inspection in May 2016. A record had been maintained of each complaint and there was documented evidence to show that each one had been responded to by the manager and/or the provider's representative and included actions taken, including where appropriate an internal investigation. A record of compliments was maintained to evidence the service's achievements.

Is the service well-led?

Our findings

At our last inspection to the service in May 2016, we identified significant shortfalls across all areas of the service. We found that the provider's quality assurance systems were not effective or robust and there was a lack of managerial oversight of the service as a whole by the provider and the then management team. This meant that the service was not effectively being run for the benefit of the people using the service. As a result of our concerns the Care Quality Commission took action in response to our findings by amending the provider's conditions of registration. This included the provider not being able to admit anyone new to the service. We asked the provider to send us an action plan which outlined the actions they would take to make the necessary improvements. In response, the provider has shared with us at regular intervals their action plan detailing their progress to meet regulatory requirements and to achieve compliance with the fundamental standards. At this inspection considerable progress had been made, however some further improvements were still required.

The provider was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. The manager monitored the quality of the service through the completion of a number of clinical and non-clinical audits. For example, one of the audits measured the care provided across four key themes; quality of care, quality of life, quality of leadership and management and quality of the environment. The audit provided both qualitative and quantitative information. This also included internal reviews by the organisation's internal quality assurance team at regular intervals. The manager advised that their last internal review was completed on 18 and 19 January 2017 and at the time of the inspection they had only been in receipt of the internal review findings for three days. The report provided a summary that identified the areas which had been addressed and actioned; the areas that required further improvement and development and positive outcomes. These demonstrated that arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provided.

Our findings at this inspection showed that significant improvements were noted since our inspection in May 2016. The manager and management team were able to demonstrate a good understanding and awareness of their roles and responsibilities and this had resulted in better outcomes for people using the service. Feedback from people using the service and those acting on their behalf was positive and staff described the management team as supportive and very 'open'. Improvements were noted in relation to the management of risks for people using the service. Appropriate staffing levels were being maintained and suitable arrangements were now in place to recruit staff safely. People's nutritional and hydration needs were now met, people were treated with care and compassion and people's overall care and support needs were now being met and managed to an appropriate standard.

Although some further improvements were still required as recorded within the main text of the report, there was no evidence of any significant impact on people's care during our inspection and the issues identified were primarily records based that needed to be addressed to ensure that risks to people were managed as robustly as possible. For example, where instructions were recorded that people should be weighed at weekly or monthly intervals, it had not been picked up to show that these were not always being followed by

staff. We found that people's care plans were not as fully reflective or accurate of people's care needs as they should be. Where a care plan audit had been completed and where corrective actions were highlighted, there was not always information available to show that the actions highlighted had been addressed. For example, nine care plan audits identified either a 'Red' or 'Amber' rating score. No action plan detailing who was responsible, the timescales for action or evidence of actions taken were recorded on eight out of nine care plan audits viewed. We discussed this with the manager and clinical service manager. They advised that once the audit was completed this was given to the house manager, nurse or a senior staff member to rectify. The manager and clinical service manager confirmed that a further check should be completed to ensure all required information was now in place. It was acknowledged that the latter had not always taken place.

The manager confirmed that the views of people who used the service had been sought and a report compiled in December 2016. However, only six out of 78 people living at the service had completed and responded to the provider's quality assurance questionnaire. Although percentage scores were recorded in response to feedback provided, any comments provided by individuals had not been identified. Where a percentage score had attained a low score, for example, in relation to 'Happy and content' [33%], 'Listened to by staff' [33%] and 'Activities' [20%]; an action plan had not been compiled to look at this in further detail so as to determine and understand the rationale.

Since May 2016, there had been a change in the management structure of the service. The previous registered manager and other senior management team members had left the service and a new manager appointed in August 2016. In addition to this a new deputy manager and clinical service manager had been appointed in July and September 2016. The Care Quality Commission was in receipt of the manager's application to be formally registered with us. Following this inspection the manager was registered with us on 20 March 2017.

People using the service also told us that the management team were visible and approachable. One person told us that in their opinion the service was well run. They told us that they would have no reservations in recommending the service to others because everything is, "Alright now." This statement was supported by another person who advised that although they had not spoken directly with the manager, they were confident that the service was now well run.

Relatives spoke of the improvements made since the last inspection in May 2016. This referred specifically to better visible management presence within the service, positive reassurances and confidence that the management team were doing their utmost to make the required improvements to the service, cleaning and laundry arrangements had improved and staff morale was much better. One relative told us, "Although I haven't met the manager or deputy manager, since the CQC thing, I've noticed a lot of things have improved around here." A second relative stated, "We see the managers [management team of the service] more often, and I've gone to the surgery." The latter referred to the manager's open door policy to hold a regular surgery whereby anyone can go and talk with them about any issues or concerns they may have. Several relatives also confirmed they would recommend the service to others. One relative stated, "I certainly would recommend the home now." Another relative stated, "I'd recommend them to anyone."

Staff told us that the overall culture across the service was now open and inclusive. Staff told us that communication between staff and the management team was positive. Staff told us that morale within the staff team at all levels had much improved. All of the staff spoken with at the time of the inspection described the management team as supportive and approachable and referred to the management team as being "good". Staff told us that the appointment of the new management team had provided a feeling of stability within the service. Staff confirmed that the manager held a surgery every Thursday whereby staff

were able to raise issues and concerns. However, nurses told us that although they recognised staffs right to do this, they were concerned because rather than directing the staff member back to them, the management team were dealing with the issues directly. This meant there was a risk whereby the nurses felt undermined but also did not always know what had been discussed or actioned.

The manager told us that regular monitoring of the houses was completed through a daily 'clinical walk around' and 'Take 10' meetings. The latter is a daily meeting whereby a member of staff from each house and a representative from each department come together with the management team to discuss any emerging issues so as to formulate the actions to be taken to address any concerns identified. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service and minutes of the meetings confirmed this.