South Africa Lodge Limited

South Africa Lodge Nursing Home

Inspection report

43 Stakes Hill Road, Waterlooville, Hampshire
PO7 7LA
Tel: 023 9225 5556
Website: southafricalodge.org.uk

Date of inspection visit: 4, 5 February 2015
Date of publication: 21/05/2015

Ratings

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

Overall summary

This unannounced inspection took place on 4 and 5 February 2015.

South Africa Lodge provides accommodation and nursing care for up to 97 older people. At the time of our inspection there were 72 people living at the home. People living at the home have high complex support needs in relation to their diagnosis of dementia, mental health conditions, learning disabilities and physical disabilities. The home is separated into six lodges who have dedicated staff teams. Each unit is linked with a door. Bedrooms are single occupancy with en-suite facilities and each lodge has communal areas. The lower ground floor of South Africa Lodge is used as an activities hub, with a cinema room, fully equipped hairdressing and nail salon and general area. There is a free area on this floor that the provider is considering as a fully equipped sensory room. In addition to the nursing and care staff the provider has also recruited occupational therapy input.

Summary of findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was absent from the home during our inspection and this had been notified to us. To ensure continuity of management support the homes chief operating officer was working in the home full time and undertaking the role of the manager.

At the last inspection in July 2014 we asked the provider to take action to make improvements to the obtaining of consent and the application of the mental capacity act 2005, the care and welfare of people who use the service, assessing and monitoring the quality of service provision and records. The provider sent us an action plan stating the action they would take to meet the requirements of the regulations. The provider had made improvements and were meeting the requirements of these regulations, however we identified areas which required improvement, including some care records and auditing systems.

People were supported to take their medicines as directed by their GP. Medicines were not always safely stored. Whilst administration records were complete, supporting information was variable.

Medicines were kept within their recommended temperature range, and administered as prescribed. Some non-prescribed homely remedies were out of date.

People and their relatives were satisfied with the care being provided. They told us staff were kind, caring and respectful. Staff were knowledgeable of people's needs and supported them to make choices about their day to day lives. Care records had improved. Information was available to guide staff about the management of risks for people and staff understood these. Some care records required further personalisation. People's privacy, dignity and independence were respected. Staff demonstrated a caring approach to people and understood their needs well. Activities were in place and people were supported to access these as they chose.

Staffing levels were sufficient to meet people's needs and all appropriate recruitments checks were undertaken before staff commenced work to ensure they were safe to work with people

There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of harm. The provider used this information to reflect on practice and share learning with all staff.

Staff were supported to develop their skills by receiving regular training. The provider supported staff to obtain recognised vocational qualifications in Health and Social Care. People and staff said they were well supported. People's dietary and other health care needs were met and the provider however the monitoring of people's fluid and diet intake needed improvement, We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found the service had submitted applications for DoLS to the local authority. Staff demonstrated an understanding of the Mental Capacity Act 2005 and showed how this was applied to peoples care and support.

Service delivery was open and transparent. Staff understood the values of the service and worked to these. Communication in the home was positive and effective. The provider was undertaking regular checks of the service however these were not always effective in identifying concerns. We have made a recommendation about the effective auditing of service provision.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulations 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.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Medicines were not always stored and managed safely.

Staff had a good understanding of safeguarding people at risk. They knew what action to take and the provider demonstrated learning from these events. Where risks were identified these were managed safely.

Staffing levels were sufficient to meet people's social, emotional and physical needs.

Requires Improvement

Is the service effective?

The service was not always effective. The monitoring of people's nutrition and hydration was not always effective. Dietary needs were understood and met. The provider worked well with other professionals to ensure health needs were met. However

Staff were well supported and encouraged to undertake further relevant qualifications. However, not all appraisals had not taken place.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and demonstrated this was applied in full.

Requires Improvement

Is the service caring?

The service was caring. Staff understood and knew people's needs and preferences well.

People were encouraged to be involved in decisions about their care and the service. Decisions were respected.

Privacy, dignity and independence were respected. Information about people's needs was held confidentially.

Good

Is the service responsive?

The service was responsive. Care plans were personalised to meet people's individual needs. They provided guidance to staff about the support people required. However some further improvements to records were needed.

A range of activities were available and were tailored to meet individual need

There was a complaints procedure in place. People were confident any concerns would be addressed. The provider sought feedback from people's relatives and used this to identify where development could happen.

Good

Summary of findings

Is the service well-led?

The service was not always well led. A number of audits were carried out however these were not always fully effective in identifying issues of concern. New audits had been developed but not embedded.

Communication in the service was effective and much improved, staff felt supported, valued and were encouraged to learn from incidents

The provider demonstrated how they reviewed the service to strive for improvements.

Requires Improvement 

South Africa Lodge Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 February 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist nurse advisor, a pharmacy inspector and an expert by experience. The expert had experience in caring for people who have difficulties in communicating and may display behaviours that place people and others at risk. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We spoke with three people using the service and four family members. We spoke with the provider's nominated individual and chief operating officer. We also spoke with 19 staff including nursing and care staff, domestic staff, kitchen staff, activity co-ordinators and occupational therapy staff. We spoke with the deputy manager and clinical support lead. We also spoke with three external health and social care professionals.

We looked at the care records for 16 people and medication administration records for 34. We reviewed staff duty records, five recently recruited staff recruitment records, seven staff supervision records and all staff training records. We looked at records relating to the quality monitoring of the service including complaints, accidents and incidents, audits, case reviews and policies and procedures. We observed care and support being delivered in communal areas.

Requires Improvement

Is the service safe?

Our findings

People said they felt cared for by staff who understood their needs. They said they received their medicines when they needed them and had no concerns about the service they received.

Medicines including Controlled Drugs were not always safely kept. We found two such medicines in a locked cupboard in a locked room; however they were not stored within an appropriate safe. This was rectified at the time of our inspection when we pointed this out to the nursing staff.

Homely Remedies were not managed safely. Homely remedies are medicines the public can buy to treat minor illnesses like headaches and colds. Whilst the relevant GPs had approved some homely remedies for people, the homely remedies held by the service contained additional products not on these agreed lists. Whilst the date of opening was recorded on eye drops and liquid medicines, we found three Homely Remedies that were past their expiry dates. Appropriate arrangements were not in place to check the expiry dates of Homely Remedies and the provider's policy was not being followed. This meant that people were at risk of receiving medicines that may not be effective or could potentially be harmful.

Staff explained how they administered creams to people as part of their personal care. They demonstrated a good knowledge of where they were required to apply creams and kept records of when these were applied. However, we found these records did not specify where the creams needed to be applied nor had staff recorded where they had applied these creams on the person's body. We could not be assured that the creams were applied as prescribed.

The administration of other medicines was appropriately recorded. Information on people's allergies, medicines that were "if required" or "variable dose" and if the resident was aware of their needs and could request medicines were documented. Where covert administration of medicines was taking place, an assessment of the person capacity and best interests meetings had been held. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Crushing medicines may alter the way they work and make them ineffective. Staff should always ask for a pharmacist's advice before they crush any medicines. Clear records of this were in place and reflected in the care plans. Specialist pharmacist advice on how to administer the medicines covertly had been documented for one person. However, for a further two people there was no evidence this advice had been sought. Therefore, we could not be assured the medicines retained their effectiveness when administered covertly.

We found that the registered person had not protected people against the risk of unsafe management of medicines. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines trolleys were locked and secured to walls within locked rooms. The registered nurse held the keys to these rooms. Appropriate arrangements were in place to store medicines within their recommended temperature ranges, including actions taken when medicines were found to be outside of their recommended temperature ranges. One person was on medicines which required monitoring. Test results, dose changes and subsequent tests were scheduled and recorded.

At our last inspection in July 2014 we found people's care and welfare needs were not always met. Appropriate arrangements were not always in place for managing risks for people and it was not always clear what action had been taken to address these.

At this inspection we found risks were managed safely for people. Staff knew people well and were aware of any risks associated with their care. Care records identified risks and gave guidance about how to manage them. For example, one person who was identified as being at risk of choking had been assessed by an external health professional and the care records reflected the guidance provided. This was being followed by staff. The care records identified the signs of choking and what action the staff should take. Care records for people identified as being at risk of falls provided clear guidance about the management of this risk and what staff should do. Where people displayed behaviours that may present a risk to the person and others, risks were identified and planned approaches were

Requires Improvement

Is the service safe?

in place to reduce and manage them if they occurred. Staff were aware of the behaviours people could display and described how they would offer support through distraction or redirection techniques.

Each person had a personal emergency evacuation plan which detailed the support they needed in the event an evacuation was required. The provider had a business continuity plan covering area such as extreme weather conditions, staff shortages, and power failures. This risk of these had been assessed and clear guidance about the action to take had been identified. The provider had notified us of an emergency situation that had happened in December 2014. Throughout the inspection relatives and staff commented about how the plan had worked in practice and minimised the impact this had on people.

There were policies and procedures regarding the safeguarding of adults at risk. Staff demonstrated a good knowledge of recognition of abuse and what action they would take if they suspected abuse was occurring. There was a whistleblowing policy in place and staff were aware of this. Staff were confident to raise concerns with the management at any time and said this was encouraged. Where safeguarding incidents had occurred these were reported to the local authority and investigations took place. These were discussed in meetings with staff to look at areas where improvements could be made and staff confirmed this information was shared with them. The provider ensured that safeguarding concerns were reported to us in line with the requirements of the legislation.

Recruitment records for staff contained all of the required information including two references, a record of previous employment history and qualifications. Criminal Record Bureau (CRB) or Disclosure and Baring Service (DBS) checks had been undertaken. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. Prior to registered nurses commencing work evidence that they had the appropriate registration was sought and this was checked annually.

There were sufficient staff on duty to care for people safely and be flexible to meet people's individual needs. Staff told us they felt there were sufficient staff on duty to ensure the safety of people The atmosphere was unhurried and staff had time to sit with people and talk to them. People's needs were attended to in a timely manner. For example one person wanted to go to the toilet. They did not have to wait. Two staff immediately supported the person to their bedroom. Another person wanted a drink and staff responded quickly and obtained the drink without delay.

Requires Improvement

Is the service effective?

Our findings

People confirmed they were involved in their care and made their own choices. For example, one person said how they were involved in making choices about their day to day life, including when they got up, when they went out, what they wanted to eat and if they wanted to join in activities. Any comments from people about the skills of staff

At our last inspection, the provider had made progress with implementing the requirements of the Mental Capacity Act 2005 (MCA), however they could not always demonstrate they were applying this consistently. At this inspection improvements had been made.

Six of eight staff demonstrated a good understanding of the mental capacity act and how to apply this. One said "mental capacity means residents always have the right to choose, even their mistakes if they are mentally able to". A second said "residents have the capacity to choose what they want to do, what they want to eat or wear for as long as they can and it is our job to make sure this happens and not assume anything". However, two staff's understanding was limited. Management demonstrated a good knowledge and understanding of the requirements of the mental capacity act. Observations reflected that people were given choices and supported to make decisions about what they wanted to do. All staff demonstrated an understanding of the importance of offering choice and respecting people's decisions.

People's records reflected capacity assessments had been undertaken where appropriate. These included assessments of people's ability to make decisions about living at the home the use of locked doors, providing consent to receiving personal care and receiving medication covertly. Records reflected that best interest discussions with relatives and where appropriate other professionals had taken place. The home maintained records of people who had Lasting Power Of Attorney representatives and this specified what decisions they were able to make.

Visiting professionals confirmed to us that the provider supported people with some very complex needs that meant they could display behaviours that placed themselves and others at risk. They told us that staff at the home always sought the least restrictive alternatives first before requesting support with medication. Care plans relevant to people's choices had been improved on since our last inspection. These included the triggers to people's behaviours, preventative approaches and how staff should support. We observed a person who became rapidly agitated with another person who lived at the service. Two staff members who were in the room immediately took action. They spoke calmly to the people and one staff member distracted a person and they walked together to another part of the room. Staff members remained calm throughout and acted professionally using the least restrictive approaches to diffuse a very difficult situation.

Where people lacked the mental capacity to make decisions staff were guided by the principles of the Mental Capacity Act 2005 code of practice to ensure any decisions were made in the person's best interests. Where required the provider had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority. They showed a good understanding of DoLS and when this should be considered.

Staff confirmed they felt supported by the management and they were available quickly when staff needed their support.

Staff received an induction to the service and to the people who lived at the service. This involved shadowing other more experienced staff and learning about the ways to support people . This meant that staff were given time to gain experience and knowledge about the service and the people they were supporting before working alone. Staff confirmed the time spent shadowing staff worked well and allowed them to understand the needs of people in the home.

The provider had recently redesigned their training following feedback from staff that e-learning (computer based training) was not always supportive of their learning style. This had not been rolled out at the time of our inspection. Staff had received training on safeguarding, mental capacity and DoLS, first aid, infection control and moving and handling. In addition care staff had the opportunity to access additional training including dementia care awareness, end of life care and training to support people who displayed behaviours that may place them at risk. Nursing staff had access to courses regarding

Requires Improvement

Is the service effective?

specific health related issues and nursing roles, for example, catheterisation. Five of 13 nurses had completed a nurse development programme. Was there a plan for the rest of the nurses to do this course.

The provider encouraged and supported staff to obtain further qualifications to help ensure the staff team had the skills to meet people's needs and support people effectively. Thirty five of 66 care staff had completed a vocational health and social care qualification. These are work based awards that are achieved through assessment and training. To achieve these vocational qualifications candidates must prove that they have the competence to carry out their job to the required standard. Staff told us training helped them in their role. They told us they were useful to refresh their knowledge and make sure they knew what to do. Nurses confirmed they were supported to maintain their professional registration and all staff said if they identified a training need outside of the mandatory requirements of the home this was supported by the provider.

Staff received supervision, these meetings were with a senior member of staff. This gave staff the opportunity to discuss their role, reflect on their practice, talk about training and receive and provide feedback. The chief operating officer was aware appraisals had not taken place. Staff records we looked at did not contain records of appraisals; however five of seven had been in their role less than a year. The chief operating officer told us of a learning and development programme that was being designed at the time of inspection which would enable appraisals to happen consistently and be constructive for staff.

People said they enjoyed the food. One said “Food is good here. I can only eat so much because I’m diabetic. My favourite is roast lamb.” Relatives described the food positively and said there was a good choice of meals. One relative said the quality of food was good, however felt there was too much which was too hard to chew or very runny. They felt the menu needed to match people’s medical needs. Our observations did not reflect this and where people required a softer meal this was provided. One relative told us, “It would be a good idea for a manager to walk through while they were feeding to see what issues there are”. They said they did not feel staff had enough time to support people appropriately. During our visit the Chief Operating Officer spent time around the home observing staff practice. We observed staff supporting people with their meals. This was done in a positive way, staff provided clear explanations to people, checked they were happy and were enjoying the food and supported them at an appropriate pace.

The kitchen staff had an up to date, good knowledge of people’s individual needs and how these were catered for, including those who required a special diet. The presentation of soft and pureed diets was taken into account to promote good nutritional intake. Where people requested an alternative this was provided and snacks were available should people want these. Staff spoke about people’s nutrition and hydration needs and had a good understanding about individual’s needs and preferences.

People had care plans associated with eating and drinking, their preferences and the support they required. Care records referenced any risks associated with swallowing and what staff should do if they had any concerns about the person’s nutrition and hydration intake. Most people’s food and fluid intake was being monitored and it was not always clear why this was happening. The chief operating officer told us completing these charts was “habit” for staff and the management team were working with staff to support them to understand that not everyone required their food and fluid intake monitoring. Care plans identified when these were needed. Monitoring charts did not always provide sufficient detail and it was not evident they were being evaluated. Food and fluid intake charts did not provide guidance as to the target intake for the person. Fluid was recorded and the amount, however this was not totalled at the end of the day. Where fluid intake appeared low we could see no recorded action, however staff told us how this was reported and people were encouraged to drink more, before GP involvement was sought. Food charts were completed however these did not always contain information about what the meal was, for example for one person who was diabetic this recorded “Cooked breakfast”, “main meal and pudding”. These did not provide information about the size of the meal. Weight records were maintained and we saw these were recorded at minimum intervals of monthly. Where the staff had assessed this was required more frequently we saw this happening and when external input was required appropriate referrals to other professionals had been made.

Requires Improvement

Is the service effective?

We recommend the provider seek advice from a reputable source about systems used to ensure people's nutrition and hydration is effectively monitored

The provider worked with other professionals to ensure that the person received care that supported their wellbeing. Another record indicated CPN involvement. During our visit we met with three visiting professional who expressed their satisfaction in the service. One told us "On the whole very happy with the general feel of the home. No complaints, no concerns. Happy ways things are." They told us that they visited regularly and that there was good communication between the service and the GP. Records also verified that when people had swallowing difficulties they were referred to the Speech and Language Therapy Team for advice People had access to a range of health care professionals including opticians, dentists, GP and specialist nurses. Care records were updated to reflect outcome of the appointments and staff acted on advice and guidance.

Good

Is the service caring?

Our findings

People spoke of their satisfaction and said staff respected their privacy and dignity. One person told us how they are encouraged to be as independent as possible. Another told us how they have a say in their care and can express if they are happy or not. People and relatives told us the staff were kind, caring and compassionate. One said "Quality of the staff is the best thing". People's relatives said they felt well informed, which gave them greater confidence.

Staff were very knowledgeable about people's needs, their likes and dislikes. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them. One staff member told us about a person who lived at the service that was unable to communicate verbally. They told us they had managed to understand the person's needs through a series of hand gestures they had developed with the person. We observed the person communicating with this staff member and there appeared to be an understanding and rapport. The person had used sign language to indicate they wanted a drink. This was confirmed verbally by the staff member and drink was brought to the person. The person smiled and gave a thumbs up gesture.

Before staff entered people's rooms they first knocked on their doors and checked it was okay to enter before they did. When people required personal care, staff spoke with them quietly and in a discreet manner. This showed they respected people's privacy and made efforts to ensure people's dignity was protected. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. Staff responded quickly to people and this on many occasions seemed to avoid situations that may have otherwise produced risks to the people themselves and others. For example we saw one person was walking in a particular direction. A member of staff gently diverted them towards a different area. We asked the staff about this who told us "he goes into the other resident's room who does not like it and this causes a confrontation so we avoid it, he does not understand it is not his space". Staff showed they had a caring attitude towards people and recognised when they needed support.

People were offered choices and these were respected. Staff asked permission to put on tabards to protect peoples clothes at lunch time and people were given choices about what drink they wanted with their meal. Staff engaged with people in a warm and friendly manner. In communal areas they responded to people's requests for assistance and recognised when they were required before people asked for help. Interactions showed staff treated people respectfully and differed with each individual.

The provider respected people's religious and cultural needs. Staff told us about one person who didn't eat beef due to their religious needs. This was confirmed in their care plan and the kitchen staff confirmed that they made sure that the person was never served or offered food that contained beef.

People's relatives and friends were able to visit at any time. On the day of inspection a number of relatives and friends visited the home. Staff told us people are included as much as possible in their care plans. They did this through talking to people and their families to establish what there need and wishes were. Relatives confirmed this. Staff also told us how they observe peoples response to situations such as the food and activities. They said they will observe peoples body language and non-verbal communication to assess how the person feels. If this indicates they do not like something, this is then changed.

Good

Is the service responsive?

Our findings

People told us they were confident in the care they were receiving and that this met their needs and wishes. Three relatives and staff told us that they felt listened to by the provider and that as a result actions are taken.

Three external professionals felt improvements had been made in the home. They told us care planning had improved and all staff told us these contained the information they needed to support the person. External professionals told us staff knew people's needs well, recognised changes in people and responded quickly. They told us they sought advice when needed and "Bend over backwards for people".

At our inspection in July 2014 the provider was in breach of a regulation due to inconsistencies in the planning of care delivery for people and care plans did not fully reflect people's needs. We asked the provider to take action to ensure people's care and welfare needs were met. At this inspection we found improvements had been made.

At this inspection the provider had moved to a system of computerised assessments and care plans. These alerted staff when reviews were due. This ensured records held about people were up to date and had been considered by the staff. Assessments were completed and used to produce a draft care plan which was then individualised to the person's needs. Care records contained people's likes, dislikes, preferences, abilities and the support they required. For example, one person's plan detailed the support they required to complete their personal care, when and how they wanted this. They told us they received this support. For another person their plan detailed how they did not like to be in crowded environments but the importance of them being around other people. The plan detailed where they preferred to sit in the communal area and what they preferred to do. We observed this happening.

Care records relating to people's mobility needs had improved and included individualised comprehensive assessments and step by step instructions about how staff should support people to meet their mobility needs. These records were updated on a regular and routine basis, in addition to when a person's needs changed. One person's records showed how their mobility had improved over a period of time. However they were now refusing to use their mobility aid. The provider's occupational therapist was reviewing this persons needs following a referral from staff the day before. This demonstrated how support had improved the mobility of the person and that the service responded quickly to changing needs, seeking other professional advice as required.

At our last inspection there was little stimulation for people and activities were not taking place. The provider had increased the number of activity staff they employed. In addition they had changed one area of the home to provide group activities. They had created a fully equipped hairdressing and nail studio, a cinema room and a general activity area. Throughout our inspection we saw activities taking place in this area and also within the individual lodges. People told us the home had a varied activity programme. They told us they enjoyed the activities and had a choice if they wanted to attend. One person told us how they did not like group activities and much preferred spending time knitting and reading. Staff supported this decision and we observed this person doing what they wanted to do.

Activities were tailored to meet individual need. We were told by one relative that there were many activities on offer but their relative did not participate in as they did not suit their needs. Staff had arranged for an individual one to one programme for the person that included hand massage. The relative told us that their relative really enjoyed this time. They also said staff spent time reading to the person which they thought was invaluable to their relative's quality of life. Where people's preferences were not known to staff this was documented in their care records. Care plans had been written to reflect the support they required but detailed that their preferences were not yet known and needed to be explored further. Staff told us how they were establishing the preferences of one person who had moved into the home recently. They told us their communication was limited so they were trying various activities and observing the person's response. We observed this person being encouraged to attend an activity. Following this, staff discussed whether the person had enjoyed it. Based on observations they did not think it was something the person would chose to do again. They talked about alternatives based on the person's life history and made arrangements for an activity to take place.

We observed that people were smiling and enjoying the interactions with staff. Staff ensured that people felt

Good

Is the service responsive?

included in activities. On one table one staff member was supporting a person with a jigsaw puzzle. Another person wanted to join in so the staff member found them a role of finding pieces for the jigsaw puzzle.

One staff member had raised concerns about some people who lived at the service going into other people's bedrooms. The provider listened and had taken action to prevent this occurring.

Relatives felt well informed and involved. They said this gave them greater confidence. One said "Basically know what is going on. They tell me if [they] had been unwell or couldn't walk or if they had to get the nurse."

People and their relatives told us if they had a complaint they would discuss this with staff and were confident action would be taken. There was a complaints procedure in place and this was displayed in the main reception area. However there was no information in the lodges to guide people about how to make a complaint. The nominated individual told us they would act on this and ensure this was placed in an easy read format for people. The provider kept records of complaints made, the action taken and the response provided.

The provider held regular relative meetings to give people the opportunity to discuss any issues they had. We saw minutes which reflected relatives were able to express their views and where required action was taken. For example, one relative had requested the last Care Quality Commission inspection report was placed in reception for all visitors to see. This was acted upon immediately and we saw this on display at the time of our visit.

Requires Improvement

Is the service well-led?

Our findings

People spoke highly of management. One person said "I feel listened to in the way things are run". However, one relative said "Management take a long time to make changes" and "Communication could be better from management level." Staff told us of improvements they had seen in the management of the home and how staff were now being involved. They told us meetings had taken place to gain their ideas and how this made them feel important and appreciated.

At our last inspection in July 2014 the provider was in breach of regulations relating to records and quality assurance. Information gathered about incident and accidents was not always used to inform peoples care planning and records were not always an accurate reflection of people's needs. The provider had identified the need to work with staff to change the culture of the home. In July 2014's inspection this work had not been completed or embedded.

At this inspection the provider's incident and accident records were being completed more effectively. These detailed what had occurred, what immediate action was taken and what future action was required. For example, where a person had fallen and the care plan needed to be updated we saw this had happened and the care plan reflected the person needs. However a trends analysis of the service had not yet been completed. The chief operating officer told us they would plan this for the near future. Staff told us how there was a culture of learning from incidents and that this was addressed in various meetings in order to make improvements to the home and people's care.

Information about people was stored confidentially. Paper care records were held in locked rooms and computerised records were password protected. Care records for people had improved and were a more accurate reflection of people's needs, however the provider had moved from a paper system to a computerised system and further work was needed to ensure staff understood how to use this effectively. The computerised records allowed management to monitor people's care records more closely. Training had been delivered to staff however the chief operating officer had identified that some staff were still learning to use this. The chief operating officer told us they had reviewed the care plans and identified that more personalisation was required, which we also found. For example, for one person who had recently moved into the home their records did not reflect their preferred name. Staff were using the persons preferred name when talking to them and this was recorded on the pre admission information but was not reflected in the care plans. A second person's care plan detailed equipment that was no longer being used. The equipment was not required based on an assessment; but was not reflected in the care records. The provider had focussed on this as an area for development and produced an audit tool to support staff which they had plans to implement following our inspection.

Other audits were undertaken including internal medicines audits, infection control, wounds and falls. Internal medicines audits showed improvements that had been made to the management of medicines. For example, we found no evidence of missing signatures and where room temperatures were out of range action had been taken. However an external audit had been undertaken and showed other areas that required improvement. The internal medicines audits had not highlighted all the issues we had with regard to medicines management and therefore we were not confident of the effectiveness of this audit.

Case review meetings were held on a rolling eight week basis. This included discussing the person, what had occurred and what action was included. A summary of these meetings was recorded which reflected the action taken and where action was still required. These were monitored as part of the eight week programme. There was inconsistent evidence of the actions taken. Some actions were clearly recorded as being completed whereas there was no evidence of this for other actions. For example, for one person a review identified the need to review the use of an 'as required' medicine with the GP and to ensure the protocol for using this was cross referenced to the care plan. We found no evidence of a review of this medicine with the GP and the care plan did not reflect the medicine. Whilst actions were identified following these reviews we were not confident they were always completed in a timely way.

We recommend the provider seek guidance from a reputable source about effective auditing of service provision.

Requires Improvement

Is the service well-led?

The chief operating officer told us how the workshops undertaken by an external consultant they had used had identified how staff understanding of the home vision and values was not as they would have expected. They also identified how staff felt unsupported, undervalued and morale was low. They told us of the work they had undertaken to ensure staff felt valued and appreciated, whilst also encouraging them to work to the homes values. This had involved a review of training, pay and staff involvement. The provider had introduced an annual staff award scheme based on the values and behaviours they expect of staff. Staff nominated each other as people who for example, "for being truly person centred in their approach". This was to support the management to embed the values of the service into all aspects of staff practice. In addition the provider had improved communication and involvement of staff through the introduction of staff briefings and inclusion of all staff groups within clinical governance meetings. Staff confirmed these had taken place and stated they felt valued and appreciated.

Management said they encouraged open communication and operated an open door policy, welcoming feedback. They were confident the home had made improvements and were continuing to strive for this. They were confident staff now felt supported and would talk with them if they had any concerns. Staff told us they felt the biggest improvement for them since our last inspection was the approachability of management. They said they now felt confident to make suggestions and feel these would be listened to and acted upon as necessary. Staff said they felt more involved and listened to. They would not hesitate to approach management with concerns or suggestions and felt confident that management would take action.

Records showed a number of meetings were in place to review and monitor the service. This included staff meetings, clinical governance meetings and health and safety meetings. Meetings held recognised areas that were working well and where improvements were required. Operational and management meetings were held weekly, which enable the management team to monitor the service. This included discussion about all aspects of the service including recruitment, training, records and audits.

Since our last inspection in July 2014 the provider had identified a need for more specialist input in the home. As such they had recruited an occupational therapist (OT) to undertake a service needs assessment. A proposal had been developed by the OT and accepted by the provider and work had commenced on taking this forward in the home. This included recruiting a team of occupational therapists and assistants, visiting all areas of the home daily, carrying out professional assessments on a continuous basis and in response to staff requests, as well as providing training for staff. Staff told us "this is a brilliant service, I've not known it before even in the NHS you don't get this kind of service, it great because you can talk about residents every day if you want and they know the residents well, it makes such a difference". Another said "it is brilliant having experts on tap because, they are great to work with, they explain everything and I have learnt a lot but the residents benefit all the time".

External health and social care professionals told us the home responded well to advice asked for supporting promptly and took appropriate action when it was required. All told us they had seen improvements in the home and felt people were well cared for. They told us they had no concerns.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not fully protected people against the risk associated with the unsafe management of medicines. This was breach of regulation13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(1)(2)(f)(g)