Helen McArdle Care Limited

Acomb Court

Inspection report

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Ratings

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

Overall summary

Acomb Court provides residential and nursing care for up to 76 older persons, some of whom are living with dementia. At the time of our inspection there were 63 people in receipt of care from the service.

This inspection took place on 10 and 11 June 2015 and was unannounced.

The last inspection we carried out at this service was in November 2014 when we found the provider was not meeting all of the regulations that we inspected. These included; care and welfare of people who used the service; assessing and monitoring the quality of service provision; safeguarding people from abuse and improper treatment; dignity and respect; safe care and treatment (in respect of medicines management) and good governance (in respect of records). The provider was issued with two warning notices and they submitted action plans linked to the remaining four breaches of regulations, stating how and by when they would meet the requirements of the law. Overall we had rated the service as inadequate and the provider's request to review that rating is on-going.

Summary of findings

At this inspection we found improvements had been made in all of the regulations that had previously been breached.

A registered manager is required under this service's registration with the Care Quality Commission (CQC). There was a new registered manager in post at the time of this inspection who had been registered with the Commission since May 2015. 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.

People told us they felt safe and comfortable living at Acomb Court. Staff were aware of the provider's safeguarding policies and procedures and said they would not hesitate to raise matters of a safeguarding nature with the registered manager. Records showed that the registered manager had referred incidents to the safeguarding team within the local authority for investigation in line with her responsibilities.

Risks that people were exposed to in their daily lives had been assessed and these were reviewed regularly. Where amendments were needed to risk assessments or care plans, these had been actioned. Environmental risks within the home had been assessed and measures put in place to protect the health and wellbeing of people, staff and visitors. Health and safety checks such as those related to the servicing of equipment were carried out regularly.

The management of medicines was safe and medication audits were effective. Where minor issues with medicines had been identified these were rectified promptly. Staffing levels were sufficient to meet people's needs and staff had been vetted through the provider's recruitment procedures to ensure they were both of suitable character, and mentally and physically fit, to work with vulnerable adults. Staff were trained in key areas such as infection control and safeguarding. In addition, staff had received training in areas specific to the needs of the people they supported, such as training in challenging behaviour and falls prevention. Staff told us they felt supported by the newly appointed registered manager and they received regular supervision and appraisal which demonstrated this.

The Mental Capacity Act 2005 (MCA) and the principles of the best interests decision making process were appropriately applied. Where people's families held a lasting power of attorney related to health and welfare decisions, copies of the documentation issued to prove this, had been obtained by the provider. Deprivation of Liberty Safeguards (DoLS) had been considered and applications submitted to the local authority safeguarding team for consideration.

People's general healthcare needs were met and where there were concerns about people's health and welfare, healthcare professionals such as psychiatrists were contacted for input into people's care. The food available within the service was healthy and wholesome. People told us they enjoyed the food that they received. Their nutritional needs were met and they were assisted to maintain their food and fluid intake if necessary.

Our observations confirmed people experienced care, treatment and support that protected and promoted their privacy and dignity. Staff engaged with people in a kind, caring and compassionate manner and people told us they enjoyed a positive relationship with staff. We saw improvements to the effectiveness with which staff delivered care particularly to those people living with some form of dementia or cognitive impairment. People's relatives and external healthcare professionals linked to the service gave us feedback which supported this.

Staff were aware of people's individual needs. People told us that they were supported to engage in activities within the home if they wished to but it was their choice. Choice was promoted and we heard staff asking people throughout our visit what their wishes were. People were encouraged to be as independent as possible, although staff were available for support at the same time.

Care records overall were well maintained. A small number of daily notes had not been fully updated and we received assurances from the registered manager that this would be addressed with staff.

The home had undergone an extensive refurbishment since our last visit and the environment of the upper floor had been redecorated and accessorised with the needs of people living with dementia or some form of cognitive impairment in mind. For example, there were tactile objects for people to engage with and signage to aid orientation.

Summary of findings

The provider gathered feedback about the service from people, their relatives and staff via meetings and surveys. There was a complaints policy and procedure in place and records showed that complaints were handled appropriately and documentation retained.

Quality assurance systems were in place and these were used to monitor care delivery and the overall operation of the service. For example, audits related to medicines management and health and safety within the building were carried out regularly. Checks on the building and equipment used in care delivery were undertaken within the recommended time frames.

The provider had a staff reward scheme in place where staff could enjoy discounts with large organisations and a bi-annual recognition awards ceremony was held, where staff could be nominated by colleagues, people and visitors for their attitude and good practice.

We noted many positive changes within the service since our last inspection. People, relatives, staff and healthcare professionals linked with the service all said that they welcomed these changes.

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 safe.

Good

People told us they felt safe and their relatives' feedback supported this. We observed safe practices were adopted during care delivery. Staff were clear about their personal responsibility to report any safeguarding concerns and had recently refreshed their knowledge in this area.

Risks that people were exposed to in their daily lives were assessed and reviewed regularly, as were environmental risks within the home.

Staffing levels were sufficient to meet people's needs and medicines were managed safely. Recruitment procedures and processes ensured staff were appropriately vetted before they started work.

Is the service effective?
The service was effective.

Good

Improvements had been made to the effectiveness of the care people received. Staff were appropriately skilled and supported by management to maintain their skills in order to meet people's needs. Supervisions and appraisals took place regularly and an induction programme was in place.

People's general healthcare needs were met and where input was required from specialist healthcare professionals this was arranged.

Nutritional needs were met and people's weights and food and fluid intake were monitored if required to ensure they remained healthy.

Is the service caring?
The service was caring.

Good

Staff were caring, kind and compassionate when they delivered care. They engaged with people in a polite and respectful manner.

We witnessed some good examples of care that promoted people's right to independence and choice. People's dignity was maintained.

People said they were included in all aspects of their care and this was echoed by their relatives.

Is the service responsive?
The service was responsive.

Good

Care was person-centred and met people's needs. The service worked closely with healthcare professionals linked to people's care when necessary.

Care records were individualised and regularly reviewed and amended accordingly. Care monitoring tools such as food and fluid monitoring charts were used to ensure people received the support they needed when their needs changed.

Summary of findings

Complaints were handled appropriately and feedback was obtained from people, relatives and staff on a regular basis through meetings within the home and annual surveys.

Is the service well-led?

Good

The service was well-led.

The service had appointed a new manager since our last inspection who was formally registered with the Commission.

The leadership of the service had improved and this had led to positive changes in people's care experiences and the morale of the staff team.

Quality assurance systems were in place that provided an overview of the service and how it was operating. The registered manager had audits in place to effect changes where necessary.

Acomb Court

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. We checked to see if there had been improvements to the service provided and if the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. In addition, this inspection was carried out to look at the overall quality of the service, and to provide an up to date rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 June 2015 and was unannounced.

The inspection team consisted of two inspectors, one nursing specialist advisor, one pharmacist specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the provider information return (PIR) that the provider had already sent us in advance of our last inspection. This is a form which asks the provider to give some key information about the service, highlighting what the service does well and identifying where and how improvements are to be made. In addition, we gathered and reviewed information that we held about the service. This included reviewing statutory notifications and safeguarding information that the provider had sent us over the seven months since our last inspection. We contacted the commissioners of the service, the local authority safeguarding team and Healthwatch (Northumberland) in order to obtain their views about the service. We also attempted to contact a range of healthcare professionals involved in the care of people who lived at the home. We did not get a reply from all of the people whom we contacted, but where we did, we used the information that they provided us with to inform the planning of our inspection.

During the visit we spoke with 21 people who lived at Acomb Court, 11 people's relatives, three healthcare professionals linked to the home, 17 members of the care staff team, the registered manager, the operations manager and the nominated individual. We walked around each floor of the home, all communal areas such as lounges and dining rooms, the kitchen and we viewed people's bedrooms. We observed the care and support people received within the communal areas. We analysed a range of records related to people's individual care and also records related to the management of the service. We viewed 11 people's care records, eight staff recruitment records, training and induction records, 14 people's medicines administration records and records related to quality assurance audits, health and safety matters and the servicing of equipment.

We carried out observations of care to help us understand the experience of people who were unable to communicate their views and feelings to us verbally.

Good

Is the service safe?

Our findings

We checked progress the provider had made in relation to action plans they had sent us following our inspection in November 2014, when we found breaches of regulations. This inspection was to assess how the provider had responded to our concerns.

People told us that they felt safe living at Acomb Court. One person commented, "I feel safe here; the girls are marvellous". A second person told us, "The girls are so nice". A third person said, "We are well looked after, don't worry about that". People's relatives told us they had not witnessed anything at the home that had given them cause for concern. One relative said, "I have no worries. I come and go as I please and I have never seen anything to worry me". Other comments made were, "I have no concerns about anything; it is so good" and "I am in every day and I haven't seen anything wrong".

We had no concerns about people's safety or how they were treated by staff. We observed two members of staff transferring a person from their bed into a wheelchair. After the transfer, foot plates were put in the correct position for use before the person was assisted to move into the dining room. Staff supported people with their mobility appropriately and safely.

Safeguarding matters that had arisen within the seven months prior to this inspection had been appropriately documented within the home and referred to the relevant parties. Policies and procedures were in place for staff to follow. The local authority safeguarding team informed us that since our last inspection, the service had improved its reporting of incidents where altercations had occurred between people who lived at the home. They also informed us that the service had used the out of hours telephone contact line for the local authority safeguarding team, to report safeguarding incidents as soon as they occurred. Staff we spoke with told us they had received training in safeguarding vulnerable adults since November 2014 and members of the local authority safeguarding team had visited the home to reinforce the steps they should take if they witnessed or suspected abuse had taken place. Staff were clear about their personal responsibility to report matters of a safeguarding nature and said they would approach the registered manager without hesitation if necessary. All staff said they felt confident the registered manager would deal with the information they provided both promptly and appropriately.

Risks that people were exposed to in their daily lives, which were linked to their needs and health conditions, had been assessed and documented. For example, risk assessments were in place for people who were prone to falling and pressure damage. There was evidence within individuals' care records that these risk assessments had been regularly reviewed and staff told us they were updated when necessary. There was evidence of positive risk taking that was managed safely. Where people required sensor mats to alert staff because they were at risk of falls, we saw that these were in use.

Environmental risks had been assessed and there was information available to staff on how to manage risks so that people were not exposed to any health and safety dangers. For example, regular health and safety checks were carried out and documented. Equipment was serviced and maintained regularly in line with recommendations. Checks were carried out on, for example, equipment such as hoists used in care delivery and on the passenger lift within the home to ensure they remained safe. Legionella control measures were in place to prevent the development of legionella bacteria, such as checking water temperatures. Safety checks on the electrical installation and gas supplies within the building had been carried out and deemed safe by the relevant engineer in line with minimum standards.

A business continuity plan was in place for action that should be taken in the event of, for example, a flood, loss of electricity or malfunction of the call bell system. Personal emergency evacuation plans (PEEPS) had been collated by the registered manager, who showed us a document for staff to refer to should they need to assist people to vacate the home in an emergency. This showed the provider sought to ensure the health and safety of people, staff and visitors and they had measures in place to limit the impact on people.

Accidents and incidents that occurred within the home were recorded and reviewed to see if any action needed to be taken, or if any amendments were required to people's risk assessments. A monthly analysis of accidents and incidents was carried out to identify if any trends or patterns had developed that needed to be addressed. This

Good

Is the service safe?

looked at the nature of falls, accidents and incidents, the people involved, actions taken in response to the event and any follow up actions. Records showed that the registered manager had, for example; arranged for bed rails to be placed on someone's bed to stop them rolling out; increased staffing levels within certain hours as the number of falls had peaked at a specific time; and arranged a medication review for one person in response to a fall they had experienced.

Medicines were managed safely and people received their medicines when they needed them.

Since our last inspection we found that a second nurse was now employed on the nursing floor and as a result the medicines administration round was completed in a timely fashion. Arrangements were in place to make sure that medicines were given at the correct time in relation to food and in line with the prescriber's instructions if specific administration times were required. Where people were prescribed medicines to be taken when required (PRN medicines), additional specific guidance was attached to each Medicine Administration Record (MAR). Where corrections or amendments had been made to MARs they were fully completed, accurate, dated and signed.

Supplies of all medicines were available and records for the receipt, administration and disposal of medicines were fully completed and accurate. We looked at how medicines for external use such as creams and ointments were handled by carer workers. We found good guidance was in place on how to use these. Records showed that they were applied regularly as prescribed. A process was in place to record and monitor product expiry dates to make sure that medicines remained safe to use. Medicines, including controlled drugs (medicines liable to misuse) were stored and managed safely.

Recruitment procedures were appropriate and protected the safety of people who lived at the home. Checks were carried out before staff began work, including Disclosure and Barring Service checks and identity checks. Written references and information about people's previous work history were also obtained. There was evidence within staff files that the provider had checked nurses employed were appropriately registered with the nursing and midwifery council and that their registrations were current and valid.

This meant the provider had systems in place to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

The registered manager told us that there had been a turnover of staff since our last inspection and an increase in the number of staff employed, which everyone appreciated. Staff told us there was now more direction, structure and organisation to their work. Care staff told us that they now had set areas that they worked in on each floor and the increased staffing levels had given them the ability to spend more time with people, which they enjoyed and appreciated. One member of staff told us, "It's a lot more organised now and everyone knows what they are doing. Staffing has improved and that is going to be maintained. We now have the time to do more with the residents, time to give them extra time. I like being with the residents, to make their life better and make a difference". Another member of staff said, "Things are much, much better. We are more organised. We can sit with people now; we have time to".

The provider had deployed a 'support manager' from within their organisation to be based at Acomb Court temporarily following our last inspection. Their role was to oversee staff whilst they carried out their duties and to provide guidance, advice and support where needed. They reported to the registered manager. Staff said this had been of benefit and the support manager was supernumery to the nursing and care staff. The support manager told us, "There have been great improvements since I first came. There are now two meal sittings not just one. There are two medication trolleys not just one and so there's less time taken for medicines. Carers are organised into set areas now and this didn't happen before".

On the days of our visits we saw there was a high presence of staff and they were readily available to people when they needed them. People had regular contact with staff and they told us that if they needed to ring their call bells these were answered in a timely manner. We heard very few call bells sounding on the days of our visits and those that we did hear being used, were answered by staff quickly. Staff told us they were happy with the changes within the home in recent months as it had resulted in more teamwork. Staffing levels were sufficient enough to allow them to take their breaks at their allocated times.

Good

Is the service effective?

Our findings

People told us they were happy with the care and support they received. One person commented, "It's grand here. The girls (staff) are good. There are no worries. They ask you all the time what you need". Another person said, "The staff are lovely; they are very good and they work hard". A relative told us, "It has improved vastly over the last six months. The standards have improved. It is so much better". A second relative commented, "We have noticed the changes. There seems to be more continuity on the floor for the carers. I think the staff have been reasonably good at recognising mum's triggers (behaviour changes). They have been getting progressively better".

We asked healthcare professionals linked with the home for their opinions of the care provided and if they found it to be effective. One comment received was, "Since the last CQC visit things have improved greatly. There are lots more staff and they seemed more relaxed and there is a lot more attentiveness. It is encouraging". Another healthcare professional told us, "They have made good improvements here. I have no concerns". In one person's care records we saw they had been discharged from the care of a clinical psychologist in recent months. They had commented, "It is important to note that during the course of my involvement there were significant changes in the home. The management has changed and staffing levels also. I believe that was key in staff providing care that met her (person) physical and emotional needs". This evidenced that the changes which had been introduced within the service in the last seven months had a positive impact on people and the standards of care that had been delivered.

Our observations confirmed that staff met people's needs effectively. For example, people were assisted where needed with mobility. One person was not confident with their walking frame and we heard them say to a staff member, "Don't you go anywhere mind". The staff member reassured the person and remained in close contact with her until she had reached her desired place to rest. People were assisted with their food and fluid intake where necessary. For example, we observed one care worker gently encouraging a person to consume more fluids by crouching down next to them and they drank more fluid in response.

People living with dementia or some form of cognitive impairment received assistance and support from staff to go about their daily lives. They were assisted with activities of daily living such as toileting, washing and dressing. Staff spent time talking with people and reassuring them if they became anxious. They used distraction and de-escalation techniques to good effect. For example, one lady was agitated and abusive to a staff member. The staff member responded very calmly and then removed themselves from the situation whilst another staff member engaged with the person, who then settled quickly. We saw positive changes in the presentation of some of the people living with dementia and cognitive impairments, whom we had met at our last visit. For example, one lady who was agitated, upset and withdrawn previously, was now happy, calm and engaged with other residents and staff. Staff told us that they had all undertaken refresher training in dementia care since our last inspection and we saw they applied the skills they had learned.

The home had undergone an extensive refurbishment since our last visit in November 2014. The environment was much improved and all of the people, staff and visitors that we spoke with welcomed the changes that the provider had made. The upper floor had been completed revamped and redecorated with the needs of people with dementia and cognitive impairment in mind. For example, there was signage to aid people with orientation around the upper floor and staff told us that memory boxes were to be fitted outside people's rooms to help them more easily identify where they resided. The provider had invested in memorabilia from bygone times, such as old cameras, radios and clocks. People also had access to coats, hats, handbags and props such as dusters, a clothes horse, clothing and pegs, to simulate washing being pegged out to dry. We observed these provided stimulation for people and occupied their minds.

People's nutritional needs were met. There was a wide variety of healthy and wholesome food available for people to choose from. People told us they liked the food that was on offer. Where they needed adapted equipment such as specialised drinking cups or cutlery, this had been provided and it enabled them to consume the food and fluids they needed, as independently as possible. We observed the lunchtime experience on all three floors and saw people had access to the adapted equipment that they needed. Staff supported those people who were not able to feed themselves. Where necessary, food and fluid charts were used to monitor that people ate and drank in

Good

Is the service effective?

sufficient amounts. People were weighed monthly, or more regularly if required, to ensure that any significant fluctuations in their weight were identified and referred to external healthcare professionals for advice and input.

We spent time with the head of catering for the provider's company who visited the home during our inspection. He informed us about a new gelling agent that he had introduced into the pureed food served across the organisation. This allowed the food to be presented and moulded in colour and shapes that resembled their original form. We sampled some of this food which was attractive and appetising. Feedback from people, their relatives and dieticians from within the local healthcare community was very positive. They referred to the food as "excellent", "very tasty" and said it "looks much more like real food pieces". One dietician commented, "This is a revolutionary approach to soft diets". The head of catering told us there were 11 people at Acomb Court who were served this new style of pureed food. In addition a product had been sourced which added air to liquids which were then used to salivate people's mouths and stimulate their taste buds, when in receipt of end of life care. The nominated individual told us they had been able to use this product for one person in the home in recent weeks and they were receptive to it. This showed the provider sought to improve people's nutritional and end of life care experiences by investing in new products.

People's general healthcare needs were met. They were supported to access routine medical support from healthcare professionals such as general practitioners and dentists, to ensure their health and wellbeing was maintained. In addition, people had input into their care from healthcare professionals such as speech and language therapists and psychiatrists whenever necessary.

We reviewed how the Mental Capacity Act 2005 (MCA) had been applied in respect of care delivery and whether due consideration had been given to people's levels of capacity in a variety of areas. The provider had applied for Deprivation of Liberty Safeguards (DoLS) authorisations to be put in place for those people who lived at the home who needed them. DoLS are part of the MCA. They are a legal process which is followed to ensure that no person is unlawfully deprived of their liberty. Decisions had been made in people's 'best interests' in line with the MCA and these were recorded within people's care records. Care decisions that had been made in the event that people should stop breathing had been taken appropriately and the relevant valid documentation was retained. In addition, where people's families had a lasting power of attorney in place related to health and welfare based care decisions, copies of the documents to prove this had been obtained by the provider so that they could be certain of their validity. We found that the records retained in respect of decisions made in people's best interests had improved.

The provider had established a training academy at their head office in January 2015 via which training courses were delivered in person to staff. In addition, staff completed a proportion of their training online. Staff told us they welcomed the training they had received in the last seven months and this had refreshed their skills. Structured inductions were in place for new staff and agency staff also. The manager monitored training needs regularly via a training matrix which we had sight of. This showed, and certificates in staff files confirmed, that training in a number of key areas such as moving and handling, infection control and fire safety was up to date. Staff had also undertaken a range of courses specific to the needs of the people they supported such as training in challenging behaviour, optical awareness and end of life care.

Supervisions and appraisals took place regularly and staff told us these had improved and become more regular following the change in registered manager. Records showed these one to one sessions provided a two-way feedback tool through which staff could request support, further training, or raise concerns or personal issues if necessary.

Good

Is the service caring?

Our findings

We checked progress the provider had made in relation to action plans they had sent us following our inspection in November 2014, when we found breaches of regulations and a warning notice was issued. This inspection was to assess how the provider had responded to our concerns.

People's comments indicated that they felt well cared for and enjoyed a good relationship with staff. One person said, "The girls are so nice. They do what I want and I get asked about everything. They are so polite; you couldn't ask for better". A second person told us, "I can't fault it. The girls are very good. They are polite and kind". Other comments included, "The girls are lovely; I am spoiled" and "They are good to me". People's relatives spoke highly of the caring nature of the staff team. Their comments included, "They (staff) are so kind and nothing is too much trouble" and "It's a nice place, so jolly".

Healthcare professionals told us they had seen a change in staff attitudes towards their work; that they seemed more focussed and interactive with people, which had created a positive atmosphere within the home. Our observations confirmed this. Staff engaged with people in a polite, respectful and caring manner. They linked arms when walking along the corridor with people and placed a gentle hand on their back when talking to them. One care worker sat for a long time holding the hand of a person who was not well and they talked with them once their family had left the home. Staff asked people if they were alright in passing and exchanged pleasantries, for example, about the weather. We witnessed camaraderie between people and staff and heard many conversations about people's past lives and activities they had pursued throughout the day. We heard one member of staff asked a person if they had won at the bingo they had played earlier.

People were given explanations by staff before care was delivered. For example, we observed staff telling people that they were going to move them backwards in their wheelchair before doing so and they talked through the stages of a hoist manoeuvre with the person being moved. People were politely asked to lift their feet up when staff were trying to raise them onto the footrests of their wheelchairs, and where people were agitated, staff handled this in a compassionate and caring manner. When medicines were brought to people by staff, they were informed of what it was and what it was for, before they took it. Staff thanked people when they contributed to their care, for example when they moved their legs or arms to assist with a manoeuvre. People were involved in their care and they were treated with respect.

Relatives told us they felt informed about their family members care and they were contacted by the registered manager or senior staff if there was anything that they needed to know about. One relative said, "We were consulted about the care plan and I am here for a review today. It has improved a lot recently. We were involved and they let us know if anything is amiss".

People's privacy and dignity was promoted throughout our visits. Staff knocked on people's doors before they entered their bedrooms and personal care was discussed and delivered discreetly. People were well presented and where their clothing was dishevelled or exposed their legs for instance, this was altered by staff to protect their dignity.

People were also encouraged to be as independent as possible and they told us this. One person said, "You can do whatever you can manage to do. They encourage you to". Another person told us that they still ran their own business from the home as their "brain was still active".

There was a calm atmosphere throughout the home on the days that we visited. The caring nature of staff towards people living with dementia or other forms of cognitive impairment on the upper floor, was an evident improvement from the interactions that we witnessed at our last inspection.

We asked the registered manager if any person who lived at the home currently accessed advocacy services. She told us that generally relatives advocated on people's behalf, but there was a policy in place for staff to follow, should an advocate need to be arranged. Advocates represent the views of people who are unable to express their own wishes, should this be required.

Good

Is the service responsive?

Our findings

People told us they were satisfied that staff and management responded to changes in their needs. One person told us, "They get my doctor if I need him. He was here a few days ago". Another person told us, "They always ask me what I want". One member of staff told us, "The way that we look after people now is much better. Staff are onto things straight away and deal with them". Healthcare professionals said they felt the service responded to care plans they put in place and referred matters to them in a timely manner. One healthcare professional told us the registered manager had referred a matter to them recently which had been brought to their attention that same day and they were able to resolve it promptly.

Care was person centred and staff appeared to know people well. People were supported to attend activities within the home, to go outside to smoke and to attend the hairdressers if they so wished. When we asked staff for a summary of people's needs, the information they gave us tallied with the information held in the relevant person's care records. Staff explained how they delivered care effectively where, for example, people displayed behaviours that may be perceived as challenging.

People were offered choices in all aspects of their daily lives. For example, we heard staff asking people what they would like to drink, where they wanted to eat their food and if they would like assistance with mobility. People told us they were always asked for their opinion and what they wanted, which showed that staff respected people's human right to make their own decisions.

Care records reflected people's needs and were individualised. Pre-admission assessments had taken place before people started to receive care and regular reviews of their dependency levels and risks associated with their daily lives took place monthly. Care plans and risk assessments were drafted in relation to people's needs and amended following reviews where people's needs had changed. There were care plans in place related to, for example, diabetes, personal hygiene, sleeping and behaviours. Where there had been input into people's care from the challenging behaviour team, there was a care plan in place and a list of 'triggers' that potentially could result in a change in the person's behaviour, had been drafted. These were highlighted for ease of reference in a red colour. This tool had been introduced in recent months by the newly registered manager. Daily notes showed that staff were responsive to people's needs and they sought interventions into their care should this be needed.

We did find some gaps in records, such as where the outcome of a referral to a GP, which was known to staff, had not been appropriately documented. We discussed this with the registered manager and nominated individual who accepted our findings and said the importance of keeping accurate records would be reiterated again to the staff team.

Care monitoring tools such as nightly checks, comfort checks, bath and shower monitoring sheets and charts for monitoring people's weights were in place, and were completed regularly by staff. This meant staff could respond promptly if there was a change in people's wellbeing. The registered manager had introduced a new protocol for dealing with behaviours that may be perceived as challenging and this was readily available for staff to refer to in the office area on the upper floor. Behaviour monitoring charts were commenced where necessary and a new process of handing these in to the registered manager at the end of each day had been introduced. The registered manager told us this was so she could monitor if any responses were required such as changes to people's risk assessments, or alternatively referrals to external agencies or other healthcare professionals. She told us that staff would always be expected to respond to incidents of a serious nature immediately and bring them to her attention.

A diary and communication book was used on each floor of the home to pass information between the staff team and to respond to any issues that may have been identified. In addition, the service held shift handover meetings when shifts changed, to share information about individuals or highlight any issues.

Activities were available throughout the home for people to partake in if they wished to do so. Singing, bingo, knitting and gentle armchair exercises all took place at the home on the days of our visit. People enjoyed the garden area as the weather was pleasant. Activities that had taken place or that were planned in the near future included coffee mornings, wine and cheese tasting, pony therapy, music for health and church services. The provider also arranged trips out into the community regularly, for people on a rotational basis. Most people told us they enjoyed activities

Good

Is the service responsive?

but some said they preferred not to join in by their own choice. Since our last inspection the provider had employed a 'companion' to facilitate one to one sessions with those people who did not attend communal areas or group activities. She worked five rotating days including weekends and spent time with people talking in their rooms or out in the garden. One relative commented, "The companion reads my mum's letters out to her when I am not here which is great". People, relatives and staff told us that the addition of the companion to the service had enhanced the lives of those people who either chose to stay in their bedrooms, or those who were unable to leave their bedrooms due to their conditions. This showed the provider had considered people's social needs and sought to prevent them from feeling isolated.

People and their relatives told us they were fully aware of the complaints procedure within the home but each of them said they had not had a reason to raise a formal complaint to date. All commented that they would feel comfortable to raise a complaint with the registered manager or staff. The complaints policy was displayed in the foyer of the home and a log of any complaints received was maintained in the office. Historic complaints had been handled appropriately. All relevant parties were informed and the paperwork related to the complaint and investigation had been retained.

The provider had systems in place to gather the views of people, their relatives and staff. For example, 'residents and relatives' meetings were held within the home and also a variety of staff meetings. In addition, annual surveys and questionnaires were sent out to people and staff. The operations manager told us that the latest annual survey had just been sent out to people but the results had not been collated to date. Professionals linked to the home had completed questionnaires in March 2015. One comment by a professional was, 'There has been an improvement in staffing and management in recent months'. This showed the provider had channels through which they could gather feedback from people, their relatives, staff and professionals who worked closely with the service.

Good

Is the service well-led?

Our findings

We checked progress the provider had made in relation to action plans they had sent us following our inspection in November 2014, when we found breaches of regulations and a warning notice was issued. This inspection was to assess how the provider had responded to our concerns.

At the time of our inspection there was a newly registered manager in post who had been formally registered with the CQC as the manager of Acomb Court since May 2015. We found no concerns about the registration requirements of the service and we were satisfied that the registered manager had reported incidents to us, since our last inspection, in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

We received positive feedback from people, their relatives, staff and healthcare professionals linked with the home about the newly appointed registered manager. Staff told us that she provided leadership and direction, and was approachable, accessible and effective. Staff said the home had developed an open culture in recent months. One relative said the recent improvements in the operation of the home were attributed to the registered manager. A member of staff said, "X (registered manager) has turned this place around. We all think she is fantastic. She has done this home a whole lot of good. The atmosphere is great now. They (registered manager and nominated individual) ask if we have any ideas and encourage us to talk to them. Things are organised now. Everything is great now".

One healthcare professional told us that communication with the service had improved since the change in management at the home. Another healthcare professional commented, "They work well with us and we have a good working relationship with the home".

Our observations confirmed what people had told us. The registered manager was seen around the home regularly throughout our inspection engaging with people, their relatives and staff. We saw she enquired about people's care and gave instructions where necessary and when staff asked for support. Staff told us they appreciated the organisational skills of the new manager and they felt there was now a sense of teamwork within the home that had been missing in the past. We discussed the improvements we had noted within the service since our last inspection, with the registered manager. She told us it had been a real 'team effort' and there had been a lot of hard work over the last seven months to improve standards and ultimately the care experience for people who lived at the home. She added, and staff confirmed that she regularly met with night staff at shift changeover times in the evening to ensure they had access to her face to face. She said staff wanted to move on and felt she had developed a good rapport with the staff team. The registered manager told us she was focussed on her role and responsibilities, and passionate about providing good care.

The registered manager explained about new measures that had been brought into place, such as new protocols for bringing matters to her attention and a new dignity observation tool that had been introduced to check that staff respected people's dignity throughout all aspects of care delivery. There were plans to hold smaller staff meetings on each floor and also more intimate meetings for relatives in the hope that both groups would feel more comfortable in raising any issues they may have.

Assurance systems were in place to ensure that staff delivered care appropriately. Monitoring tools such as food and fluid intake charts and positional change charts were used by staff to monitor people's care. A communication book was used where any appointments were recorded, or any issues or actions that needed to be addressed. Staff handover meetings took place when shifts changed to ensure that incoming staff were kept up to date about the running of the service and people's care. These tools enabled the manager to monitor care delivery and then identify any concerns should they arise.

A range of different audits and checks were carried out to monitor care delivery and other elements of the service. Staff supervisions and appraisals were carried out regularly, and competency assessments on the administration of medicines, to ensure that staff followed best practice guidelines. Audits including medication, infection control, tissue viability, care plans and analysis of accidents and incidents that had occurred were completed regularly. Health and safety audits and checks around the building were also carried out. There was evidence that where issues were identified, improvements had been implemented to ensure these were addressed.

Good

Is the service well-led?

The provider had analysed results from the previous year's internal feedback questionnaires, which they had sent to people and staff, and then collated these into a report. This contained a summary of changes that had been introduced in response to some of the feedback received if necessary.

The operations manager carried out a monthly audit which included obtaining feedback from people and staff, reviewing training records, complaints, staffing levels, recruitment, safeguarding matters, environmental issues and audits, amongst other things. Where the registered manager had matters to address or improvements to make as a result of these audits, action plans were drafted to be completed as soon as possible.

Staff meetings at a variety of different levels took place regularly and showed that staff were kept informed about important matters and changes to the service. The provider had a staff reward scheme in place where staff could register and enjoy discounts from a number of large partner organisations. There was also a staff recognition programme where on a bi-annual basis staff could be nominated for their good practice. Nominations were made by people, colleagues and external healthcare professionals and an awards ceremony was held to recognise individual staff member's contributions to the service.

Improvements in the way the service was led were evident at this inspection and we found there had been a positive impact service-wide as a result. The staff team were more confident in respect of their roles and responsibilities and morale was good. People experienced positive outcomes and they received the care that they needed and were entitled to, in a kind, respectful and caring way.