Embrace (England) Limited

Rushyfield Care Centre

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 and 23 August 2017. The first day of our inspection was unannounced. Rushyfield Care Centre provides accommodation for up to 41 people who require nursing and/or personal care. At the time of inspection there were 31 people in receipt of care from the service.

At the last inspection in March 2017 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The breaches were:-

Regulation 12 Safe care and treatment
Regulation 14 Nutrition
Regulation 17 Good governance
Regulation 18 Staffing

We also found at that time the provider was in breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009, namely Notification of other incidents.

Following our last inspection we asked the provider to take action to make improvements. During this inspection we found improvements had been made and there were no continued or new breaches of regulations.

There was not a registered manager in post. 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. Since the last inspection the registered manager had left the service. A peripatetic manager had been managing the service. They told us a new manager had been appointed and was due to start working at the service in September 2017. A handover period had been agreed by the provider to ensure continuity of service.

Pre-employment checks were carried out on staff to ensure they were of suitable character and had the necessary skills to care for vulnerable people. Staff and relatives felt the new staff recruited by the manager were genuinely caring. We saw staff were kind and respectful towards people. They maintained people's dignity and privacy.

A programme of checks was in place to ensure people were protected from living in an unsafe environment. These included, for example, fire safety and water temperature checks.

We checked people's medicines and found they were administered by staff who had been trained to do this. Medicines were stored securely and there were regular audits to ensure medicine counts were correct. A system had been introduced by the provider to ensure the nurse on duty had oversight of the application of

people's topical medicines (creams or ointments applied to the skin).

People had care plan documents which were accurate, up to date and regularly reviewed. We found these described people's individual needs. Where risks to people had been identified, for example, falls risks, actions had been put in place to mitigate these risks. Each person had a day allocated to them. The day involved staff with different roles in the home contributing to that person's needs on the day. For example, housekeeping staff in the home deep cleaned their room, checks were carried out by maintenance staff and care staff reviewed the person's care records.

The building had been adapted to support people with dementia related conditions. We found the walls had been decorated using brightly coloured pictures. Corridors were distinctive with themed areas. Signage was in place to assist people to orientate themselves around their environment, for example towards bathrooms and toilets. We found the home to be clean and tidy throughout.

There were enough staff on duty. The manager reviewed the staffing levels on a monthly basis and had listened to the staff about the times in the service where there was the greatest need. They had put in place a twilight shift so there was an extra pair of hands to support people to bed.

People had a positive meal time experience supported by staff who gave them choices and promptly responded to their requests. Staff completed food and fluid charts for people to monitor their food and fluid intake and nutritional needs. These were given to the manager who reviewed the charts to ensure that people needing interventions in their care were supported correctly.

The staff had made referrals to other health care professionals when they assessed people required addition support. We saw referrals had been made to dieticians, speech and language therapy team (SALT), GP's community nurses and community psychiatric services.

Relatives were involved in the service. They had been asked for their views and told us the manager had listened to them. They had also given information about their family member to enable staff to provide appropriate care.

Staff new to the service received an induction which supported them to get to know the home and people who used the service. Supervision, appraisals and training were also given to staff to help support them in their duties.

People had the opportunity to be engaged in activities which prevented them from becoming socially isolated. This included arts and crafts and entertainment.

Systems and processes were in place to monitor and improve the quality of the service. This included audits and a monthly visit by the regional manager who carried out a review of the service. Surveys were in place and we found relatives had made many positive comments about the care delivered and the home itself.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were given their medicines in a safe manner.

Staff recruitment was robustly carried out. Staff employed in the service had pre-employment checks carried out before they were allowed to work in the home.

Checks were carried out on the building to ensure people lived in a safe environment.

Is the service effective?

Good

The service was effective.

Staff had received sufficient support through training, supervision and appraisal.

The service was compliant with the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice.

People were offered meal choices and were supported to eat. We found people were also offered snacks and drinks throughout the day.

Is the service caring?

Good

The service was caring.

We observed staff worked with people in ways which were kind and caring and respected each person's dignity and privacy.

Staff and relatives told us the manager had employed new staff who were genuinely caring.

The service had listened to relatives who had advocated on behalf of their family members. We saw the manager had carried out relative's requests for improvements to people's bedrooms.

Is the service responsive?

Good

The service was responsive.

People's care plan documents were person centred and reviewed on a regular basis. Guidance was given to staff about how to meet people's needs.

Complaints had been investigated by the manager and actions taken to the satisfaction of the complainant.

Activities were provided for people that prevented social isolation.

Is the service well-led?

Requires Improvement

The service was well led.

Documents held by the service were accurate and up to date.

Since the last inspection systems had been implemented in the service to monitor the quality of the service delivered and they were utilised effectively.

Staff and people who used the service spoke highly of the manager who was in charge of the home at the time of our inspection.

Rushyfield Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 22 and 23 August 2017. The first day of our inspection was unannounced.

The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing care 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.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

We did not ask the provider to complete 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 used the opportunity of the inspection to explore the plans for the service with the manager.

During the inspection we spoke with nine people who used the service and three of their relatives. We reviewed nine people's care files. We looked at four staff files and checked other records held by the service related to the delivery of the regulated activity. We spoke with 14 staff including the regional manager, the peripatetic manager, senior care staff, care staff, the cook, and domestic and maintenance staff.

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

Good

Is the service safe?

Our findings

At our last inspection we found the provider did not manage medicines safely. Improvements were required to reduce the risk of any cross infection in the home. There were insufficient staff on duty and accidents had not been monitored by the manager. At this inspection we found improvements had been made.

We asked people who used the service and their relatives if the home was safe for people. Everyone we spoke with agreed the service was safe. One person said, "Oh yes they [the carers] feel very close [by]." Another person said, "Yes there's staff always here and it's secure." Relatives told us, "Now, yes, only since the new manager came, the improvements, the atmosphere, the new staff are great and the manager is very approachable and you can go to her" and "Definitely I think they just take care of her, they have entry codes. I'm quite confident she is fine."

We checked to see if there were enough staff on duty. At the last inspection staff told us additional staffing was required around the time people needed to go to bed. We saw the manager had introduced a twilight shift to cover this period. We discussed staffing levels with people who used the service. People who used the service told us staff responded quickly. Comments included "Oh only minutes, they're quick" and "Pretty soon, they're pretty good like". Another person said, "They're there if you want them. I can't complain it's just like living at home." A fourth person said, "Yes I just ring my bell and they come straightaway." Throughout the inspection we observed staff respond quickly if the nurse call bells or falls prevention equipment (such as sensor mats on people's beds and chairs) were activated. Relatives told us staff were available for people in the lounge area. One relative said, "She has a pressure mat and the staff are in and out of her room every 15 minutes, she's never looked as clean, comfortable and rested, it's even the same with the bedding." We found there were enough staff on duty to meet people's current needs.

We spoke with staff who told us they had training about safeguarding adults. This was to make sure they were knowledgeable about the action to take if they had any concerns. The staff we spoke with described what they would do to ensure people remained safe. One member of staff told us "I would whistle blow in the future as I can see now how things improve when you do this." We saw the local authority safeguarding procedure was displayed throughout the home. The procedures in place helped ensure service users were kept safe from harm and people knew which agencies to report concerns to, to enable investigations to be carried out as required. The manager maintained a file of safeguarding information and alerts made by the service to the local authority.

At the time of our inspection the manager told us there were no current whistle-blowing (where employees tell external parties about concerns they may have about the service) or staff disciplinary investigations.

Risks to people's safety in the event of a fire had been identified and managed, for example, we saw in each person's care records a 'Personal Emergency Evacuation Plan' which provided staff with guidance on the support people would require in the event an emergency situation such as a fire. People told us there was a fire drill every week when the alarms were activated to test that the fire doors closed properly. We reviewed the fire safety records in the home and found appropriate checks were carried out to ensure that people

who used the service lived in a safe environment. We also saw water temperature checks were carried out; these were within the recommended national guidance limits. We drew the manager's attention to a number of emergency pull cords which did not reach the floor. Arrangements were immediately put in place to rectify this issue.

We spoke with two staff about the arrangements in place to keep the home clean and hygienic. One staff member told us "Every day we start in the bathrooms, clean the mirrors, tiles, mop the floors, then we clean side tables, windows and floors. We know which residents might spill their food so we make sure we hoover" and "The best day is the 'resident of the day' when everything gets done. We make sure we get around everyone's room at least once a month." People told us "The cleaner has been in today. They keep my room very clean." We found all areas including the lounges, bedrooms and bathrooms were clean, or in the process of being cleaned, pleasant and odour-free.

Pre-employment checks were carried out to ensure staff employed in the service had the appropriate skills and experience to care for people living in the home. Prospective staff were required to complete an application form detailing their past work experience and training. Two referees were requested and we saw references had been verified. Disclosure and Barring Service (DBS) checks were carried out. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. Staff and relatives accredited the new manager with making good staffing choices. One relative said, "I think [manager] has been getting better staff in and it's picked up a lot since she came here and things get done."

We found people received their medicines in a safe manner. Training for the administration of medicines and staff competencies related to this were all up to date. Medicines were stored securely in locked cupboards in a locked clinic are; the only key holder was the trained nurse working and in charge that day. The receipt of keys had been signed on the handover sheet between shifts. We randomly checked people's medicines and found there was a clear audit trail from ordering, to receiving, to administration, to returning medicines. People's medicines were recorded on Medication Administration Records (MARs) and a ten point MAR check was carried out. This was a checklist consisting of ten points which was used by the service to ensure MAR charts were accurately completed. This meant staff were able to quickly address any gaps in the MAR records and rectify any issues. Controlled drugs, which are liable to misuse, were in use within the service. The quantities of controlled drugs tallied with corresponding records and these records showed controlled drugs were checked when given and also a weekly check was carried out. We found minor amendments were required to ensure the index was up to date. The nurse on duty agreed to update the index as matter of urgency.

Topical medicines (creams and ointments) were dated when opening and all were discarded every month. A system was in place for the nurse to give staff topical creams to apply and report to the nurse on duty what they had done. The nurse documented the application on the MAR chart. Body maps were in place to show where people's topical medicines needed to be applied.

We observed a medicines round and found the procedure for administering medicines was in line with best practice guidance. The staff member visited every resident to enquire about their wellbeing even though not everyone had lunch time medicines. They had a very approachable and caring manner and spoke softly and with patience to people who used the service.

Good

Is the service effective?

Our findings

At our last inspection we found the provider did not support people to safely manage their nutritional needs. At this inspection we found improvements had been made.

Staff spoke to us about the changes in the service since our last visit. One staff member said, "There has been a lot of change and things are so much more stable." Staff felt this had a positive impact on the service and people were getting improved care. This was echoed by relatives.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found staff had received training around the use of the MCA. We saw staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. Where people did not have the capacity to make decisions for themselves, their friends and family were also involved to assist in the decision making.

Staff served refreshments at approximately 11.15am. We saw this consisted of a range of hot and cold drinks, cakes, biscuits and fresh fruit. People told us "The food is very good. You get plenty of it." People could choose where to have their meals and people's dietary likes and dislikes and any known allergies were clearly documented. We saw snacks (finger foods such as biscuits and chocolates) and drinks were available to people in lounges and dining areas throughout the day, and they could help themselves. This is good practice in dementia care as finger foods enable people to eat independently, and for some people with dementia, they act as a visual cue prompting them to eat. A staff member told us they found food wrappers in a person's room which showed they were eating the finger food on offer. We could also smell the food arriving at the dining rooms, which is also good practice in dementia care as not only does this act as a prompt, reminding people with short term memory loss that it is a mealtime, but it also helps to stimulate people's appetite. One relative told us the food "Smells lovely."

Staff asked each person what they would prefer from the menu. We observed a staff member asking a resident if they were sure they didn't want anything else to eat and another pouring the tea and rearranging the position of the teacup to make it easier for the resident to reach. Staff demonstrated a good understanding of the impact of noise on some people with dementia at mealtimes and how this may affect their ability to eat. One member of staff told us how this was particularly important for one person who

always chose to have their meals in their room in a quieter environment. We checked to see if staff supported people to eat and observed staff assisting people. One relative said, "Yes they do, they go to her, talk to her, feed her, see all the old carers have gone and the majority are all new ones coming in now and they're just lovely."

The dining room was well decorated with curtains and tiebacks, the tables were set with clean tablecloths, placemats, vases of flowers, cutlery, condiments and the daily menu was displayed on each table. The manager told us people had chosen the wall paper. We observed the dining experience was organised and unrushed. The service had in place an action to improve people's dining experiences and provide menus with pictures to enable people to see more clearly the meal time choices. One relative said, "Apparently she's a good eater and she has put on weight over the period she has been here, she was always a good eater and they know her likes and dislikes they do help her with her food if she's struggling."

We saw from people's care records that risk assessments and care plans were in place to support those people at risk of weight loss. Detailed daily records were in place for those people at risk of malnutrition and these were reviewed by the manager on a daily basis. People had been referred to a dietician when required. At our last inspection we were concerned about people's fluid intake. One relative said, "Yes they feed her now and really do push the fluids through." We saw during this inspection people's intake of daily fluid had been recorded and this was monitored by staff and the manager for appropriate interventions into people's care to be arranged where necessary.

We saw that the physical environment throughout the home reflected good practice in dementia care. We saw that attention had been given to the design of the environment to help people with dementia find their way around. For example, there were pictures of toilets, lounges and dining areas, some of which were placed on doors, at a height easy for people to see. Contrasting colours were used to aid independence, for instance on grab rails and toilet seats in bathrooms. Corridors were all different and very distinctive with themed areas, for example a fish and chip and sweet shop, which assisted people with short term memory loss to find their way around. The décor and themes were very relevant, colourful and bright. We saw the lighting in corridors was in the process of being changed to LED lighting making these much brighter areas. We also found that sensor lighting was available in people's en-suite toilet facilities, compensating for people's short term memory loss, so people with dementia did not have to remember, or need to find the light switch.

People had been provided with the equipment they needed to promote their independence. For example, one person had a 'tripod walker' which was a waking frame with a seat attached so they could rest when using the walking frame. We found people had been provided with sensor cushions and floor mats if they had been assessed as being at risk of falling. Sensor equipment was checked by staff each day. The air mattresses used in the service to prevent pressure damage were set correctly according to people's weights.

Access to medical care was arranged by staff when people needed this support. People who used the service told us staff called in doctors when they needed them. One person said, "If I needed it they'd get them in." Another person confirmed they had access to a chiropodist. In people's care records we found evidence that other health professionals had been contacted appropriately, for example, the SALT team, dieticians, tissue viability nurses, respiratory nurses and all this was documented in the 'Professional visits' section together with information about visits from GPs, social workers, opticians, dentists, and chiropodists. The staff had access to community matrons who came into the home when asked, to give advice. A local GP had recently started visiting the home on alternate weeks. Staff told us the GP had spent an hour with the staff to sort any on-going issues including discussing best interests decision making for end of life care.

Staff were supported to carry out their duties through induction, training, supervision and appraisal. We spoke to relatives and asked them if they thought staff were appropriately trained. They said, "Staff training, yes because they're always having training days sometimes I think they have more common sense than the doctors who come in here to see them." The manager had a training matrix in place to monitor training requirements which was regularly updated. We saw staff had recently completed training in equality and diversity, first aid, food safety, dementia, and safeguarding.

Handover records were completed and a handover period for all staff was held at the beginning of shifts. Handover sheets listed pertinent information about people. There was also a daily diary and a communication book which was used throughout the day. Kitchen staff used a diary to pass information between staff. This demonstrated the service had in place communication systems to assist the flow of information between staff.

Good

Is the service caring?

Our findings

At our last inspection we found this part of the service required improvement. Staff had developed a language in describing people which was not respectful towards individuals. We found the ability of the staff to provide good care was compromised by the absence of information about people's care need and the concerns raised by relatives regarding staffing levels. During this inspection we found improvements had been made.

We asked relatives about the care staff. One relative told us, "I do I think there's some outstanding ones' (staff) here who will go the extra mile like buying her presents, giving her a cuddle, saying goodnight it shows they're caring." Another relative said, "I would rate it very good, everyone seems relaxed and happy even the cleaners and handyman." One person said, "Yes the way the girls are with each other, they care, it's a better home now."

We saw staff interacting with people in a very caring and professional way. Staff had a good rapport with people in the home. We saw that people were respected by staff and treated with kindness and affection. Staff communicated well with people, they understood people's gestures and body language and they responded appropriately. For example, staff knew when people were communicating that they were upset or anxious by their gestures and body language and they understood the best way to support them at such times.

We saw staff interacted with people at every opportunity. For example, saying hello to people by name when they came into the communal areas or walking with people in an unhurried manner, chatting and often having a laugh and joke with them. People confirmed to us staff treated them with respect. One person told us they had asked to be supported by a female staff member as they did not wish to be supported with their personal care by a male member of staff. They told us, "And that's now what I get." One person told us, "They respect me, well they just like you that's all, you like someone or you don't, they're very caring people." Another person said, "They just treat me the way I want to be treated."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. Two staff we spoke with described how one service user loved to sing. One staff member said "If [name of person] wants to sing I'll sing with them and finish my job later." Staff who had worked in the home for a number of years told us about the staff who had recently been recruited by the manager. One staff member said, "The staff don't just do it (the job) for wages, they do it because they care."

We used the Short Observational Framework for Inspection (SOFI) following a lunchtime period in the dining room when staff were assisting people to other areas of the home. Staff engaged people with banter and humour and were encouraging them to join in with the afternoon singing. One person became distressed as they remembered aspects of their past life. Staff listened with compassion and gave the person a hug. They enabled them to recover from their distress and talk about their singing.

Staff addressed people respectfully and explained to them about the support they were providing. We saw staff knelt or sat down when talking with people so they were at the same level. Staff were patient and waited for people to communicate their needs. For example, we observed how one member of staff took time to listen to one person who, as a result of their dementia, was having difficulty communicating their needs and becoming agitated. The member of staff did not leave this person until they were calm and settled.

Staff treated people with dignity and maintained their privacy. Personal care was carried out behind closed doors. One relative told us they had always seen staff treat a very proud person with dignity. Another relative said, "They close the door when she's on the toilet." One person said, "They keep the door shut and close the curtains and they cover me up as best they can whilst getting [me] ready."

We saw people looked well cared for. People who needed them wore hearing aids and glasses, and they had been supported with personal grooming tasks such as shaving and hairdressing. Some people chose to spend time in their bedroom. We looked at people's bedrooms and saw that these areas were personalised with their belongings. We saw care staff had made sure they had everything they needed to hand, such as reading materials, remote controls, drinks and the nurse call alarm bell, thereby promoting their independence.

Staff described to us a scenario where a person felt anxious to leave their room. The room required re-decorating and with a whole team effort including family members, staff were able to support a person outside of their room. Their relative confirmed that the staff worked together to improve the person's bedroom and they recognised that staff stayed behind after their shifts to finish the room because they knew the person was likely to become agitated.

Staff were aware of procedures they should follow when delivering end of life care. They had all the equipment and resources needed and had been trained. The provider had discussed with people who used the service, their relatives and doctors, their end of life wishes and their thoughts about admission to hospital if they became unwell.

At the time of our inspection no one in receipt of care from the service had an advocate. An advocate is someone who speaks up for people and represents their views to others. The staff listened to relatives as natural advocates for people using the service. One relative told us they had requested changes to their family member's room and told us nothing had previously been done, but with the new manager in post action had been taken. They told us, "I mentioned this to the new manager and that's been done and she (person) now has more space for her clothes so they won't get creased." Another relative said, "[Name] has had his room decorated as we had requested and it was done very promptly at our request."

Relatives were invited to be involved in the service. They were included in feedback surveys, assessments and the on-going care of people in receipt of care. One relative said, "If there's anything untoward they would ring straightaway, yes, they keep me informed a lot I think. I'm a lot happier now than I was a few years ago." Information was provided to relatives on a 'You said, we did board' outside of the manager's office. This showed the service had listened to people's relatives.

Good

Is the service responsive?

Our findings

At our last inspection we found the provider did not plan people's care effectively and as a result people were at risk of unsafe and inappropriate care and treatment. Complaints made to staff were not appropriately documented and addressed by the manager. During this inspection we found improvements had been made.

One staff member told us, "The staff are stable now and when it's my days off or holidays, when I come back things are the same and care assistants seem now to understand the importance of continuity with care, fluids and documentation." One staff member told us they felt the care staff understood their role better. This meant irrespective of which staff were on duty, there was continuity of care for people.

Care records showed that people's needs were assessed before they moved into the home. These assessments formed the basis of people's care plans.

We looked at the care plans for nine people who used the service and found them to provide detailed person-centred information. Each person had care plans which were pertinent to them and these included information about their mental health, preferred communication style, continence, dementia and nutrition. This meant staff were given information about people's care needs which was individual to them in order to support them appropriately in line with their needs and preferences.

We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure their needs were met. Staff carried out checks to gather relevant information before they made the referrals. A daily skin care check was carried out by staff and documented and signed. Everyone who used the service was weighed weekly. This was documented in their care files. We saw Community Psychiatric Nurses were fully involved in the care of people with dementia where this was required. Where people had a specific medical condition, information about the condition was available to staff in the person's care notes to ensure effective care was provided. After six months a full care plan review was carried out.

The manager had begun to embed a 'Resident of the day' approach. Staff told us this meant one person's needs and care plans were reviewed on their allocated day during each month. Checks were also carried out on their room for safety and people's bedrooms were deep cleaned on the same day. Records we reviewed during our inspection confirmed the 'Resident of the day' approach was in place.

At our last inspection we raised concerns about people's return to the home following a period of treatment in hospital. At this inspection we found improvements had been made. One person had recently returned from hospital. Staff had updated their care needs and were able to demonstrate they had responded to information provided by the hospital. In people's files we found a transfer to hospital sheet was present, which was to be completed if a person needed to be taken to hospital.

Complaints made to the service since our last inspection had been thoroughly investigated and

complainants had been given the outcome of the investigation. Records showed that actions had been put in place to the satisfaction of the complainant. One relative said, "I have complained in the past but I have had no need to now."

The service enabled people to carry out person-centred activities within the home and in the community and encouraged people to maintain their hobbies and interests. There was a range of planned activities available to people within the home. On the second day of the inspection the morning activity was the decoration of bird and jewellery boxes. One person told us "I can honestly say we are learning all of the time here." People described how recently the activities co-ordinator had arranged for "Zoo animals" to visit the home, an activity they said they very much enjoyed. On the afternoon of our visit on second day a singer had been booked, an event which people told us they were looking forward to. We were informed that day the entertainer had cancelled at short notice. In response to this, staff employed in different capacities in the home engaged people with a sing a long instead. We found people very much enjoyed this activity. Since our last inspection, people who liked to read a daily newspaper had one delivered to the service.

Staff we spoke with demonstrated a good understanding of the importance of activities for people living with dementia. A staff member described how she encouraged one person to help with cleaning their room. They said "I give [name of person] a duster as she likes to be involved in cleaning her room." Information about people's life histories had been gathered and a brief personal biography had been typed, framed and hung on people's bedroom doors with photographs. These contained information about peoples' pasts and what mattered to them. This helped staff to provide personalised care and support, particular to those people living with dementia.

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact and friendships. Relatives and friends were encouraged and supported to visit the home.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found notifications required by law had not been made to CQC. Records showed care plan audits had not been carried out. Prior to this inspection we had received the required notifications and there had been improvements made in audits carried out in the home.

There was not a registered manager in post. The home was managed by a peripatetic manager who was employed by the provider to manage homes without a manager in post. A new manager had been appointed. They were due to start working at the service in September. One person said, "It's been marvellous since the new manager came." A relative told us, "Since the new management it's excellent."

The staff we spoke with were complimentary of the management team including the two newly appointed deputy managers. They told us they would have no hesitation in approaching the managers if they had any concerns or needed any equipment. They said "[Name of manager] is there all of the time for you. It's a pleasure to come to work now. You know with [name of manager] if you say something it will get done." People who used the service told us that they had met the manager and that they were "Lovely".

We asked people who used the service what does the home do well. One person told us, "I don't know what to say there as it does everything; it's definitely a homely atmosphere." A relative said, "You can almost smell the atmosphere it's so friendly here now, I used to dread coming I was anxious when I arrived and anxious when I left." Another relative said, "It's happy here now, it's a happy home, they're all friends and they'll all tell you everything and the activities coordinator gives me a leaflet [so I know what's on]."

During the inspection we saw the manager was active in the day to day running of the home. We saw they interacted and supported people who lived at Rushyfields Care Centre. From our conversations with the manager it was clear they knew peoples' needs very well. We observed the manager's interaction with staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs. One staff member told us, "We work as a team now instead of before when some staff would say 'That's not my job." We found the culture of the service had changed and was now positive.

The manager carried out daily walks around the service to identify any areas of concern and addressed them. A heads of department meeting was held every weekday to enable staff to share information and explain what they were doing that day.

We saw the service had carried out a survey to monitor the quality of the home. Relatives confirmed they had received questionnaires. The responses received by the manager revealed people thought the service was good. One relative wrote, "Staff offer warmth and friendship to [person] as if she was in her own home." Other responses included staff were approachable, caring and pleasant. Staff surveys were carried out in March 2017 and in June 2017. The deadline for the return of the staff surveys had yet to pass. We saw nine surveys which had been returned and found these demonstrated an improvement on those carried out in March.

Audits were regularly carried out by the manager. We saw where the audits identified actions to improve the service these actions were carried out. For example one audit required the clinic room to be tided and this was carried out. A medicines audit identified a missing signature on the MAR chart; the person responsible was traced and the missing signature addressed.

The regional manager visited the service on a monthly basis and compiled a report. Their reports showed they had checked to see if audits were carried out. During their audit visits they reviewed people's files and identified improvements. We reviewed the monthly reports for June, July and August 2017 and found the reports demonstrated progress was being made in the service.

Following the last inspection a detailed action plan had been put in place and this was regularly reviewed and updated. The manager also had an action plan in place to demonstrate they had made improvements following a monitoring visit by Durham County Council. This meant the service was making changes to continually improve.

There were clear partnership arrangements in place between the home and healthcare professionals. These included the home gathering appropriate evidence before making a referral to the relevant professional. We also found the home had made strides in ensuring people's relatives were partners in the care of people who used the service.