Barchester Healthcare Homes Limited

Bloomfield

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We undertook an unannounced inspection of Bloomfield on 26 and 27 February 2018. At the last comprehensive inspection of the service in September 2017 five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations were identified and the service was rated as Inadequate and placed in special measures. Since 2013 the service had been inspected six times and had failed to meet the regulations on all occasions.

During this inspection we checked that the provider was meeting the legal requirements of the regulations they had breached. You can read the report from our last comprehensive inspections, by selecting the 'All reports' link for Bloomfield, on our website at www.cqc.org.uk

Bloomfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bloomfield can provide care and support for up to 102 older people, some whom are living with dementia. At the time of our inspection there were 56 people living at the service.

The service provides accommodation in purpose built premises. The service is over two floors and has four separate areas. Ash Way and Salisbury Rise provide general nursing care and Beech Walk and Mendip View which provides care and support to people living with dementia.

There was 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.

The service had set out an action plan in order to make improvements and meet the regulations that had been identified as being in breach at the past and previous inspections. The action plan had been regularly updated and improvements made. The provider had taken action and no breaches of regulations were identified at this inspection. People, staff and relatives told us about the improvements made at the service and the positive impact the registered manager had made.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Documentation and processes for people's consent to care in line with the Mental Capacity Act 2005 had been reviewed. However, we did identify some people's records which had not been fully completed. Audits

monitored these areas and the provider's action plan identified that this area was still being improved.

Improvements had been made in staffing levels. Staffing numbers were above the level deemed safe by the provider. We received positive feedback and conducted observations where we evidenced that people's care and support needs were met in a timely manner. Occupancy levels at the service were currently low. The provider acknowledged that as numbers living at the service rose staffing would need to be carefully monitored and reviewed to ensure it continued to meet people's needs. Recruitment of new staff followed the provider's procedure and all relevant checks had been undertaken and monitored.

Systems to monitor and review the quality of care and support were effective. A range of audits were conducted to monitor different areas of the service, people's care and experiences. For example, care records, medicines, dining experience, infection control and daily records were checked. Areas that were needed further actions or improvements were identified. Action plans were made as a result. These were monitored to ensure they were completed and actions were effective.

Notifications had been submitted to the Commission as required. Systems had been changed to ensure effective reporting and investigations of alleged abuse or concerns, incidents and accidents. Actions were taken and monitored.

Regular checks of the environment, equipment and fire safety were undertaken. The service was clean and refurbishment work was underway. Infection control policies were adhered to. Risk assessments were in place to keep people safe but enable people to be independent. Guidance was in place to direct staff in risk management.

Staff received support in their role through an induction, training and supervision. People spoke positively about the food provided at the service. People were given the support they required around food and fluids and this was regularly monitored. Medicines were administered safely to people. The service was compliant with the Deprivation of Liberty Safeguards.

People were supported by staff who were kind and caring. People's independence was promoted. There was a range of activities available to people to choose from. Positive feedback was received about the activities provided.

Care records were person centred and detailed people's preferences and routines. People told us that staff knew them well and respected their choices.

Staff felt valued and engaged with the service. Communication systems were effective with staff. Regular meetings occurred. People, relatives and staff were encouraged to raise any concerns or make suggestions.

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.

Improvements in staffing levels had been made.

Systems were operated effectively to report and investigate safeguarding concerns.

Safe recruitment procedures were followed.

Risk assessments were in place and guided staff in risk management.

The service was clean and infection control policies adhered to.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The service had made changes to how people's consent to care and treatment was sought in line with the Mental Capacity Act 2005 and the documentation to support this. However, we found some documentation had not been completed.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff received an induction, training and supervisions to support them in their role.

Positive feedback was received about how people's nutrition and hydration needs were met.

People were supported with access to healthcare.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected.

Visitors were welcomed and encouraged to engage with the service.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred. People's preferences were documented and facilitated.

People enjoyed the activities available.

Complaints were investigated and resolutions sought.

Is the service well-led?

Requires Improvement

The service was mainly well led but the provider now needs to demonstrate that the improvements can be sustained.

Changes had been put into place following the last inspection to make improvements and meet legislation. Regular and effective audits had been implemented.

Positive feedback was received about the improvements to the service and how the service was now being led and managed.

There were effective communication systems for people, staff and relatives.

Staff were valued by the provider.

Bloomfield

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 26 and 27 February 2018 and was unannounced. The inspection was carried out by four inspectors, an assistant inspector 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.

We reviewed information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us. A Provider Information Return (PIR) had not been requested for this inspection.

Some people at the service may not be able to tell us about their experiences. We used a number of different methods such as undertaking observations to help us understand people's experiences of the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us.

During the inspection we spoke with 14 people living at the home, one relative, 14 staff members, this included senior staff and the registered manager. We reviewed 21 people's care and support records and six staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

At our previous inspections of the service in 2016 and 2017 we had found the service was in breach of regulation 18, staffing, because the numbers of staff deployed had been insufficient to meet people's needs. This had resulted in people not receiving quality care and support promptly as needed. At this inspection we found the provider had put measures into place to improve staffing levels and the service was now meeting this regulation.

The service used the Dependency Indicator Care Equation (DICE) tool. The tool determines the level of staffing required whilst taking into account the dependency needs of people. The DICE tool overestimates the staffing levels by 15%. We reviewed staffing rotas for each area of the service and these showed the staff numbers were much higher than the calculated required figure by DICE. There was some use of agency staff but the daily rotas made it clear that the number of permanent staff were always equal or more than the number of agency staff. Staff were deployed so there was a balance of staff who had been in post for some time and newer staff members. This ensured newer staff members were always supported.

Feedback we received from people and staff was that improvements had been made around staffing levels. One person said, "Yes, they had a spell where there wasn't enough staff, but there is enough now. They care for you better with more staff." Another person said, "Enough staff, oh yes. If I want anything I just press the buzzer." However, one person commented, "There is a lot of agency staff." Another person said, "They could do with more staff in the mornings." A relative said, "Staffing levels. Six months ago I would have said no, there was not enough time to speak. This year it is better, They seem to have more time to talk to [Name of person]." Staff spoke with us about previous challenges around staffing levels but said this had immediately improved since the new registered manager had come into post. Staff said that there was enough staff and they had sufficient times to complete the tasks required of them. One staff member said, "The movement and change of staff has been positive." Another staff member said, "There is enough staff."

Ongoing recruitment had been taking place and a number of new staff had either started or were about to start their induction process. The provider acknowledged that occupancy levels at the home were currently reduced and that staffing numbers would need to be increased and monitored as occupancy levels changed. The registered manager told us that the service had learnt from the issues around staffing levels. That the DICE tool was an indicator of staffing numbers but people's experiences of the support they received also needed to be taken into account.

At our previous comprehensive inspection in September 2017 the service had not been meeting the regulations as recruitment checks had not followed the provider's policy. At this inspection the service had implemented effective systems to meet this regulation and followed the provider's recruitment procedures. A checklist detailed when each stage of the recruitment process had been completed. Where further information was required, this was sought. For example, a further reference or evidence around a gap in employment. The registered manager monitored and checked stages of the recruitment process. We reviewed at six staff files and saw the appropriate recruitment checks had been completed. These checks included, photographic identification, a minimum of two references, full employment history and a

Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. Recruitment files we reviewed had been audited in February 2018.

At our previous inspection in September 2017 we found that systems were not consistently operated to investigate immediately any allegations of abuse. This had meant particular concerns had not been thoroughly investigated or reported to the appropriate agencies. At this inspection, we found the provider had an effective system in place to report and investigate any concerns. Staff completed an incident form when they identified a potential concern. If staff found any bruising or injury they completed a body map to identify the location of the injury. Care plans were updated where necessary to reduce the risk of re-occurrence. Records showed that all relevant concerns were sent to the local authority and also the Commission was notified.

The provider had policies and procedures in place for safeguarding adults and staff were familiar with this. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding adults. Staff we spoke with confirmed that they had attended safeguarding training. Staff were confident about reporting signs or concerns of abuse or neglect. Some staff with spoke with stated that they had raised concerns in the past. One staff member said, "I would always report concerns, make sure an incident form was completed and inform the manager."

Personal evacuation plans were in place however; these did not contain sufficient detail. There was an overall plan in reception which listed the room numbers rather than peoples' names. Room numbers were assigned a colour code to indicate the level of support people would require in an evacuation. The provider had a second personal evacuation plan available, however this also contained limited information. This had the person's name, room number but limited information in respect to the individual support people may require. This may mean that staff of the emergency services do not have adequate information around how to effectively support a person during an emergency. For example in regards to people's sensory or cognitive needs. The registered manager acknowledged and said the plans would be changed to contain more details.

People commented that they felt safe with the care and support they received. One person said, "Safe, yes I feel extremely safe." Another person said, "Everything in general gives you the safe feeling." A relative said, "Safety is really good. Things have improved here."

Risk assessments had been completed for areas such as falls, moving and handling, malnutrition, and skin integrity. When risks were identified, the plans provided clear guidance for staff on how to reduce the risks. We saw that photographs had been used to show along with written guidance. For example, when staff needed to use equipment to move people safely, details of this was documented. On several occasions we observed staff using equipment to move people and this was done safely in line with guidance. Staff informed people of the process, reassured them throughout the procedure and asked if they were happy to be moved. When staff needed to use a mechanical hoist, the sling details were documented in people's plans. People had their own slings for use and records showed these were regularly laundered. People told us they felt safe when they were supported with their mobility. One person said, "I am moved safely from my chair to my bed."

Some people had been assessed as being at risk of developing pressure ulcers. In these instances, care records detailed any pressure relieving aids that were in use such as air mattresses or pressure relieving cushions. There were systems in place to check that air mattresses were set at the correct pressure. All of the

mattresses we reviewed were set correctly. When people needed to have their position changed regularly to reduce the risk of skin damage, care records detailed how frequently this should occur. All of the charts we reviewed, with one exception, showed that people had their position changed in accordance with their care plan.

People told us medicines administration was safe. One person said, "The staff give me my medication. It is on time and I am very happy with the arrangements." Medicine Administration Records (MAR) had been completed fully and signed by staff which indicated people received their medicines on time and as prescribed. There were photographs at the front of the MAR and these had been dated to indicate they remained a true likeness of people. This meant that staff who were unfamiliar with people, such as agency staff, could easily identify the people they were giving medicines to. We saw that when staff administered medicines, they took their time with people and ensured they had swallowed their medicines before signing the MAR. They asked people if they needed additional medicines such as pain relief. For example, we heard a staff member ask, "Do you need any pain killers? Would you like me to get you some?"

Some people had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place to inform staff when and why people might need these medicines. These were personalised. For example, they detailed where and when people might experience pain. Some people had been prescribed medicines for when they became agitated or anxious. In the main, these were detailed and guided staff on steps they should take to alleviate people's distress before resorting to the use of medicines, such as distraction techniques. However, we did identify one person's that did not give guidance to staff which was fedback to the registered manager.

Medicines were stored safely. The temperatures of the clinical rooms and the medicines fridge were monitored. Daily stock checks of all medicines were undertaken. Medicines that required storage in accordance with legal requirements had been identified and stored appropriately. Some people had been prescribed creams and lotions. Topical administration charts were in place. These had clear instructions for staff on where to apply the creams and these had all been signed to indicate that staff had applied them as prescribed. People had their medicines regularly reviewed by the GP.

A service continuity plan was in place to inform staff what to do and things to consider if significant events occurred such as, severe weather, loss of heating or a lift breakdown that could impact on the running of the service. The plan also showed the impact that such events would have on the service and that risk assessments were in place.

People commented that the service was well maintained and clean. One person said, "It is very clean. The cleaning staff are extremely good, I can't praise them highly enough." Another person said, "Yes, no complaints about cleaning." People were protected from the risk of infection because the provider had systems and processed in place to keep them safe. The provider undertook an infection control audit in August 2017 which identified areas for improvement. We found that all required improvements had been made. The provider had clear systems in place to separate laundry to reduce the risk of cross infection. This included trained laundry staff and separation systems for soiled laundry. All staff followed these processes. Cleaning staff used colour coded mops and buckets to ensure equipment used in bathrooms was not used in other areas of the home. Staff had access to sluices for sterilising equipment on all units. Sluices contained handwashing facilities and were kept locked. Staff had access to gloves and aprons which were disposed of following provision of care with new gloves and aprons for each person.

During our inspection refurbishment work was being undertaken to upgrade and redecorate rooms and communal areas of the service. We were told that for example in one of the dining areas this was being

changed to an accessible kitchen area. This would enable people to be more independent in the preparation of their own drinks and snacks.

Accidents and incidents had been recorded and reported to enable proper monitoring. Staff were clear of their responsibilities in regards to accidents and incidents. There was evidence of thorough, questioning and objective investigations into accident and incidents. For example, following a drug error which had occurred in November 2017, we saw evidence of the checking of knowledge and skills. This included a detailed critical incident analysis, medication error report, accident form, medication competency tool, reflective account and safeguarding referral. Actions had been implemented to reduce reoccurrence and monitored to ensure they were effective.

The provider had carried out a comprehensive range of health and safety checks. The registered manager had updated risk assessments for all areas and activities within the service such as environment, infection control and laundry. Staff checked all first aid kits monthly and signed to confirm this had taken place. The provider had ensured gas and electricity safety checks had been carried out and checked all electrical devices worked safely. Hoists and slings were checked in line with the manufacturers' guidance and maintenance carried out as needed. Lifts and the fire alarm systems had been monitored and serviced.

Requires Improvement

Is the service effective?

Our findings

At our last comprehensive inspection of the service we found that people's rights were not being consistently upheld in line with the Mental Capacity Act (MCA) 2005. The MCA is a legal framework to protect people who may be unable to make certain decisions about their care and support. We had found that where measures had been implemented to keep people safe, for example bed rails were used or a sensor mat was in place. These decisions had been made without following the guidance in the MCA about people's consent to care.

At this inspection the documentation used to assess people's capacity around a particular area of their care and the associated best interest decision process had been revised. This clearly documented each stage of the process, who was involved, the outcome of the decision and the reasoning for it. However we did find two people who did not have documentation in place for the use of bedrails. One other person did not have the documentation in place in regards to the use of sensor mat. However, this was no longer being used and the person's risk assessment was updated to reflect this. For two other people we found a capacity assessment had been completed but the best interest decision had not been followed through and was blank. This was in regards to decision around the use of bedrails for one person and for medicines to be given covertly for another person. We highlighted to the registered manager capacity assessments that had been completed in 2016 and 2017 and may require reviewing. On the second day of the inspection these documents had been reviewed and completed.

Staff said they had received training in the Mental Capacity Act, and that they understood the main principles. One staff member said, "It's when you assume the person has capacity to make decisions", and staff member told us, "The person being able to make unwise decisions, but that they can still have capacity." People told us that staff supported them in their day to day decision making. People told us this included what they wished to wear, what time they wanted to go to bed and what they wished to eat.

The registered manager had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. 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 registered manager had made appropriate applications for people living at the service. An overview was in place which documented when parts of the process had been completed. We checked whether any conditions on authorisations to deprive a person of their liberty were being met. These were detailed on the DoLS overview. Conditions on people's DoLS were being met. We highlighted to the registered manager that this information was not always easily found. The registered manager said going forward the service would clearly document what had been completed and when to meet people's conditions on the DoLS overview.

Each area of the service had a range of different communal and living areas, as well as quiet lounges and spaces where people could be alone or have privacy with their visitors. It was highlighted to the provider that signage and orientation prompts were minimal in some areas of the service and at times may not have

been clear enough for some individuals. One person who was trying to find the bathroom said, "It's a bit confusing. I am trying to find my way around." They tried different doors before finding the bathroom. We noted that it was not always clear what area of the service you were in. There was a lack of signs to direct people to different areas of the service. People's rooms had their name on but no other identifiable features. This was fedback to the registered manager, who said this would be considered.

Staff said they had regular supervision and an annual appraisal and records confirmed this. Supervision is where staff meet one to one their line manager to discuss their performance, development and training needs. Staff that we spoke with said supervision was useful and they felt supported. Although one staff member described supervision as, "Just being told what to do again." The records we reviewed of staff supervision confirmed that the session was often used to inform staff of things they needed to do. For example in one record we looked at, a discussion had taken place around the importance of record keeping. However, whilst this is important other areas had not been discussed such as the staff member's wellbeing or their personal development. The registered manager had identified this as an area of improvement and said that reflective practice and staff well-being would be further included.

Staff received an induction when they began working at the service, which was aligned to the Care Certificate. An induction pack documented the different stages of the induction process as they were completed. This included mandatory training, information about the organisation, procedural information and policies, specific role information and practical tools such as forms and contact details. Staff told us that they shadowed a more experienced member of staff initially, and there was also evidence of this within individual induction packs. This meant that staff were able to find out more about people and their preferences before they began providing care for them.

Staff received training and records showed that training for staff was up to date. Staff spoke positively about the training they received. One staff member said, "I feel equipped to do my role." Training included subjects such as safeguarding, fire safety, manual handling, MCA and equality and diversity. Staff had raised that further training on dementia would be beneficial to them. The provider had arranged this for April 2018. People told us that the staff were well trained. One person said, "Staff are well trained and competent." Another person said, "Yes they are well trained and know what they are doing."

Staff were encouraged to expand on their areas of interest. One staff member told us that they were a champion for infection control. Another staff member explained they supported their colleagues with strategies for working with people who were living with dementia. Staff were keen to share their own knowledge with the staff team to enable good practice which benefited people through the support they received.

People were supported to have enough to eat and drink. People's preferences for the food and drink they liked had been documented. People's weight was monitored. When people had lost weight, staff had identified this and sought advice and support as appropriate. Records showed the GP had been asked for advice in relation to food supplements for example. When people had difficulties swallowing, specialist support and guidance was sought from the Speech and Language team (SALT). When recommendations had been made such as textured diets or thickened fluids, this detail was written in the care plan.

Some people were having their food and fluid intake monitored. Monitoring charts had clear daily intake targets written on them and people's intake was monitored throughout the day. This meant that shortfalls were identified as early as possible so that corrective action could be taken. All of the charts we reviewed had been fully completed and showed that people's targets were being achieved.

People spoke positively about the food provided by the service. The menu for the day was displayed in individual areas of the service and the main entrance so that people and visitors could see what was on offer. One person said, "The food is very good." Another person said, "The food is excellent. Plenty to eat and fruit." Staff members were allocated to oversee the safe and effective provision of meals, as well as regular drinks. One staff member told us that they always aim to ensure people are able to make informed choices and independent decisions about what they eat. Another staff member said, "The quality of the food is really good." Although people were asked to complete a menu card in advance, staff also showed people the meals which were available and asked them which of two options they preferred. This meant that people's needs were being met and they were more able to enjoy mealtimes. Alternatives were also offered, such as a sandwich being made for a person who did not want any of the options available. Within each person's room, there was a, 'Something Different' menu. This provided a list of alternative meals, snacks and lighter options which were available to people. It included items such as sandwiches, jacket potatoes, omelettes and smaller meals. This supported people to have a balanced diet whilst meeting personal preferences.

People had access to ongoing healthcare. One person said, "The staff pick up on things quickly if you are not well." The GP visited the service regularly. Records showed that people had also been reviewed by the physiotherapist to advise about exercises, and the occupational therapist had provided input in regards to moving and handling equipment.

Good

Is the service caring?

Our findings

At our last comprehensive inspection of the service we found that people's dining experience was not always person centred and positive. Staff did not always have enough time with people and interactions with people were not always engaging. At this inspection we observed all areas of the service at mealtimes, during activities and at other parts of the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us. The data this provided demonstrated that people mainly received positive interactions with staff members. We did feedback to the registered manager isolated observations where people's experiences could be improved. The registered manager said that further training was scheduled and the development of supervisions would reflect on staff's practice.

People said that staff were caring. One person said, "The staff are very caring. If you weren't feeling too special they would pick up on it quickly." Another person said, "The staff are kind and caring." We observed staff were overall warm, friendly and supportive of people's needs.

We observed mealtimes within all areas of the service. We observed staff assisting people with food and drinks. This was done in a dignified way. People were given time to eat their meal without being rushed. Staff had a good knowledge of people's needs and supported people appropriately. People were encouraged to be independent around their mealtimes and skills were therefore maintained, but support given as needed. In some areas of the service staff offered people clothes protectors. A staff member said, "Would you like one of these on to keep your clothes clean?" However, in several other areas of the service we observed clothes protectors were put on people without asking them first. We fed this back to the registered manager who said this would be addressed.

We observed staff administering people's medicines. Staff administering medicines were relaxed and friendly with people. Staff gave people plenty of time and engaged with them. One staff member we observed, showed their knowledge of people through the conversations they were having.

We observed many positive interactions between staff and people. People appeared relaxed around staff; they were smiling and appeared happy when staff approached them. Staff called people by their names and some people responded by calling staff by their names which indicated they knew the staff who were supporting them. On one occasion we heard a member of staff say, "I love your necklace; it goes really well with that jumper," and "Where's your lipstick? Do you want me to try and find it for you?" We observed staff supporting people in an activity. Staff were enthusiastic and chatty. There was a positive and happy atmosphere. One staff member commented, "There is always a lot of laughter on this unit."

People were offered choices throughout the day. A member of staff asked people if they wanted to join in the activity session. They went up to each person and asked them, "Would you like to join in the activities this morning? It's crafts." Some people chose to join in and others did not. We observed a member of staff ask a person where they would to sit at a mealtime. The staff member said, "Where would you like to sit? Over here?" The person replied, "Yes, that is fine." We observed people being offered choices at mealtimes

and their choices being respected.

We saw a member of staff ask one person if they wanted to visit the hairdresser. The person said they were waiting for some visitors, but that they did want a haircut. The staff member said, "Don't worry. I can take you to the hairdresser and if your visitors arrive, I'll tell them where you are." This reassured the person who then went to have their hair done.

People's independence was promoted. One person said, "Independence is encouraged." We observed one person on their daily stroll round the safe and secure gardens. We observed people moving round the service and supported accordingly. One staff member said, "We have a red folder that's all about helping people's independence."

People said their privacy and dignity was respected. One person said, "Dignity , oh yes I am kept private."

Relatives and friends were able to visit as people wished. We saw visitors at the service spending time with people where they wished. One relative was joining in the activity with their loved one. The service had received several written compliments. These thanked the service and staff for their care and support.

We reviewed arrangements to ensure peoples' personal preferences and diversity needs were being met. Including religious and cultural requirements. People's needs were well documented in their care plan, providing specific details. These were incorporated into the activities provided to ensure people's needs were met.

The service had received several compliments. One compliment read, 'Thank you for all the wonderful care you gave to [Name of person]. We could not have wished for a better place for him' Another comment said, 'Thank you for all the love and care you gave Mum during her time with you. We are all grateful for your support.'

Good

Is the service responsive?

Our findings

People told us that the care and support they received was responsive to their needs. Since our last inspection of the service, 'Getting to know me' documents had been introduced. These contained information about people's background and history such as their previous employment, hobbies, interests and significant life events. These were kept in people's bedrooms. This meant that staff had easy access to information about what was important to people. One staff member said, "We give person centred care."

Advanced care plans were in place. When these had not been completed staff had documented that people and their families had not wanted to contribute at this time. Completed plans showed that people had been asked about their preferences for going to hospital in the event of acute illness or staying at the service and whether they wished to be resuscitated in an emergency situation. However, the plans did not include details about how people wished to be cared for at the end of their lives; such as who they would like to be with them and personal choices such as clothing, music and religious and cultural requirements. The registered manager said the service would review this for further development.

There was thorough and comprehensive detail in regards to people's choices and routines within their care plan. This detail enabled staff to support people how they wished and ensured staff were aware of particular things important for people. For example, in people's night care plans there was detail around what people preferred to sleep wearing, the type of cover they preferred for example, a blanket, eiderdown or duvet, if they liked the door open, ajar or closed and the reasoning behind this. For example, one care record said, "Likes the door shut at night due to privacy." Another care plan said, 'Likes bedroom window open to let the fresh air circulate. Likes feet exposed as gets hot at night.'

People's preferences were documented. For example one care record said, '[Name of person] likes music and fashions programmes but has expressed she dislikes drama series'. Another care plan said, 'Generally dislikes meat but loves faggots and sausages.' We spoke with people around some of their choices in their care plan and people told us how staff knew these preferences and respected them. One person said, "They know me and what I like and don't."

Staff told us that when people first came to the service, their preferences and interests contributed to the decision about what area of the service they would prefer to reside in. For example, one person liked to walk around the secure garden every day, and so they lived on the ground floor with easy access to outdoor areas. Another person liked to watch traffic passing by outside, and so they were on the first floor where there was a good outlook to the main road.

People were encouraged to follow their personal interests, and staff supported this on an individual and group basis. There was a board on display with information about the activities which were available. People also had a paper copy of the weekly programme delivered to their room. We saw that there were activities such as singers and magicians, visits from the local museum, knitting, games, bingo and gentle exercise. People spoke positively about the range of activities available. One person said, "I do enjoy the activities. They do all sorts. They play games, there is a chapel service. There is plenty going on. You can join

in if you wish." Another person said, "We go out, down to the lake, the airport or Cheddar." Staff said that for some people who did not wish to join in activities they ensured that individual time was given. One staff member said, "I make sure I have 1:1 time and interaction with people."

Some people had particular beliefs and faiths. A range of religious services were provided of different faiths to support this. People told us they also gathered to watch a religious programme on a regular basis. Staff told us that this was a popular and sociable occasion.

Care plans detailed how staff should communicate with people in their preferred way. For example, one person was unable to communicate verbally with staff and the plan guided staff to use picture boards. Pain assessment tools for people who were unable to tell staff when they were in pain were also in use. Care plans guided staff to ensure that people who needed them, had their hearing aids in and that the batteries were regularly changed.

Care records gave details and guidance on how to support people with their health and mental health needs. Care records we reviewed gave details of how people's health condition affected them and what staff should be observant of. Plans guided staff on when further action may be needed. For example, around a person diabetes care. Wound care plans provided clear guidance for staff on how to dress the wound and how often this should be done. Photographs were in place which meant staff could easily assess when wounds were improving or deteriorating. We reviewed the care plan for one person who sometimes experienced episodes of agitation and physical aggression. Staff had documented the triggers for the agitation and the action staff should take if this happened. These included diversion techniques such as looking at photos with the person and talking about their family. It had also been documented "[Staff member's name] who she likes can often calm her down."

People told us and records confirmed that people and their relatives, if people wished, were regularly involved in care plan reviews. One person said, "Care plan, yes I sign it and if I want anything difference they change it." Staff reviewed care plans on a monthly basis or earlier if people's needs changed. When people's needs did change, the plans were amended to reflect this. For example, we looked at the plan for one person who had developed a sore area on their ankle. Records showed that staff had identified this and that a pressure relieving mattress had been put in place.

Meetings were held with people and relatives. The dates of meeting for the forthcoming year were displayed in the main entrance of the service and had been circulated. People and relatives had been updated about changes and improvements made to the service. The meeting was open and people had a chance to raise questions and express their opinions. For example around staffing, the refurbishment work and activities. One relative said, "There are family meetings and we get changes."

People said they would feel comfortable in raising any issues with the service. One person said, "I would know how to complain if I need to." A relative said, "I made one formal complaint last year. That is resolved now." The complaints procedure was displayed and accessible to people and visitors with the entrance area. The service had received two complaints since September 2017. Both complaints had been investigated according to the provider's complaints policy and responded to. An apology was given where appropriate and actions taken to resolve the issue. A matter of concern had recently been reported and we saw how this had been dealt with. The registered manager from this acknowledged that a system to record these instances would be beneficial. A system to log information of concern had been implemented on the second day of our inspection.

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found significant improvements had been made within the service and past breaches in regulations had been met. However, we have rated this key question as requires improvement. This is because further time is needed to demonstrate the improvements can be sustained. Since 2013 the service had been inspected six times and had failed to meet the regulations on all occasions. The service has been at a requires improvement rating since March 2015. The service was placed in special measures in September 2017. Repeated breaches were found around medicines, good governance and submitting notifications. The service has a significant number of vacancies and the provider needs to demonstrate that safe, good quality care can be provided when the numbers of people accommodated increases.

At our last comprehensive inspection of the service we found that the provider did not have effective governance systems in place to monitor the completeness and accuracy of people's care records. Since the last inspection a new governance system had been introduced. Audits monitored areas of the service such as medicines, care records, clinical care, dining and nutrition. For example, a selection of six care records had been reviewed in January 2018. This went through each section in detail and noted any areas that needed reviewing. For example, the audit identified, 'Some progress notes not timed,' and 'Mental health section, please rewrite. Does she still attend activities? Does she still ask to go home? What does she like to do when sat in the lounge.' These actions were then given to the senior staff member responsible for that area of the service. Actions were returned and the registered manager monitored their completion. Actions in regards to other areas of the service were put onto a central action plan, which was reviewed both by the registered manager and as part of the provider's audit. The deputy manager also undertook regular checks of the daily systems that were in place. This ensured that people were receiving the care and support as outlined in their care plan. This meant that any issues or concerns were promptly identified so that corrective action or investigation could be completed. One staff member said, "Our paperwork is much better."

The provider conducted a monthly audit which reviewed areas of the service such as complaints, safeguarding, notifications, staffing levels, training and staff meetings. The audit checked that systems were being completed in line with the provider's policy and within the given timeframes. Actions to be taken were highlighted and communicated to the registered manager. These were reviewed at the next audit. The provider's monitored the progress of the central action plan to ensure steps were being taken that were effective and in a timely manner.

The registered manager also had an action plan following the previous inspection. This detailed the findings and the actions being taken to rectify the issues. The plan had been regularly updated to monitor the progress being made. The actions taken were observed during the inspection for example, around recruitment checks and safeguarding concerns. Where we found additional improvements were still required for example around mental capacity assessments. This was identified on the action plan. This meant that the provider was monitoring the progress being made and was aware where further actions were needed.

At our last inspection of the service we found that the provider had failed to notify the Commission about certain changes, events and incidents affecting people who sue the service. Notifications are information about specific events that the service is legally required to send us. At this inspection we found the provider was submitted all notifications to the Commission as required. Records were kept of when notifications were submitted and the actions taken.

People and staff spoke of the improvements made at the service since the last inspection. Staff spoke highly of the registered manager in post and how their management style and skills had driven improvements and had a positive impact. One person said, "The manager is very good. A definite improvement speaks and pops in." Another person said, Everything runs pretty well here. Since [Name of registered manager] came things have improved." A relative said, "The manager is approachable and the deputy is great." A staff member said, "Management are always around. It is very organised here." Another staff member commented, "Since the new registered manager came there has been positive changes since day one."

Staff and people told us there was a good atmosphere within the service. One person said, "There is a very good atmosphere." One staff member said, "It's lovely, really lovely working here." Staff told us that they felt valued and that, "Time and money are being invested in staff." Several staff told us about reward schemes, incentives and benefits which increased their feeling of being valued at work. One staff member said, "There are good opportunities here. Things like reward schemes and employee of the month." Another staff member said, "It's nice to know that you'll get a thank-you and that you are appreciated." The registered manager told us that staff were being given additional responsibilities to involve them in the monitoring and processes conducted by the service. This enabled staff to be aware and understand the importance of such systems as it demonstrated the impact to people that used the service. Staff spoke positively about these changes. One staff member said, "I love the responsibility I have been given. I take the lead for some things like continence assessments."

Regular meetings were held with staff members and with different job roles with the service. For example with night staff, senior staff and clinical staff. This ensured that information was communicated and shared effectively. Staff were encouraged to voice ideas and suggestions. Staff told us they felt engaged with the service and involved with the decisions and changes being made. One staff member said, "If you have any comments, you just raise them. Sometimes you have to give the justification. The manager is supportive."

Systems were in place to communicate with staff members. A diary was in place in each area of the service which detailed appointments for people. For example with the hairdresser, GP and other healthcare professionals. A verbal and written handover took place. The handover checklist had key information for staff to easily refer to, for example, people's requirements around pressure care, food and fluids and whether people had a DoLS in place. However, we did note that some information required updating. For example, if people had bedrails in place or a DoLS authorisation had been granted.

Families and friends received communication through meetings, letters and noticeboard displays. The service was developing a newsletter to communicate information about the service to interested people. The registered manager sent us a copy after the inspection. A suggestion box was located in the entrance area where people and visitors could make any suggestions they chose. Displayed in entrance area was a, 'You said. We did' noticeboard. This showed suggestions or comments that had been made to the service and what had changed as a result.

A resident of the day scheme had been introduced. This was where one particular person was focused on for the day to ensure all their needs and requirements were met. Staff spoke positively about the introduction of this scheme. One staff member said, "We make sure we make a bit of a fuss of the person. Everyone gets the

chance to be resident of the day." The service was building links with the local community. For example some people attended a stroke club in the community, and others attend a 'Sing for the Brain' group. Links with a local exercise group were being introduced so that additional opportunities were available to people within the service.