Jasmine Care Holdings Limited

Manor Place Nursing Home

Inspection report

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Hampshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection took place on 20 and 21 March 2017 and was unannounced. Manor Place Nursing Home is registered to provide accommodation and nursing care to younger adults, older people and those living with dementia. The service can accommodate up to 60 people. At the time of our inspection 52 people were living at the service, with another two people in hospital. The service is a three storey building, providing care on four designated units for nursing and/ or dementia care. Communal areas were located on the ground floor, and the service was situated around an enclosed courtyard area and secure garden.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was unavailable during the inspection. The inspection was facilitated by the deputy manager with the assistance of the clinical lead and the provider.

At our last inspection of this service on 01 and 02 February 2016 we found two breaches of legal requirements in relation to safe care and treatment and requirements relating to workers. The provider sent us an action plan dated 04 October 2016 informing us the required actions had been completed. At this inspection we found the two breaches of legal requirements had been met.

Body slings are used in conjunction with hoists to support a person while they are being lifted and transferred. The provider was not following good practice guidance in relation to the requirement to provide individual body slings for people in order to minimise the potential risk of cross-contamination from the sharing of these slings. The risk assessments and processes they had in place were not equivalent to or better than the recognised guidance. The provider took action following the inspection and bought slings for people. Time is required to embed the new practice of using individual slings for people's safety within the staff culture.

Processes were in place to safeguard people from the risk of abuse. Staff had undergone relevant training and understood their role and responsibility to safeguard people from abuse. People and their relatives told us they felt that risks to people were managed safely. Risks to people associated with the delivery of their care had been identified and addressed for their safety.

People and their relatives provided mixed feedback regarding the adequacy of staffing levels. Observations and records demonstrated that overall there were sufficient staff deployed to meet people's needs safely. There was no use of agency staff; therefore people benefited from continuity in the staff providing their care.

People told us they received their prescribed medicines at the correct time. Nurses administered people's medicines safely, having undergone training and medicine competency assessments. People did not have 'PRN' protocols; these are used for the administration of medicines that are to be given 'as required'. We

brought this to the attention of the deputy manager, who took immediate action to address this for people ensuring the required protocols were put in place. It will take further time to ensure this is embedded in staff's practice.

The majority of people told us they felt staff had the right skills and training to meet their care needs. Staff received an induction and relevant training to ensure they could care for people effectively. Nurses were supported to maintain their professional registration.

Staff spoken with were able to demonstrate their understanding of the Mental Capacity Act (MCA) 2005 and its application in their daily work with people. Staff had identified through the use of MCA assessments who was being restricted of their liberty and therefore required an application under the Deprivation of Liberty Safeguards (DoLS).

People generally gave positive feedback about the quality of the meals provided. Risks to people associated with eating and drinking were assessed and managed effectively. People were offered a sufficient amount and variety of food and drink to meet their needs.

People told us they had been supported by staff to ensure their health care needs were met, which records confirmed.

People experienced caring relationships with the staff who looked after them. Most people spoken with reported they felt involved by staff in decisions about their care. People's records documented the areas of their life within which they could exercise choices and their communication needs. Staff were heard to consult people about decisions about their daily care.

The majority of people and their relatives spoken with told us that people's privacy and dignity was upheld in the provision of their care. Staff were observed to knock before they entered people's bedrooms and all care was provided in private.

People's care needs were assessed prior to them being accommodated to ensure the service was suitable for them. Records showed formal reviews of people's care also took place with them and their relatives. Staff were responsive to people's individual care needs. Most people and their relatives spoken to felt people's needs for social stimulation had been met.

Records demonstrated people's complaints had been listened to and either responded to or were in the process of being investigated. Processes were in place to seek people's feedback and the comments received were acted upon to improve the service for people.

Processes were in place to promote communication between people, their relatives and staff. However, people provided mixed feedback regarding how open they experienced the service to be.

People and their relatives provided mixed feedback about the management of the service, whilst staff provided positive feedback about the new registered manager.

Staff received guidance about the provider's expectations for people's care. There were sufficient managers in post and processes to monitor staff practices. Not all staff consistently acted in the manner the provider expected them to and the processes in place to ensure they did so were not always effective. We found aspects of care where staff had received guidance to ensure people's safety, which some staff had failed to follow consistently.

The registered manager had recently introduced a range of trackers to monitor people's health and to identify what actions were being taken. Although the registered manager had introduced a comprehensive range of audits, further time was required for them to all become effective at identifying all issues in relation to people's care and embedded over time. The audit process had not identified or addressed the issues we identified at the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Required equipment safety maintenance checks had been completed to ensure people's safety.

Staff underwent relevant pre-employment checks to ensure their suitability for their role.

The provider was not following good practice guidance in relation to the provision of individual hoist slings for people in order to minimise the potential risk of cross-contamination from the sharing of slings.

There were systems in place to ensure people were safeguarded from the risk of abuse.

Specific risks affecting people's health and welfare had been identified and managed safely.

Sufficient staff were deployed to meet people's needs safely.

Medicines were administered to people safely. The deputy manager acted swiftly to ensure protocols were put in place for 'as required' medicines, but it will take further time to ensure this is embedded in staff's practice.

Is the service effective?

Good

The service was effective.

People were cared for by staff who underwent the relevant training and supervision to enable them to carry out their role effectively.

Where people lacked the capacity to consent to their treatment legal requirements were met.

People were supported to ensure they received sufficient food and drink to meet their needs.

Effective liaison with health professionals ensured people's

health needs were addressed.

Is the service caring?

Good

The service was caring.

People experienced caring relationships with the staff who looked after them.

People were supported where possible to participate in and to make decisions about their care.

People's privacy and dignity was upheld.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs.

People's needs for social stimulation had been met.

Processes were in place to ensure people's complaints were investigated and acted upon. There were also processes in place to seek feedback on the service which was acted upon to improve the service for people.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Processes were in place to promote communication between people, their relatives and staff. Most, but not everyone spoken with reported that they had experienced open communication with the service.

Staff felt well supported by the registered manager.

Although there were sufficient managers in post and processes to monitor staff practices, these were not yet effective at ensuring all staff consistently applied the guidance provided for the safe provision of people's care.

The new registered manager had introduced a comprehensive range of audits. However, further time was required for them all to become effective and embedded.

Manor Place Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 20 and 21 March 2017 and was unannounced. The inspection team included two inspectors 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. The expert by experience had experience of caring for older people.

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

Prior to the inspection we spoke with a nurse and the local authority safeguarding team, following the inspection we spoke with the quality lead from the local clinical commissioning group. We received written feedback on the service from the local adult social care team. During the inspection we spoke with 16 people and five relatives. Not everyone was able to share with us their experiences of life at the service. Therefore we spent time observing staff interactions with them, and the care staff provided. We spoke with a total of 13 day and night staff including: care staff, nurses, the activity coordinator, the chef, maintenance staff, the clinical lead, the deputy manager and the provider.

We reviewed records which included six people's care plans, four staff recruitment and supervision records and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our inspection of 01 and 02 February 2016 we found the provider's maintenance procedure was not sufficiently robust to protect people from potential risks associated with the equipment used in their care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider sent us an action plan dated 04 October 2016 confirming the required action had been completed. At our inspection of 20 and 21 March 2017 we found this breach of legal requirements had been met. Staff told us about the regular equipment checks they completed to ensure the correct functioning of air mattresses, call bells, sensor mats and the testing of safe water temperatures. In addition to checking that emergency lighting and smoke detectors were in good working order. Records confirmed these checks were completed as described for people's safety.

At our inspection of 01 and 02 February 2016 we found the provider's recruitment procedure did not ensure that staff employed were of good character. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider sent us an action plan dated 04 October 2016 confirming the required action had been completed. At our inspection of 20 and 21 March 2017 we found this breach of legal requirements had been met. Employment records reviewed contained the applicant's full employment history as required with no unexplained gaps. Staff told us and records confirmed that they had undergone robust recruitment checks: these included the provision of suitable references, proof of identity, professional registration checks for nurses and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider had ensured that all relevant checks had been made in relation to the suitability of staff to undertake their role safely.

Overall we found the service to be clean, processes were in place to ensure it was cleaned regularly, staff had undertaken infection control training and were observed to use the personal protective equipment supplied. Good practice infection control guidance had not been followed as required in relation to the supply and use of individual body slings to hoist people.

Staff told us there were eight slings for hoisting people which people shared. Another staff member told us "Nobody's got their own sling here." The provider advised following the inspection there were 14 slings. Records showed that 29 people required the use of a sling to transfer them safely on the day of the inspection. The registered manager had assessed the risks to people from sharing slings and deemed these to be low as they were not used in contact with people's skin and there were processes in place to ensure they were regularly cleaned and checked. Infection control guidance for care homes states that slings should not be shared by people, unless they are washed between each use; rather than every seven to 10 days, the frequency with which the provider was having them laundered. This is to ensure that the potential risk of cross-contamination from the sharing of slings is minimised. When we brought this to the attention of the provider they told us they were already aware of this guidance; but were of the opinion they had sufficiently robust processes to manage any potential risks to people. They informed us that following our feedback they would now be purchasing individual slings. Following the inspection the provider submitted written evidence to demonstrate these had been purchased. Time is required to embed the practice of staff

using individual slings for people.

The majority of people and their relatives told us people felt safe in the care of staff. Their comments included: "Oh yes- very much so," "They are pretty good" and "I feel very safe." Some people did not have an opinion either way. Staff had completed safeguarding training and were able to demonstrate their understanding of the safeguarding process and their role and responsibility to protect people from the risk of abuse. Staff had access to relevant safeguarding guidance and processes. In addition the importance of safeguarding people had been discussed at the staff meeting held on 21 October 2016. Where required the registered manager had correctly referred safeguarding incidents to the local authority who are the lead agency to ensure people were protected from abuse.

People and their relatives told us they felt that risks to people were managed safely. They said that staff supported them to mobilise safely where required. Staff spoken with understood the particular risks for people and were able to tell us how these were being managed to ensure the person's safety. Risks to people associated with their mobility and falling had been assessed and the person's level of independence and any equipment required to transfer them safely had been noted. Risks to people associated with their skin integrity had been assessed and reviewed monthly using a screening tool. There was written guidance for staff to monitor people's skin where it was at risk of breaking down. Staff spoken with knew how often people were to be re-positioned and records demonstrated people had been re-positioned regularly to manage this risk. If people had sustained an injury such as a pressure ulcer, then there was a record of the injury, a body map to document the site of the injury, a photograph of the wound and a measurement of its size. People had wound care plans to document how the wound was to be managed. Risks to people had been identified and addressed for their safety.

Staff were observed to respond promptly when an emergency alarm sounded, to ensure the person's safety. They also reacted swiftly when a person appeared unwell to ensure the person's welfare was checked. Staff told us the nurses had walkie-talkies to ensure they could communicate with each other across the service. Measures were in place to ensure emergencies could be responded to safely.

People and their relatives provided mixed feedback regarding the adequacy of staffing levels. Some people felt they were sufficient commenting "Yes- There are plenty of staff," "They are very quick to respond" and "There appears to be." Whilst others reported "No- there are even less at weekends and night times," "They could do with a few more at times- Sometimes I will have to wait before they can take me to the toilet" and "Sometimes there are fewer staff."

Staff told us "There is good continuity of staff, with a stable nursing team" and night staff said there were sufficient staff. The deputy manager informed us there were currently eleven care staff deployed in the morning and nine in the afternoon. There were three nurses in the morning and two in the afternoon. In addition there was an activities co-ordinator, supported by two part-time co-ordinators who all worked during the weekdays. At the weekends the provider had receptionists working on alternate Saturdays doing activities and on Sundays a carer working in the lounge was allocated to do the activities. They had advertised for an activity coordinator to cover weekends. There were five domestic staff, two laundry staff, a cook, a kitchen assistant and two maintenance staff. There was one nurse and five care staff at night. Records confirmed this level of staffing; which had been calculated on the basis of peoples' assessed care needs. Although people did not universally provide positive feedback on staffing levels, observations and records demonstrated that overall there were sufficient staff deployed to meet people's needs safely.

The provider told us that they had not used agency staff since last summer. Any gaps on the staff roster were covered by the permanent staff. This ensured people benefited from having continuity in the staff providing

their care.

People told us they received their prescribed medicines at the correct time. Nurses administered medicines for people. They had undertaken appropriate training, which was completed online, and had competency assessments of their practice. When we observed a medicine round, we saw that this was carried out competently and safely, and that people's consent was sought and respected.

The service had a policy on 'homely remedies' that covered 'over the counter' medicines. We reviewed a person's homely remedies and saw these were supported by a GP's letter. However, we observed people did not have 'PRN' protocols. These are used for the administration of medicines that are to be given 'as required'. These include information such as the medicine and dosage, conditions under which it should be given, minimum time between doses, the maximum dose in a twenty-four hour period and when medical advice should be sought. Although people's medicine administration records (MARs) contained some guidance the provider was not adhering to their own 'Medication to be "Taken as Required" Policy. ' PRN protocols were not in place as required to ensure their safe use for people. We brought this to the attention of the deputy manager, who took immediate action to address this for people ensuring the required protocols were put in place. It will take further time to ensure this is embedded in staff's practice.

Controlled medicines are medicines which require a greater level of security. They were kept in accordance with legislative requirements for safe storage. We found stock balances we checked were correct. We observed that stocks of controlled medicines were checked weekly. Some controlled medicines were administered daily or more frequently and the balance was checked and recorded on each occasion. However, some were not given daily, for example three day or weekly patches for pain relief. The service also had anticipatory medicines for end of life care, that were stored but not in use currently. Therefore checks on these stocks were not completed as frequently. Although the service was carrying out 'regular stock checks' as required, some were being checked more regularly than others. This created a potential risk that any discrepancies with these medicines would not be identified as quickly. We brought this to the attention of the provider for them to consider whether the current frequency of checks were sufficiently robust.

Good

Is the service effective?

Our findings

The majority of people told us they felt staff had the right skills and training to meet their care needs. People's comments included "Yes they know how to look after the residents," "They all know what they are doing and how to care for me" and "Some not all."

Staff told us they had undertaken an induction to their role. We observed a new member of staff shadowing more experienced staff. There was evidence staff were undertaking the 'Care Certificate,' which is the industry standard induction for staff who are new to care, to ensure they had the skills to care for people effectively.

Staff told us they had undertaken training to prepare them for their role. Records showed staff had undertaken the provider's required training in subjects which included: fire safety, manual handling, safeguarding, infection control, mental capacity act and deprivation of liberty safeguards. In addition to training in: dementia, equality, food hygiene, first aid, challenging behaviours, health and safety and person centred care. Staff received relevant training to ensure they could care for people effectively.

Nurses told us they had completed their revalidation requirements. Revalidation is the process that all nurses need to follow every three years to maintain their registration with the Nursing and Midwifery Council (NMC). For example, in a nurse's staff file we saw that they had participated in training on tissue viability and end of life care. Nurses were supported by the provider to maintain their professional registration.

Staff told us they received supervision and felt supported within their role. There was evidence staff were having one to one and group supervisions of their practice. There was evidence staff had received an annual appraisal of their work. These provide staff with the opportunity to reflect upon their work across the past year and to identify their development needs. Staff told us they received support with their professional development and were undertaking National Vocational Qualifications (NVQ – also known as Qualifications Credit Framework or QCF) in health and social care. People received their care from staff who were supported in their role and with their professional development.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The majority of people told us staff sought their consent for their care. Their comments included "They always ask," and "They ask -don't assume." The staff training matrix showed staff were required to complete

MCA/DoLS training every two years, all staff except one had completed this training. The MCA and its application had been discussed at the staff meeting on 21 October 2016. Staff were able to demonstrate their understanding of the application of the act as it related to their role.

Where people had restrictions in place upon them such as bed rails and they had the capacity to consent to their use, their written authority had been obtained. If people lacked the capacity to consent to their care and the restrictions in place upon their liberty; DoLS applications had been made as required. The applications were underpinned by a MCA assessment to demonstrate how the decision that the person could not consent to their care and treatment had been reached. It was not clearly documented on a person's records who had been involved in making the decision that it was in their best interests to have restrictions applied in the provision of their care. We brought this to the attention of the deputy manager who took immediate action to update this person's records.

Where people had a power of attorney in place, the service had obtained a copy in order to evidence who had the legal powers to make decisions on the person's behalf and in relation to what type of decisions. This ensured staff understood who they were legally obliged to consult if the person lacked the capacity to make a specific decision.

People were weighed monthly and their Malnutrition Universal Screening Tool (MUST) score was calculated. MUST is a screening tool to identify adults, who are at risk from either malnourishment or from being overweight. Where people were identified as at risk of malnutrition their food was fortified which is a way of increasing people's calorie intake. If required people had been referred to the Speech and Language Therapist (SALT) for guidance in relation to any risks associated with their eating and drinking. The chef was aware of whom required a special diet and ensured this was provided. Risks to people associated with eating and drinking were assessed and managed effectively.

People and their relatives provided generally positive feedback about the quality of the meals provided. Their feedback included "There are two choices of main and dessert everyday. It's very very good-I can't complain. Plenty of it and a good variety. I've never been hungry since I came here." Other comments made were: "Beautiful- I always have a choice," "It's not bad, there is enough choice" and "It's alright pretty good food-good portions."

The chef sought people's choice for their main meal daily and served the lunch on Nightingale wing. This served as a prompt and a visual reminder to people living with dementia that it was lunchtime. It also enabled the chef to interact with people and chat to them about their lunch during service. People had two choices for their main meal and if they did not want either of these the chef provided people with something they did want to eat. Staff were observed to provide people with fluids and snacks across the course of the day. People were offered a variety of snacks, including: biscuits, fruit and yoghurt. People were offered a sufficient amount and variety of foods and drinks to meet their needs.

There were dining facilities for people, which can serve to promote social interaction amongst people at meal times. There were two dining rooms; one for Nightingale wing and one for Victoria wing, in addition to an orangery on Elizabeth wing. The dining room on Nightingale wing was well used but we noted that most people did not make use of the other dining areas. The dining room for Victoria wing was mostly used by staff when on their tea and lunch breaks. The provider told us most people preferred to eat in their chairs rather than to move and people were provided with a side table to eat their meal from. We have brought this to the attention of the provider for them to consider whether they could take any measures to promote the use of the dining spaces more with people to enhance the social aspect of their dining experience.

People told us they had been supported with ensuring their health care needs were met. People's records demonstrated they had seen a range of health professionals including GP's, pharmacist, chiropodist, dentist, optician, SALT, dietician, psychiatrist, community psychiatric nurse, hospice, physiotherapists and the community mental health team.

Good

Is the service caring?

Our findings

Overall people and their relatives told us they felt staff were caring. Their comments included "Very caring- I'm lucky- they are all very helpful," "I think they are caring- They seem to know their residents and always use his name- They greet me as well" and "Girls are quite caring, but always very busy."

People were observed to be relaxed with staff and appeared to enjoy their company. Staff were seen to greet people as they entered the room. They were interested in people's welfare and we saw staff went to check upon a person who was coughing to ensure they were alright. Staff responded promptly to another person's request to shut the window as they found it chilly. Staff were seen to touch people appropriately during the provision of their care, for example, touching their arm whilst guiding them when they were walking. People's records demonstrated the provider had sought information from them or their family about their life history, preferred name, occupation, significant dates and life experiences. This provided staff with information about people's preferences and interests. People experienced caring relationships with the staff who looked after them.

Eight of the 12 people and their relatives we asked whether staff involved them in decisions about their care told us they did. Their comments included "They are very helpful- nothing is too much trouble- Everything is explained so I can understand," "They will ask and explain- They involve my son's too" and "I would say they are pretty good." Four people could not recall or did not feel they were involved.

People's records documented the areas of their life within which they could exercise choices for example, in the choice of their clothing. For one person their records stated they required a "Full explanation." People were able to personalise their bedrooms to reflect their tastes and to display their personal possessions. Staff told us people made choices about their care such as what time they wished to go to bed. Staff were heard to explain an issue to a person quietly and gently, providing them with the relevant information so they could make their own decision. People's records contained advanced care plans, documenting their wishes about their care at the end of their life. People were involved in decisions about their care.

People's care records documented their communication needs and how staff were to meet these. We saw that staff bent down to the person's level when they were communicating with them. We heard staff explaining to people about a planned gardening activity. They were explaining what would be happening and why and asked people if they would like to join in. Staff understood people's individual communication needs.

The majority of people and their relatives spoken with told us that peoples' privacy and dignity was upheld in the provision of their care. One person told us "They always close the doors when giving me my wash and keep me covered. They knock before coming in to my room." Other comments included: "They are pretty good" and "If I want privacy I can put the lock on my door."

People's care plans explicitly stated that a goal was to uphold the person's privacy and dignity in the provision of their personal care. Staff were observed to knock before they entered people's' bedrooms and

all care was provided in private. People were observed to be appropriately dressed in clean clothes. People's privacy and dignity was upheld.

Good

Is the service responsive?

Our findings

The majority of people told us they had been involved in drawing up their care plan and that their care needs were met. Their comments included "Yes I have been quite involved-they know virtually what I want- I'm very happy here," "Yes- It meets my needs," "Yes I was involved- I am quite satisfied" and "I've had a full assessment."

People's care needs were assessed prior to them being accommodated to ensure the service was suitable for them. If people had been referred from another agency such as social services; staff had obtained a copy of the agency's assessment to inform their care planning for the person. The provider told us that following a person's initial assessment, they aimed to get a basic care plan in place for the person within 72 hours of them moving in. Each day there were two 'Residents of the day.' This was the day the person's care plans were reviewed by the nursing staff and their keyworker who was a member of the care staff checked the person's bedroom to ensure they had a plentiful supply of toiletries and gave an update on the person's care to their relatives. Records showed formal reviews of people's care also took place with them and their relatives.

At the start of each staff shift there was a handover when staff coming on shift were provided with information about new people, an update on how people had been and any issues they needed to be aware of or action required for people. Staff were also provided with a written handover sheet; which provided staff with key information about people such as: their diagnosis, manual handling needs, diet, fluid needs, nursing needs, continence and communication needs. There was also information about risks to the person staff needed to be aware of such as whether they had a history of falls. This ensured staff had immediate access to information they required in order to enable them to meet each person's care needs. Staff spoken with were able to demonstrate their knowledge of people as individuals, in terms of both their care needs and interests.

Where people had particular needs such as epilepsy or chronic conditions they had a care plan in place to provide guidance to staff about how these should be met. There were also information leaflets contained in people's care records to provide staff with additional guidance. If people had epilepsy then they were monitored and a record was maintained of any seizures they experienced.

People had dementia care plans in place to provide guidance to staff about how the person's care needs in relation to their dementia should be met. Records showed staff had undertaken training in dementia care and challenging behaviour, to enable them to support people living with dementia. Where people's behaviours challenged staff, then staff maintained a behavioural chart to document the person's behaviours. There was guidance for staff about how to manage the person's behaviours, for example, not to rush them and to divert them. Staff were informed of what activities calmed people. We observed a member of the care staff was giving one to one support to a person with behavioural needs and they were able to engage with the person effectively. Staff were responsive to people's individual care needs.

Most people and their relatives spoken to felt people's needs for social stimulation were met. Their

comments included "There are always things going on if you want to get involved," "Yes its all quite social" and "I like to do the exercises and art class." There was a weekly activities schedule which was displayed for people. Planned activities included for example: poetry, hairdresser, memory cards, visitors, gardening, singing, trips to the park, church, quizzes and craft. Staff told us two different external entertainers visited per month. A local farm experience visited the service on the first day of the inspection for their annual visit. People were observed to enjoy holding and patting the animals. Staff told us people found patting animals relaxing and that the service also had their own guinea pigs which people enjoyed. People's needs for social interaction had been assessed. A record was maintained for people to demonstrate how their need for social stimulation had been met, what activities they had participated in and when. The provider told us that those people cared for in their bedrooms were provided with one to ones by the activities co-ordinator, which records confirmed.

On Nightingale unit which cared for people living with dementia we observed some people had items to hold or to 'fiddle' with. It is beneficial for people living with dementia to have such items which can alleviate distress. It was less clear on the other units that people consistently had sufficient stimulation as most of the activities observed took place on Nightingale unit. We did note that staff took people from the other units to Nightingale unit so that they could participate in the activities. The activities co-ordinator told us activities were usually held on Nightingale due to there being more space on that unit. We did observe poetry reading taking place on another unit for people. Staff told us that there was sufficient time generally, to be able to spend with people and to chat to them as they provided their care. People's needs for social stimulation were met overall.

People and their relatives spoken with told us they knew how to make a complaint if they wished to and felt able to. The complaints procedure was displayed for people or their relatives in the event they wished to make a complaint. Staff spoken with knew their role in ensuring any complaints people made were passed to the manager. Three complaints had been received during 2017. Records demonstrated people's concerns had been listened to and either responded to or were in the process of being investigated.

Resident and relative's meetings were held regularly. Records showed people and their relatives were sent a letter inviting them to attend the last meeting which was held on 9 March 2017. At this meeting the activities co-ordinator asked for people's' feedback on the activities programme.
Following meetings an action list was produced to update people about the actions that had been taken in response to their feedback. Records demonstrated that following the feedback received at the previous meeting held on 27 October 2016. There had been an increase in activities provision and a toilet had been re-designated for the use of everyone rather than just staff and visitors. This had ensured people in the Churchill lounge could access a toilet more easily. The provider had circulated a quality assurance questionnaire in October 2016. Results demonstrated that overall people were satisfied with the care provided. There was a resulting action plan which demonstrated how issues people had raised had been addressed to improve the service they received. For example, in response to the feedback received the chef was now involving people and their families more in the discussions around menus. Processes were in place to seek people's feedback and to act upon it.

Requires Improvement

Is the service well-led?

Our findings

The provider's mission statement stated people would experience a 'welcoming and homely atmosphere, with open, honest and approachable staff'. It noted people would be encouraged and supported to maintain their independence and make choices, and would experience high quality person-centred care respectful of their dignity, privacy and independence. The provider told us staff learnt about their purpose during their induction programme. Staff received guidance about the provider's purpose and expectations for people's care.

Seven out of the 11 people and relatives we asked whether there was open communication within the service responded positively. Their comments included "It is quite open" and "Yes- everyone is very helpful." Four were not so positive commenting "Not as it should be" and "They are just doing a job." Another relative reported concerns to us about their loved one's nutritional intake. We found on reviewing the person's records that they were receiving the correct care to meet their nutritional needs. However, the relative had not experienced that this information had been communicated to them clearly to allay their concerns.

Resident's and relative's meetings were used by the provider to communicate information and changes. Relatives were encouraged at these meetings to talk to staff about any concerns. Although people provided mixed feedback regarding how open they experienced the service to be. Processes were in place to promote communication between people, their relatives and staff.

Staff told us it was "A good place to work." There were regular staff meetings and nurses' meetings in addition to head of department meetings to ensure any issues could be discussed.

Eight of the 13 people and relatives we asked about how well the service was managed provided positive feedback. Their comments included: "I think it is well managed," "Its run pretty well" and "I would say it is much better." Two were not as positive and three did not express a view either way. Staff provided positive feedback about the registered manager. They told us the manager was "Good. She cares and is involved. She is visible on the floor." They also commented "She will muck in. She does a daily check and night checks."

In addition to the registered manager, there was a deputy manager and a clinical lead. There were senior care staff allocated to lead the care staff in their work. The registered manager completed a daily walk around of the service to ensure they were visible and monitored the service. They also completed spot checks on the night staff, the last one of which took place on 13 March 2017. Although there were sufficient managers in post and processes in place to monitor staff practices and standards of care. Not all staff consistently acted in the manner the provider expected and the processes in place to ensure they did so; were not always effective.

We observed staff transferring people with the use of a hoist on five occasions during the first day of the inspection. Staff did not apply the brakes to people's wheelchairs prior to using the hoist, which placed people at potential risk of an accident. We brought this to the attention of the deputy manager and the

moving and handling trainer. The moving and handling trainer informed us this issue was addressed with staff at the morning shift handover on the second day of the inspection. We then witnessed that on the second day staff were still failing to apply the brakes, despite having been trained and reminded of the requirement that morning to apply the brakes for people's safety. This was again brought to the attention of the deputy manager for them to address further with staff.

We observed that four containers of 'Thick and Easy', which is used to ensure people's drinks are of a safe consistency including an open tub, were kept on an open shelf in a person's room. These tins were not stored safely in accordance with guidance to manage the danger of choking for people from the ingestion of thickener powder. This was despite a poster being displayed to remind staff of the importance of their safe storage and staff having been told at a meeting on 6 February 2017 that 'thickener powder must be kept in the cabinets.' The deputy manager told us they were aware of the national patient safety alert about the safe storage of thickeners that had been issued on 6 February 2015. Although both management and staff were aware of the risks associated with the unsafe storage of thickeners and safe practice and guidance had been issued; staff did not all consistently follow it to ensure people's safety.

Audits of the service had been completed; for example in relation to: care plans, maintenance, falls, health and safety, hydration and food hygiene. The provider had also audited the service on 10 November 2017. They noted there had been considerable improvement in the service under the new manager. The registered manager had recently introduced a range of trackers to monitor people's health and to identify what actions were being taken. For example, a weight tracker had been introduced in January 2017 to monitor people's weight loss and the measures in place to manage this for people. There was a pressure ulcer tracker to document the number of people who had a pressure ulcer and what action had been taken for the person. In addition an anti-psychotic tracker had been introduced so they could monitor the level of the use of anti-psychotic medication within the service. There were also infection and falls trackers to monitor the number people experienced and any correlation between people acquiring an infection and experiencing a fall. The recent introduction of the trackers was enabling them to monitor and identify any trends in people's care that needed to be addressed and to monitor the effectiveness of the actions taken.

The infection control audit had only just been completed on 17 February 2017. This should have been completed regularly to ensure people were fully protected from the risk of infections. The audit had failed to identify that good practice requirements were not being met in relation to the provision of individual hoisting slings. It will take time to ensure this audit becomes embedded in practice so that it is completed regularly and that it is effective at identifying potential or actual infection control risks for people's safety. There were monthly medicines audits, however, these had not identified that staff were not actually following the provider's protocol in relation to 'medicines as required' because the required protocols were not in place. The process for auditing medicines had not been effective at identifying and addressing this for people. Although the registered manager had introduced a comprehensive range of audits, further time was required for them to become effective and embedded.

The local Clinical Commissioning Group (CCG) completed an external audit of the service on 29 September 2016. There was an associated action plan which demonstrated the required actions identified by the CCG had since been completed for people. An external medicines audit had also been completed by the provider's pharmacy on 18 October 2016. Processes were in place to ensure there were external checks on the quality of the service provided and actions were taken in response to the issues identified for people.

Management attended the local CCG forums on good practice in social care to ensure they kept themselves abreast of developments and good practice. There was also regular contact with the community matron to ensure they could access guidance as required. Both the clinical lead from the CCG and the external nurse

we spoke with provided positive feedback about the registered manager and the changes they were in the process of implementing within the service for people.

Staff were provided with verbal updates regarding how often people were to be re-positioned at the staff shift handover and their care records demonstrated they had been re-positioned regularly. However, not everyone's records reviewed contained this information to ensure staff also had access to written guidance about how often people were to be re-positioned. New staff or agency staff in the event they were used may not be familiar with people's re-positioning requirements without access to written guidance, which could place people at risk of not being re-positioned as frequently as needed. We brought this to the attention of the clinical lead who took prompt action to address this for people.