Sunrise Operations Bagshot II Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Sunrise Operations Bagshot II Limited provides facilities and services for up to 99 older people who require personal or nursing care. The building consists of three floors. The ground and first floor of the building is called the Assisted Living Neighbourhood. The care provided in the Assisted Living Neighbourhood includes minimal support for people up to full nursing care. The second floor of the building is called the Reminiscence Neighbourhood. The Reminiscence Neighbourhood provides care and support to people who live with dementia as their primary care need. At the time of our inspection there were 91 people living at the home.

The manager was present during our inspection. He had been in post since 12 November 2015 and had submitted an application to us to become the registered manager of the home. 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.

Sunrise Operations Bagshot II Limited was last inspected on 15 and 16 June 2015 where it was rated as 'Requires Improvement'. Four breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. These related to safe care and treatment, staffing, consent and personalised care. Requirement actions were set in relation to these and the registered provider sent us a report that detailed steps that would be taken to make the required improvements. At this inspection we found that sufficient steps had been taken and that the requirement actions were met.

People said that there had been changes in management of the home and that the service was improving. The manager had arranged for meetings to take place with people and their representatives to obtain their views on the service they received. Staff also told us that management within the home had improved and that they now received more support and advice.

People's medicines were ordered, stored, administered and recorded safely. The system for safely disposing of medicines was not being followed in full. We have made a recommendation about this in the main body of our report.

People said that they consented to the care they received. The home was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) for people who lived in the Reminiscence Neighbourhood. The manager informed us that mental capacity assessments were not completed for people who resided in the Assisted Living Neighbourhood. We have made a recommendation about this in the main body of our report.

People said that the food at the home was good and that their dietary needs were met. There were two separate dining facilities, one in each Neighbourhood that formed the home. In one, we saw that peoples

walking frames were moved once they were seated due to limited space. In the other we observed that some people had to wait up to 20 minutes for assistance to eat. We have made recommendations about this in the main body of our report.

People had care plans in place for staff to follow in order to meet their individual needs. Monitoring systems were in place to ensure people's needs were being met in line with their care plans. These did not always reflect people's needs. We have made a recommendation about this in the main body of our report.

Staff levels had been reviewed and changes made to the numbers of staff allocated to shifts. For example, a nurse was now allocated to the Reminiscence Neighbourhood. Robust recruitment checks were completed to ensure staff were safe to support people.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. When incident and accidents occurred action was taken to minimise the chance of a re-occurrence.

Risks to people were managed safely. People now had personal emergency evacuation plans (PEEPS) in place that would help them be moved from the home in the event of a fire. Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques.

People said that they were happy with the medical care and attention they received and that staff were knowledgeable about their needs. People had access to a range of external health and social care professionals.

Staff were skilled and experienced to care and support people to have a good quality of life. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. They received training during their induction and then on an ongoing basis.

People said that staff treated them with kindness, dignity and respect. Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. Staff were aware of people's individual needs and able to explain their likes, dislikes, background history, and specific care needs.

People said that they were involved in making decisions about their care as much as they wanted to be. Relatives told us that the home was proactive in letting them know of changes to their loved ones care or medical conditions.

People said that they enjoyed taking part in the activities provided at the home and that they felt that there was enough to do. We saw that the activities that took place were inclusive, and well matched to peoples' interests and capabilities.

People said that they felt confident to raise concerns and complaints and that these would be responded to. Monthly residents meeting took place where people were able to raise issues and concerns if they wished to.

Quality monitoring systems were in place with audits completed by designated staff. Meetings took place with the manager and members of staff and representatives of the provider to ensure information was shared to drive improvements.

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.

Medicines were managed safely.

Checks on the environment had been completed to ensure it was safe for people.

People said that on the whole staff were available to support them at the times they wanted and needed. Robust recruitment checks were completed to ensure staff were safe to support people.

Systems and processes were in place to safeguard people from harm.

Risks to people were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People said that they consented to the care they received. Processes were in place to support people who lacked the mental capacity to consent to care and treatment. However, these were not always consistently applied.

People's dietary needs were met and most people experienced a positive dining experience. However, some people did not receive timely assistance to eat their meals.

Peoples healthcare needs were met.

Staff were skilled and experienced to care and support people to have a good quality of life. Staff received support to understand their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect.

People's privacy was promoted by staff who understood people's individual needs.

People were involved in making decisions about their care as much as they wanted to be.

Is the service responsive?

Good

The service was responsive.

People received personalised care based on their individual needs.

There was a comprehensive activity programme in place and people said that they enjoyed the choice of activities provided.

People said that they felt confident to raise concerns and complaints and that these would be responded to. Systems were in place that supported people to raise concerns.

Is the service well-led?

Good

The service was well led.

The manager was aware of the need to create a positive culture and had started to take steps to ensure this was inclusive and empowering.

Staff were motivated and told us that they now received more support and advice.

Quality monitoring systems were in place to manage and mitigate risks and to improve the quality of service provided to people.

Sunrise Operations Bagshot II Limited

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 19 April 2016 and was unannounced. The inspection team consisted of four inspectors, one specialist dementia nurse manager and two experts by experience. The experts by experience had experience of older people and people living with dementia.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the home and the service provider. This included information from other agencies and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 19 people who lived at the home and nine relatives. We also spoke with nine care staff, two nurses, the Reminiscence coordinator, the activities manager, two kitchen staff, two housekeeping staff, the manager and a director of operations. Prior to the inspection we also made contact with two external health and social care professionals in order to obtain their views on the home and the service provided to people.

Some people at the home were living with dementia and we were unable to hold detailed conversations with them. Therefore, we spent time observing the care and support that people received in the lounges and communal areas of the home during the morning, at lunchtime and during the afternoon. We also observed

part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included 15 people's care records, six people's medicine records, staff training, support and employment records, quality assurance audits, minutes of meetings with staff, menus, policies and procedures, complaint records and accident and incident reports.

Sunrise Operations Bagshot II Limited was last inspected on 15 and 16 June 2015 where it was rated as 'Requires Improvement'. Four breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. These related to safe care and treatment, staffing, consent and personalised care. Requirement actions were set in relation to these and the registered provider sent us a report that detailed steps that would be taken to make the required improvements. At this inspection we found that sufficient steps had been taken and that the requirement actions were met.

Good

Is the service safe?

Our findings

At our last inspection a requirement notice was set as people did not always receive safe care due to medicines management. At this inspection we found that improvements had been made and that the requirement notice was met.

People said that they were happy with the support they received to manage their medicines. One person said, "The nurse talks to me about my tablets and asks if I need any extra for my back pain." Another person said, "I do not have to worry, I get my tablets at the right time." A third person said, "I'm diabetic and have my medication administered before breakfast every day."

Medicines were managed safely. The administration of medicines followed guidance from the Royal Pharmaceutical Society. We noted staff locked the medicine trolley when leaving it unattended and did not sign Medicine Administration Record (MAR) charts until medicines had been taken by the person. There were no gaps in the MAR charts, which were clear and legible. Staff were knowledgeable about the medicines they were giving. We also noted where medicines had been prescribed on PRN 'as needed' basis; staff followed the provider's 'PRN' protocol. This contained information about each medicine prescribed, the reason for administration, the maximum dose allowed and the minimum time between doses.

Care plans contained personalised information on how people liked to take their medicines. For example, one person liked to be given their tablets and put them in their mouth themselves. This person had some cognitive difficulties and it was established that if this method was followed then they would be happy to take their medicines as prescribed.

Medicines were labelled with directions for use and contained both the expiry date and the date of opening. Creams, dressings and lotions were labelled with the name of the person who used them, signed for when administered and safely stored. Other medicines were safely stored in lockable cabinets. There was a lockable room for the storage of medicines. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge was monitored to ensure the safety of medicines.

We did observe that a medicines disposal facility was overfull with items that were no longer required and not being used as per the manufacturers' directions. It is recommended that the registered provider reviews the facilities for disposing of medicines.

At our last inspection a requirement notice was set as people did not have personal emergency evacuation plans (PEEPS) in place. At this inspection we found that improvements had been made and that the requirement notice was met.

PEEPS were in place for each person that would help them be moved from the home in the event of a fire. These detailed the support each person required to move safely.

Checks on the environment had been completed to ensure it was safe for people. These included safety checks on small portable electrical items, hot water, Legionella, the emergency call bell system and fire safety equipment. We observed fire doors were clearly marked and evacuation plans displayed on walls at the home. When we arrived, the manager informed us that there would be no fire drills and told us where the nearest fire exits were and explained the fire procedure.

Equipment was available in sufficient quantities and used where needed to ensure that people were moved safely and staff were able to describe safe moving and handling techniques. We observed staff supported people to move safely from wheelchairs to armchairs using a hoist. They explained the process to people, telling them what was happening and provided reassurance. Records were in place that confirmed that hoists and slings were checked on a regular basis along with a system to report if equipment was faulty.

At our last inspection a requirement notice was set as people did always receive safe care and treatment due to staffing levels. At this inspection we found that improvements had been made and that the requirement notice was met.

People said that they were happy with the staffing levels in the home and that they received care and support at the times they needed it. One person said, "Always people around and about. Never waiting long." A relative said, "Couldn't ask for better. Staff are very good and attentive." Another relative said, "Staffing levels are absolutely fine." Another relative said, "Staffing levels improved since the last inspection. A lot (has been) done to get the team working together. Physical arrangements changed, people not lined up around the room, better arrangement."

All staff apart from two said that there were enough staff allocated to shifts to support people and to meet their needs. One member of staff said, "There's been a bit of improvement. We never had anyone in the bistro to hang with the residents, now we do. They chat with residents and have a cup of tea with them. Call bells, we try to get there but some have to wait a bit." Another said, "In December a lot of staff left, it was difficult but better now. Some new staff have been recruited." A third member of staff said, "We now have a nurse in the Reminiscence Neighbourhood, we didn't have before."

We observed that on the day of our inspection, there were sufficient staff on duty and that people received assistance and support when they needed it. Relatives of people who lived in the Reminiscence Neighbourhood spoke about the safe, caring atmosphere in the home and that their family members felt more secure because changes to the organisation and deployment of staff has led to greater continuity.

One person who resided in the Assisted Living Neighbourhood commented that at times staff did not respond promptly when they activated the call bell. We watched the call bell on the computer and noted calls were responded to between five and 12 minutes, with the majority within five and six minutes. The call bell monitoring system was reviewed during April 2016 with heads of departments auditing response times after feedback by people about delays in response times. This was still in the process of being fully embedded at the time of our inspection. However, records showed that improvements were being made.

The manager informed us that staff levels were calculated based on a dependency tool in addition to monthly wellness checks for people who lived at the home. The manager said that staff levels had not fallen below the recommended numbers since January 2016 and that staff levels had increased in the previous four months. An example the manager gave was that previously there were seven staff allocated to the Assisted Living Neighbourhood, this had now increased to ten. Other staff recently employed included a new deputy manager, a senior wellness nurse and a reminiscence coordinator.

Robust recruitment checks were completed to ensure staff were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. They also included checks on eligibility to work in the United Kingdom (UK) and confirmation that nurses were registered to practice with the National Midwifery Council. Records also confirmed that when interviewed staff were asked questions and their knowledge assessed in areas that included preserving people's dignity, encouraging independence and supporting people who lived with dementia. The manager explained that by doing this it helped ensure that staff with the right skills and understanding were employed.

People said that they felt safe and we observed that they appeared happy and at ease in the presence of staff. Comments included, "Yes I feel safe", "This is my home, I see no problems" and "Safe, alright, no worries about that." Relatives of people who lived at the home also expressed satisfaction about their family member's safety. One relative said, "Very safe here. Not seen anything that is a concern or a worry. Super here!" Another relative said, "No faults with it whatsoever. I go home and have no worries whatsoever. Safe and sound." There was information displayed in the home for people and visitors to promote their rights about raising safeguarding concerns to the local authority if they had any.

Systems and processes were in place to safeguard people from harm. Staff were provided with safeguarding training during their induction and then on an on-going basis thereafter. They were able to identify the different forms of abuse and the correct safeguarding procedures should they suspect abuse. They were aware that a referral to an agency, such as the local Adult Services Safeguarding Team should be made, in line with the provider's policy. One member of staff told us, "If we find evidence of any kind of abuse, speak to line manager and go through the process. First priority is resident safety. I would go up higher level reporting if needed, CQC and social services."

Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. The manager demonstrated knowledge and understanding of safeguarding people and his responsibilities to report concerns to the relevant agencies.

Risks to people were managed safely. One person told us how they had not had any falls since moving into the home. A relative told us how their family members safety had improved and that, "She had a fall two years ago, but hasn't had any issues since."

We observed staff in the Reminiscence Neighbourhood use strategies to prevent behaviour which could be described as challenging, from escalating. One person started to become increasingly restless and began banging a spoon on the table. Several other people who lived in the Neighbourhood were affected by this. Staff immediately offered additional support to the person and to those affected by the loud noise. When another person started to shout out and use language that could be deemed as abusive staff responded sensitively. They offered reassurance and assisted the person to part of the lounge that they preferred to be seated in.

When incident and accidents occurred records evidenced that action was taken to minimise the chance of a re-occurrence. In the main, potential risks to people were assessed and information was available for staff which helped keep people safe. This included assessments in relation to falls, pressure areas, malnutrition and moving and handling. For one person who was being cared for in bed an assessment identified they were at risk of developing pressure sores. A care plan had been developed and the risk managed through a turning chart and hospital bed. The plan was being followed and a staff member that we spoke to was aware of the plan to minimise this person's risk of pressure sores. We did note that the assessments for two people for use of a wheelchair did not detail the risks associated with the equipment. They did however include action to be taken. For example, 'check the brakes and lap belt'.

Staff were able to explain safe procedures that should be followed in the event of an accident or emergency. One told us that they would, "Call for help, keep the person safe, administer first aid, call the paramedics and write up notes." The accident monitoring procedure included a second member of staff with seniority having to complete the second page of the accident/incident form. This enabled monitoring of appropriate and safe actions having been taken.

Requires Improvement

Is the service effective?

Our findings

At our last inspection a requirement notice was set as processes were not always followed for people who were not able to consent to their care and treatment. At this inspection we found that improvements had been made and that the requirement notice was met.

People said that they consented to the care they received. During our inspection we observed staff seeking people's agreement before supporting them and then waiting for a response before acting on their wishes. For example, before assisting them to move, to eat, and before giving them medicines. Staff confirmed that they received training around mental capacity during their induction and were able to explain what this meant when caring for people. One member of staff explained, "Mental capacity, if they cannot decide for self and we have to make decisions in their best interest for the health and wellbeing. Some residents have capacity to make decisions. Upstairs is locked and we are restricting where they can go. Applications have to be made if you restrict someone."

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. In the majority of cases mental capacity assessments were completed for people when needed and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. This was in line with the Mental Capacity Act (2005) Code of Practice which guided staff to ensure practice and decisions were made in people's best interests.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). 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). Applications had been made for people who lived in the Reminiscence Neighbourhood as coded locks were in place that restricted people from leaving and some people did not have the capacity to consent to their use.

The manager informed us that nobody living in the Assisted Living Neighbourhood was deprived of their liberty. However, one person had developed high needs and was now cared for in bed. This person was on anti-psychotic medication and was also under the care of a Community Mental Health Team. This person's care plan did not contain a mental capacity assessment regarding any aspect of this person's care. The care plan did include a 'Full Assessment' completed during December 2015. In this, the memory and cognition section stated that the person was, 'Unable to understand or retain information to take any decisions about care'. This person had a DNAR in their file which stated that they lacked the mental capacity to make a decision as to whether they would be resuscitated. The care plan also contained a section on bed safety stating that the person had signed consent to bed rails being used. A bed rails assessment completed during February 2016 indicated that a mental capacity assessment needed to be carried out, however this had not been completed and DoLS had not been considered. We met with the person and it was clear that they were

confused and would require an assessment to establish whether they had the mental capacity to make a decision to remain in bed. The manager told us, "We don't usually do mental capacity assessments for people on Assisted Living."

It is recommended that the registered provider reviews the systems and processes in place to ensure mental capacity assessments are completed in line with the MCA for anyone who lives at the home regardless of which Neighbourhood they reside in.

People said that the food at the home was good and that their dietary needs were met. Comments included, "The food is extremely good, very well cooked and presented well", "The food is fair and the variety good", "There's always fresh fruit available and balanced meals", "Love the food here. Lovely salmon today" and "Had a nice dinner. It was very good."

Relatives also complimented the food provided to their loved ones. A relative said, "Food is very good and healthy. X (family member) has gained weight since she has been in here and it's good to know she is eating well." Another said, "I have eaten here. Think that the food is very good." A third relative said, "Staff know what he likes to eat. He chooses from the two meals that he is shown. When I come in they will tell me if he hasn't eaten a great deal."

There were two separate dining facilities, one in each Neighbourhood that formed the home. In the Assisted Living Neighbourhood people were greeted by name when entering the dining area. People could sit where they wanted and we observed good caring interactions between staff and people. It was evident that staff knew people well as they made general conversation with them. We observed people making requests, such as an extra napkin or cutlery when needed, and staff responded to these promptly. Meals appeared well presented and people were offered a choice. We were informed that people who required greater assistance were served first. However we did not see this happening in all instances. We also observed that once people were seated, their walking frames were moved away from them to an area of the Neighbourhood where they were reliant on staff to bring them back to them once they wished to leave the dining area. This had the potential to impact on people's freedom of movement. When discussing our inspection findings at the end of our visit we were informed that this practice was due to the numbers of people who chose to eat in the dining area and the potential trip hazard posed by walking frames. We were informed that the provider was exploring extending the dining room area in order to provide more space for people. The minutes of a residents meeting held during April confirmed that people had been advised that the provider was looking at building a conservatory to create more space for people.

In the Reminiscence Neighbourhood we observed people with special dietary requirements, including those who had medical conditions or who required soft, textured and fortified meals were catered for. The chef explained how drinks and meals fortified with butter and cream were provided for people who needed an enhanced diet. Staff were aware of peoples' dietary needs and written information was available to ensure that people received the correct meals.

Although people's dietary needs were met we did observe that some people had to wait for some time before their meal was served to them in the Reminiscence Neighbourhood. People were seated 25 minutes before the first course was served and some people were seen becoming quite restless. The gap between first and second course was another 20 minutes. Where people had been identified as needing help, staff supported them in a dignified way, asking them if they would like more before offering them the next spoonful. However staff seemed unaware that some people were sitting with food in front of them for some time without any encouragement to eat being offered. One person was seen sitting with sandwiches for 20 minutes without being noticed.

It is recommended that the registered provider reviews the dining and seating arrangements within the home to ensure people are not unduly restricted and in order that people receive timely assistance with meals.

Morning coffee and afternoon tea was served from trolleys throughout the home and a choice of snacks were available, including pastries and cakes baked in-house. People also had access to snacks and drinks that were located on each of the floors of the home. These were available to people to access freely, at any time of their choosing.

People said that they were happy with the medical care and attention they received and that staff were knowledgeable about their needs. One person said, "I don't need much in the way of care and I'm happy with the support I do receive." A second person said, "Staff are very good and easy-going." A relative said, "They (staff) seem very knowledgeable. There is a good consistency of staff. She also gets good interaction washing and dressing."

During our inspection one person started to choke. Immediately a member of staff responded, gave treatment and the person recovered. The member of staff had received first aid training and their actions demonstrated that they had sufficient knowledge to support the person.

People had access to a range of external health and social care professionals. These included the falls prevention team, opticians, neurologists, physiotherapists and GP's. We noted that advice and guidance given by these professionals was followed and documented. Staff recognised that people's healthcare needs could change and demonstrated awareness of how these needed to be reported and effectively acted upon. One member of staff explained, "We always observe the residents and if there is a change report it to the nurse in charge." Another member of staff said, "Any signs or changes in walking or eating could be telling me that they are becoming ill."

Staff were skilled and experienced to care and support people to have a good quality of life. Staff received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Staff said that the support they received had improved recently. One member of staff said, "Before we didn't get much support. Now they are finding ways to provide training and support to us. I am much happier now. I just did my appraisal and due supervision next month. We talk about how I'm doing with my role, what support I need and training. They empower us." New staff completed an induction programme at the start of their employment that followed nationally recognised standards. Staff described the induction as good.

Staff were trained in areas that included fire safety, first aid, food hygiene, infection control, moving and handling, safeguarding and health and safety. A training programme was in place that included courses that were relevant to the needs of people who lived at the home. These included dementia care, mental capacity, communication and wound care. One member of staff said of the training provided, "They provided medication training before I started to do this. There is always training. I've done dementia, end of life care, first aid. They have helped me progress and build my confidence." Another member of staff said, "I have seen improvement in my skills, for example insulin injections. I feel better, confident. I now have a senior nurse as mentor. In June and July I will be doing catheterisation and venepuncture training."

Good

Is the service caring?

Our findings

People said that staff treated them with kindness, dignity and respect. One person said, "They are very patient and they listen." A second person said, "Staff are very caring. They know what is best for me and treat me well." A third person said, "I have no complaints about respect and privacy. On the whole things are pretty good." A relative said, "Privacy is properly maintained". Another relative said, "Mum showered every day, never found her dirty. They do respect dignity."

Staff understood the importance of respecting people's privacy and dignity. One explained, "Do the best for all the residents, we treat them as part of the family, know their wishes and preferences. Make sure they are safe, clean and have enough food. As much as possible to make sure they have a smile on their face." Another said, "I like getting involved with the history of residents, it helps me with looking after them and gives me a chance to talk to them about their past." Staff were seen to discreetly advise people when they required attention to their personal care and this was always provided in private. When assisting people to move staff promoted people's dignity by placing blankets over exposed areas. People were appropriately dressed. Men were shaved and some women had their hair set. A relative of one person said, "X has always worn matching clothes and her hair is important to her. We have told the staff and they are always very careful to make sure that she is dressed in coordinated clothing and has her hair done regularly."

We observed care in communal areas throughout the day. We observed positive interaction between people and staff who took care to ask permission before intervening or assisting. Staff showed respect to people for example, we noted that they were careful not to discuss the individual needs of people where they could be overheard. We did observe one instance when a person called out from a wheelchair that they were cold. We alerted staff to this situation who immediately assisted the person to a warmer place.

During the inspection we observed interactions between staff and people that showed that staff had a good understanding of people's needs. During an activity one person who lived with dementia was becoming distracted and having difficulty following the processes of the activity. We observed staff intervene and provide regular encouragement. Staff engaged with people, often talking to them about their interests, and people appeared to enjoy these interactions. During a flower arranging activity, we saw staff using the expertise of one person to involve them more in the task. This person told us, "I used to arrange flowers, I enjoy doing it here." We observed staff asking this person to advise on colours and arrangements for other people and this created a warm and inclusive atmosphere during the activity.

We observed a member of staff speaking to a person who was exhibiting signs of confusion. The staff member knelt down to establish eye contact and spoke to the person in a reassuring way. The person was given time and after a while they were able to explain what they wanted.

On another occasion we observed a person who appeared very confused and unsure of where they were and why they were not able to go home. Staff supported the person in the most reassuring way. Speaking slowly and clearly, answering the person's questions and reassuring them. The member of staff knew that the person liked to sit outside on the balcony so took them outside and as a result they became settled and

less anxious.

People said that they were involved in making decisions about their care as much as they wanted to be. Relatives told us that the home was proactive in letting them know of changes to their loved ones care or medical conditions. One relative said, "On occasion when he bumps himself, they always let me know. Told us about any bruising. They document it as well." Another relative said, "I have had meetings with the previous manager but not with X (manager) yet. One is due soon." A third relative said, "We had not been invited to a review meeting. It was the manager that spotted it. We have just been to our first review. We let the manager know changes that we would like made, he was happy to take suggestions."

Good

Is the service responsive?

Our findings

At our last inspection a requirement notice was set as people did not receive personalised care in response to their individual needs. At this inspection we found that improvements had been made and that the requirement notice was met.

Staff confirmed that they had been provided with training about personalised care. One member of staff explained, "It included preserving dignity, respect and independence. For example, how to support people to choose what and how they want to be dressed, hair styles. Mobility too, encourage if able and explain everything." Throughout out inspection we observed that staff treated people as individuals and staff were able to tell us about the preferences of people they supported.

Staff were aware of people's individual needs and able to explain their likes, dislikes, background history, and specific care needs. We observed one person who appeared restless and was shouting out. Staff understood the person's specific needs and responded appropriately. A relative of the person confirmed that staff responded appropriately and provided responsive care to their family member. They told us, "They know Mum well and her habits."

People's care plans reflected their current needs and contained personalised information such as previous employment and interests. The care plans we looked at all had the person's picture in and contained updates. For example, one person had recently suffered a bereavement and this information was clear to see so staff were aware when approaching this person.

One person's care plan stated that they enjoyed music and poetry and a foreign language. We spoke to this person and they told us, "I love music and I do read poetry." We spoke to a member of staff who said "(Person) likes poems; often reciting poetry will encourage her to come to groups. She enjoys music and also talking about the country where she was born." This showed us that the care plan reflected the person's interests and also that staff had a good knowledge of the person they supported.

One person's care plan stated they were at high risk of pressure sores. The care plan stated 'Don't leave me in the chair for long periods , give me the opportunity to go back to bed or hoisted to stand for short periods during the day or hoisted to stand for a few minutes to relieve pressure'. We saw that the person was in a chair at 10.55am and remained there until 5pm. A member of staff told us that they had supported the person to move once after lunch. They confirmed that the person was not moved on a regular basis and were aware the person should be moved more frequently. The same person also had a physiotherapy assessment completed in June 2015 that instructed that a three wheeled walker be used when assisting to move. We observed staff support the person to move without this equipment.

It is recommended that the registered provider reviews the monitoring systems to ensure people receive responsive care.

For another person we observed that they were being supported appropriately and in line with the contents

of their care plan. This stated they should be supported to walk with a frame and we saw that staff ensured this was provided.

People said that they enjoyed taking part in the activities provided at the home and that they felt that there was enough to do. One person said, "There is bridge, there are occasional resident meetings and other activities." Another person said, "We have talks each week and there are activities if you want to get involved." Within the Assisted Living Neighbourhood we observed activities take place that included flower arranging and painting with oils. A number of people attended these and appeared to enjoy themselves. One person told us, "I did flower arranging, loved it."

Within the Reminiscence Neighbourhood we saw that the activities that took place were inclusive, and well matched to peoples' interests and capabilities. These included painting and a ball game that encouraged coordination. In addition, a qualified alternative therapist was working with people, giving hand and head massages.

A member of staff told us that people had a lot of input into activities. For example, one person wanted to watch a particular TV series and we saw that this was now in the time table. Regular meetings with people occurred and feedback was used to decide what activities to add to the plan. Activities covered a range of areas such as arts and crafts, music, religion and reminiscing. The home prepare their own old-style newspaper with stories from the past that they called 'The Daily Sparkle'. This was used as a way of engaging the people and talking about moments in history.

The home had also been working through a 'Live With Purpose' programme that allows people to discuss aspirations and goals. They hold group discussions and one to ones that allow people to talk about what they would like to achieve. One person wanted to see a ballet. Due to this person's health and mobility, it would be difficult for them to attend a theatre. Instead, they worked with a local ballet school for some dancers to come into the home. Another person wanted to have afternoon tea at a place they always used to go before being in the home. They found that this was possible and a few people went along and had a good time there.

The programme has also allowed the home to develop links with a local college and students have come in to meet with people and do life story work which both people and students had enjoyed. The home had received good feedback on this and intend to continue this activity.

People said that they felt confident to raise concerns and complaints and that these would be responded to. One person said, "If I had a complaint I would discuss it with my daughter who would go through the levels, but so far we haven't raised any issues." Another person said, "I would soon raise a concern if needed and yes I think it would be sorted out." A third person said, "Not worried, would say something if anything was wrong."

Monthly residents meeting took place where people were able to raise issues and concerns. For example, during the March 2016 meeting some people raised an issue that some staff did not take the time to talk to them. As a result the manager raised this with staff during a general staff meeting.

Copies of the home's complaints procedure were clearly displayed, along with comment cards and suggestion sheets for people to use if they chose. Records confirmed that complaints received were documented investigated and responded to. The manager demonstrated a positive approach to complaints and had held face to face meeting with people and relatives to resolve issues.

Good

Is the service well-led?

Our findings

People said that there had been changes in management of the home and that the service was improving. One person said, "New ones come in quite often. I have only seen positive signs." Another person said, "They do a fair job." A relative said, "Very on the ball. He (manager) has been around and introduced himself." A second relative said, "There have been quite a few changes. Hopefully seems to be good. Took a bit of settling in." A third relative said, "The manager is very approachable and always listens."

The manager was aware of the need to create a positive culture and had started to take steps to ensure this was inclusive and empowering. The manager had been in post since 12 November 2015 and had arranged for meetings to take place with people and their representatives to obtain their views on the service they received. The manager explained, "I have been undertaking reviews of people so as to get feedback from their and their relatives. As well we have general walk arounds and operate an open door policy for residents, their families and staff." This was confirmed by people. One relative explained, "When we see the manager we stop for long chats. We have had a couple of meetings with him already." People also informed us that they were kept informed through paper and email communication.

There was signage outside the manager's office stating that they had an 'open door' policy. We observed that the door was open and people that were able could walk over and speak to staff and the manager. We observed this happening throughout our inspection.

People also had the opportunity to express their views at monthly 'Residents Council' meetings. For example, during these people expressed their views on areas that included the environment, staff, activities and meals.

Staff were motivated and told us that they now received more support and advice. The feedback from staff indicated that leadership and management within the home had improved in recent times. Comments from staff included, "My line manager thanks me every day, very appreciative", "I am noticed and thanked by the management", "Things are getting better", "I do feel as though I am listened to" and "I am happy to make any suggestions to the manager." Monthly 'Town Hall' meetings occurred where staff had the opportunity to discuss the service. The manager informed us that a staff observation form had been designed and that heads of departments were due to start completing these in April.

Staff were aware of the aims and values of the home and told us that these were discussed during induction, supervision and during staff meetings. One member of staff explained, "Core values of quality, promoting independence and dignity and diversity. We have training on these when first start and the general manager discusses these with us. They are sometimes discussed in supervision and in staff meetings." A second member of staff said, "We had a talk with X (manager) a couple of weeks ago about these. To give best care in safe place. To make sure people have good health and families know they are in good hands. Don't forget they (people) are individuals and have rights to say no." Staff also told us that the recognition and reward schemes in place at the home made them feel valued employees. One explained, "Yearly they have a big do and choose staff who are presented with a trophy for excellence. Also they have an employee of the month,

get prizes." The minutes of the staff meeting held during March 2016 named a member of staff as employee of the month 'Especially for her efforts on giving CPR to a resident recently'.

The manager showed an understanding of the regulations that underpin providing a safe, effective, responsive and caring quality service. Statutory notifications about incidents and events had been submitted to CQC in line with legal obligations. The manager had prioritised the individual needs of people and had quality monitoring systems in place to manage, mitigate risks and to improve the quality of service provided. There was a management structure in place with designated staff who completed audits and various aspects of service monitoring. The manager explained that he retained strategic oversight of the home and liaised with staff to ensure everyone fulfilled their responsibilities. Daily meetings took place where care issues were discussed along with weekly meetings where further in-depth discussions took place.

The manager explained that a monthly audit titled 'Quality Indicators' was completed where all heads of departments contributed and that from that an action plan was developed that identified trends and areas for future development. This was then shared with senior management within the organisation. Analysis of information included pressure areas, unexpected weight loss, infections and accidents and incidents. In addition to this, a falls analysis, monthly health and safety audit and medication audits were completed in order to monitor the quality of service provided to people. Audit reports and action plans showed that where issues were identified action was either taken or planned to make the required improvements. For example, a medication audit completed during March 2016 demonstrated that improvements had been made since the February 2016 audit. We did note that some care records were not up to date. This had been identified as an area that required improvement within the providers quality monitoring systems and steps had started to be taken to address this. The findings from the homes audits were analysed and compared to the providers other services. The manager explained, "This is so we can benchmark ourselves against our peers."

In addition to the internal quality monitoring by members of the management team the provider had a range of specialists who visited the home to offer support and advice. These included a regional head of care and nursing and a director of operations.