

Milestones Trust

Somerset Lodge

Inspection report

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Pill
Somerset
BS20 0HE

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Summary of findings

Overall summary

The last inspection of the home was carried out in December 2015 and the home was rated inadequate. Five breaches of regulations 17, 14, 18, 10, 16 and 9 of the Health and Social Care Act 2008 were made. The provider sent us an action plan describing how they would improve.

This inspection was unannounced and was a focussed inspection to check what improvements the home had made regarding the breaches of regulations. This meant we did not check all key lines of enquiry which meant we cannot change the rating of the service until the next comprehensive inspection.

The home was divided into two units. One unit known as Bluebell supported people living with dementia. The other called Snowdrop cared for people with long term mental health needs. At the time of the inspection there were 24 people living at the home.

There is a manager in post who has applied to become registered. 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.

At the previous inspection we found people's daily records were not maintained accurately. Quality assurance systems did not identify the shortfalls we found. During this inspection, we saw records were well written and the manager monitored care plans and other records.

People were supported by staff who were kind and caring. People were very comfortable with the staff who supported them. Staff respected people's privacy and dignity, and gave people choices.

A number of fire drills had taken place. Staff had access to records which gave them information about the support people would need in the event of an emergency.

Where agency staff were used, the home had a block booking which meant staff worked in the home regularly. Most care staff were employed directly by the home. The home had identified the need for five nurses; however staff for two of these posts had been identified. Staff said there were enough staff on duty to provide the support people needed.

People were given choices of meals and where they ate their meals. Snacks were readily available. Staff provided appropriate support where people needed this. If people needed specialist diets, these were available.

Staff had been provided with a range of training courses, including specialist training such as understanding dementia, mental capacity and deprivation of liberty. Staff were able to undertake nationally recognised training if they wished.

Where people had made complaints, these were listened to and changes made.

Care plans were personalised to the individual and gave details about their likes and dislikes. Staff had information they needed to be able to give people the support to meet their needs.

Work was underway to improve the environment. Re-decoration of the home was ongoing and people had been able to choose the wallpaper in the lounge.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was safe. However systems to ensure people are safe have not yet been proven to be consistently maintained.

People were protected against the risk of unsafe fire practice because a number of fire drills had taken place.

People's daily records were well written and gave staff the information they needed to be able to provide the appropriate support.

People were supported by sufficient numbers of care staff. The manager was actively recruiting nursing staff.

Is the service effective?

Inadequate ●

The service was effective. However systems to ensure the service is effective have not yet been proven to be consistently maintained.

People were given choices around their meals. People were supported appropriately to eat and drink. If people needed a special diet, this was provided.

Staff had been provided with a range of training courses, including specialist training such as caring for people with dementia.

People who lacked capacity were protected because the manager and staff understood and applied the proper processes.

Is the service caring?

Requires Improvement ●

The service was caring. However systems to ensure the service was caring have not yet been proven to be consistently maintained.

People were supported by staff who were kind and caring. People appeared very comfortable with the staff who supported them.

People's privacy and dignity was respected and all personal care

was provided in private.

People had access to a range of activities.

Is the service responsive?

The service was responsive. However systems to ensure the service was responsive have not yet been proven to be consistently maintained.

When people made complaints these were recorded and investigated. Complainants had been listened to and changes had been made.

People's care plans gave staff the information they needed to be able to provide appropriate support.

Requires Improvement ●

Somerset Lodge

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 31 May 2016 and was unannounced. It was carried out by two adult social care inspectors. This was a focussed inspection to look at areas where the home had been found in breach of regulations; we did not inspect against every key line of enquiry therefore the rating awarded from the last inspection remains unchanged until the next comprehensive inspection. At the last inspection on 07 and 09 December 2015, Somerset Lodge was breaching seven regulations of the Health and Social Care Act 2008.

1. ☐ Good governance (Regulation 17). The required improvements had been made.
2. ☐ Meeting nutritional and hydration needs (Regulation 14). The required improvements had been made.
3. ☐ Staffing (Regulation 18). We saw partial improvements had been made.
4. ☐ Need for consent (Regulation 11). The required improvements had been made.
5. ☐ Dignity and respect (Regulation 10). The required improvements had been made.
6. ☐ Receiving and acting on complaints (Regulation 16). The required improvements had been made.
7. ☐ Person-centred care (Regulation 9). The required improvements had been made.

Before our inspection we reviewed all of the information we held about the home, including the provider's action plan following the last inspection and notifications of incidents that the provider had sent us. We looked at the 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.

During the inspection spoke with two people and observed the care of others. Although speaking with only two people seems a small percentage given there were two inspectors, most people were unable to fully express their views verbally. However, people but appeared comfortable and relaxed with staff. We also spoke with six members of staff, the manager of the home and the clinical lead, two relatives and one visiting healthcare professional. We observed care and support in communal areas, spoke with some people in private and looked at the care records for five people. We also looked at records that related to

how the home was managed.

Is the service safe?

Our findings

The previous rating for this domain was inadequate. This was because at the previous inspection we found breaches of the regulations of the Health and Social Care Act 2008. This inspection was a focussed inspection to check if the breaches of regulations were met, we therefore did not look at all lines of enquiry within this domain. This means we are unable to change the rating until the next comprehensive inspection.

At the last inspection Regulation 17 of the Health and Social Care Act 2008 had been breached because people's daily records were not maintained accurately and staff did not have the information they needed to be able to provide the necessary care. The quality assurance systems in place to monitor care and plan on-going improvements did not identify all the shortfalls we found. The audit from October 2015 identified a full fire drill evacuation was needed. This had not been completed at the time of the last inspection. There were no oral hygiene plans for staff to follow; therefore staff did not provide oral hygiene care on a regular basis. Accidents and incidents had not been fully recorded. The homes quality audit from October 2015 noted that all qualified staff did not have up to date medicine competency records and the medicines policy had not been signed by all staff. At the last inspection in December 2015 only two competency records had been completed. We found instances when care plans had been reviewed but not updated. The provider sent in an action plan on 24 April stating how the improvements would be made.

During this inspection, we found significant improvements had been made. A visiting health care professional told us, "There have been tangible improvements. There has been stability since December; the knowledge of residents and clarity of communication is evolving."

Staff wrote running records each day about each person. These were well written and gave information about people's mood and what they had enjoyed that day as well as how their needs had been met. Oral hygiene records were in place and staff recorded when people declined support in this area. Where people had refused support, such as help with oral hygiene, this was recorded showing staff respected people's wishes. The manager told us, and staff confirmed, staff had been involved in the changes made to the records. This meant staff had been able to incorporate changes they felt made the records contain the information needed. Staff told us, "Monitoring charts are in place now and staff are becoming more conscientious about putting more information in records".

People's medicines were safely managed. Where people used topical medicines such as creams, the nurses applied these and maintained the records. Care staff applied barrier creams and we saw records of these applications. Records showed staff had received training for administering medicines safely and staff competencies had been brought up to date. The medicines policy was in the process of being reviewed; however staff we spoke with told us they had been made aware of the policy. A visiting healthcare professional told us the use of a communication book had helped improve communications and the manager, G.P. and practice manager had met to discuss issues. They thought medicine management was improving.

During the previous inspection people were at risk of developing pressure ulcers. This inspection found risks were better managed. The manager told us they now had audits in place for pressure ulcers, wound care, nutrition and the environment. We saw one person had a pressure ulcer when they were discharged from hospital; this had now healed. The care plan we saw had been audited by the manager to make sure it contained all the information required to meet the person's needs and keep them safe. The manager told us, "I'll be doing care plan audits monthly, the information tells me about the records, communications, accidents and incidents and any wounds. I'm doing different care plans every month". This meant the manager should be able to identify any shortfalls at an early stage and be able to address them.

People were protected from the risks around accidents and incidents because information was recorded about the person, nature of the incident, the time and where the incident had occurred. This information was then analysed to identify trends or patterns. The manager told us they would contact the falls team if they saw people were having regular falls, however, at the time of the inspection this was not a concern. At the last inspection there was no evidence that regular fire drills were being carried out and therefore staff may not have known how to keep people safe in the event of a fire at the home. At this inspection we found that a number of fire drills had taken place. The dates of drills were recorded but not the time. Names of staff involved in each drill were clearly recorded. The manager gave assurances that the names represented staff from across the home including staff who worked at night. This helped to ensure that staff would be able to act competently in the event of a fire. Staff had access to records which showed the support people would need in the event they would need to evacuate the building. These records gave information such as whether the person would need a wheelchair and how many staff they would need to support them. This meant people should receive appropriate support in the event of an emergency.

The previous inspection found breaches of Regulation 18 of the Health and Social Care Act 2008 for staffing because staff had not been provided with the training they needed to provide appropriate support to meet people's needs. The provider sent in an action plan on 24 April stating how the improvements would be made. Between inspections, the manager had notified us of their concerns about staffing shortages. The manager and senior managers had developed an action plan to address these shortages; this included a recruitment campaign. The area manager told us they recognised the risks their high use of agency nursing staff posed and had conducted a series of night time visits to check people were safe. However, where agency staff were used, the home had a block booking which meant staff worked in the home regularly. Although the home had identified they were short of five nurses, a recruitment drive was underway and two nurses had been identified. These two nurses were working as carers whilst waiting for their registration with the Nursing and Midwifery Council. We saw there was a qualified nurse on duty on each side during the day, and one nurse on duty overnight. Agency nurses had limited access to computer records; this meant it took longer to update records because agency nurses had to hand write them.

During this inspection, we found 95% of care staff were directly employed by the home and agency support was minimal in this area. The provider had closed a third unit after the last inspection and the manager informed us there were no plans to re-open this until staffing had improved. Relatives said, "They had a problem with too many agency staff, but they've made efforts to address that" and "Staff are much more buoyant and approachable and seem to be enjoying the job". Care staff said that since the introduction of a more stable agency team they felt care at the home had improved. One member of staff said, "Staff attitude is much better now". Another member of staff said "We seem to be building up again. There's always enough staff and regular agency makes a difference." The manager explained they were still actively trying to recruit staff.

The manager told us everyone was allocated a keyworker. One relative confirmed their loved one had their own named worker, and they were able to point them out to us. The relative said, "I think they've been tremendous these last few months". This meant relatives knew who their loved one's key worker was.

The manager told us they had used the previous report during meetings with small staff groups. An action plan had been developed in response to the report and this had been shared with all staff. There were three 15 minute meetings a week attended by department managers and the housekeeper; this meant senior staff were kept up to date.

The home was working closely with the North Somerset safeguarding team. The manager had introduced a list of champions; these were members of staff with particular interests who were willing to further their knowledge to be able to support other staff. One member of staff had undergone more in depth safeguarding training as they were particularly interested in this topic, other champions had been identified for nutrition, dignity, infection control and other topics. Staff had been able to choose champions during a staff meeting. As champions had not long been appointed we were not able to see the impact this had had.

The homes policies and procedures were in the process of being reviewed. These gave guidance for staff around processes used in the home to keep people safe. We looked at various policies, such as the complaints policy and the medicines policy. These gave clear guidance for staff and covered situations such as what staff should do if people refused their medicines.

Is the service effective?

Our findings

The previous rating for this domain was inadequate. This was because at the previous inspection we found breaches of the regulations of the Health and social Care Act 2008. This inspection was a focussed inspection to check if the breaches of regulations were met, we therefore did not look all lines of enquiry within this domain. This means we are unable to change the rating until the next comprehensive inspection.

The previous inspection found Regulation 14 of the Health and Social Care Act 2008 had been breached because we saw three people had lost weight and were nutritionally at risk, relatives told us their relatives were always hungry and thirsty when they arrived and they brought in food to supplement what was provided. Daily records showed some people did not have enough to drink each day. Staff were not aware of different requirements for thickening people's drinks. Food appropriate to people's culture was not offered. People were given inappropriate diets that they had not been assessed as needing by someone with the skills and knowledge to do so, and relatives or the person had not consented to. The provider sent in an action plan on 24 April stating how the improvements would be made.

At this inspection we found improvements had been made in this area. Everyone previously considered nutritionally at risk had gained weight. There were jugs of cold drinks in all communal areas and in people's individual rooms. This ensured people had easy access to drinks throughout the day and night. The manager had introduced a snack menu which people could ask for at any time. This menu was in pictorial format which meant it could be easily understood by people who used the service. It was displayed around the home to remind people and staff that snacks were available. Snacks were taken around the home every evening to encourage people to have something before bedtime. Staff said, "There's a discussion how to manage people's fluids, what's expected and how best to do things" and "Staff are involved in all the improvements".

During the inspection one person asked for a cup of tea and biscuits and these were given. Staff gave a person with limited verbal communication a drink which they drank very quickly. Staff then came back with another drink and said "You seemed very thirsty so I've bought you another." The person smiled broadly and drank the second drink. One person asked for a second cup of tea and this was quickly produced.

The manager informed us there had been a change to the daily menu and people were given a choice of two main meals. We were told people chose their meal the day before but could change their minds. Alternatives such as jacket potatoes and omelettes were available. However a number of people were unable to remember what they chose and there were no clearly visible menus around the home to act as a reminder to people. Staff told us, "Residents are getting better variety of food than I've ever seen now, and the kitchen is tidier".

People who required support were assisted to eat and drink in a dignified manner. Staff had received some practical training in how to physically assist people who required help to eat their meals. The training had involved staff physically giving food to another member of staff to enable them to experience what it was

like for the people they assisted. After the exercise staff were asked to record what it felt like and how they could improve the support they gave. Staff had commented about the speed they were assisted at and how unsettling it was not to know what they were being fed. The learning from this practical session was being put into practice.

The dining area in snowdrop had been re-decorated; tables were attractively laid and condiments were available. People were able to choose where they sat for their lunch. We observed lunch in the area of the home which cared for people living with dementia. There were six people having lunch in the activity room and a further two people ate on a sunny patio outside. Staff asked people if they could manage and offered to cut food up for them. People who required physical assistance to eat were supported using a small spoon and asked when they were ready for the next mouthful. This meant people could eat at their own speed.

Where people required their food and drinks to be served at a specific consistency this was provided. One person's care plan stated they needed a soft diet and the reason why this was required. At lunch time they received an appropriate meal. We heard staff telling people what type of food each spoonful was showing their training had made them think about how they gave food to people. Throughout the meal staff sat with people, chatted and showed great patience to make sure people could eat at their own speed. At the end of the meal, two people said, "It was lovely" and "I enjoyed that".

Where there were concerns about a person's food intake and weight a care plan was in place which said all food and drink needed to be recorded to enable staff to monitor their well-being. They were also being weighed regularly. Records of the person's intake showed they were receiving adequate fluids, including meal supplement drinks, each day. Staff were recording the person's food intake on a daily basis although some staff only recorded 'blended meal.' This meant staff would be unable to identify if the person had preferred some meals to others as the actual content of the meal was not recorded. The weight records for this person showed their weight was gradually increasing showing the care plan in place was effective in meeting their needs. At lunch time we saw this person did not eat the meal they had chosen. This was noticed by staff and they went to the kitchen to find an alternative showing they were aware the person needed to be encouraged to eat. They also said their tea was too weak. They said "tastes like water to me." In response to this staff promptly made them a stronger cup which they drank. The manager said, "We're quite proud of what we do now, everyone is working so hard." We saw where records were kept to monitor people's intake of food and fluid, people's care plans also gave information about what staff may observe if people had less than ideal amounts.

The previous inspection found Regulation 18 of the Health and social Care Act 2008 had been breached because people did not have care provided consistently by staff who knew them well. There was high dependence on agency staff. Most staff had not undergone a thorough induction programme to give them the basic skills to care for people safely. Staff told us manual handling training had not given them the skills they needed to move people safely. People were at risk of developing pressure ulcers because they remained in one position for a long time. Staff had not completed specialist training, such as dementia training and most staff did not have up to date training in topics the home considered mandatory. Staff performance and development needs were not being reviewed. The provider sent in an action plan on 24 April stating how the improvements would be made.

During this inspection we found improvements had been made. The manager told us they were increasing training for staff and incorporating learning into staff meetings. We saw staff meetings had been held in February and April. Areas for discussion included the various charts in use and DoLS training.

Staff were being provided with specific training such as understanding dementia and de-escalation training. The training records showed the manager was addressing the shortfalls in training provision, and staff had completed moving and handling, infection control, safeguarding and mental capacity training. Staff had received some dementia awareness training. After the session staff had been asked for their feedback and the feedback we read showed the session had made staff think about their practice. For example, how they spoke with people living with dementia.

Staff told us they were aware of training planned for the near future. One member of the activity team said they had been asking for additional training to give them "Ideas to help people get involved in activities." Another member of staff said they had done NVQ level two before they came to the home and were really pleased they were now being offered a chance to gain further qualifications. They said they would like to see financial rewards for qualifications particularly as they were often the team leader on a shift. The manager told us 17 members of staff had applied to do a nationally recognised training course which would mean staff would be awarded a Diploma.

A visiting healthcare professional told us they saw positive improvements at the home and had no specific concerns about any individual. They said they missed a consistent staff team who knew people well but they felt communication was improving and nurses and the manager were taking more responsibility for routine healthcare. One care plan showed the person had been seen by an optician, GP and dentist to meet specific needs. The manager had introduced a 'resident of the week.' Four people had already been discussed with the GP to make sure they were receiving the appropriate medication and treatment to meet their needs. One member of staff said, "Residents are improving, their general health, nutrition, hydration, everything is better".

The previous inspection found Regulation 11 of the Health and social Care Act 2008 had been breached because staff did not make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. One person was deprived of their liberty without proper authorisation. This was a repeat breach from an earlier inspection. The provider sent in an action plan on 24 April stating how the improvements would be made.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we found improvements had been made. Staff had been provided with specific training for the MCA and DoLS. One person's care plan showed a best interest meeting had been held involving a GP, family member and social worker when the person had moved to the home. This ensured that although the person was unable to make such a complex decision people had been consulted to make sure it was in the person's best interests. Another person's care plan contained information about their capacity to consent to taking medicines. We saw people's capacity to consent had been considered for a range of topics, such as eating and drinking, medical care and safety issues. The manager told us, "Where things have an impact on people's well-being, a best interest meeting will be held and the G.P. and family contacted".

One care plan showed how the home would act in the person's best interests regarding different aspects of their care. Their capacity to consent had been assessed on a decision specific basis. Information showed what aspects of their care they had full capacity to make decisions on, where their capacity fluctuated and where a best interest decision would always be needed to be made on their behalf. For example; it was stated the person was not aware of their needs regarding their continence and therefore best interests decisions would be made by staff to promote their hygiene and dignity. An assessment had been carried out regarding the use of bedrails and it was recorded it was not in the person's best interests for these to be used. A DoLS application had been made for this person but the home was awaiting an assessment and decision from the local authority.

Where people were able to make decisions for themselves staff asked for their consent before assisting them with tasks. We heard staff asking people if they were ready to be helped, if they wanted to join in with an activity or if they wished to move to another area.

During the previous inspection we saw some staff were inappropriately dressed. Staff we saw during this inspection were smartly dressed. The manager said, "Staff look and feel part of a team, and they work as a team. I'm so proud of them; some of them are going over and above.

Is the service caring?

Our findings

The previous rating for this domain was requires improvement. This was because at the previous inspection we found a breach of a regulation of the Health and social Care Act 2008. This inspection was a focussed inspection to check if the breach of regulation was met, we therefore did not look all lines of enquiry within this domain. This means we were unable to change the rating until the next comprehensive inspection.

The previous inspection found Regulation 10 of the Health and Social Care Act 2008 was breached because people's privacy and dignity was not respected and activities were not tailored to individual choices. The provider sent in an action plan on 24 April stating how the improvements would be made.

During this inspection we saw there were kind and caring interactions between staff and the people who lived at the home. People appeared very comfortable with the staff who supported them. There were smiles and hand holding showing people felt comfortable and relaxed. One person said "They're alright." Another person said "They seem kind enough." One relative told us, "We would not want to go anywhere else, we feel very strongly about that" and "It's all about what it's like from [my loved one's] point of view".

One member of staff showed great patience when the person asked them the same question a number of times. They continued to answer the person and offer on-going reassurance. The person was concerned they could not afford the food so should not eat. The member of staff repeatedly told them it had all been paid for already and they could eat as much as they liked. They said it didn't matter how many drinks or puddings they ate because it was all free.

People's privacy was respected and all personal care was provided in private. Two people still used stable doors on their rooms which did not help to promote dignity; however the manager told us their families had chosen to keep these doors as they felt they kept their loved ones safe. One person was in bed with the door open; however they were well covered and had music playing which they were singing along to. Staff who passed their open door stopped to say hello which made them smile.

People were able to take part in a range of activities according to their interests. A sensory room was used where people and staff could sit in a very relaxing environment, with different music, lights and equipment people could touch. A number of people were involved in a music session in the morning but only a small number were playing skittles in the afternoon. There were three activity workers and this seemed ample but they may have needed more direction to assist them to encourage people and do one to one's with people who didn't want to join in. We saw one activity worker and a carer sat outside with a person chatting and laughing. We observed good interactions between people using the service and staff. Staff engaged people in conversations and gave choices wherever possible.

A care plan said one person liked to be helped to take care of their appearance. On the day of the inspection they were well dressed including items of jewellery. We saw other people were well dressed and clean showing staff took time to support them with personal care. However several people's hair was unkempt which did not promote dignity for people who may have liked to have their hair done.

Is the service responsive?

Our findings

The previous rating for this domain was requires improvement. This was because at the previous inspection we found breaches of the regulations of the Health and social Care Act 2008. This inspection was a focussed inspection to check if the breaches of regulations were met, we therefore did not look all lines of enquiry within this domain. This meant we were unable to change the rating until the next comprehensive inspection.

The previous inspection found Regulation 16 of the Health and Social Care Act 2008 was breached because when people raised concerns the service did not always listen and respond to concerns in a way people were happy with. Some complaints were not recorded and the information from complaints was not used to improve the service. The provider sent in an action plan on 24 April stating how the improvements would be made.

During this inspection we found improvements had been made. The complaints procedure was displayed on the notice board in Snowdrop. However, the procedure was not easily visible in easy read or pictorial format in any other part of home. This could mean that people who were unable to read the full policy would not know how to make a complaint. One relative told us, "I can talk to the manager or anyone else any time I like. Normal day to day though I don't need to".

Where complaints had been made this had been recorded and there was information to show how these had been investigated and responded to. For example some had been followed up with staff where this was appropriate. Complainants were responded to and records indicated if the complainant was happy with the outcome of the complaint investigation. Complaints about the laundering of clothes had been acted on and three new washing machines were purchased. These were colour coded depending on the items they were used for washing, which meant the risk of spreading infections was reduced. The manager told us the laundry was operated every day and the turnaround of laundered clothing was therefore quicker. This meant the provider had responded to relative's complaints and had made changes which relatives were happy with. There had been a total of eight complaints since January; we saw the complainants were happy with the responses from the home.

Staff told us, "There have been quite positive changes. Personal care is greatly improved, staff have more positive attitudes towards the residents, there is more teamwork" and "The first time I came to this home it looked like a prison, now it's great."

The previous inspection found Regulation 9 of the Health and social Care Act 2008 was breached because staff did not always respond appropriately to people's changing needs. Staff had not read care plans and did not know personal information about people. Relatives were not given the opportunity to ensure people's preferences were recorded so staff could use the information to provide a personalised service. Care plans had not been checked for accuracy. The provider sent in an action plan stating how the improvements would be made.?

We were told by the manager that care plans were now kept in offices in each unit. This meant staff had easy access to them to find guidance on how to support the individual and record information about each person.

Information in the care plans was personalised to the individual and gave details about their likes and dislikes. Staff had also completed separate sheets about the food and drink people preferred. These were very basic but gave staff information to help then support people to make choices about meals and snacks.

Information about individuals gave a good picture of each person which enabled staff who may not know them well to support them appropriately. For example one described the person as 'Chatty, kind, loving and tactile.' During the inspection we met this person and they displayed the character traits that had been written about them.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. We saw one person's records which showed staff had offered the person personal care three times, but had respected the person's decision when they declined this.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. Staff gained information about what people did when they were younger and what changes they wanted. This meant staff were able to provide a more personalised service to people.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Where people were living with dementia, they had been assessed for what they could and couldn't manage to do. Care plans identified any difficulties people had, such as whether they were able to choose their own clothes or needed help with this. Staff were given indicators about what to look for if people were well, or what signs there might be if people needed additional support.

The staff responded to changes in people's needs. Relatives were in the process of personalising people's rooms. At the previous inspection, we saw rooms had stable doors where the top half was open and the bottom half was closed. This meant people may have been denied privacy and some people had been unable to walk around freely. During this inspection, we saw these doors had been replaced by full doors. We saw more people walking around the home and enjoying meeting other people and chatting with staff than previously. One relative said, "They're getting [name] up now, she was always in an armchair on wheels, I was very pleasantly surprised to see she's up."

We saw many improvements in the environment. One relative said, "Since your last inspection, you've only got to look at it, it's much brighter". Re-decoration of the home was on-going and we saw attempts were being made to make Bluebell a dementia friendly environment. Memory boxes were on the walls outside people's rooms. These boxes contained little trinkets and photographs which were important to people. Memory boxes can link people to what they love or makes them feel good about themselves. They also give staff information which could inspire conversation.

The lounge was being re-decorated using wallpaper chosen by people using the service. Different corridors were decorated in different themes, for example one corridor was being decorated to represent a beach. Another corridor was decorated as a forest walk. Staff said, "We were involved in the discussions around the decorations". A new coffee area had been created so people could help themselves to hot drinks and biscuits. However, on the day of inspection there were no mugs. People and their relatives still enjoyed

sitting in this area and staff offered people drinks regularly.

A relatives meeting was held to share information following the last inspection. The area manager said, "It was quite traumatic and families have had lots of concerns, bit by bit they're coming on board." Relatives told us, "We have regular monthly meetings with the manager and a senior manager, they keep us up to date and we have full and frank conversations. The improvement is tremendous" and "If there's something we don't like, we say so. We discuss it and things are changed. I don't need any more than that". Staff spoken with thought they had opportunities to have their say. They felt listened to within the home but did not always feel listened to by the provider. Staff said "The new management here are moving us forward. You can say things to them" and "The manager is open to discussions, if we say something isn't right she listens to us". They also commented that someone from head office had a meeting with staff. They commented "I think they were just ticking a box. They didn't even take notes."