The Orders Of St. John Care Trust

OSJCT Townsend House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected OSJCT Townsend House on the 12 and 13 October 2017. OSJCT Townsend House provides accommodation, nursing and personal care to 40 older people and people living with dementia. It also provides short term respite for people, including people who require rehabilitation support. At the time of our visit 25 people were using the service. OSJCT is situated near the Centre of Mitcheldean, a town in the Forest of Dean. The home is located closely to a range of amenities. This was an unannounced inspection.

We last inspected the home on 1 and 2 September 2016. At the September 2016 inspection we rated the service as "Requires Improvement". We found the provider was meeting all of the requirements of the regulations at that time; however we found that good practices had not always been established and maintained in relation to keeping the service clean and maintaining people's care records. During this inspection we found the service was clean and people were protected from the risk of infection, however people's care records were not always current or reflective of their needs.

A new manager had been in post at OSJCT Townsend House, for three weeks and they had intentions to register with the Care Quality Commission. 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.

While there was a new management team in place, there were not always effective and embedded systems in place to monitor assess and improve the quality of the service. Some quality assurances systems were not currently being used; however the manager and representative of the provider ensured us they planned to re-implement these systems.

People's care records were not always current or reflective of their needs. Due to this people were placed at risk of receiving care which was not personalised to their needs. Additionally people's capacity to consent to their care had not always been documented to show how people were supported to have maximum choice and control of their lives.

People enjoyed living at OSJCT Townsend House and told us they had active social lives and felt safe. People had access to activities and discussions from staff which were tailored to their individual needs and preferences. People felt cared for and happy. People and their relatives spoke positively about the recent management changes and the development of the home.

People were supported with their on-going healthcare needs. Care staff supported people to access the healthcare support they required. People told us they enjoyed the food they received within the home, and had access to all the food and fluids they needed. Where people needed support to meet their nutritional needs, these needs were met.

People were supported by staff who felt trained to meet their needs. The manager and provider were assessing and refreshing the training and competencies of all staff. Staff felt they had not always felt supported or had access to professional development, however they felt confident that the new manager was implementing plans to support their personal development.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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. The risks associated with people's care were managed and people were supported to take positive risks. People received their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people. People felt safe living at the home and staff understood their responsibilities to report abuse.

Is the service effective?

Good

The service was effective. Care staff had access to the training and support they needed to meet people's needs. However, care staff had not always been effectively support and did not always have access to professional development. The service was addressing this concern.

People were supported to make day to day decisions around their care. People received the nutritional support they needed. People were supported with their on-going healthcare needs, including rehabilitation to return to their own homes.

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Is the service caring?

Good

The service was caring. Care staff knew people well and what was important to them.

People's dignity was promoted and care staff assisted them to ensure they were kept comfortable. People's independence and individuality were respected

Care staff engaged with people positively, which had a clear benefit for people's wellbeing.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's needs were not

always effectively assessed and their care plans did not always reflect their current needs and preferences. People did not always receive care personalised to their needs. People's care documents did not always reflect their capacity to make choices and specific decisions in relation to their care and treatment.

People enjoyed living at OSJCT Townsend House. People were supported with activities which reflected their individual needs and interests.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Requires Improvement 

The service was not continually well led. A new manager was in post who was being supported to take action and improve the quality of care people received. While action plans have been implemented, some improvement was needed to improve the quality of the service people received. There were some quality assurance systems which were not currently being used and therefore the provider and manager did not have a complete oversight of the service.

People and their relative's views were sought and they were confident that the home was moving in a positive direction following the change of management.

Staff spoke positively about the recent management changes and felt they were now being supported.

OSJCT Townsend House

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 was 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 12 and 13 October 2017 and it was unannounced. The inspection team consisted of one inspector. At the time of the inspection there were 25 people living or receiving respite care at OSJCT Townsend House.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager who had recently left the service. 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 took this into account when we inspected the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with eight people who were using the service and two people's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 staff members; including four care staff, a kitchen assistant, the chef, the head of care, two nurses, the manager, a registered manager from another of the provider's homes and a representative of the provider. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People felt safe living at the service. Comments included: "I have no concerns. I feel safe"; "I'm safe here, it's my home"; "I do feel safe here" and "Safe? I would think so. I have been in places where there are accidents waiting to happen. Never seen anything like that here". One relative told us, "I have peace of mind. I know (relative) is safe and looked after." Information regarding safeguarding was available for people and their relatives to access on noticeboards within the home.

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I would have no qualms in going to the manager regarding safeguarding". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "If I needed to I know I can contact CQC and local authority safeguarding, I have the numbers". Care and nursing staff told us they had received safeguarding training and the manager and provider were in the process of ensuring this training was refreshed.

The manager and provider raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC.

People could be assured the home was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Equipment to assist people with safe moving and handling were serviced and maintained to ensure they were fit for purpose.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person had clear assessments in place for staff to follow to protect them from the risk of pressure sores. There was clear guidance for staff to follow to assist the person to reposition to protect them from the risk of skin damage. Where concerns had been identified by care or nursing staff, this informed the care the person received. For example, care and nursing staff had identified a red area of skin and they assisted the person with repositioning more frequently for a small period of time to maintain the person's skin integrity. Records maintained by care staff showed this person was supported to reposition as assessed.

One person required support with their oral care, as they were unable to take food or drink orally. Care staff provided this care through the use of mouth swabs. One member of staff told us, "We use mouth swabs. (The person) likes pineapple. It's important to provide the care so they don't become sore."

People were supported to develop and maintain their independence and take positive risks. For example, one person was able to leave the home and access the local community independently. They spoke positively about the support they had received to maintain their independence. They told us, "I believe in miracles now, they supported me with my mobility. I can assure you, when I made it to my wash basin (at the home for the first time). I do have a lot to thank them for. Within seven weeks of being here (and not being mobile) they got me up with a Zimmer frame."

People and their relatives told us there were enough care staff deployed to meet their needs and they were able to seek the attention of care staff when required. Comments included: "The care staff are on the ball. Always someone around, I go with a walk with the care staff"; "The staff are good, we're never left waiting"; "They support me with everything I need" and "The care staff are always around".

Care and nursing staff felt there were enough staff deployed to meet people's day to day needs and they were positive about the continued recruitment of staff. Comments included: "People get the care and support they need, the only impact is sometimes our breaks go a bit late"; "Staffing is being worked on. We're making sure we get the right mix of staff. People have never been impacted by staffing. We work hard if there are issues." and "We don't have to rush. Everyone's needs are met. As long as they're happy, we're happy". The manager discussed how they arranged staffing at the service and had identified the amount of staff required to ensure people were cared for safely.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Care staff had time to spend with people throughout the day. People enjoyed sitting with relatives, each other, staff and volunteers in communal areas of the home and discussing current events, enjoying dancing and plant potting.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Improvements had been made to ensure that care staff followed recognised safe practices in relation to infection control. We found the home looked and smelled clean. People felt the home was clean. Care staff wore personal protective clothing when they assisted people with their personal care and they could tell us how they protected people from the spread of infection.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

People received their medicines as prescribed. Nursing and care staff kept an accurate record of when they had assisted people with their prescribed medicines. For example, staff signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. Nursing and care staff ensured a clear and constant record the support they provided people with their medicines were maintained.

We observed one member of staff assisting people with their prescribed medicines. They clearly communicated what the medicines were for and asked if the person wanted to take them. The staff member gave the person time and support to take their medicines. The person was in control throughout, offered

choice by the staff member and given a drink with all their medicines.

Good

Is the service effective?

Our findings

People and their relatives felt care and nursing staff were skilled and trained and knew how to meet their daily needs. Comments included: "The staff in general are very good"; "I can't fault staff, they are so good" and "The staff are really good, I think they are well trained."

Care and nursing staff felt they had the training they needed to meet people's needs. Comments included: "I think the training is really good here, there has been a lot recently"; "I think so, we have good clinical skills in place now" and "I have all the training I need. OSJCT are really good. Although we could do with more dementia training." The provider operated a training matrix, however this did not currently reflect the training care and nursing staff told us they had completed. The manager was aware of this concern and had arranged for a range of training to be carried out for all staff. This included training regarding emergency life support, assistant fire marshal, falls awareness, fire training, moving and handling and health and safety.

Care staff told us that whilst they felt supported by the new manager, prior to this they did not always feel supported and did not have access to one to one supervision (a meeting with their line manager) and professional development. Comments included: "I felt that I kept asking (for training/support), you don't get it. You feel like you're not valued"; "The new manager is brilliant, however beforehand we didn't have much direction" and "We've lacked a bit of support, its improved now." The manager and provider were aware of this concern and understood that some staff had not had access to supervision for over 12 months. The manager had recently started a programme of supervision to ensure staff received formal support in line with the provider's staff development policy. Where staff had received supervision these discussed their needs and development. We will follow up on the improvements the provider and manager had planned to make at our next inspection.

Care and nursing staff felt that recent changes to the management of the service were helping to improve the clinical support within the home. For example, one member of staff told us, "We now have a lead nurse who is fantastic; it's improved our clinical skills. We also have rapid response training coming in, which is going to be really helpful."

Care staff had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Comments included: "We offer choice with everything. We are aware people can make unwise decisions. We had one person who was at risk of choking, however they knew the risk and it was their choice" and "There are some people whose capacity fluctuates daily. When we are concerned we assess their capacity. For significant decisions there are Mental Capacity Assessments." One person said, "Everything is my choice. They always offer me food after lunch. I don't have anything."

Care and nursing staff understood and respected people's rights to make a decision. Throughout our

inspection we observed and people told us they were always offered choice and were in control of their care. For example at meal times, people were shown the options they could have regarding their food and drinks, for example from the dessert trolley.

People's mental capacity assessments to make significant decisions regarding their care at Townsend House had been clearly documented. For example, one person was being care for in bed and had bed rails in situation. They had bed rail assessments in place which also detailed their consent to use bed rails. Another person's consent had been sought for their medicines to be administered in yoghurt. The person had made this decision as they did not like the taste of their prescribed medicines. This decision and the reason for the decision had been clearly recorded as well as how the person should be supported with their prescribed medicines.

At the time of this inspection no one was being deprived of their liberty within the home. 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). The manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and were supported to attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, one person required Percutaneous Endoscopic Gastrostomy (PEG) care (a means of feeding and administering medicines directly into a person's stomach when oral intake is not safe or appropriate) as they were unable to take food or drink orally. Care and nursing staff worked alongside the person's healthcare professionals and dieticians to review their nutritional needs and the support they required. Where guidance had been provided this informed the person's care assessments.

Where people were at risk of choking or malnutrition they were provided a diet which protected them from these risks such as soft meals and high calorie diets. Care staff knew which people needed this support. For example, one person was assessed as being at risk of malnutrition. There was clear guidance in place for staff to support this person regarding their meals and fortifying their food and drink to meet their nutritional needs. Care staff confidently discussed how they assisted this person to support them to maintain their health and wellbeing.

People spoke positively about the food and drinks they received in the home. Comments included: "The chef is lovely and the food is fantastic"; "The food is really nice" and "We always get plenty to eat or drink." People had access to food and drinks throughout the day. People were supported to enjoy meals and snacks which included biscuits, crisps and fruit. Drinks were in communal areas and people's rooms and were refreshed daily or more often if required.

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of the service. Comments included: "It's good here, the staff are lovely, always smiling and happy"; "The care staff are very caring, kind and we appreciate them" and "I do have a lot to thank them for, they are absolutely wonderful".

People enjoyed positive relationships with care staff and the registered manager. The atmosphere was friendly and lively in communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. People were informed about the purpose of our visit by staff. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person was supported to attend activities in the morning, their request was respected and they were supported to move from the dining room to the activities lounge. A member of staff supported and encouraged the person, and assisting them at their pace. They enjoyed a friendly and lively conversation as they walked.

People engaged with each other and staff and were comfortable in their presence. They enjoyed friendly and humorous discussions. For example, people enjoyed each other's company, and we observed occasions where people were laughing with each other. People talked to each other and clearly respected each other. Two people had formed a firm friendship in the home and they enjoyed talking with each other and staff before their lunch meal came. Another person enjoyed a friendly and lively conversation with a member of care staff and a representative of the provider.

People were supported to maintain their personal relationships. For example one person explained how they were supported to have a phone line placed in their room so they were able to make contact with their family. They said, "They put a phone in the room. It keeps me connected to my family. It's specifically set up for me" One person's relative told us, "I can come and visit at anytime. It's a wonderful place and as family we're supported."

People were cared for by staff who were attentive to their needs and wishes. For example, staff knew what was important to people and supported them with their day to day needs and goals. One staff member told us how they assisted someone with their day to day needs and talked with them about their interests such as going for walks. They said the person likes spending time outside and enjoys doing a bit of gardening. The person said, "I do quite a bit of digging here. Grew quite a lot of tomatoes, onions and shallots. Love gardening." Another person told us how staff assisted them when they were feeling unwell during the morning of our inspection. They said, "The staff are so attentive, caring and kind. The nurse gave me medicine and it really helped. I can't fault the staff."

People told us their dignity was respected by all staff at the home. Comments included: "Definitely treated with respect" and "I'm always looked after with dignity." Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "We always make sure people's dignity is protected. We makes sure people are covered during personal care and using the hoist" and "We encourage

people to do as much as they can. With some people we support them to go to the toilet and leave the room, we give them their privacy, and they know they can call for assistance."

People were able to personalise their bedrooms. For example, people had decorations in their bedroom which were important to them or showed their interests. For example, one person's room contained photos of their family and people who were important to them.

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and also their wants and wishes regarding their end of life care. This person had also made a decision to refuse resuscitation in the event of cardiac arrest. This decision was clearly recorded in the person's care plans. Other people had completed advanced care plans which documented how they wished to spend their final days and what things were important for them to have at the end of their life, such as family and specific music.

Requires Improvement

Is the service responsive?

Our findings

People's care records were not always current and reflective of their needs. People were at risk of not receiving personalised care as their care records did not provide staff information about their individual care and support needs and preferences.

For example, staff had identified concerns around the pressure area care of one person and had implemented changes to their care, however there was no further information regarding this change or when the person's needs had been reviewed and their plan of care changed. Another person's care records indicated that they were exhibiting low moods however there was limited guidance on how care and nursing staff were to support this person and reassure them. Care and nursing staff however clearly demonstrated that they knew how to assist the person.

One person had been assessed as requiring a soft diet as staff had identified concerns around choking when they were assisted with bread and fruit. There care assessments stated they were to have a soft diet, however will ask for sandwiches or fruit. The person received a soft diet, and had not experienced any periods of choking, however their care plan provided contradictory information which could place them at risk. We discussed this concern with the manager, who was aware that care plans required improvement to reflect people's needs. The manager stated they would refer any concerns to speech and language therapists to ensure staff were following the correct and current guidance.

People's care records did not always provide information on people's life histories and preferences. For example, one person's assessments did not provide information on their hobbies and the activities that they enjoyed. Care and nursing staff told us activities the person enjoyed such as dancing and interacting with household items. Another person's care assessment provided no guidance on the activities they liked to enjoy and information on people, places or events which were important to them. The manager said they were aware of these concerns and were looking to incorporate this information as they reviewed people's care assessments.

Where people's records did not reflect their preferences, people were at risk of receiving care which was not personalised to their needs. For example, one person had a dietary notification sheet which stated the person required a soft and pureed diet. This form had been submitted to the home's catering team who were providing the person with a pureed diet. On the day of our inspection we observed that the person was provided with a pureed diet, however there was no evidence that the person required this type of diet or that it was their preference to receive a pureed diet. Additionally there had been no documented advice from Speech and Language therapists. We discussed this concern with the manager who planned to take immediate action to ensure the person received a diet personalised to their preferences and needs.
People's capacity to consent to their care had not always been recorded in accordance with the Mental Capacity Act 2005. The manager openly discussed that people's capacity to consent to their care and to make specific decisions had not always been adequately recorded. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care plans did not always reflect where they had capacity to make a day to day decisions regarding their care and if the person had consented to their care. For example, one person was at the home for short term respite, their assessments provided no details on their ability to consent to their care and the support they required to make day to day decisions. The manager had clear action plans in place to address this concern, which included reviewing people's care assessments to ensure they were personalised, current and contemporaneous. We observed throughout our inspection that people were supported to make decisions by care and nursing staff and understood that people's right to make decisions was respected. However the support people required and received had not been documented.

People's care records were not always current or reflective of their needs, which meant they could be placed at risk of care which was not reflective of their personal needs. This concern was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives were informed of any changes in their relative's needs. For example, one person's relative told us staff always kept them updated and informed of their relative's needs and wellbeing. They said, "You can ask them when you visit, however they do call if there is anything you need to know." People's care records showed where staff had contacted family members to ensure they were updated on their relative's well beings. People's relatives and representatives were also informed of or attended review meetings.

Staff responded well to ensure people's health and wellbeing were maintained. For example, one person had cut their hand during our inspection. Care staff assisted this person with cleaning and dressing their wound. The person kept taking their dressing off and staff reassured and supported the person so that they did not aggravate the wound further. They ensured the person was kept comfortable and free from pain. Care and nursing staff identified what had caused the injury, so they could help prevent future occurrences.

People spoke positively about life in the home and told us there was always something to do. People enjoyed having discussions between themselves, with care staff and reading newspapers or enjoying adhoc activities like dancing. Care staff, an activity co-ordinator and volunteers spent time with people assisting them with activities which were tailored to their needs and preferences.

People had access to activities, events and interests which they enjoyed and were appropriate for their needs and abilities. Activities were provided in accordance with individual preference and ability. On one day of our inspection people enjoyed a lively discussion about current events, as well as potting plants. As they potted seeds they talked about things which interested them, including the price of seeds and where they were planting them. People enjoyed a friendly laugh with each other and staff. Trips outside the home were available and people were supported to access the home's grounds and the local community by care staff. Additionally people could access a range of activities and events such as cookery, choir practice, flower arranging and meet their religious needs.

People praised the activity co-ordinator and the positive impact they had on their lives. Comments included: "(Activity co-ordinator) is fantastic, keeps us thoroughly entertained"; "The activities person is very good, there are lots of good activities, something for everyone" and "They're great, always lots to do." The activity co-ordinator told us how they involved people in planning activities and events and the positive impact this had on people. They said, "They sit down and tell me what they like. We try and facilitate this. They told us they wanted an aquarium, which we couldn't get, so we did an aquarium mural which is in the conservatory.

We're planning to develop a four season's approach (winter, spring, summer, autumn) theme with decorating the home. The residents want fireworks this year so we're looking at that. We also have "Zoo Lab" coming in for Halloween, we're doing this on a day when relatives can bring children in as they like to see children as well." The activity co-ordinator also told us how they were building links with the local community, including linking with a local care at home agency and a luncheon club. They also explained the support they provided to care staff to assist people with one to one daily activities.

People knew how to make a complaint if they were unhappy with the service being provided. Everyone we spoke with told us they had not needed to make a complaint however knew who to speak to if they had any concerns. One person told us, "I can tell the staff, the managers or the regional manager, he pops around frequently."

The manager kept a record of complaints and compliments they had received about the service. They had clearly investigated these complaints and discussed the outcomes with people and their relatives. For example, the manager looked into concerns following one person's respite stay at the home. They documented the outcome and had a reflective meeting with all staff involved to reduce any further concerns.

Requires Improvement

Is the service well-led?

Our findings

A new manager had been in place for three weeks prior to our inspection. Since being in post they had identified some shortfalls in the service being provided and had implemented a series of action plans to help drive improvements to the home. However not all the provider's quality assurance systems were currently being utilised. For example, the provider had the ability to monitor call bell logs to ensure people's calls for assistance were being met in accordance with the provider's expectations. At this inspection call bell monitoring was not currently being utilised, however it was something the manager was planning on utilising. Additionally, audits regarding falls and incidents had not been carried out continuously since the departure of the registered manager. The manager was aware of this and was planning to restart these audits to enable them to identify any trends or concerns.

The manager had identified a number of shortfalls that we had identified at this inspection, including people's care plans not being current and accurate and that staff had not had access to continued supervision. Additionally, while the manager had arranged for all staff to receive a programme of refreshment training they did not currently have an effective system to identify a shortfall in staff training.

However the manager had carried out some quality monitoring of the service since their employment, this included audits in relation to catering and medicine management. When shortfalls or concerns had been identified this informed an action plan. The manager had a number of action plans and shortly after the inspection they provided us with a detailed action plan which took into concern all audits and any concerns raised in the professional or provider visits to the service. The action plan detailed the action needed to be taken in response to the audit, who was responsible for it and when the action had been completed. For example, concerns regarding infection control and cleanliness had been identified and clear actions implemented. Night and day cleaning records had been incorporated and an infection control lead had been nominated and trained.

The provider had arranged for additional management support to be provided to the home to help implement and embed the improvements. A representative of the provider and a registered manager from another of the provider's homes was providing weekly support to the service. Additionally a head of care had been recruited from another of the provider's homes for the next year to provide clinical governance and support to nursing and care staff.

People and their relatives spoke positively about the management changes and spoke positively about the positive changes they had identified. Comments included: "I'm impressed. Rome wasn't built in a day, however they're making changes like moving the nurses office, which is really good us. It's made it easier for people to speak to the nurse and "ask them how is my mother?""; "The new manager is very good, really approachable"; "There is a new manager which is good. Things are improving, you can tell it because the girls (staff) seem happier" and "The manager seems good and is focused on improving the home."

Care and nursing staff also spoke positively about the support they were now receiving and were looking forward to continued improvements being made at OSJCT Townsend House. Comments included: "The

new manager is brilliant. She is really good, makes us feel at ease. There have been lots of positive changes"; "There are very good changes happening here, quite quickly, it was long overdue" and "We have a bit more support now. (Manager) is a good fit, what we needed. Quick to do things and doesn't shout us down. She will explain it all and she asks for our view."

The manager had arranged a staff meeting during the second day of our inspection. They were using this meeting to discuss changes at the home and how these changes were planning to be implemented. Care staff spoke positively about this meeting and were grateful for the messages being presented by the manager and the provider.

The manager had carried out a residents meeting since they had been appointed. This meeting discussed activities and events within the home and sought people's views on these matters. For example, people discussed a plan to go Christmas shopping at Gloucester Quays. This was being looked into. There was no record that people's views had been sought although people felt their day to day views were listened to such as their views about the activities lounge and flowers on dining room tables. The manager had identified that the experiences and views of people living at OSJCT Townsend House needed to be sought to help identify any concerns and drive improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not always receive care which was personalised to their needs and wellbeing. People's consent to their care had not always been assessed or documented. Regulation 9 (1) (a) (b) (c).