

Barchester Healthcare Homes Limited

Gorseway Care Community

Inspection report

345 Seafront,
Hayling Island
Hampshire,
PO110BA
Tel: 023 9246 6411
Website: www.barchester.com

Date of inspection visit: 3, 4, 5 March 2015
Date of publication: 07/05/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Requires Improvement



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This unannounced inspection took place on 3, 4 and 5 March 2015.

Gorseway Care Community is a registered care home and provides accommodation, support and care, including nursing care, for up to 88 people, some of whom live with dementia. This is provided across two houses, one of which can accommodate up to 28 people and the second can accommodate up to 60 people. At the time of this inspection the provider was not using the house accommodating up to 28 people but remains registered

for 88 people. During our inspection there were 16 people living on the elderly frail unit and 15 people living in another unit known as 'Memory Lane'. Memory Lane provides support to people living with dementia.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At previous inspections in June, September and October 2014 we identified concerns in relation to the provider's compliance with the regulations. The provider was not able to demonstrate effectively they were always obtaining consent and applying the principles of the Mental Capacity Act 2005, staffing levels were insufficient to meet the needs of people and staff were not receiving the appropriate support to undertake their role. People's care and welfare needs were not met, they were not respected and the management of medicines was not safe. Staff understanding of safeguarding was limited and care records were not accurate. The provider system for assessing and monitoring the quality of service provision was not effective and the provider was not notifying the commission of significant events. We referred our concerns to the Local Authority responsible for safeguarding in addition to taking enforcement action, which included imposing the condition that the provider must not admit any service user to the home without CQC's prior permission. The provider sent us a monthly action plan and sustainability plan. These detailed the actions they would take to meet and sustain the requirements of the regulations. At this inspection we found the provider had taken action to make improvements. However further improvements were required and time was needed to ensure changes were fully embedded into practice.

During this inspection we found that improvements had been made in relation to managing medicines, however we identified some concerns relating to the recording and escalation of concerns when people refused their medicines.

People said they felt safe and were supported well by staff. Improvements had been made in relation to the management of risks and people's care and welfare. There was an improvement in the reporting of incidents of harm to people, to the appropriate local authorities. This meant where appropriate other professionals could be involved to ensure people were receiving a safe service.

In addition, there were improvements in staffing levels and deployment within the home. The provider had undertaken a programme of staff recruitment which meant that they were no longer relying on the use of large

numbers of agency staff to provide care and treatment to meet people's needs. New staff undertook a thorough induction and all staff received training. People were now being cared for by enough staff who knew them well.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on. Where people were unable to make these decisions, they were supported with this decision making process. The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found that where required, the provider had carried out assessments to determine if people had capacity to make their own decisions. Staff, people and relatives described how they were involved in making decisions and this reflected they were made in a person's best interest, however these were not always recorded. People's rights were being protected as DoLS applications were in progress and had been submitted for the authorising agencies to consider.

People were supported to eat and drink sufficient amounts of food and drink. Where there were concerns about a person's nutritional intake we saw action had been taken to ensure appropriate advice was sought. People were also supported to access a range of health care services to ensure their needs were met.

Staff mostly demonstrated respect and compassion for people who were now more actively involved in their care. However, there were occasions when the manner in which staff supported people was not always respectful. People described staff as attentive and confirmed they and their relatives were involved in the review of their care. People received care that was responsive to their individual needs and they were supported to maintain contact with their relatives. People and their relatives made suggestions about care and the service provided. The registered manager took action to make changes to people's care where this was required. Improvements had been made in response to complaints from relatives made to the manager. People's concerns and complaints were listened to and these were acted upon. Improvements had been made to the availability of activities and people were actively supported by staff to engage in these in order to maintain and promote their sense of wellbeing.

Summary of findings

The management of the home had improved and the service was safer for people to live, visit and work in. Staff enjoyed their work and were supported and managed to look after people in a caring and safe way. Staff said they were able to make suggestions and raise concerns. They were confident the manager would respond and take appropriate action.

Some care records were not always clear. The lack of consistent, clear and accurate information placed people at risk of receiving inappropriate care and treatment. Quality monitoring procedures were in place, which informed a centralised action plan. We found that

not all actions in relation to people's care records were acted upon promptly and the concerns we found with people's care records had not been identified during the audits. This meant the audits were not always effective in identifying where improvements were needed and acted upon.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to Regulations 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 the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medicines were not always managed safely. It was not always clear when and by whom medicines changes had been made. When people refused their medicines this was not always followed up with appropriate professionals in a timely way.

Staff had a good understanding of safeguarding people at risk. They knew what action to take. Where risks were identified these were managed safely.

Staffing levels had improved and were sufficient to meet people's needs safely.

Requires Improvement



Is the service effective?

The service was effective.

Staff were supported through supervisions and training to ensure they had the skills to meet people's needs.

The manager and staff had a good understanding of the Mental Capacity Act 2005 and involved others in best interest decisions.

People were supported to maintain a balanced diet that met their individual needs. They were supported to access other health care professionals when this was required.

Good



Is the service caring?

The service was not always caring.

People's privacy, dignity and independence were promoted by staff. However staff did not always act in a respectful way on some occasions.

People's records were securely stored which ensured confidentiality was maintained.

Staff understood and knew people's needs and preferences well. People were encouraged to be involved in decisions about their care and the service.

Requires Improvement



Is the service responsive?

The service was responsive.

Care plans were personalised to meet people's individual needs. Activities had improved and were available to meet people's needs.

People were confident any concerns would be addressed by the provider. The provider sought feedback from people and their relatives and used this to identify where improvements could be made.

Good



Summary of findings

Is the service well-led?

The service was not always well led.

Care records had improved although some remained unclear and gave conflicting information about people's needs.

Audits of the service were carried out by the provider and these identified when actions were needed to make improvements. However, not all actions had been completed in a timely way.

The manager promoted an open and transparent culture where staff could make suggestions or raise concerns and feel listened to. Leadership had improved and staff had a clear understanding of their roles and responsibilities.

Requires Improvement



Gorseway Care Community

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 3, 4 and 5 March 2015 and was unannounced. The inspection team consisted of two inspectors, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had personal experience of supporting an individual with dementia. They also had experience of working with people who may have difficulties with communication.

Before the inspection we reviewed information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with nine people, two relatives and a visitor. It was not always possible to establish people's views due to the nature of their conditions. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We spoke with the divisional director, the registered manager, the newly appointed manager and a regulation manager for the provider. We also spoke with 17 staff including nurses, care staff, activity staff and ancillary staff.

We looked at the records for 17 people in relation to their care and treatment. We reviewed the medicines administration records for 16 people, staff duty records, eight recent staff recruitment files and records of complaints. We also reviewed accidents and incidents records, policies and procedures and quality assurance records.

Following our inspection we received feedback from three external health and social care professionals.

Is the service safe?

Our findings

During previous inspections we found the provider was in breach of a number of the regulations and the service provided was not safe. Medicines were not managed safely; staffing levels were insufficient to meet peoples need. Risks to people associated with health conditions were not managed safely and care records for people were not accurate. Staff understanding of safeguarding was limited and we saw no learning from incidents or accidents. We referred our concerns to the local authority safeguarding team. We also took action to ensure the provider would make the improvements to meet the needs of people living at the home. The provider was required to send us a monthly action plan. At this inspection we reviewed the progress the provider had made to address these concerns and found they had made improvements.

People told us they felt. One person said “I can press the button (they showed us their personal alarm), unless they are terribly busy they answer as soon as they can”. A second person told us “I feel safe because it is a secure area within a garden, the access is restricted, there is always someone around”.

At this inspection although we found some improvements had been made in relation to medicines management, further improvements were required.

Medicines Administration Records (MAR) contained all appropriate information including photographs, dates of birth, allergy information, self-administration risk assessments, person specific “variable dose” and “if required” medicine guidelines. However, where changes to medicines had been made it was not always clear when and whose decision this was. For example, for three people, we could see the changes made to their medicines were following communications from the GP or specialist. However, for one person receiving a changing dose of medicines, based on a regular test result we could not see when the variable dose regimen had started and who had prescribed this. This meant we could not be assured the person was receiving their medicines in line with a prescription from an appropriate professional.

There were no gaps in the recording of medicines administered; however the refusal of medicines by people was not always escalated to other professionals. For example, for one person we found they had refused their

prescribed medicines for a neurological condition on 17 occasions. We found no evidence this had been discussed with the GP or any other professional. This meant we could not be assured the person was receiving the correct dose of medicines to support them to manage their health condition. Medicines referred to in care plans were not always available and not included on MARS. Information about medicines to be given ‘as required’ was inconsistent. We saw for one person a detailed care plan describing alternative strategies that should be used to support the person when they were anxious before administering medicines, however for two other people this detail was not available. This meant the person may receive medicines before staff tried other strategies to support them.

Topical Medicines Administration Records (TMAR) were prepared by the nurses to provide guidance for care workers on the application of creams to people as part of their personal care. Discussions with the care worker and one person receiving care indicated that the application of creams was not always recorded. The manager had identified the inconsistent completion of these records as a concern prior to us identifying this. We noted discussions with care staff had taken place and the provider’s action plan highlighted this as needing improvement. The lack of clear records relating to medicines meant we could not be assured people were receiving creams they were prescribed for.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were safely kept. Medicines were stored at the correct temperatures. Appropriate arrangements were in place to check the expiry dates of medicines and dispose of them safely. The effectiveness of administered medicines was appropriately monitored by staff. We reviewed two people’s records who were prescribed medicines that required monitoring. Test results, dose changes and subsequent tests were scheduled for these people. Where medicines errors had occurred appropriate action was taken by the provider. We noted in records that following an error a full investigation was completed and a referral to appropriate professionals was made by the provider.

At our last inspection we found risks for people were not safely managed. At this inspection we saw improvements

Is the service safe?

had been made. For two people with a diagnosis of diabetes there was clear information in their records identifying the risks associated with their diagnosis. In the records there was clear guidance for staff about how to manage the risks associated with diabetes. A third person diagnosed with a blood clotting disorder had a comprehensive risk management plan in their care records. A management plan to address the risk of skin breakdown was in the records of a fourth person.

We found improvements were made in relation to safeguarding people from abuse. Staff were aware of the provider's policy and had received training in safeguarding. Staff were able to demonstrate a good understanding of safeguarding. Newly appointed staff told us how the manager supported them to ensure their understanding of safeguarding. All staff told us they would not hesitate to report any concerns about people's safety to the manager and if they felt it was required they would make a referral to social services and notify CQC. Where incidents had occurred the provider was able to demonstrate they had referred this to the local authority responsible for safeguarding and taken action following these

People told us they had seen improvements in staff numbers and consistency of staff. One said "There are usually enough staff, except when a crisis occurs elsewhere [within the care home]. More recently, these crises seem to be a thing of the past. The dependency upon agency staff seems to have disappeared". Relatives confirmed there were enough staff. Health care professionals told us they had seen improvements in the number and continuity of staff at the home.

The provider had reviewed the dependency tool used to ensure adequate numbers of staffing were available to meet the needs of people. This had been introduced

recently and would inform future staff rotas. Staffing numbers were above those identified as required to meet the needs of people at the home. The registered manager told us how the tool would be used to increase the number of staff available when more people were admitted to the home or people's needs changed. Staffing rotas reflected the numbers of staff required to meet the needs of people.

We observed staff had time to support people with their needs in a calm and dignified way. They did not rush people and there was a calm and relaxed atmosphere in the home. Staff were always present in communal areas when people were in these rooms.

In addition to care and nursing staff, there were activity staff, domestic and housekeeping staff, and kitchen staff working seven days a week. A management rota was in place to ensure management staff were present at staff handovers every day and they also provided on call support as required. The registered manager and newly appointed general manager told us where required they worked alongside care and nursing staff, providing direct care. However we noted managers hours were not reflected on the rota and therefore it was not always possible to establish when they were working.

The provider's recruitment processes were comprehensive. Pre-employment checks included two references of conduct in previous employment, a full employment history and qualifications. Criminal Record Bureau (CRB) or Disclosure and Barring Service (DBS) checks had been undertaken. These checks help employers make safer recruitment decisions and help prevent unsuitable people from working with people who use care and support services. Prior to registered nurses commencing work the provider obtained proof of their professional registration.

Is the service effective?

Our findings

At previous inspections we found the provider was in breach of regulation 24, Supporting workers. In December 2013 staff were not receiving supervisions and staff meetings did not take place. In June 2014 some improvements had been made, however not all staff had received supervisions and staff meetings were not consistent. In June 2014 we found the provider was also in breach of regulation 18, consent to care and treatment. Following our inspection we received information which indicated that the application of the Mental Capacity Act 2005 was inconsistent and not fully understood by staff.

At this inspection people told us how their decisions were respected. One person told us how they had requested to be supported by female carers only and this had been respected. They told us they were supported by attentive staff who knew them well.

We found improvements had been made and staff were being supported in their roles. A system of staff supervision and staff meetings had been implemented and staff felt these were supportive. Records confirmed staff had the opportunity at these sessions to discuss their role, reflect on their practice, talk about any training and receive and provide feedback on their performance. Supervision meetings consisted of one to one sessions which enabled full discussion and observation of practice by a more senior staff member. In addition team leaders undertook group supervisions to discuss specific areas of needs such as the Mental Capacity Act and the effective completion of monitoring charts. Staff described their supervision sessions positively. They told us they found them open, supportive and beneficial in improving their practice. People were supported by staff who understood their needs because the provider ensured they were appropriately supervised and supported.

A centralised staff training database was in place, which monitored the training undertaken by all staff. Staff told us they found the training to be useful and helped them to learn more about the provision of good care. Mandatory training was provided in a number of areas including infection control, moving and handling, safeguarding of people and the Mental Capacity Act 2005. Additional training was provided including safe use of bed rails, management of falls, CPR (emergency resuscitation) and an introduction to dementia. One staff member told us

how they would like more detailed and personalised training about dementia. They told us this was being explored by the manager. Trained nurses undertook additional courses to support them in their role including syringe driver training and compression bandaging, as well as tissue viability and medicine competency. People were supported by staff who understood their needs because the provider ensured they were appropriately trained.

Newly recruited staff undertook a comprehensive induction which involved a period of training followed by time spent shadowing a team leader or senior staff member. They then completed an induction workbook which was assessed by the provider's trainers. This assessment was to determine the person's competency to carry out their role unsupervised.

Newly qualified nurses spent time shadowing and working alongside care staff. New nursing staff worked alongside more experienced nurses before being allowed to work alone. Newly recruited staff told us they had found their induction to be invaluable as this supported them to understand their role and responsibilities.

People who had capacity to provide consent to their care and support had done so. We checked six people's care records in relation to Mental Capacity and saw these reflected that capacity assessments had been undertaken. On occasions we saw the assessments were very decision specific and it was clear that the assessment related to one decision only. For example, one person had a capacity assessment for being able to leave the home unsupported. Other assessments related to being able to make decisions about 'activities of daily living'. Best interest decision checklists had been completed where the person had been assessed as lacking capacity. However, these checklists did not reflect that people, other than staff, had been involved in the decision. Staff described to us how peoples' relatives were involved in their care planning and support. People and their relatives confirmed this.

Care plans for people detailed the day to day decisions they were able to make and how staff could support people to make these. Staff told us how they supported people to make decisions, including showing them options, using hand gestures and with verbal communication. Staff respected people's decisions about what time they got up, if they chose to remain in their rooms and to join in

Is the service effective?

activities. Staff understood the importance of people being able to make their own decisions and demonstrated a good understanding of the Mental Capacity Act and their responsibilities in this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. At our last inspection we found records which indicated restriction of people's freedom and unlawful deprivation of their liberty. No applications to deprive a person of their liberty had been made, to ensure this was being done in the person's best interests and in line with legislation. At this inspection we found improvements had been made. Where staff had identified that a person's liberty may be being restricted by their care, applications had been submitted to the local authority. The manager was aware of what constituted a DoLS and their responsibility in this.

People described the food as good and told us they always had enough and enjoyed the meals. People were supported to have enough food and drink of their choice. They had access to snacks and the kitchen staff ensured these were available. Throughout the day a hostess visited people offering in addition to drinks, snacks such as cut fruit, fortified mousses, biscuits and cakes. Once the kitchen was closed, snacks boxes were made available to both units which included protein and fruit based snacks.

Staff supported people to choose from a menu. The menu was provided in written format but the provider also used 'show plates'. These were meals plated up to show people the food options. If people changed their mind and no longer wanted the meal option they had chosen,

alternatives were provided. The kitchen staff met with people on a monthly basis to ensure they had accurate information about people's likes and dislikes and to establish if they had any concerns regarding the menu and service offered. The kitchen held up to date information about people's needs including if they required a high calorie diet, a soft or pureed diet and if they required supplements. Care staff provided a breakdown of people's weights and dietary needs to the kitchen staff weekly to ensure that where required the nutritional values of meals could be adapted.

People had care plans associated with eating and drinking. These included preferences and needs. Where required they detailed how food was to be prepared to ensure nutritional intake was meeting needs. For example, for those people who required high calorie diets, their care plans stated how all vegetables would be cooked in butter and cream would be added to puddings. This matched information we were provided with by the kitchen team. People's weight and nutritional intake were monitored and action taken if needed. This included requesting support from other professionals.

People had access to health and social care services as required. This included social workers, GPs, dieticians, speech and language therapists, dentists, chiropodists and opticians. Staff supported people to attend hospital and clinic appointments outside of the home and transport was available to assist with this. Since our last inspection the provider had commissioned an independent occupational therapist to support the assessment of people's needs and make recommendations about how other equipment may enhance their support. Health care professionals told us the staff accessed support promptly when required and acted on the advice given.

Is the service caring?

Our findings

At our inspection in September and October 2014 the provider was in breach of regulation 17, respecting and involving service users. People's views and experiences were not always taken into account in the way the service was provided and delivered in relation to their care.

At this inspection we found improvements had been made and people were involved in their care and treatment. Observations of how staff treated people demonstrated improvements although further improvements were required. People told us how they and their families were involved in their care. One told us how their relative was fully involved in their care planning. People described staff as attentive and kind. An external health care professional told us they felt the newly appointed staff had built a good rapport with people and understood their needs.

One person told us staff supported them the way they wanted and respected their decisions. However, our observations of how staff respected people's privacy and dignity were mixed. We observed lunchtime on three days. We observed one member of staff discuss the care of a person with three other staff whilst supporting another person to eat their meal. This demonstrated staff had not acknowledged the lack of respect this showed the person being supported with their meal or the person whom they were discussing. On another occasion we observed a person being sat up in their bed by a member of staff. The staff member raised this person's back rest. However they did not communicate they would be doing this to the person. On a third occasion we saw a person seated with their meal in front of them for 10 minutes before a staff member supported them.

Other observations of lunch time showed staff providing discreet and kind support to people. When they recognised a person may require support this was offered and the person's decision was respected. For example, on one occasion we observed a staff member ask a person quietly if they needed help, as they appeared to be struggling to put their food on their cutlery. The person clearly said they did not want support. The staff member respected this, however remained seated with the person for the rest of the meal and was available to provide support if needed. Whilst we saw examples where staff demonstrated respect and dignity for people this was not consistently apparent

When people in communal areas required support with personal care, staff were discreet in the way they approached the person and supported them to return to their rooms to provide the care needed. For example, on one occasion we observed a person spill their drink in their lap. A staff member promptly noticed this and approached the person. Quietly they advised the person what had happened. They reassured them that this was not a problem and was an accident. Discreetly they cleaned up the drink and then supported the person to their room to change them and wash their hands so they were not sticky.

Staff knocked on people's doors and waited for their permission before entering. Staff used people's preferred form of address, showing them kindness, patience and respect. When speaking to people staff got down to the same level as people and maintained eye contact. Staff showed they had a caring attitude towards people and recognised when they needed support.

Staff were knowledgeable and understood people's needs. Staff explained what they were doing when they supported people and gave them time to decide if they wanted staff involvement or support. Staff spoke clearly and repeated things so people understood what was being said to them.

Staff told us people were included as much as possible in their care plans. They did this through talking to people and their families to establish what their needs and wishes were. We saw care reviews which included people and their relatives. The provider had a system called 'Resident of the day'. Once a month staff included the 'resident of the day' in a review of their care records where possible, checking they were happy with the support they received from staff. The hospitality staff met with the person to check they were happy with the food provided. Activity staff also met with the person to ensure they were happy and explore activity options with them.

Staff demonstrated respect for choices and decisions. One person's room had a sign stating male carers were not to enter and provide support. The person told us this was respected. A second person told us, the staff had made changes to ensure they only received support with personal care from a female staff member following a request from them. People's information was treated confidentially because their files were stored in a locked office.

Is the service caring?

Resident and relative meetings had been introduced and were taking place monthly. We saw minutes of these meetings which reflected that people were provided with an opportunity to discuss any issues they had. The

manager asked people for their views and if they had any concerns. All aspects of the home were discussed including care, activities, kitchen, maintenance and people were reminded that they can raise concerns at any time.

Is the service responsive?

Our findings

At our inspection in September and October 2014 we found the provider was in breach of regulation 9, Care and Welfare. The delivery of care for people was not always planned to ensure their needs were met. Action was not always taken when concerns about people's needs were identified. Handovers were ineffective as these did not provide sufficient information about people's needs. Activities did not meet people's needs. At this inspection we found improvements had been made.

At this inspection people told us they were very happy with the support they received from staff. One person told us how their relative was involved in their care plan review. One person told us when they had raised concerns they had been addressed promptly. They said they get "all the attention I need- sometimes too much". An external health care professional told us staff were very professional and had a good understanding of people's needs.

In the records of two people who had fallen regularly we noted requests were made to the GP for people's medicines to be reviewed. Alarms mats were in place to support staff to know when the person was mobilising and for one person a discussion with the falls prevention team had taken place. Care plans were personalised to meet the individual's needs and respect their wishes. Where care plans for people indicated specific monitoring such as hourly checks we could see this was happening. Care records in relation to managing people's skin integrity had improved. These provided information on the type of equipment that was used and people's needs in relation to repositioning. We saw care plans were adhered to by staff. When changes were identified for people, other professionals were involved as appropriate and staff responded to advice provided. This meant the provider responded promptly to changes in people's care and treatment needs, to ensure they received the care, treatment and support they needed.

A management rota had been developed to ensure that managers were in attendance at handovers. They told us this was to ensure staff were providing effective information about people's needs and any changes that had occurred to the next shift of staff. Changes to the staff handover sheet had been made to include more information about people's needs and the support staff should provide. For example, where a person required their

weight monitoring weekly this was clearly documented and where a person required encouragement to take their medicines this was clear. We observed a staff handover and found that the information shared about people and their needs was clear and concise. Communication was good and all staff demonstrated an understanding of the issues discussed. The manager and registered nurses provided clear direction about people's specific needs to staff.

We saw activities for people had improved. People were actively engaged to participate and the provider had introduced external activity providers, including musicians and singers. We observed a variety of activities taking place throughout our inspection. These included baking, singers, musicians and bingo. Staff supported people to join in using encouraging phrases and positive recognition for their contribution. People were smiling throughout the sessions and appeared to enjoy these. People who were cared for in their beds were encouraged and supported to participate in activities. If the person wished to take part their bed was moved to the communal area so they were able to enjoy the singers and musicians. People who remained in their rooms told us this was through choice. We saw one to one sessions were provided to people in their rooms. These mainly involved staff either chatting with people or reading to them. The manager told us following feedback from male residents about activities being female orientated the activities team offered alternative activities preferred by the male residents such as gardening.

At our last inspection the provider did not always take into account complaints and comments to improve the service provided. At this inspection, people now knew how and who to raise concerns with. The provider had introduced a new email system to support people to make complaints if they chose to. This system allowed the provider to monitor complaints and the response provided. We saw people's relatives had chosen to use this and where they had raised concerns action had been taken. For example, one person had raised a concern that a window lock was not working. The manager took action and had this repaired.

In addition the provider had introduced a suggestion box in the main reception area of the home. A notice was on display to ensure people understood the purpose of this. We saw where concerns had been raised these had been addressed by the manager to the satisfaction of the complainant, where this information had been provided.

Is the service responsive?

Regular relative's meetings were now being held and these allowed for open discussion about any concerns or suggestions. Where relatives had raised concerns we saw the provider had taken action to address these. For example, one relative had raised concerns about a person's

television being placed on a channel they didn't like. The manager and relative had compiled a list of Television channels and times for programmes, which was displayed in the person's room. This was based on what the person liked to watch and ensured all staff were aware.

Is the service well-led?

Our findings

At previous inspections, we identified a number of breaches of regulations. There was no evidence that learning from incidents and investigations took place and appropriate changes were implemented. Care records were not accurate and did not fully reflect people's needs. Although the registered provider made monthly visits to review the quality of the service provided, the provider had not identified the concerns which we had noted and actions from these visits had not been completed. At this inspection the provider had taken action to address these, however we found further action was required and the home remained in breach of two regulations.

People and their relatives told us they had seen improvements since our last inspection. One person told us they were able to speak with the manager if they wanted to and this gave them reassurance their needs were being met. A member of staff told us the leadership and structure in the home was much improved. They said they felt supported by the new manager, describing them as, "Very much part of the team," and "Very holistic in her approach and person centred". They also said, "I hope she stays". Relatives told us things were positive and they had seen improvements; however, they expressed concern that the improvements may not be sustained if the newly appointed manager was to leave.

Although care records had improved and staff knowledge of people was greater some records remained unclear. For example, for one person we found a care record which stated they had no needs in relation to their breathing. However, a care record relating to 'tremors', clearly identified this could impact on their ability to breathe, therefore creating a risk. For a second person the choking risk assessment stated the person had been assessed as low risk. Their care plan did not make reference to any risk in this area. However a further care plan stated they were at moderate risk of choking. The provider had recently recruited a significant number of new staff. They demonstrated an understanding of people's needs and therefore the risks associated with unclear records was not high. However, inconsistent records do place people at risk of receiving care and treatment that does not meet their needs. Further work was required to improve care records.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made to the recording of incidents and accidents. Incidents reported by staff were now reviewed by the manager and identified actions taken. Staff described how learning from incidents took place. This was discussed in staff handovers, staff meetings, supervisions and clinical meetings. One staff member described the discussions which had taken place when a person had fallen on three occasions. They discussed what may be the cause of this and what further action was required. This included a review by the GP which we saw had taken place.

The provider had reviewed and altered the way in which they managed their provider visits. Full day visits to the home were being completed monthly and included; discussions with people, staff and relatives, observation of practice, review of documentation and the environment. Actions from these visits informed an action plan which was held centrally by the provider who had nominated managers to be accountable for the completion of these actions. This action plan was also informed by visits from other health and social care professionals and CQC visits. We were advised that an alert system had been included within the action plan. This alerted the registered manager and provider when actions were overdue. This system of action planning and review allowed a more comprehensive and effective approach to monitoring the home and driving improvements. We noted the quality assurance systems had not identified all the concerns that we had in relation to medicines management and some care records. We also saw that not all actions from the provider's visits had been completed, for example, on one visit incorrect information had been noted in one person's care records. A further visit had noted action needed in the care records for another person. These actions had not been added to the central action plan and there were no set dates for completing these. The divisional director told us that due to the extensive action plan they had implemented following our last inspection, some individualised detail had not been included in the action plan. They told us this would be included in the future. Not inputting this detail into the action plan meant the actions had not been carried forward and improvement made to the care records for

Is the service well-led?

these people. Whilst the provider had reviewed and changed some of the systems to monitor quality and ensure improvements, it was too early to assess their full effectiveness.

The management of the home had not been stable in recent years due to repeated changes of manager and not all relevant standards had been met. The provider had introduced a new manager to the home. In addition support was being provided by a clinical team of nurses and senior managers who worked for the provider. A new general manager had been in post for two months at the time of our inspection. A health care professional told us they viewed the appointment of the new manager as a positive step forward for the home. Our observation confirmed staff worked well as a team with clearly defined roles that they understood. Team leader roles had been introduced within the home. This allowed for the nurse to take the lead with clinical related roles and the team leader to provide advice, guidance and direction to care staff throughout the day.

The registered manager and newly appointed manager said they encouraged open communication and operated an open door policy, welcoming feedback. They were confident staff felt supported and would talk with them if they had any concerns. This was confirmed by staff we spoke with. Staff said they could make suggestions at any time and these were listened to and acted upon as necessary. Staff said they felt more involved and listened to. They would not hesitate to approach the manager with concerns or suggestions and felt confident that they would

take action. Staff described the management of the home as open and transparent. Newly appointed staff advised that the manager had shared with them the content of CQC's last inspection report and had openly discussed with them the concerns raised and how they planned to move forward. All newly appointed staff we spoke with told us they had not seen anything that concerned them. They felt staff worked well as a team and aimed to provide the best care possible for people. People were supported by staff who understood the provider's values.

Communication within the home had improved. Regular meetings were now taking place with residents, relatives and staff. These included daily clinical meetings and head of department meetings to discuss current daily issues. We saw these meetings allowed for open discussion about any concerns people had. Where areas of concern were identified, action had been taken to address these. A healthcare professional told us communication in the home had improved and they were confident to place people at the home, feeling they would receive a good service. Another health care professional told us they felt the home was better led than previously and that they felt staff were listened to and supported more effectively. People were cared for by staff that understood their role and were confident the manager would take action if any concerns about people's care and treatment arose.

The provider had made improvements and was now notifying CQC of events in the service such as deaths in the service and incidents of safeguarding or serious injury.

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 did not take formal enforcement action at this stage. 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 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not fully protected people against the risk associated with the unsafe management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12(1)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person had not fully protected people against the risk associated with care records that were not updated and an accurate reflection of people's needs. This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17(2)(c)