

Lifestyle Care Management Ltd

# Brook House Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This unannounced inspection took place from 26 to 28 April 2017. At the last inspection on 27 and 28 September 2016, we found serious concerns at the home and it was rated Inadequate overall and placed in special measures. We took enforcement action in relation to some of the more serious concerns we found relating to staffing levels, risks to people's safety not being identified or monitored and the providers quality assurance systems not identifying or acting on issues. We placed a restriction on the provider's registration to prevent any new admissions to the home and to ensure the provider sent us regular update about staff training.

We also served requirement actions in respect of a number of other regulations. We found people were not always protected from abuse or neglect, people's care plans did not always meet their needs or reflect their preferences, arrangements to comply with the Mental Capacity Act and Deprivation of Liberty Safeguards were not always followed and the provider had not ensured that CQC were informed of all relevant and notifiable incidents as required under the regulations.

Brook House Care Centre is registered to provide accommodation and nursing care for up to 74 adults. People using the service include adults with a range of disabilities including brain injury, people with nursing needs and people with dementia. At the time of this inspection there were 47 people using the service.

At this inspection there was no registered manager in place. The previous registered manager had left the home after the last inspection. A new manager had started work in November 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The new manager was aware of the requirements to notify CQC about particular events.

At this inspection on 26 to 28 April 2017, we found the serious concerns we had about people's health and safety had been addressed. Possible risks to people were identified and monitored to reduce risk of the occurring. Staffing ratios at the home had improved as staffing levels had not been amended to reflect the reduced numbers of people currently living at the home. We are in discussion with the provider about their plans for future staffing levels at the home. Staff had received training on a wide range of areas to help them develop their skills. We found the new manager had been instrumental in making significant improvements across all aspects of the home which had a clear positive impact on people's care.

There had been a considerable amount of change required much of which had been implemented. However, there was a continued breach of regulations, as we found there remained some areas for improvement needed with the provider's quality assurance system. The provider's application form did not request an applicant's full employment history. The audit of staff training had not identified a need for mental health training for some staff. Improvements to records to evidence effective systems to reduce the risk of legionella. The provider's admission policy had been reviewed but did not fully reflect learning from

recent safeguarding investigations. You can see the action we have asked the provider to take at the back of the full version of this report.

There were also areas for improvement identified which included improvements to some risk management records and care plans were required, in particular on the ground floor unit of the home; this included better archiving of old records. Some improvements were also needed to meet people's needs for stimulation on one unit at the home, although, this had been identified as a work in progress by the manager. Aspects of medicines management on one unit of the home also required addressing.

There were marked significant improvements to people's care and to the environment at the home. People told us they felt safe and well looked after. Staff knew how to identify and respond to any safeguarding concerns. We saw people felt comfortable in staff presence and interactions were positive and we heard laughter and evidence of good relationships between staff and people. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's dietary needs were met and a range of health professionals were available to support their health needs.

People and their relatives told us they were treated with dignity and respect and that they were now more involved in their care planning. Improvements had been made to the activities on offer at the home. Complaints were managed appropriately.

People, their relatives and staff told us they thought the home was well run and improvements had been made. There was a range of meetings to ensure effective communication between staff at the home and people's views were sought through regular residents and relatives meetings.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

There had been improvements but the home was not consistently safe.

Risks in relation to staff recruitment were not effectively managed. Risks to people had been assessed and reviewed regularly to ensure people's individual needs were safely met. Although some improvement was needed to the recording of some risks.

There was room for improvement in some of the processes for managing medicines.

There were enough staff to support people's current needs. We are in discussion with the provider about future staffing levels. There were processes in place to deal with emergencies.

People who used the service told us they felt safe. Staff were clear about how to report any safeguarding concerns.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff received a range of training and adequate support. People told us and we saw their dietary and nutritional needs were planned for and they had sufficient choice about the food they ate.

Staff sought consent before they provided support. Procedures were now in place to act in accordance with the Mental Capacity Act 2005.

People had access to health care professionals when they needed and were supported by staff where this was appropriate.

**Good** ●

### Is the service caring?

The service was caring.

Considerable improvements had been made to the culture in the home. People and their relatives told us staff were kind and

**Good** ●

caring. Staff acted in a more person focused way and were not task orientated. Staff knew people well and were aware of changes in their moods or routines

People told us their privacy and dignity was respected.

People and their relatives told us they were involved in making decisions about their care.

### **Is the service responsive?**

The service was not consistently responsive.

Improvements had been made but further improvements were required to ensure care plans consistently reflected people's needs clearly.

There had been improvements made to the range and availability of activities Staff engaged people in meaningful activities, so they felt stimulated. However further improvements were needed to ensure that peoples different preferences and needs in this area were met.

Complaints and concerns were responded to in a timely way and used to drive improvement across the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

The provider's audits had not identified a need to support staff to understand people's mental health needs or that the home was not following the most up to date regime for protection from the risk of legionella.

There had been significant improvements made across other aspects at the home. Systems were in place to assess and monitor the quality of the service; however they needed further improvement to operate consistently. Other aspects of the quality assurance system helped drive improvement in service provision. There was a system of audits to monitor the quality of care and to identify the need for any improvements.

There was a more positive culture within the home. Staff felt well supported by the manager. The manager had an open approach to learning. There was an emphasis on improvement and developing the service provided.

**Requires Improvement** ●

People's views about the home were regularly sought and considered to drive improvements.

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# Brook House Care Centre

## 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 fresh rating for the service under the Care Act 2014.

This inspection took place from 26 to 28 April 2017 and was unannounced. On the first day the inspection team consisted of two inspectors, a specialist advisor in nursing 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 service. A single inspector returned on the second day with another expert by experience and on the third day the inspector was accompanied by a pharmacy inspector.

Before the inspection we looked at the information we held about the service including any notifications they had sent us. A notification is information about important events that the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We also asked the local authority commissioners for the service and the safeguarding team for their views of the home.

At the inspection we spoke with thirteen people at the home and two relatives. We spent time observing staff and people interacting and tracked that the care provided met their needs. During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us about all aspects of their care.

We spoke with seven care workers, four nurses, one senior care worker, the activities team, the administrators, the maintenance person, the chef, the clinical lead, the deputy manager, the current manager and the regional manager.

We looked at 14 care records of people who used the service and six staff recruitment and training records. We spoke with a visiting GP and two visiting health care professionals. We also looked at records related to the management of the service such as fire and maintenance checks and audits.

# Is the service safe?

## Our findings

At the last inspection of the home on 27 and 28 September 2016 risks in relation to the employment of agency staff were not monitored adequately. There was no system to request or check profiles from the agency to ensure that agency staff had the necessary current qualifications, competence, skills and experience to carry out their work safely. Checks were not completed to ensure their training and nurse registration was current.

At this inspection, 26 to 28 April 2017, we found there had been a substantial reduction in agency staff use and these issues had been addressed. There was a system of suitable checks made on agency staff. Recruitment processes were in place to reduce the risk from unsuitable staff. The service carried out background checks on staff before they started work. These checks included a criminal records check, right to work and proof of identification an applicants' employment history, and references. However we saw that the provider's system to ensure they complied with the regulations was not effective as their application form only requested an applicant's employment history for the previous five years and not their full employment history as required under the regulations.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found risks to people's health and safety were not always identified, assessed or action taken to reduce the likelihood of them occurring. We took enforcement action to restrict new admissions to the home so that the provider could focus on the safety of people living at the home.

At this inspection we found significant improvements to the way risks were identified, assessed and monitored. Accidents and incidents were monitored to identify control measures to reduce the risk of them reoccurring. For people at high risk of pressure area skin breakdown we saw people were supported with suitable pressure relieving equipment as recorded in their care plan. Where people were nursed in bed they had frequent changes of position which were recorded to minimise risk. Call bells were placed within reach so they could summon help when needed. There were regular checks on people in their rooms and where people were assessed as unable to use a call bell. Risks in relation to mobilising people were addressed through detailed guidance to staff in the care plans and in people's rooms about how to mobilise people safely.

Risks in relation to choking were reduced through guidance to staff on their dietary needs and the areas of risk as well as information on how to position people while they were eating. Risks that arose from people's individual health were identified and plans in place to reduce risks for example where people had a diagnosis of epilepsy there were guidelines for staff about, what signs to look out for and how to manage risks. People's risk assessments were reviewed regularly to ensure they reflected current risks and any changes needed to people's care were included in their care plan. Staff on the top two floors of the home knew people well and were knowledgeable about the steps to take if they were concerned people may be at risk.

However, we found some improvement was needed to ensure consistency about the records for risk management in particular on the ground floor at the home. For example, while some records for specialist feeding regimes were completed correctly, we found the records in relation to maintenance and cleaning of the equipment for one person had not always been recorded in line with the care plan; which meant there as an incomplete record of their care. We found two records to monitor risks of dehydration were not fully completed, or totalled to identify if any action was needed. For another person on this floor risks in relation to smoking were not all identified within the risk assessment but were included in different places in the care plan. This meant that full guidance on how to reduce risk was not easily accessible for any unfamiliar staff providing care.

Where people required one to one support we found that while the staff were knowledgeable about their needs and risks this information was not always readily available in the care records they held. For example for one person who had epilepsy this information and how to respond to any fits was available in their care plan but not readily available in their individual folder for unfamiliar staff to access. This meant there was a risk that staff might not know how to respond in an emergency. We discussed this issue with the regional manager and the information was placed within their individual folder at the inspection.

There were arrangements in place to deal with risk from foreseeable emergencies. Staff were knowledgeable about what they would do in the event of a fire or medical emergency. Staff had recent fire safety training and fire drills had been conducted on a regular basis and some drills involved practice with evacuation equipment to ensure staff were aware of their responsibilities in the event of a fire. People had evacuation plans to guide staff or the emergency services in the need for an evacuation. Risks in relation the premises and equipment were reduced through internal checks and external servicing. Equipment for example fire, gas and electrical equipment and call bells were routinely checked and serviced. There were checks completed on the premises for example window restrictors and water temperatures to reduce risks for people.

At the last inspection we had found a breach of regulation and took enforcement action to restrict admissions to the home as adequate staffing levels were not always maintained and there was not always enough staff to meet people's needs. At this inspection we found that from our observations there were enough staff to meet people's needs. The manager told us that staffing levels for care staff had been maintained as at the same levels following the previous inspection, but the numbers of people living at the home had reduced. We were aware through our monitoring they had tried unsuccessfully to source a tool to help them assess the dependency levels of people on the different floors of the home but had not found one that catered for the wide ranges of different needs at the home.

Most people told us there were enough staff to support them. One person said, "I think there are enough staff, they seem to cope quite well." Another person told us, "It seems more than fine, there is plenty staff." A relative stated, "If I call staff then they come when I need them." However two people on the ground floor told us they felt there had not always been enough people to support them on the ground floor. One person remarked, "Sometimes it's what they call short staffed and things don't always get done." Our observations were that people did not have to wait unduly long for assistance and there were sufficient staff available throughout the day and at meal times to support people appropriately. Staff who had been working at the home at the last inspection told us they thought there were now enough of them to meet people's care needs. One staff member said, "Now there are enough of us before there was lots of sickness and agency, it was just impossible. We were rushing around madly." Another staff member said, "I think there are enough staff now, although it is busy, we have time to speak to people."

Although we observed there were sufficient staff to meet people's needs at this inspection, we were aware

that due to the restriction on admissions the home was not full to its maximum capacity. We are therefore in discussions with the provider regarding their plans to staff the home in the future, and how they might respond to meeting the needs of more people using the service.

People told us their medicines were administered as prescribed. One person said, "This place is really good with medication, it's always a nurse who gives it to me." We looked at the medicine administration records for 26 people on three different units. On the first and second floors we saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. However, on the ground floor some improvement was required as we saw there was a significant recording error in the stock balances for one medicine prescribed. Another medicine which was prescribed when required, had not been transcribed on to the new MAR chart. This meant staff did not know that this person could still have this medicine if they needed it. However, the deputy manager told us they were aware of the issue with as required medicines and we saw evidence they were taking steps to address this.

When medicines were prescribed to be given 'only when needed', or where they were to be used only under specific circumstances, protocols, (guidance to inform staff about when these medicines should and should not be given) were in place. This meant there was information to enable staff to make decisions as to when to give these medicines to ensure people were given their medicines when they need them safely and consistently. We saw three people had their medicines administered covertly. This was managed appropriately with best interest assessments completed and signed consent forms were in place.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Controlled drugs were managed and recorded correctly.

At the last inspection we had found a breach of regulations as people were not always protected from the risk of harm or neglect. At this inspection we found improvements had been made. People told us they felt safe living at the service and that their belongings were looked after. One person told us, "Yes, I do feel safe, the staff are all very nice." A relative said, "It is quite safe here."

There had been a large number of safeguarding alerts raised with the local authority over the past 12 months in relation to the care at the home. These had been investigated and nine substantiated and some remained under investigation at the time of the inspection. Local authority provider concerns meetings had been held with the home, the CCG and CQC and an action plan had been in place since September 2016 to address the concerns and monitor progress. The provider had cooperated fully with this process. Since the beginning of the year there had been one safeguarding alert concerning the home; which was being investigated. The manager had raised appropriate safeguarding concerns with the local authority when needed.

At this inspection we found staff knew how to report any signs of abuse or neglect and said they were sure reported signs of abuse or poor practice would be taken seriously and investigated by the manager. Staff had received recent refresher safeguarding training to ensure their knowledge was up to date.

## Is the service effective?

### Our findings

At the last inspection, 27 and 28 September 2016, we found staff mandatory training was not always up to date to ensure staff were competent to carry out their roles. People living at Brook House had a wide variety of different needs and we were not assured of staff competence to meet these needs. There were no required checks on nurses to ensure they had the right knowledge and competence to meet people's needs. We had taken enforcement action in respect of this breach of our regulations and required the provider to send us regular updates about staff training. We were aware that a wide range of training had been delivered at the home since the last inspection.

At this inspection on 26-28 April 2017 people told us they thought staff had enough knowledge to carry out their roles. One person said, "I generally think they are well trained, the way they work and stuff like that it's quite good." Staff told us they received recent training in a variety of subjects which supported them in their roles. One staff member told us, "We have had lots of training here and some has been really useful like the dysphagia training everyone should do that." Records showed staff received regular training in areas identified by the provider as being mandatory, such as moving and handling, infection control, fire safety, first aid and safeguarding adults. There had been face to face delivery of training across many subjects. There was a system in place to monitor when their training needed to be renewed or refreshed. In addition to the mandatory training, there was a range of role specific training for all staff. This included subjects such as wound management, epilepsy, specialist feeding regimes, nutrition and hydration, end of life care and dementia awareness. Nurses competencies were assessed across a range of areas; although, these were not readily available in their files but the manager addressed this following the inspection. Staff were also being encouraged to complete further formal qualifications under the Health and Social Care Diploma.

The manager told us they were starting to develop champion roles as they were aware staff had received a considerable amount of training and wanted to ensure this training was embedded into practice.

New staff received an induction along the lines of the care certificate. A recognised training programme for staff new to social care. This included training and a period of shadowing. We saw checklists were completed to ensure new staff had developed sufficient skills in different areas of work. We spoke with a new staff member who told us they felt well supported in their new role. They said, "The induction period is really useful to help you get to know the people you are giving care to." Staff told us they received regular supervision and felt well supported in their roles. One staff member told us, "Before I was just coasting but now I feel really motivated and I know I am learning." Records confirmed supervision and staff appraisals had been conducted.

At the last inspection on 27 and 28 September 2016 we had found a breach of regulation as risks to people in relation to their dietary requirements were not always identified or communicated. Catering staff did not have a current list of people's dietary requirements to protect them from possible health risks. The provider had taken some immediate action during that inspection to address these risks.

At this inspection we found these issues had been fully addressed. The chef showed us a system they had to record people's individual dietary needs. This included information on any allergies, advice from speech and language on dietary consistency as well as people's personal preferences and any cultural needs. We saw care staff completed dietary notification forms to advise the chef of any changes.

People's feedback about the food was mostly positive across the home. One person said, "The food is good, it's tasty and there is plenty. If you don't want what is there the chef will do something else." Another person commented, "I like the food; it's warm and there is variety." A third person informed us, "Yes I do like the food, I am a vegetarian therefore the chef tries really hard to get those meals to me." Two people told us, they did not like the food and one of them said, "I have my own freezer and I give details of how I want the food cooked."

We discussed their feedback with the chef, who showed us how they tried to take people's personal choices into account and these were reviewed regularly with people. Questionnaires about food choices had been made available for people and their relatives to complete. The kitchen had scored the top mark at a recent food hygiene inspection.

At the last inspection we had found improvement was needed with the meal time experience. At this inspection we observed the meal time experience across the home and we found significant improvements had been made. People were observed to be supported appropriately by staff to eat at their pace, either in the dining rooms or in their bedrooms and assistive crockery was available to help support people. We saw there was a range of food reflecting people's preferences and dietary requirements. There were choices of drinks available throughout the day. The meal time experience was calm and staff interacted and encouraged people appropriately.

At the last inspection we had found a breach of regulation about arrangements for seeking consent from people about their care and treatment. We had found people's rights in respect of decision making were not always upheld and therefore the provider had not always acted in line with the requirements of the Mental Capacity Act (2005) Code of Practice and Deprivation of Liberty safeguards.

At this inspection people told us staff asked for their consent before they provided support and we observed this during the inspection. Staff asked people about where they wanted to sit or if they wanted to take part in an activity or if they wanted support to mobilise.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

Staff confirmed they had received training and demonstrated a good understanding of the Mental Capacity Act (MCA). Care plans highlighted when people were able to make decisions for themselves or when best interest processes would be needed to support them. Best interests decisions were specific to each decision

in line with the law and they were recorded to show who had been involved and what the decision was about. The clinical lead told us, "Before the new manager came I was not sure about mental capacity and best interests but they have really helped with our knowledge in this area and I understand it now."

DoLS authorisations had been applied for on behalf of people as required for their safety and they were monitored to ensure any conditions were followed and to ensure timely reapplications were made.

People told us they were able to access to a range of health professionals and this helped to ensure their health and social care needs were co-ordinated and met. One person said, "The doctor comes in and I have seen the chiropodist recently." The GP visited the home twice a week and there was an onsite physiotherapist employed three days a week, who told us they had supported the home to review people's wheel chairs and seating to ensure these were safe. Regular medicines reviews were carried out by a GP their advice was recorded on people's care plans for staff to follow. We found referrals were made as necessary to specialist services, when needed for example the SALT (Speech and Language) team and dieticians.

We spoke with the visiting GP and two other health care professionals during our inspection. They told us they felt there had been considerable improvements to the care provided at the home. One health professional told us, "In the past there were not enough staff and it was very hectic and there are some people with very complex needs. Now the leadership is better and the staff ratios improved." Another health care professional told us; "The care plans have improved and staff are now more receptive to advice."

## Is the service caring?

### Our findings

At the last inspection on 27 and 28 September 2016, we had found a breach of regulations as people and their relatives where appropriate, were not always involved in their care planning. Interactions between people and staff in all units across the service were observed to be limited and task focused rather than person centred. Some people told us staff could be rude. Staff engaged in one to one work did not always know people they were supporting well.

At this inspection on 26-28 April 2017, we found improvements had been made. People and their relatives told us staff were busy and they would like more time with them, but, they were kind and caring. We observed this to be the case across the home. One person said, "Yes they are caring, certainly not doing it for the money." Another person remarked, "The staff are all kind and know me well now." A relative told us, "I think the staff do a good job they are caring and professional." We observed staff supported people in a friendly way. For example, staff shared a joke or held a conversation as they supported people. One person commented, "I can have a laugh with them, it's really good." Where people could not communicate we observed the care provided and saw interactions between staff and people which included laughter and evidenced wellbeing for people. Staff we spoke with told us that the new manager had helped to develop an attitude change with how the home was run. One staff member told us, "The manager has a people first outlook and really makes you think about your job and why you work here." The manager confirmed they had worked hard to develop a change of culture in the home that prioritised the needs of the people living there.

At the last inspection we had found people were not always provided with accurate information about the home. At this inspection we found notice boards displayed activities on offer that were reflective of what occurred that day. People were provided with an up dated service user guide with information about how the home was run.

On the dementia unit in particular we found examples of person centred interactions with people throughout the day in which staff displayed some understanding of their dementia and associated behaviours. We saw some examples of good practice when people were mobilised on this floor as staff explained and reassured them when they used equipment to help mobilise them.

We observed ancillary staff such as the maintenance person, catering staff and domestic and administrative staff knew people and people recognised them positively and staff engaged in friendly interaction when they met people while carrying out their roles across the home.

There was a calm atmosphere throughout the home during the inspection. People were not observed to be rushed in their routines but to be able to go at their own pace. Staff demonstrated a good understanding of the needs of the people they supported and could describe people's preferences and routines; this enabled them to provide personalised care. One person said, "Well, they are still getting used to me, but I would say they are doing a good job". We observed staff showed awareness of people's changes of mood. For example, when a person became distressed, we observed how staff reassured them and distracted them. One to one

staff were knowledgeable about people's needs and preferences when we spoke with them.

People's independence was encouraged, for example where they could participate in events within the community or manage aspects of their personal care. One person told us, "The staff do encourage me to do what I can manage. It's nicer that way." We saw that where appropriate people were offered assistive crockery to enable them to eat more independently.

People said they were treated with dignity and respect and we observed this to be the case. One person commented, "Oh yes, absolutely nothing to complain about that, they knock and ask me permission to come in." On the dementia unit people's bedroom doors had front door knockers which orientated people and also reminded staff that these were people's individual personal spaces. Another person told us, "They knock on my door, they are also very polite with me." We observed staff speaking to and treating people in a respectful and dignified manner. They were aware of the need for confidentiality and spoke discreetly to people about their care and support needs and ensured doors were closed when they delivered personal care. When we spoke with staff they were motivated and had some pride about the quality of the work they did. One staff member told us, "We want to do a good job and make people feel comfortable and cared for. This is their home."

Records showed people and their relatives, where appropriate, had been involved in making decisions about their care. People said they were consulted about their day to day care needs and their views were listened to. For example, one person commented, "Staff ask me and do pay attention to what I want." We saw people were consulted about joining activities or where they wished to spend their time. Relatives told us they were kept informed about any changes to their relative's health care or support needs. We saw that where appropriate relatives had been consulted about care plans and any changes.

## Is the service responsive?

### Our findings

At the last inspection 27 and 28 September 2016 we found a breach of regulation as people's care plans were not always personalised to reflect their individualised needs and preferences. Aspects of the care plan were not always completed to guide staff about aspects of people's care. Pre-admission assessments were not always available in people's care plans to check that their care needs had been fully identified

At this inspection we found that considerable improvements had been made. Care plans reflected people's needs and preferences across all aspects of their care. These had been recently reviewed and were up to date. However there was still some room for improvement with the care plan records in particular on the ground floor unit, at the home. There had been a recent change as people and staff from the top floor brain injury unit had moved to join the unit for younger adults with a range of disabilities. We found there was a wide range of complex needs on this unit as a result of the provider's previous admission decisions. Staff and people were in the process of adjusting to this change. Three people's care plans we looked at on this unit did not always include clear information about their care. For example guidance on how to respond to some behaviours was spread over a number of different areas within the care plan.

At this inspection, we found staff were knowledgeable and responsive to people's needs with regard to their disability, physical health, race, religion, sexual orientation and gender, and they supported people with their individual needs. For example, people were supported to practice their faith and we saw cultural needs with regard to diet or personal care were supported. Where people's first language was not English we saw the home had tried to source staff from the same back ground and where this was not possible basic phrases were available for staff to use to communicate with them. One staff member explained how they used signs to understand what someone was trying to communicate to them.

At the last inspection we found people's opportunities for social interaction and stimulation required improvement because most people were sitting unoccupied for large parts of the day. At this inspection we found considerable improvements had been made but there was still further room for improvement in particular to ensure that activities for people on the ground floor were person centred and reflected their needs and interests.

People gave us mixed feedback about the activities on offer at the home. Most people told us they enjoyed the range of activities provided. One person said, "There are things to do and there is a list up so you can see what is on." However there were people in particular on the ground floor who felt that there was not enough appropriate activities for them to take part in. One person told us, "They do provide activities, but I want to go out to a jazz club and bingo and it doesn't happen." Another person said, "Nothing much happens I sit in my room and do get bored."

We found improvements had been made as there were periods when people were actively engaged and stimulated. There were now three activity coordinators at the home who worked to provide activities throughout the week. They were enthusiastic about their roles. They told us they provided group activities and tried to provide some individual activities for people nursed in bed or who preferred to be in their own

rooms. We observed here were a number of different activities provided throughout the week which also included outside entertainers on occasions. On the dementia floor we observed book club activity and a pampering session that was well attended and people enjoyed contributing to it. On the ground floor we observed baking activities and art work which involved people from all floors who we saw were engaged in the activity.

We observed that some people on the ground floor we recalled from the previous inspection looked visibly happier, calmer and engaged with staff and the activities provided. However other people on the ground floor told us they were bored at times and expressed a wish to be more involved in community activities and to go out more.

We discussed the mixed feedback about activities with the manager who told us they had needed to focus on the dementia unit when they first arrived and saw activities in the home as very much a work in progress. They had started to try and engage the local community and had organised visit from a local church group. They were aware that further work was needed in this area including peoples access to the community and they were looking to provide training for the activity coordinators to ensure they had the skills to meet people's needs effectively.

People and their relatives knew how to complain if they needed to and were confident any problems would be dealt with. Most people and their relatives told us they had not needed to complain. One person told us, "I have not complained, well, nothing big just minor things and they have done something about it, which I am pleased about". There was a complaints procedure in place. We checked the records and found complaints had been responded to in line with the policy and most complaints had been resolved. The manager told us they would be review any complaints to identify any common themes. They had an open approach to identifying any concerns and we saw they shared any learning with staff.

## Is the service well-led?

### Our findings

At the last inspection on 27 and 28 September 2016 we had found concerns about the management of the service. We found serious concerns about aspects of the way the home was run. Systems to monitor and manage risk were not effective. The registered manager's audits carried out across all aspects of the care provided were not effective. The provider had also carried out their own audits however we saw that the issues we had found were either not identified or if they were they were not acted on. We took enforcement action in relation to the seriousness of the breaches we found and restricted new admissions from coming to the home. There was a further breach of regulations as we had not always been notified as required about incidents involving people's health and safety as required under the regulations.

After the last inspection the registered manager had left the home. We had met with the provider in November 2016 to discuss the concerns we had about the home. An area manager had stepped in until a new manager had been recruited and started working at the home in November 2016. There had been regional and operational management support for the new manager. We were aware through our monitoring and from the provider concerns process that the new manager had an open approach to any issues and identified any learning to share with the staff at the home. They were an experienced registered manager. They had applied to become registered manager with CQC. They understood their responsibilities as registered manager and had submitted notifications to CQC as required.

At this inspection we found considerable improvements had been made throughout the home. However, we found on discussion with staff on the ground floor of the home, that they did not always have an understanding of some aspects of people's mental health needs or diagnosis. Two staff members we spoke with were not aware of the meaning of particular mental health diagnoses or signs of deterioration to consider. This had not been identified by the provider's audit of training needs and their quality monitoring following the last inspection. While we were not aware of this directly impacting on people, there was a risk that staff may not be able to recognise signs of mental health deterioration or know how to best respond to aspects of loss that some people had experienced.

While significant improvement to the health and safety systems operated at the home, we found not all the recommendations from the legionella risk assessment had been implemented. It was not clear that the provider's system followed the most up to date guidance on legionella risk management. For example not all the relevant required information was available on site and the water system was not being flushed twice weekly in line with the latest guidance.

Safeguarding investigations had identified some issues with the provider's admission policy and process. The provider had reviewed their policy at the request of the CQC. However, we were not assured, from the amendments made, that learning about the issues had been fully recognised to ensure that risks in relation to any future admissions were reduced.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed this issue with the manager and regional manager and training on mental health was arranged for all staff following the inspection. The legionella prevention regime was changed to comply with current guidance. The regional manager advised they would review their admission policy again.

People and their relatives told us that the home was better run and more organised. One person said, "Yes, I most definitely think the home and the staff are organised and looking after us well." Another person commented, "There have been improvements and changes made. It is better now." A relative told us, "I think things are better now, more organised."

At the last inspection there had been concerns about the health and safety at the home, including systems to manage emergencies and the state of the home's environment. At this inspection we found substantial improvements had been made to the environment and health and safety management across the home. Systems to monitor risks in relation to emergencies were now consistently in operation and a health and safety issue we had identified previously had been acted on. The malodour at the last inspection was no longer present and the carpets had been replaced and a substantial programme of redecoration had occurred across the home. There was now a system to manage health and safety across the home. For example at the last inspection the system to monitor the response to call bells was not operating effectively. At this inspection we found that responses to call bells were now monitored and checked regularly.

We found although the current manager had been in post less than six months considerable progress had been made since the last inspection in terms of the leadership and management of the home. We found there were elements of good and effective leadership at the home. There were different meetings across the home to help communication and help deliver effective care. Regular handover meetings were held between shifts to ensure staff had up to date information about people's needs. Daily flash meetings were held to ensure good communication across all aspects of people's care. Staff meetings had been held regularly and staff told us they felt able to bring up any issues that concerned them. Records of staff meetings showed staff were involved in discussions about the operation of the service and how people were supported. We observed the new manager had taken steps to promote an open environment and a culture of learning for staff and was motivated to provide good quality care.

Staff all spoke highly of the new manager and said they were very approachable and supportive. They said she had made great improvements to the running of the home and encouraged good team work. One staff member told us, "The manager is very knowledgeable and fair, she wants the home to improve and will not take any nonsense." Another staff member, "Things are improving a lot here. The new manager knows what they are doing."

There were audits to monitor the quality of the service and reduce risk. These included medicines audits, infection control audits, regular checks on equipment such as bed rails and pressure mattress and the premises and audits of care plans. We saw that these identified any issues and then action was taken to address the issues. For example a recent infection control audit identified the need for new pedal bins and training for infection control champions. There were night spot checks carried out to monitor the care provided.

People's views about the service were sought through questionnaires and through the running of Resident and Relatives Meetings. We saw these had kept people informed about changes at the home and people's views were sought about the food and refurbishment at the home.

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	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality and safety of the service, assess and monitor risk and to act on feedback on the services provided in the carrying on of the regulated activity were not always effectively operated.  Reg 17 (1)(2)(a)(b)(f)