DFA Care Limited

Darenth Grange Residential Home

Inspection report

Darenth Hill
Dartford
Kent
DA2 7QR

Tel: 01322224423

Date of inspection visit:
05 February 2018
06 February 2018

Date of publication:
28 March 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 5 and 6 February 2018. The inspection was unannounced on the first day. We told the provider and manager when we would return to complete the inspection.

Darenth Grange is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Darenth Grange provides accommodation and support for up to 29 older people. There were 18 people using the service at the time of our inspection. Some people were unable to communicate verbally with us. People had varying needs including diabetes and Parkinson's disease and some people were living with dementia. Some people required the use of a hoist to help them to move from their bed to a chair and vice versa and others required one member of staff to walk with them. Others were able to walk around unaided. Three people had frail health which meant they were cared for in bed. The registered provider had 25 single bedrooms and two bedrooms that could either be used as a single bedroom or shared by a couple. No people were sharing a bedroom at the time of our inspection.

There was a new manager in post, however, they were not yet registered with the Care Quality Commission (CQC), although they had applied to register and their application was in progress. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 5 and 10 July 2017 we found breaches of Regulations 9, 10, 11, 12, 13, 15, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Five breaches had continued since the previous inspection relating to the management of risk to individuals' safety including the safe management of medicine administration and control of infection, consent, person centred care, suitable and safe premises and equipment and governance systems. Three further breaches were identified relating to safeguarding vulnerable adults, dignity and respect and staffing. We placed the service in special measures for the second time and initiated action against the provider. This inspection took place to check that the provider had made improvements in the areas that required improvement.

At this inspection, we found the provider had made a number of improvements within the service, although some improvements were still in progress and further work was continuing.

People and their relatives told us they received care that was safe, effective, caring, responsive and well led.

The provider had taken the decision not to admit any new people into the home since the last inspection. This gave them the opportunity to spend time improving the quality and safety of the service.

At this inspection, we found that sufficient improvement had not been made to ensure people's basic rights were upheld within the principles of the Mental Capacity Act 2005. Some people had not had their mental capacity assessed when required and decisions around consent were not always appropriate.

Although the provider had carried out identified essential work to the premises, further work was required to ensure the premises were of a suitable standard to provide a safe and good quality environment for people to live in.

Improvements had been made to people's individual risk assessments, however further work needed to be carried out to ensure the level of information recorded and the measures to keep people safe were in place and fully accessible by staff.

Risks associated with the premises and environment had been identified and the measures taken to prevent harm had been recorded. However, the detail needed to control some risks was not robust enough to protect people, staff and visitors.

Although many improvements had been made to the quality and safety of the service provided, further action was needed through management and leadership to ensure the progress continued. Monitoring and auditing systems were now used to better effect to inform the improvements required and the action to be taken.

The processes for the administration of people's prescribed medicines was now managed and recorded well so people received their medicines as intended. Regular audits of medicines were undertaken to ensure safe procedures were followed and action was taken when errors were made.

Staff were aware of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff knew what the reporting procedures were and were confident their concerns would be listened to. Safeguarding concerns had been appropriately reported since the last inspection.

The risk of the spread of infection was more adequately controlled. Necessary improvements had been made to the bathrooms and staff had been given responsible roles in promoting infection control within the service.

Daily records to document the care and support provided to people to promote their health and well-being were now maintained appropriately to evidence the care delivered.

The new manager had acted when staff were not performing to the standard expected by using the disciplinary procedures available to them. Staff continued to receive appropriate training and supervision to support their development within their job role.

Suitable numbers of staff were employed to provide the care and support required by the people living in the service. The provider continued to make sure safe recruitment practices were followed so only suitable staff were employed to work with people who required care and support.

People and their relatives gave positive feedback about the kind and caring nature of the staff team. Staff knew people well and now treated people with dignity and respect. People thought they were listened to and were involved in their care and how this was delivered.

People were supported to gain access to health care professionals when they needed advice or treatment.

People and their loved ones were given the opportunity to discuss their wishes and preferences for the end stages of their life and care plans were developed.

The food provided was of good quality and people were happy with the meals and menu choices. Specific dietary needs were catered for and communicated well to the kitchen staff.

A personalised approach to people's care and the development of their care plans was now taken. Social stimulation and the provision of meaningful activity was now a key factor on a day to day basis. Staff took an active role in supporting people to take part.

People and their relatives were given opportunities to give their views of the service through meetings and surveys. People told us they were listened to and their views were taken into account.

Positive feedback was extended from people, their relatives and staff about the new manager and their management and leadership skills. Staff felt well supported by the management team and were proud of their involvement in the improvements made to safe, effective care since the last inspection.

During this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Individual risk assessments required further improvement to ensure they provided the detail necessary to prevent harm. General risk assessments required further detail to provide the guidance necessary to keep people staff and visitors safe.

Medicines were well managed by competent management and staff.

Management and staff had a good understanding of how to keep people safe from abuse and their responsibilities to report any concerns.

There were enough staff available to ensure everyone got the support they required as well as time to provide essential conversation and contact. The provider followed safe recruitment practices.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Further improvements were required to ensure people's basic rights were upheld in relation to the Mental Capacity Act 2005.

The premises required further investment and improvement to ensure it was suitable for the needs of people living in the service.

Staff received the training, supervision and support to make sure they had the skills and knowledge to provide the support people in their care were assessed as needing.

Care plans were in place to provide the information required for staff to provide person centred care and support.

People were very happy with the food and availability of snacks. People's specific dietary needs were assessed and planned for. People were supported to access healthcare professionals when they required.

Is the service caring?

Good

The service was caring.

People and their relatives thought the staff were kind and caring in their approach.

The service had a relaxed and happy atmosphere where staff were encouraged to sit and chat with people by the provider. This supported people's wellbeing.

People were supported to maintain their dignity and independence by being given the time to do as much as possible themselves.

Is the service responsive?

Good

The service was responsive.

People were involved in regular reviews of their care needs. Personalised care was evident.

Opportunities to take part in a range of varied activities were given to people on a daily basis. Staff encouraged and supported people to get involved.

People's cultural needs were addressed and people were asked what their wishes were at the end stages of their life.

People and their relatives knew how to complain and information was provided in a complaints procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Although the provider and manager had made many improvements, further development was required to expand on this.

Many positive comments were received about the management of the service from people, their relatives and staff.

The manager had developed an open culture which had a positive effect on the service.

Quality audit systems were effective in identifying areas for improvement.

People, their relatives and staff were asked their views of the service and opportunities were given to make suggestions for improvement.	

Darenth Grange Residential Home

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 5 and 6 February 2018. The first day of the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience who has experience of family members living in a care home. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with 11 people who lived at the service and three relatives, to gain their views and experience of the service provided. Some people living in the service were not always able to articulate their views, had a poor memory or were too ill. We also spoke to the manager, the deputy manager and four staff. We contacted health and social care professionals including the local authorities' quality assurance team, a hospice specialist care team and Healthwatch to obtain feedback about their experience of the service. There is a local Healthwatch in every area of England. They are independent organisations who listen to people's views and share them with those with the power to make local services better. Their feedback was positive and identified the service had a number of strengths including their caring and personalised approach with people.

We spent time in the communal areas observing the care and support provided and the interaction between staff and people. We looked at five people's care files, medicine administration records, five staff files including recruitment and supervision support, as well as staff training records, the staff rota and staff team

meeting minutes. We spent time looking at the provider's records such as, policies and procedures; auditing and monitoring systems; complaints and incident and accident recording systems. We also looked at residents and relatives meeting minutes and surveys.

We asked the provider to send us some information by email following the inspection and they sent this in a timely fashion.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, on 5 and 10 July 2017 we found that the registered provider was in breach of Regulations 12, 13 and 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. These were in relation to, appropriate action was not taken to identify and reduce risks to individual's safety and welfare; staff did not have access to clear plans for safely moving people; risks relating to dehydration were not appropriately managed; the administration of people's medicines were not managed safely; the prevention of the spread of infection was not adequately controlled; people were not safeguarded appropriately from abuse and disciplinary procedures to address the poor performance of staff were not used.

At this inspection we found many improvements had been made to, the management of people's medicines; the safe movement of people; the safe management of people's fluid intake; the control of infection; safeguarding people from abuse and the management of poor performance of staff. Improvements had been made to reduce the risks to people's safety and welfare, however further improvement was required.

People told us they felt safe and were happy living at Darenth Grange. People who were not able to articulate they felt safe indicated it by their interactions with staff and other people. Among the comments we received from people were, "Oh yes I'm happy and safe and get all the help I could wish for"; "I can just tell the girls when I'm worried and they look after me very well" and "I get all the help that I need here, and I have all the confidence in the world with the staff, I have never felt threatened or unsafe and I would jolly well let them know if I did".

People's relatives told us they felt sure their loved ones were safe living in the service. The comments we received from relatives included, "We feel that mum is one hundred and fifty percent safe here and we have never looked back"; "They have taken very good care of mum and we have always felt that she is safe here, it has taken the strain off us and we could relax knowing mum was in safe hands and being cared for to a high standard" and "I can relax knowing that she is safe now and very well cared for, I just could not provide the level of care that they do here".

Individual risks were now assessed and steps were in place to keep people safe and prevent harm. However, further improvements were required to make sure all risks had been fully assessed and the information was available to staff to provide safe care. The provider used an electronic care planning and recording system to document the care people needed and received. Some alterations were required to the system to make sure all staff could determine what the risks were and where to find the management plan on the system to protect people. A falls risk assessment was in place for one person which identified they were at high risk of falling over. This was stored in the 'risk assessment' section. The steps in place to keep the person safe and prevent falls was in a different part of the system, under 'care review' and 'mobility'. The measures in place to prevent the person falling over was in a box called 'action to take', it was not clear this was part of the risk assessment. The assistant deputy manager told us staff knew this was where to find the information. However, it was not an obvious route for staff to take to find the plan to keep people safe from harm. The

information could easily be missed and new staff may not find the correct information in a timely manner to prevent harm. The assistant deputy manager contacted the IT company who installed the software during the inspection and asked them to investigate and come up with a solution.

People who were cared for in bed had a risk assessment to protect them from acquiring pressure sores. Where air mattresses were used as one of the measures to prevent pressure areas, improvements had been made and these were now set correctly using the person's weight. Staff were required to check the mattresses daily to make sure they were set appropriately and working correctly. People who needed support to move around had an individual risk assessment to prevent harm while using the aids they had been assessed as requiring to support their movement. People who were at risk of malnutrition and dehydration had a risk assessment to prevent further deterioration in their health through not eating and drinking. Some individual risk assessments had not been reviewed and updated. The manager had prioritised those where there was a more urgent need for review. Staff did know people well and were aware of risks as these were discussed during change of shift handover meetings. Although many risk assessments had been reviewed, this posed an element of risk for some people until this area of work was complete.

The provider had a number of environmental risk assessments to identify risks around the premises and had put measures in place to prevent the risk of harm to people, staff and visitors. All risk assessments had been reviewed in January 2018. Some environmental risk assessments were basic and did not adequately assess and provide appropriate measures to control identified risks. One example covered the passenger lift breaking down, developed since the last inspection in July 2017 when the lift had broken down and guidance was not in place for staff to follow. The guidance to follow did not give clear direction what staff should do in this event. We spoke to the manager about this who agreed the environmental risk assessments did need further improvement.

Most people had been assessed as requiring staff support to evacuate the building if a fire broke out or some other emergency situation developed. People had an individual personal emergency evacuation plan (PEEP) in place. A PEEP sets out the specific physical, communication and equipment requirements that each person has to ensure they could be safely evacuated from the service in the event of a fire. Some PEEP's did not have the detail required to make sure people with complex mobility needs could be evacuated safely from the building. We spoke to the manager about this who agreed and said the PEEP's that still required a review would be completed.

Improvements had been made to the management and administration of people's prescribed medicines. All senior staff who were responsible for administering people's medicines had their competency checked by the provider or the manager as well as undertaking medicines training. The ordering, storage and returns of medicines were well planned and documented. Medicines administration records (MAR) were neat and legible which meant errors were more easily identified. People had an individual care plan and a risk assessment to address the support required with the administration of their medicines. Where people were prescribed medicines 'as and when necessary' (PRN), guidance was available to staff to know when to offer people their PRN medicines. For example if people were able to say if they were in pain or if staff were required to assess if a person was in pain as they were unable to verbalise this. Staff took their time when administering medicines and did not rush people, making sure they had the time to take their medicines comfortably. People told us they got the support they required with their medicines. One person said, "We do have a chat about the pills and what they're for but I have forgotten now". Another person told us, "I know I can always get help if I had a pain or a headache and the staff will come with the remedy".

Regular audits of medicines were undertaken, checking the stock of medicines to ensure they tallied with the records. MAR's were checked to make sure there were no gaps or other errors. Where areas for

improvement were recognised through audits, action had been taken to address these. For example, an issue had been noted with the storage of prescribed creams. Records showed that action had been taken to ensure these were stored securely and not left in people's rooms. People were now kept safe from the risks associated with prescribed medicines.

Staff had improved their record keeping in relation to documenting the food and fluid intake of people who were at risk of malnutrition and dehydration. Records now showed clearly the food people had eaten, the drinks they had taken and the total amounts of fluid taken in the day. This meant the manager was now able to monitor people's intake and seek the advice of a health professional such as a GP or dietician if they had concerns. A relative said, "We have noticed how organised things are now, like mums charts and probably knowing how much she eats and what her weight is like has been clearer for us to take note of".

Staff received training in safeguarding vulnerable adults and they were able to share their understanding with us. They described how they would report concerns and were confident the manager or the provider would deal with any issues raised straight away. There was evidence that staff had reported concerns of a safeguarding nature to the manager and these had been dealt with appropriately.

The manager and the provider had taken disciplinary action with staff when their performance was not at the expected or required standard. This meant that staff were now supervised more appropriately and action was taken when staff performance was below that expected to provide a good quality service to people. The staff we spoke with were positive about this, saying it made a more pleasurable and open working environment as staff who behaved inappropriately were dealt with.

The manager had introduced an infection control lead among the staff team to take responsibility for this area. Two staff had been identified for this role to make sure the responsibilities were not missed at times of absence such as annual leave or sickness. Housekeeping staff had schedules to ensure thorough cleaning was completed. These included deep cleaning of bedrooms, carpet cleaning and cleaning of skirting boards and high coving. One person required the use of a full hoist with a sling so they could move from one area to another such as from their bed to a wheelchair and then from the wheelchair to an easy chair in the lounge. We asked a member of staff about the sling and if it was used just for that person. The member of staff told us it was and the sling was kept in the person's bedroom to make sure it was not used by another person. This meant the risk of cross infection from one person to another was minimised by making sure slings were not in communal use.

Accidents and incidents had been recorded by staff and the manager had checked each incident and signed to show they had carried out the review. Action taken as a result of the incident had not been recorded. However, the manager completed a falls analysis each month and where trends had been identified, the action taken to prevent further falls had been recorded.

Suitable numbers of staff were available to provide the care and support people required at the time of inspection. The provider employed housekeeping staff to provide the cleaning services, three housekeepers were on duty each weekday and one each weekend day. One laundry assistant was on duty each day throughout the week to wash and iron people's clothes and bedding. One cook was on duty every day plus a breakfast assistant to assist during the busy early morning period. This meant care staff could concentrate on providing care and support to people as they were not required to carry out cleaning and cooking duties. The provider and manager were aware they would need to recruit new staff when they planned to admit more people into the service. At least one member of staff was present in the communal lounge at all times throughout the two inspection days. Most of the time more than one staff member was available in the lounge area, sitting chatting to people or supporting with activities.

The provider continued to follow safe recruitment practices to ensure that staff were suitable to work with people living in the service. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding. Application forms were completed by potential new staff. Gaps in employment were explored with the person by the provider or manager. The provider had made sure that at least two references were checked before new staff could commence employment. The provider was still following safe recruitment policies and guidance when employing new staff to the service.

The provider carried out weekly or monthly fire safety tests as appropriate. A weekly check of the fire alarm system was completed each week. Checks of the emergency lighting and door closures were undertaken monthly. Fire evacuation drills were carried out regularly. The recording of these were not detailed to provide the information necessary to monitor and make improvements to the responses of staff and people to the practice drill to make sure people were kept safe. We spoke to the manager about this who agreed and said they would devise a better format to record and learn lessons from. All essential servicing of fire systems and appliances were carried out at the appropriate regular intervals as advised by trained technicians in the field.

One of the providers took care of the maintenance of the premises. They were in the service each day carrying out repairs and responding to maintenance issues. They made sure servicing of equipment and utilities were carried out at appropriate intervals by the appropriate professional services. The maintenance person carried out essential testing such as checking water temperatures regularly as required.

Requires Improvement

Is the service effective?

Our findings

At our last inspection, on 5 and 10 July 2017 we found that the registered provider was in breach of Regulations 11 and 15 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. These were in relation to, ensuring compliance with the requirements of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards and the premises were not suitably maintained and safe for people to use.

At this inspection, we found that improvements had been made to ensuring people's rights were upheld under the principles of the MCA 2005 and some improvements had also been made to the upkeep of the premises. However, further improvement was required in both areas.

People were confident the staff were effective in delivering their care and support and knew what they were doing. The comments people made included, "I am fully confident that the staff know exactly what they are doing at all times and they are here to support and look after us. I get help when and if I need it to wash and I am left to my own devices if I wish it to be that way"; "The staff are very helpful and do always manage to help me in the way I find most comfortable" and "The staff are brilliant they help us as much as we need them or leave us in peace if we prefer".

The MCA 2005 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. Some mental capacity assessments were still in place that had not been appropriately completed as they were not specific to a particular decision. The principles of the MCA 2005 require that assessments to determine people's mental capacity should be decision specific. This is because people may be able to understand and retain information for some less complex decisions and not be able to for others. One person told us, "I want to make my own decisions, but someone always helps me along as I do get in a dreadful muddle". Some assessments were not dated or signed even though they were stating the person did not have capacity to make decisions. Others were dated. One assessment dated 23 October 2017 showed there continued to be a lack of understanding of the principles of the MCA 2005 amongst members of the management team who had signed them. People's ability to consent had been documented through the electronic care planning system. The records made on the system showed an improvement from the previous inspection in July 2017. However, sufficient detail required to make sure people's basic rights were upheld was not evidenced. People had been asked their consent to, be checked by staff at night; having closed circuit television cameras (CCTV) in the communal areas. One person's record showed they had consented to both the above by using a gesture indicating yes. Mental capacity assessments for the person were limited and were restricted by the system in place. However, the assessments did say the person was unable to retain the information and did not have the capacity to consent. This was contradictory to the consent given by gesture. People were seen to have bed rails in place, however there was no evidence that consent had been sought to use these. More work was required to ensure the appropriate methods were used to ensure people's rights were upheld under the principles of the MCA 2005.

Some staff did not have a good understanding of the principles of the MCA 2005, although they told us they remembered having training on the subject.

The registered provider had not ensured people's basic rights were upheld within the principles of the Mental Capacity Act 2005. This was a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities in making sure people's rights were upheld. Appropriate DoLS applications to the supervising authority had been made and kept under review.

The provider had made improvements to the environment following the inspection in July 2017. Concerns around the premises highlighted at the last inspection that had since been rectified included that, fencing had been added to an area of the garden to provide a secure area for people to access as they wished; flooring had been replaced in one person's bedroom and in identified bathrooms; a wash hand-basin had been added to a bathroom; new toilet seats had been added to identified toilets; hot water pipes were now lagged throughout the service; dementia friendly notices had been added to bathrooms and other areas of the service and gloves and aprons were stocked in dispensers on walls around the service, providing easy access for staff. However, further investment and improvements were necessary to provide a safe and comfortable environment for people living in the service. We found that, in one shower room a seat had rusty legs, the lock on the door did not work and the red emergency cord was broken and on the floor. Metal window frames were rusty and paint peeling; a number of sash windows had broken ropes meaning they would not open and some had been wedged open; a number of bedroom windows were in a bad state of repair with paint peeling; a number of pipes had now been boxed in but not to a suitable standard as a sealed surface for easy cleaning had not been created and porous materials had been used which meant a good standard of cleanliness could not be maintained to prevent infection.

A risk assessment for the control of infection had been completed, covering the risk of cross contamination and the need for personal protective equipment (PPE). However, the risks associated with the worn areas of the property that were hard to clean, particularly the sluice room and bathrooms was not covered in the risk assessment.

The provider and manager agreed further investment was required to continue the improvements made since the last inspection. They developed a service improvement plan identifying the work required, the action to be taken and prioritised timescales to show when the premises would eventually be improved to a good quality standard throughout. The improvement plan was presented before the end of the inspection by the provider. The provider therefore agreed improvements were needed to the premises and had a plan in place to undertake the work over a period of time.

The provider had introduced an electronic recording system to store people's care plans and associated documents before the last inspection in July 2017. At that inspection, the documents had not been fully completed and many areas were not documented meaning there were gaps in people's records. At this inspection, the management team had made improvements, making sure care plans were updated with the information required for staff to be able to support people in line with their assessment and wishes. Some improvements were needed to the care planning system, however, significant progress had been made since the last inspection. The provider hoped the electronic system would eventually save staff time to enable them to spend more time with people.

People's needs were assessed regularly in order to update the care plan. The provider and manager had been working to re assess each person's needs since the last inspection to make sure the information available to provide care and support to people was relevant and current. This was still a work in progress as assessments continued to be reviewed and care plans updated.

People's care plans now included personalised information on all aspects of their physical, mental, emotional and social needs. Each care plan showed details of how to support people including, mobility; nutrition and hydration; continence; hearing; sight, oral health; skin condition; foot care; sleep; physical health; medication; mental health; personal care; social and cultural and emotional health. People were assessed as having a high, medium or low need, or if they had no support needs, in each area. One person required a high level of support with their continence needs as they were incontinent. Their care plan described the type of incontinence pads they wore and how this changed at different times of the day or night. Staff were given guidance through the care plan how to care for the person, who was cared for in bed, to change their pads by moving them from side to side with two staff. Some people had medicine controlled diabetes. Guidance was documented in the care plan to ensure they received the support they required to maintain their health and well-being and to avoid any deterioration in their condition. Specific individual care plans were in place to provide the information required to support people living with dementia well. For example, staff were prompted to remind people what the time of day was and what activities were on that day as well as making sure people remembered where their bedroom was, or where the dining room was. One person had lost their sight and was cared for in bed due to deteriorating health. Their care plan guided staff to talk to the person as soon as they knocked and entered their room, letting the person know who it was and what they were going to do. Their care plan advised staff to only switch the light on once they had told the person they were going to do this as the person liked to know when the light was on. Staff bathed the person's eyes once a day and more if required. A member of staff told us, "The care plans are much better, more information, and we all record better now".

People received support from staff to maintain their health and well-being. One person told us, "The staff do listen when I say I am not feeling on top form and they will even call a doctor or nurse too". Health care professionals were contacted by staff when necessary to ensure people received the advice and treatment they required. One relative said, "I do get a phone call if they are worried and I am quite happy to come in if they think it helps but usually they are better than I am at keeping her happy and content". One person's health had deteriorated significantly. Their care plan showed they had been reviewed by the GP and a specialist hospice care team was involved to provide the person with expert care and make sure staff had access to professional advice.

People were more than happy with the food provided and the menu choices available. We did not receive any negative feedback. The comments people made about the food included, "The food is delicious and lots of it"; "I like the food and especially going into the dining room for a change of scenery" and "We can always ask for more if we are a bit peckish and we have coffee and biscuits in the mornings or whenever we feel like a quick snack".

A relative told us, "The food is marvellous, and we always get offered something and I have even had lunch here with mum in the past. It's not like hospital food it is fresh and appetising".

People's specific nutritional and hydration needs were assessed and recorded in the care plan to give staff the information they needed to make sure people's health was maintained. People who were receiving care at the end of their life had care plans in place regarding their nutritional and fluid intake, that changed dependant on their health and ability each day. Some people were able to take only small amounts of fluid and no food and others continued to enjoy eating a small meal and could take fluids regularly. Some people

required a soft diet to protect them from the risk of choking. This was clearly recorded and kitchen staff had access to each person's up to date dietary needs. People's favourite food and drinks were recorded and those they did not like. This helped staff to encourage eating and drinking if people were reluctant and were no longer able to express their preferences. One person who was on a soft diet liked sweet foods and particularly liked porridge and another soft cereal. They also liked tea with two sugars. We saw staff assisting the person to eat one of these foods for breakfast.

Photographs of meals were available on hand sized cards so staff could show people who may not understand or remember a particular meal when making their menu choices. The manager told us the picture bank was not yet complete and needed to be added to, however many meals were shown in picture format. People chose to eat their meals in the spacious dining room. Only those cared for in bed did not sit in the dining room. Those who chose to stay in their rooms the rest of the day chose to eat their meals with everyone else at a dining table. No one was kept waiting for their meal, they were proficiently served from a serving area and drinks were offered as soon as they sat down. Staff stayed with people who required assistance to eat their meal until their food was finished, making sure their meal did not go cold. Staff encouraged people to be as independent as possible, with no sense of rushing.

Staff told us they continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. New staff received a full induction into the service and their new job and a period of shadowing more experienced staff until they were confident and competent.

New staff were expected to complete the care certificate within the first three months of the commencement of their employment to ensure they could meet the standard and acquire the knowledge expected. The manager monitored their progress, supporting their completion. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The provider and manager monitored the performance of new staff and carried out probation reviews before confirming their permanent employment. Where staff had not completed their induction satisfactorily, for example had not completed the care certificate, their probation period had been extended.

Staff continued to have regular one to one supervision meetings and an annual appraisal of their work performance with one of the management team. This was to provide opportunities for staff to discuss their performance, development and training needs and for the manager to monitor this. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff were supported in their role to make sure they had the skills and experience to provide good quality care and support to people. A healthcare professional said, "Staff seem to know what they are doing, no problems. If I ask for anything they know where it is, where to find things".

Good

Is the service caring?

Our findings

At our last inspection on 5 and 10 July 2017 we found that the registered provider was in breach of Regulations 9 and 10 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. These were in relation to, people were not provided with appropriate opportunities to make decisions about their care; people did not have care plans that reflected their preferences and wishes for their care at the end stages of their life and people were not treated with dignity and respect.

At this inspection we found that improvements had been made in all these areas. People were now involved in decisions about their care and care plans were in place detailing people's wishes at the end stages of their life. Staff treated people with dignity and respect.

People were overwhelmingly pleased with all the staff, we received no negative comments. The comments we did receive included, "The girls all know me well and always ask if I need anything or will go and get it if I do"; "Yes the staff are all very kind and friendly, like family really"; "Oh yes the staff are so kind, always. I am never left to dwell on my own, they make sure I am in the hub of things and being looked after"; "As kind as you like, always, without exception"; "I can be quite stubborn you know but not once have the staff snapped or groaned at me, not once" and "I chose to live here, I didn't need to and I chose it because I knew it from past experience and knew it was a kind and caring home for all the residents".

Relatives were also very positive about the staff friendliness and attitude. The comments from relatives included, "The staff are amazing, nothing is ever too much trouble. We come in at all hours and we are always welcomed but mum is also always comfortably dressed, hair done and clean. They respect the residents and I have never seen anyone in dirty or soiled clothes or noticed any smells anywhere"; "The staff are all angels, every one of them without fail. We simply could not have done without them" and "The staff are always very kind and caring when I come here and I know they are extremely patient, I can see that when I'm here".

A member of staff said, "We want the home to be good and I think we are definitely on the way up". A healthcare professional told us, "Staff are caring and friendly. I am always made to feel welcome".

Staff clearly knew people well and we saw many caring exchanges between staff and people. Staff were clearly making sure people knew what was happening and checking they were comfortable. Staff supporting people with a hoist or standing aids gave plenty reassurance, making sure people knew when they were about to move or when they were moving the hoists up or down. A relative told us, "I have always seen great patience and care being taken when lifting people in those contraptions (hoists), I would feel most uncomfortable and frightened but the staff are so calm and supportive they make it look easy and trouble free".

People were supported to maintain their independence with encouragement and support. People were not rushed, staff took their time to make sure people were confident to do as much for themselves as they could.

One person was upset as they thought they were going to be on their own in the lounge area and worried they wouldn't know people. A member of staff saw this and bent down to speak to the person. The staff member was very reassuring, explaining that it was still early morning and some people were having their breakfast so they would all start to come into the lounge very soon. The staff member spent time making sure the person understood and had retained the information before moving off.

One family was visiting their very ill loved one during the inspection. A number of family members were present. The family were all made to feel welcome and supplied with cups of tea and sandwiches as well as areas to rest in if they wished.

People and their relatives were now involved more in planning and reviewing their care and this was still in progress. People were given the opportunity to make changes to their plan of care. Relatives were invited to suggest changes where relevant and were able to give their views. The manager had introduced a key-working system. A key-worker is the focal point in the care team for an individual living in the service. The key-workers were responsible for reviewing and keeping the care plan up to date by having monthly meetings with people. The system was still being developed, however, monthly meetings had been recorded. The key-worker recorded all the key information for the month including the person's weight, health appointments, outstanding health issues and treatment and accidents and incidents and their outcome. The monthly meeting between people and their key-worker informed the care plan review if changes were required.

People told us they were treated with dignity and respect by all staff. One person told us, "They always knock on my bedroom door, they always ask before I start to get dressed, but I do need help and we do it together". Another person confirmed, "They (staff) always knock on my door before coming in and respect my dignity and privacy". A relative told us, "I have noticed how patient they are before entering bedrooms too, they will always wait for an answer before entering which is very respectful and how one would like to be treated". We observed what people had told us. Staff were knocking on people's doors and calling their name when entering their room. Staff were speaking quietly to people if they needed to ask a personal question in the communal areas. We saw staff asking people if they could take them to their room to provide support or speak about a personal issue.

Good

Is the service responsive?

Our findings

At our last inspection on 5 and 10 July 2017 we found that the registered provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The breach was in relation to, people did not have personalised care plans that ensured their care was provided in a way that met their individual needs and people did not have their social needs met.

At this inspection we found improvements had been made. People's care plans contained more personalised information in order for all their needs to be met. A greater emphasis was placed on ensuring people's social needs were met and people had more opportunities for stimulation.

People and their relatives confirmed they were involved in the development and review of their care plans, making sure their choices and preferences were met. One person said, "I am fully involved with my care plan, I am supported in exactly the way I chose". A relative commented, "We have been fully involved with mums care and care planning throughout. They always keep in contact with us and explain everything that is being done for mum".

People's care plans were now reviewed to take account of changes to their assessed needs and to changes in their circumstances. One person's health had changed and they had become more frail. Their care plan had been updated more than once over a four week period to explain and record the changes to their assessed care needs. This enabled staff to have up to date information to provide the appropriate care required on a day to day basis. People were involved in reviewing their care plans where possible, if they were able to take part. Relatives were asked their views or if they had anything to add or change. People or their relatives signed to say they had been involved in reviewing their care and support needs. One person was not able to be involved in their review as their health had deteriorated and they had become very frail. The person's son had signed their care plan review on 3 February 2018 and said they agreed with the changes. A relative told us, "We are fully involved with mums care plan and they adapt to help mum in the way she needs supporting and have changed accordingly as her needs have changed and increased".

Personal information including people's life histories was included in their care planning information to provide a more person centred approach to their care. This included, people's childhood and siblings; their work life and occupation; if people had a life partner or were married; children and grandchildren and hobbies and interests. Other important information to support a greater understanding of people included, their daily routine and likes and dislikes such as the time they liked to get up and go to bed and the types of clothes they liked to wear. Staff had improved their record keeping around people's preferences for a bath or shower and how often they liked to have either. Records were now kept of when people had a bath or shower, which was based around their preference and when people had refused so their personal care and hygiene could be monitored. One person told us, "Yes I am still asked how I would like to be supported and my likes and dislikes change like anyone's would and the staff always check with me about things. For example, I liked reading a certain newspaper when I arrived here and now I like a different one so they make sure I get the one I want now. I may change my mind again and I am sure they will adapt". Staff were still in the process of gathering this information for some people to complete the document. Some records were

awaiting information from family and friends where people could not complete themselves and others proved more difficult as they had very few family and friends able to help.

People were asked if they had a religious faith and if they required assistance with their cultural needs. Some people said they did not practice a religion and others said they did but did not attend a place of worship. Where people did require the support of staff this was recorded and plans were put in place. One person said, "I did like going to church but frankly I am as happy watching songs of praise now which the girls always make sure I can do on a Sunday evening" and another person told us, "We can go to church and we can have a service here too".

Some people required specific care as they were nearing the end stages of their life. This was recorded in their care plan. A specialist hospice nursing team visited people and kept in touch with staff by telephone to discuss the interventions and changes required to people's care plans. Where people were able to take very little fluids, a plan was in place to ensure staff regularly moistened the person's mouth with special swabs for this purpose. This prevented people getting a sore mouth and dry, cracked lips. We saw staff carrying out this intervention on a regular basis and recording in the daily records when completed. People and their relatives had been asked where they wished to spend their final days so the manager and staff could endeavour to support their decisions. One relative told us, "Everything has been explained to us from the beginning and especially from the beginning of mum's decline, so we know what to expect and also know they are doing the best they can to keep her pain free and comfortable". Another relative said, "We discussed end of life with mum earlier on in her dementia and we then discussed it here when mum arrived and together we sorted out the best plan as of course we had never had to plan anything like it before".

The provider employed two part-time activities coordinators who between them covered each week day. Care staff were also expected to get involved in planning and taking part in activities. This worked well, staff were completing activities such as word searches that everyone could get involved in. Participation in the lounge was high and people enjoyed calling out the words they had thought of. The provider had a range of DVD films and a film was shown each day. A member of staff gave people a choice of a few films that had not been viewed over recent days. A consensus was reached over what to watch and people sat enjoying a classic film they all knew. At least one member of staff sat and watched with people, helping to create a conversation about various aspects and encouraging people to sing along. Two people were sitting at the back of the large lounge. A member of staff encouraged them to move nearer to the television so they could enjoy the film better. Reluctant at first as this was their preferred seating, they agreed to move with gentle encouragement, just to watch the film. Following the move both people were very happy as they could see and hear the television better.

One of the activities coordinators was playing the piano in the lounge during the afternoon of the first day of our inspection. People made requests for their favourite songs and were really enjoying listening to the popular songs they knew, looking happy, singing along at times. On the second day of inspection the provider encouraged one person to sit and play the piano. The person was reluctant at first as they were concerned they would have forgotten how to play well. They did agree and with continued encouragement started to play, reading the music. The provider said the person was regularly encouraged to play but did forget this and worried about their ability but it always came back to them once playing. The manager and staff encouraged another person to get up and dance as this was a favourite pastime of theirs.

External entertainers provided extra activities such as motivation, arts and crafts, exercises and music and singing. An arts and crafts activity was in progress on the second day of inspection. The external provider clearly knew people well and helped them to engage in the activity by encouraging their strengths. Two staff were assisting and helping people to complete the tasks, then a third member of staff joined in. This meant

people had the support available to join in the activities on offer and not be left isolated or bored.

Staff told us the activities available to people and the support in place to help them to get involved had improved significantly. One member of staff said, "We all have to get involved and [The manager] comes and checks we are doing it right. It is much better for people, they are far more involved now". People were given ample opportunities to engage in various activities to aid social stimulation on a day to day basis, supported well by staff involvement and encouragement.

People and their relatives were aware of how to make a complaint. Information about how to complain was provided for people in the service brochure and around the service. One person told us, "I would talk to anyone who is here on duty if I was unhappy about anything or about how I was being treated". A relative commented, "We have never had to complain but anything we need to know we can just ask, we did ask for mum to have better storage a while ago and they helped straight away with a different cupboard which was very pleasing". Only one complaint had been received since the last inspection. Records showed this had been investigated thoroughly and the complainant had been responded to appropriately with the outcome of the investigation.

People's records were treated with respect. Staff accessed people's computerised records by using their own pin number. All paper records and files relating to people were stored in locked filing cabinets and offices. This kept people's records confidential.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 5 and 10 July 2017 we found that the registered provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This was in relation to, the registered provider had not met the warning notice served for a continued breach of Regulation 17 following the inspection on 4 November 2016; the service was not managed in a way that delivered consistent safe and effective care to people; effective governance systems were not in operation and had not identified shortfalls in the quality and safety of the service and accurate records were not kept for the purpose of running the service.

At this inspection we found many improvements had been made as shown throughout this report. A new manager had been employed since the last inspection. They had made many positive improvements since taking up their new position. However, further improvements were required through management and leadership to ensure the continued quality and safety of the service.

People who were able to tell us their views about the management and leadership of the service were positive. People knew the provider and the manager as both were involved in the home on a day to day basis, speaking to people and checking the environment. One person told us, "I think the manager is very approachable and very easy to talk to but she also knows what is what with running the place and keeping the staff happy too".

Relatives felt the service was well managed and had noticed improvements since the last inspection in July 2017. One relative said, "It seems to be ship shape now I would say, she has everything under control and all the staff working as a team" and another commented, "The staff are all organised now and know what they are doing and what they are meant to be doing. The timings of the daily routine seems more structured now".

A range of audits were in place to monitor the quality and safety of the service provided and these were now used to better effect since the last inspection in July 2017. The areas checked included, People's care plans; medicines management; maintenance; health and safety; fire safety; falls; accidents and incidents and infection control. The staff member or member of the management team undertaking the audit completed an action plan where improvements were required. The manager had given some staff the responsibility of carrying out audits as part of their personal development and to increase responsibility and involvement in the service. The manager told us they were continuing to review and develop the monitoring documents and timetable to provide a more robust system to ensure better quality and compliance.

Staff told us they had seen significant improvements since the last inspection. They described being shocked and upset at the time of the last inspection, but agreed improvements had been required. The staff we spoke with said the improvements had been as a result of the appointment of the present manager. The comments we received from staff included, "The manager has made a big difference. [The manager] is knowledgeable and professional. She knows what she is doing"; "There have been lots of changes for the better. We all have to do the paperwork. [The manager] checks and we soon get told. I think this is very

good, for all of us"; "There have been many improvements, it's like a different home"; "There is much better team working now and staff pulling together. We all work as a team. That wasn't happening as much"; "[The manager] has experience and that shows"; "Things are much more organised since [The manager] has been here"; "The service is well managed now. We are all contributing to improvements" and "They have been upfront with everyone, staff and relatives and that's a good thing".

The manager held regular staff meetings to provide a forum to share information and updates and to instill the expectation of good teamwork and responsibility for quality across the team. Key areas discussed included care planning and the importance of the MCA 2005 in their role. The manager had used one team meeting to provide a coaching session around the key points of CQC inspections, regulation and what the manager's expectations of staff were. Another meeting showed the manager held a coaching session around team behaviour and undertook a team building exercise. The management team met regularly to plan improvements and share their views and findings from staff supervision and audits. A member of staff said, "We have very regular meetings now and are able to raise concerns or ideas for improvement. We are encouraged to be involved".

Staff had been given tasks and responsibilities to carry out on top of their caring role to increase their skills as well as their involvement and responsibility within the service. Two members of staff were tasked with a planned garden project and getting people involved; two staff had been asked to plan an Easter fete; others with a summer garden party and a royal wedding party. Staff were also given other duties such as undertaking some audits. Staff told us about their extra responsibilities. One member of staff said, "We all have jobs to do and have to take responsibility. We have never done that. It took some getting used to but I am really pleased, I like it".

The provider and manager held regular meetings, every month, with people in order to gain their views of the service and to feed back their suggestions. One person told us how they were asked their views, "Yes I am listened to, not only am I listened to but they seek my opinion too which is flattering". People regularly received updates about the service, such as the CQC inspections and the manager's plans for improvement. People had the opportunity to put forward their suggestions for activities such as theatre trips and boat trips and give their feedback about external entertainments and food menus. Four theatre trips had subsequently been booked for April, two in June and September 2018. Four boat trips had also been booked in 2018 since the meeting where it was discussed. One person had suggested visits to stately homes and the manager was busy researching this during the inspection. Improvements suggested included new 'comfortable chairs' in the lounge. We saw this was included in the providers improvement plan. Relatives meetings were also held each month so the manager could keep them informed and created an opportunity to give their views of the service. The provider and manager gave updates on their improvement plan following the last CQC inspection and discussed other updates about the service provided to their loved ones. A relative told us, "We feel completely at ease talking to all the staff and we feel that we are always listened to and we are also asked for our own views and ideas. We have resident/relative meetings at least every quarter and we do keep in touch with most of the other relatives too and it really seems that there are no worries or complaints". Another relative also said, "I am asked my views and I also come to the meeting where we are all asked and we all discuss what we think could be done, should be done and what is being done well".

People were asked to complete a satisfaction survey once a year. The provider completed an analysis of the results and comments. The latest survey had been sent out in January 2018 and the final completed questionnaires had only recently been returned so the analysis had not been completed. We looked at the returned surveys and found the feedback had been good in all areas. One person had made one comment that was less than positive and the manager had started to look into this to provide a satisfactory outcome.

The manager had given two staff the task of developing a monthly newsletter, mainly for relatives but for people and other visitors too. The third newsletter was being finalised at the time of inspection and we were told it was a work in progress, staff were learning as they went along. The newsletter contained photographs and descriptions of activities undertaken the previous month with the following months events announced. The manager said the intention was to keep family members in touch – particularly those who were not able to visit through the day so did not see their loved ones involved in activities.

A healthcare professional told us, "I go to a number of homes in this area and this one does not give me any concerns". Another health care professional commented, "I have found that they offer a comfortable friendly place to live for the residents, and offer good quality food and they have a very good relationship with the residents and relatives".

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 11 HSCA RA Regulations 2014 Need for consent The registered provider had failed to ensure people's basic rights were upheld within the principles of the Mental Capacity Act 2005.