Corvan Limited

Cordelia Court

Inspection report

182a Shakespeare Street
Coventry
West Midlands
CV2 4NF

Tel: 02476636868

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of Cordelia Court on 5 and 7 January 2016. The inspection was unannounced.

Cordelia Court provides personal care and accommodation for up to 23 older people including those living with dementia. Accommodation is provided over two separate floors. There were 21 people living at Cordelia Court when we inspected the home.

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

At our previous inspection on 22 and 27 July 2015, the provider was not meeting the required standards. We identified five breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Two of these were breaches repeated from previous inspections. We issued a warning notice in relation to, "Good governance" and we met with the provider and asked them to take the necessary steps to ensure the required improvements were made. We asked the provider to improve staffing arrangements, the care provided to people, the arrangements for safeguarding people from risks and abuse and to ensure people's privacy and dignity was maintained. The provider was also required to develop systems and processes to check and improve the quality and safety of the care and service people received. The provider sent us an action plan which stated all of the required improvements would be undertaken by the 30 November 2015.

During this inspection we checked improvements had been made. We found sufficient action had been taken in response to the breaches in regulations and the warning notice issued. However, there were some areas where further improvements were required. The provider had plans in place for on-going improvements to be made.

Overall, staff were available at the times people needed them. Since the last inspection staffing arrangements had been reviewed and additional staff were available to support people during busy periods. However, a further review of this was needed to ensure that there were enough staff to support people in the lounge at the required times.

Risks associated with people's behaviours had reduced. People were calmer and staff were more attentive and responsive when people showed signs of anxiety. This helped to prevent their behaviours from escalating. Risks associated with people's care were mostly detailed in risk assessments within people's care plans. However sometimes written guidance for staff about how to manage these risks was not clear. Despite this, staff had a good understanding of people's needs and how to keep people safe. People

received their medicines as prescribed and medicines were stored safely.

Staff had completed further training to help them carry out their roles more safely and effectively. This included training linked to the care needs of people in the home such as dementia and managing behaviours that were challenging to them and others. This training had supported staff to deliver more person centred care to people. The registered manager regularly checked staff had learned from their training through competency checks, supervision meetings and observations of their work.

The registered manager understood their responsibilities in relation to the Mental Capacity Act (2005). Where people lacked capacity to make decisions, the correct action had been taken for restrictions in people's care to be authorised. Staff understood their responsibility to seek people's consent before they delivered care.

People told us they were satisfied with the food provided and they had enough to eat and drink. Menus had recently been reviewed and included increased choices for people. We saw adapted cutlery and implements were used to support people to eat independently. Where people were at risk of poor nutritional health, they had been referred to a health professional and where required, the amount of food and drinks people consumed were being monitored. There had been a reduction in the amount of people losing weight which suggested monitoring systems and actions taken were effective.

People and visitors were complimentary of the staff and the care provided at the home. We saw staff engaging well with people. People looked well presented with clean clothes and hair and people's privacy and dignity was promoted.

There had been significant improvements to the environment since our last inspection. This had a positive effect on people as the environment was now more suited to people living with dementia. The front room had been redecorated and turned into a 'sensory relaxation lounge'. New flooring had been fitted to areas of the home and a bedroom refurbishment plan had commenced.

The provider had supported the registered manager to work with other agencies to bring about improvements to the care people received, so that this was more 'person centred'. Care plans contained more detailed information about people. In particular, they showed staff had worked with people in completing assessments of their social, physical and psychological care needs. Social activities were focused more on the senses such as vision, hearing and smell and people had responded positively to these. We saw where people made requests of staff during the day for drinks and support, staff always responded to them quickly.

The registered manager held planned 'resident' meetings and had implemented a satisfaction survey for people and their relatives to gather their views of the home. Where improvements had been identified, they had been acted upon. The registered manager used meetings to discuss any areas of concern and provided feedback on changes being implemented in the home. People and visitors told us the registered manager responded to their needs and dealt with any concerns effectively.

There had been a significant reduction in accidents and incidents at the home. Audit processes implemented by the registered manager meant that incidents were closely monitored to make sure lessons were learnt and risks to people were managed. The provider carried out regular visits to the home to carry out quality monitoring and discuss with the registered manager any areas needing action.

Both the provider and registered manager were committed to making the ongoing improvements required

to ensure people received the quality of care and services they expected. The registered manager acknowledged areas for continued improvement. This included the risks associated with staffing and having accurate records in place.

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.

Overall, staff were available at the times people needed them, however there were some occasions when staffing arrangements compromised people's health and safety. Risks associated with people's needs were being managed well by staff but they were not always accurately reflected in records. People received their medicines as prescribed and they were stored safely.

Is the service effective?

Good

The service was effective.

Staff had completed training to develop their skills and knowledge to meet people's needs effectively. Staff competencies were monitored by the registered manager. People enjoyed the food, and actions were being taken to support and monitor people at risk of poor nutrition. The registered manager understood their responsibilities in relation to the Mental Capacity Act (2005) and where people lacked capacity to make decisions, actions were being taken to ensure they were appropriately supported.

Is the service caring?

Good

The service was caring.

People and relatives were positive in their comments about the staff and we saw staff were caring in their approach and interacted well with people. People responded positively to staff interactions and told us staff were caring towards them. Staff ensured people's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive

People's care needs were assessed so that people received care and support based on their needs and preferences. Staff knew about people's individual needs and work was ongoing to ensure

people's social care preferences were met. People knew how to make a complaint and the registered manager dealt promptly with any concerns they received.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had ensured that quality assurance procedures were implemented in order to assess and monitor the quality and safety of service people received. Some of the records used to monitor risk, care and services provided were not accurate and were subject to ongoing improvements. People were positive about their experiences of the home. Systems and processes had been implemented to ensure people and staff were involved in decisions related to the quality of services provided.

Cordelia Court

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 7 January 2016 and was unannounced. This inspection was undertaken to follow up on a previously issued warning notice and identified breaches, to make sure the required improvements had been undertaken.

The inspection was carried out by two inspectors.

We reviewed the information we held about the home. We looked at information received from agencies involved in people's care and spoke with the local authority. They told us they had been monitoring progress against an action plan that was being implemented at the home. They had also arranged for the home to be supported by an occupational therapist and student occupational therapist to help the home improve.

We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. These can include safeguarding referrals, notifications of deaths, accidents and serious injuries. We considered this information when planning our inspection of the home.

We looked at two care plans but also viewed other care documentation such as people's daily records, weight charts, food and fluid charts and medication records. We looked at the complaints information, staff training records, accidents and incident records and quality monitoring information. We also completed observations during the day including over mealtimes in both the dining room and the lounges to see what people's experiences of the home were like.

We spoke with three people who used the service, five relatives, nine staff (including night staff) and the registered manager. Some of the care staff we spoke with also undertook other duties such as cleaning,

cooking and social activities.

Requires Improvement

Is the service safe?

Our findings

During the last two inspections undertaken at the home we found there were insufficient arrangements to ensure there were enough suitably qualified, skilled and experienced staff to support people's needs. At our last inspection to the home in July 2015 a dependency tool was being used to determine staff numbers based on the level of care and support each person needed. This had not been reviewed regularly to identify any potential changes to the staff skill mix and numbers of care staff required to meet people's needs. Staffing arrangements at the home were not effective in meeting people's needs. This was a breach of Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 - Staffing.

Following our inspection in July 2015 the provider sent us an action plan outlining how they would make improvements to their staffing arrangements. They told us a monthly "dependency tool" would be completed to check there were sufficient staff to meet the needs of people. They told us if people's needs changed, they would review the dependency tool sooner.

During our inspection carried out on 5 and 7 January 2016 we found that, overall, improvements had been made in relation to staff being available at the times people needed them.

The dependency tool was being regularly reviewed, however, we were not confident that this was an accurate assessment of the number of staff needed. This was because the information used to complete the dependency tool was taken from people's risk assessments and we found that not all were accurate.

On both days when we visited we observed the communal areas to check that people were safe and there were enough staff available to support them. We saw that most of the time staff were present in the main lounge to monitor people where there were risks associated with their care. However, we did identify a potential risk in relation to the night shift staffing arrangements. When night staff got people up in the morning and assisted them to the lounge, there were periods of time when the lounge was left unattended. We knew some people could become anxious if there were no staff around. There were also some people who were at risk of falls. Night staff told us they were also concerned about this. The registered manager told us she would look into this matter further to ensure the risk was managed.

People and relatives we spoke with felt there had been improvements made in the staffing arrangements in the home which helped to keep people safe. However, they told us there were times when staff found it difficult to support people in the lounge if they were particularly busy. When we asked them if they felt there were enough staff they told us, "There seems to be. They all seem to cover for each other, if one goes out (of the lounge) another comes in to cover." and "I think at the weekends there could be more staff." Another person said, "Not always. Some residents need a lot more care than others and sometimes it takes two to care for a resident which leaves nobody in the lounge. The staff do their very best but sometimes the level of care needed is really high."

We asked staff what they felt about the numbers of staff available to support people. Comments from staff indicated they had days when there were sufficient numbers of staff to meet people's needs and other days

when there were not. They told us this was because on some days people required extra help, supervision and support. One staff member told us, "Personally I would say no (not enough staff). I think they could do with another member of staff because someone needs to be in the lounge and that leaves two people to struggle." Another said, "Enough the majority of the time. There are a couple of residents that would benefit from one to one (care)." One staff member commented, "If you have a resident who is quite unsettled, it can affect the others so it means taking two (staff) off the floor." They told us this left one care staff member to observe the communal areas as well as complete any other care duties which they felt was not sufficient.

The Registered manager told us they felt staffing numbers were sufficient but they would look again at this. They said the staff who completed the laundry, cooking and cleaning were also trained in providing care to people. They told us these staff helped to support the care staff at busy periods of the day if they were needed. We saw this sometimes happened. For example, during breakfast the laundry person and the cook both assisted with bringing people their breakfast and supported people who needed assistance to eat. During the morning, the housekeeper spent 30 minutes providing entertainment in the lounge area. This enabled the care staff to provide support to people in their rooms. However, we could not confirm the laundry and catering staff provided care support on an ongoing basis as this information was not reflected on the duty rotas. This meant we could not identify if there had been an ongoing need for additional care staff support which the provider may need to address.

Despite relatives and people feeling there could be more of a staff presence at times, they still felt people were safe living at Cordelia Court. Comments included, "The main front door has a key code lock which residents don't know it is always locked." and "Safe oh yes, no fears. Well there is nothing to happen to make me feel otherwise." and "I am sure [person] feels safe."

During our last inspection we identified concerns around people's behaviours that were not being managed effectively. This put people and staff at risk and was a breach of Regulation 13 'safeguarding service users from abuse and improper treatment'. Following our inspection in July 2015, the registered manager told us there would be a more "robust" system implemented to protect people from abuse and improper treatment.

Since our last inspection all staff had undertaken further training in safeguarding people. They had also completed training on how to manage "challenging behaviours". The registered manager told us that incidents of behaviours that challenged staff had now significantly reduced.

Staff were able to tell us about how to identify abuse and signs to look for to demonstrate their learning. One staff member told us, "You get to know your resident and the signs if they are not right. They may stop eating. It is little things they do not do on a daily basis that we pick up on. I would pass it to my senior. I would read up the notes and ask if the GP and district nurse had been called to make sure it had been done. I would document that it had been passed to my senior." Another staff member told us, "Their body language, their moods. Say if you had a resident who was quite happy and they went withdrawn or they might get aggressive." We asked them what they would do if they noticed bruising on a person and their response demonstrated they understood their responsibilities to report them. They told us, "If I notice an unexplained bruise, I would 'body map' it, I would go through the daily records and see if it was documented. If not, I would speak to the GP because it could be due to medication and report it to my manager or deputy."

Recruitment procedures ensured potential new staff members were subject to a number of checks to ensure they were of good character and suitable to work at the home. Records confirmed these checks were in place before they started work. They included a Disclosure and Barring Service (DBS) check and written

references. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

At the time of our last inspection we found that call bells were not available in a number of rooms we had checked so that people could alert staff when they needed them. At this inspection, rooms we checked had call bells. The registered manager told us she had checked they were available in all rooms. We noted in a double bedroom that the two beds had been moved which resulted in one person not having access to a call bell, unless they got out of bed. The registered manager explained the beds had been moved in order to manage another risk associated with the bed being against a radiator cover. The registered manager agreed to look into what actions could be taken to ensure the person could access a call bell. For people who could not use a call bell, the registered manager told us they were checked hourly at night by staff to check their safety and wellbeing.

The registered manager told us that personal emergency evacuation plans (PEEPS) were available for each person in the home to use in the event of an emergency should the building need to be evacuated. We saw these in place detailing how people would need to be supported.

Odours were evident in two of the bedrooms that we viewed. However, these rooms were planned for redecoration. The registered manager told that as part of the ongoing refurbishment of the home, two bedrooms per month were being redecorated and carpets replaced where necessary. They were choosing bedrooms in accordance with priority of need and had identified these two bedrooms for early redecoration.

We saw some good practice of how staff managed risks associated with people's care. For example, when one person entered the lounge without their walking frame, staff were quick to identify this. One staff member stayed with the person whilst another staff member went to look for the walking frame to ensure the person was kept safe. The registered manager told us it was her expectation that the lounge was supervised at all times, unless a staff member had left the lounge to get someone a drink or to meet another request they had made.

Night staff knew about risks to people's care. They told us there was a risk of a person falling and explained to minimise this risk they assisted the person to get up early in the morning and support them to the lounge so they could keep an eye on them. Staff told us they were assisting this person up early as they were concerned the person would use the stairs which placed them at risk of falling. They told us there was no way of preventing the person from using the stairs. However, despite the person being assisted to the lounge, the two night staff would not have been able to continually monitor this person during the time they were getting others up and dressed. We therefore could not see how this risk was being effectively managed. The registered manager told us there were plans to move the person as soon as this was possible.

Overall risks associated with people's care had been assessed and were identified in risk assessments kept within people's care plans. However, in some cases where risks had been identified, records were not accurate and it was not clear how they were to be managed. For example, one person's "manual handling risk assessment" had not been updated since March 2015 to reflect a decline in their health. They had a health condition that impacted on how the person needed to be supported so it was important this information was accurate. The same person's nutritional assessment did not contain accurate information about their nutritional health which had declined. The person's nutritional risk assessment indicated there was no risk of the person choking when we identified from staff and records there was a risk. Despite this, staff told us the person's needs were being met and their nutritional needs were being met in a safe way. One staff member told us, "We have called out GP's and everything for [person] to make sure [person] is

okay and they are saying we are doing everything we can for [person]."

There was one person who was known to touch a wound on their skin presenting a risk of infection and a potential risk of delayed healing. This was not indicated in a risk assessment. The person also did not have a care plan detailing what staff were required to do to manage the person's wounds or skin care. However, through speaking with staff we were able to confirm they were taking appropriate actions to manage this risk. Staff told us the district nurse visited the person to manage their wounds.

Records confirmed that accidents and incidents in the home had significantly reduced. The registered manager told us these were being analysed to make sure appropriate actions were taken to keep people safe. They gave an example where a person was found to be have falls at around 7am in the morning. In response, they had implemented the use of a 'sensor' mat in their room which alerted staff when this person got up so they could go and assist them.

We observed a medication round and also reviewed people's medicine records to check medicines were being managed safely. We saw that staff followed good practice. For example, they took medicines to people and provided them with a drink and watched them take their medicine before returning to sign the medication administration record (MAR) to confirm they had taken it. The staff member always locked the medicines trolley when they left it to give people medicine so there was no risk these were accessible to other people. The staff member asked people if they were in pain and if they needed any pain relief. One person was reluctant to take their medicine. In response the staff member knelt down to the same level as the person to encourage them to take it. One person complained they were in a lot of pain with their back and hips. The care staff member said, "I will give you a couple of paracetamol and phone the doctor and see if they can give you anything stronger. Because you have arthritis and it is damp, I don't want you in pain." This demonstrated the staff member had a good awareness of both the person's healthcare needs and medication needs and the actions needed to address them.

We noted that one person who had been prescribed a nutritional supplement had conflicting instructions within their care records and medication care plan record as to how much of this should be given. A staff member confirmed they were following the instructions on the MAR chart as prescribed by the GP. The registered manager said that the prescribing instructions had changed several times which had resulted in the information in the care records not being clear. They stated this would be addressed. Where one person had been refusing their medicines, action had been taken to seek advice from the GP. They had reduced the person's medicine to only 'essential' items to maintain their health. The staff member told us if the person continued to refuse them, they would need to consider administering them covertly (in disguise, such as in food) but this would need to be agreed in their best interests and in agreement with the GP, pharmacist and family.

Good

Is the service effective?

Our findings

Visitors to the home told us they felt staff had the skills and knowledge to care for people effectively. They told us, "What I see I am very happy with. They are very good actually."

During our last inspection we identified staff were not always putting their training into practice. There were also insufficient arrangements in place to ensure staff competencies were assessed to ensure their learning had been understood and was sufficient. During this inspection we found improvements had been made.

Induction training had been reviewed to deliver this in accordance with the Care Certificate. The Care Certificate sets the standard for the skills and knowledge expected from staff within a care environment. New staff had completed the training required and the provider had confirmed an acceptable standard of learning had been achieved. Staff felt the induction training was sufficient in providing them with the knowledge and skills required to carry out their role. One staff member told us, "I had a week's induction following [staff member] to do medication and showing me the paperwork." The registered manager told us that when new staff started work at Cordelia Court they shadowed more experienced staff for three days to help them to get to know people and how to support them. After three days they worked as part of the staff team on duty, but always worked alongside another staff member until they felt confident to work independently.

Since our last inspection, staff had completed further training to increase their knowledge and skills. This included training linked to the care needs of people in the home such as dementia and how to manage behaviours that were challenging to others. Staff told us, "[Registered manager] is always sticking courses up on 'touch training' on line. All mine is completed."

The registered manager told us she checked that staff completed the necessary training and also put their learning into practice. They told us they did this by observing staff when they were working. They also assessed staff competence by asking them questions following training, such as what they could recall from the training and what they had learnt. The registered manager told us senior staff also carried out observations of care staff practice. Records we saw, and staff spoken with, confirmed this. One staff member told us, [Registered manager] has asked me questions to make sure I have watched the videos. I think all the staff bring different abilities. All the staff do know their jobs and you don't have to carry anyone…. all the girls know their manual handling." Another staff member told us, "[Registered manager] will put them through (organise training). We watch the video and then it is answering questions. [Registered manager] will ask us questions about the video." The registered manager told us that if staff had any difficulties with the training or learning she would ensure they were appropriately supported with this.

The local authority commissioning team who organised care and funding for some people at the home, had sought the support of an occupational therapist (OT) to support the registered manager. The OT had helped staff to identify people's needs in particular linked to their dementia to help them deliver care that was more 'person centred'. This had helped staff to understand the different approaches to meeting people's dementia care needs. During our observations of people and staff, we noted staff were more engaged with

people and understood their needs quickly so that they did not become anxious. This demonstrated their learning had been effective, for the benefit of people who lived at the home.

The registered manager had organised supervision meetings to support staff in their roles. A "supervision plan" confirmed that supervision meetings took place on a regular basis. These consisted of one to one meetings, group meetings or the occasional staff observational supervision. The supervision meetings provided staff with an opportunity to discuss personal development and training requirements. Staff we spoke with confirmed supervision meetings took place. One staff member told us, "They are regular. I have had my appraisal. She (the registered manager) asks if I am happy with the home, if there is anything I want to bring up and she will tell me if there is anything I need to improve on." Another staff member said "Yes (has regular supervision), I am asked if there is anything I think needs to change if there is anything I feel is not working well, simple things like if I am happy, do feel supported, do I feel I can talk to anyone if I need help. We are a good team."

We asked the registered manager about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity (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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

The registered manager understood their responsibilities to make referrals for authorisations where there were restrictions placed on people's care that deprived them of their liberty. For example, this included restricting people from leaving the building. However, records we viewed did not clearly show what restrictions they were seeking authorisation for. They also showed that referrals that had been made several months before had not been followed up. Some of these were urgent referrals and it was not evident authorisations had been agreed to deprive people of their liberty. During our inspection the registered manager followed this up with the supervisory body and found that some had been authorised. They advised that as soon as this information had been confirmed to them in writing, they would complete the necessary statutory notifications to inform us of these.

Staff understood the need to gain people's consent before they delivered care to people and the principles of the Act. One staff member told us, "People think a resident with dementia hasn't got capacity but you have to assume everybody has capacity to make decisions. It is whether people can retain information and weigh up the choices of the information you are giving them." We observed during our inspection that staff asked people's consent before delivering care. For example, one person was asked if they wanted a clothes protector put on while they were eating. In another example, a bowl of porridge was put into the hands of a person but they could not hold it. They were asked if they wanted the member of staff to hold it for them and then if they wanted the staff member to assist them to eat their porridge. Also, people who arrived in the lounge in their night clothes were asked if they wanted to be assisted to their room to get dressed.

We asked staff what they would do if someone refused care and support and it was evident they would take steps to encourage people to receive the care they required. A staff member told us, "We would leave them

for ten minutes and try again. We would explain the situation. Nine times out of ten they will agree." Another said, "If someone refuses personal care, I try and explain to them why I wanted to give them personal care. If they wouldn't let me do it, I would document it and ten minutes later ask another carer if they can persuade them. We would inform the family and see if they could help." We observed this happened. During our inspection we identified one person refused to be supported with their personal care. During the handover meeting in the morning this was reported to all staff. A request was made to a night staff member to see if they could persuade the person to have a shower. Care staff spoken with told us they had also approached a family member to see if they could help. This demonstrated staff were aiming to work in the best interests of the person to ensure their needs were met without providing care against their wishes.

People told us they were satisfied with the food provided and had enough to eat and drink. Comments included, "Very acceptable, no complaints." "It's alright." and "We only have to say 'can I have a drink please' and they will go and get you one." We asked people if they had a sufficient choice. One person told us, "I have never thought of it. Unless they ask you if there is something you would rather have, it's up to you." Another told us, "I have never given a thought, if I don't like it, I leave it.

We observed breakfast in the dining room where there were nine people seated for breakfast. People were given a choice of cereal or porridge and then a choice of poached egg on toast or toast and marmalade. They were shown both options to help them make a choice. We noted there were more food choices available compared to our last visit. Breakfast was very relaxed without people being rushed. People were able to finish eating in their own time. One person asked for more toast and was provided with this. They were asked by a staff member, "Would you like anything on it?" One staff member sat next to a person to encourage them to eat a yoghurt to make sure they had something to eat. In the lounge we noticed a person was struggling to eat their breakfast and was moving the food around their plate. Staff did not notice this initially and when they did, cut up the person's toast and egg. However, the chunks remained too big for the person to pick up on their fork. The person did manage to eat their breakfast but it took them a long time due to the difficulties they were experiencing. We discussed this with the registered manager who told us actions would be taken to address this.

At lunchtime, some people had been provided with adapted cutlery and plates to help them eat their meals independently. One person who was being assisted to eat in the lounge was supported sensitively and at their own pace.

The manager told us that menus had been reviewed to introduce a variety of meals each month to increase choices available to people. Where people had lost weight, the manager monitored this by completing a monthly weight audit chart. The number of people who had lost weight had reduced over recent months suggesting increased monitoring and actions were helping to maintain people's nutritional health. The registered manager told us when concerns had been identified, the GP had been contacted for advice. Care records confirmed this. Food and fluid charts continued to be completed for those people at risk of not eating and drinking enough to maintain their health. However, these did not confirm that the snacks and fortified foods as instructed in care plans were always being given. The registered manager agreed to address this. Staff told us snacks were provided despite records not always demonstrating this.

Staff ensured that people had access to a doctor when needed. We saw that other health professionals visited the home to support people's needs when needed. This included an occupational therapist, district nurses, a chiropodist and opticians.

Good

Is the service caring?

Our findings

During our inspection in July 2015 we found suitable arrangements were not in place to ensure people's privacy, dignity and independence were respected and promoted. This was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2014 - Dignity and respect.

Following our last inspection, the provider had worked with the local authority commissioning team to bring about the necessary improvements. During this inspection we found that improvements had been made. Staff had undertaken further training in meeting the needs of people with dementia and how to promote their privacy and dignity.

Since our last inspection action had been taken to ensure the en-suite toilets in people's rooms were fitted with doors or screens to promote their dignity. The registered manager told us one person had chosen not to have a screen fitted and they had respected this person's choice.

People were well presented and their personal care needs had been attended to. Their hair looked clean and washed and they were dressed in clean and co-ordinated clothes appropriate for the time of year. Most people were wearing slippers or footwear. The registered manager told us that when people's slippers were in the laundry, people wore 'slipper socks' until they had been washed. Where people entered the lounge in night wear, they were encouraged by staff to change into their day clothes to help them recognise it was the day time and to promote their dignity.

People and relatives we spoke with were complimentary about the staff. They told us, "We have a laugh. They are very nice. I think they are okay." and "They are all nice, every one of them." "I think they are all very friendly". Relatives told us that staff kept them informed about how their family member was. One told us, "I always ring up and they say [person] is fine and they would always ring if there was a problem."

Staff told us about a "Wondrous Discoveries" board in the staff area which they used to record interesting or surprising information about people. This helped staff to see people as they used to be. For example, one person studied to be a doctor, another was a primary school teacher. This helped staff to hold meaningful conversations with people.

Positive relationships had formed between some people who lived at the home. For example, at breakfast, one table of three people were engaged in a conversation. When a person walked into the dining room late, they were invited by another person to join their table. They enjoyed a friendly chat while they had their breakfast. One person had a special birthday during the period of our inspection and plans had been made to celebrate this. A person we spoke with told us they had been into the town with their relative to buy a birthday card for them. This further demonstrated how relationships between people had been formed.

Staff aimed to promote people's independence where this was possible. We saw one person taking their empty cup and saucer into the kitchen. Staff told us it was important to this person that they were enabled to do this.

When people became anxious or upset, staff were on hand to provide people with support. They spoke with them and provided comfort by rubbing their back or giving them a hug which they responded well to. We saw one person became upset, a staff member crouched down beside them and gave verbal and physical reassurance, stroking their arm. Staff knew what support provided comfort to people and we saw distraction techniques used when people became anxious. For example, when one person began to raise their voice in the lounge, this raised other people's anxiety. Staff spoke calmly with the person and asked them if they would like a drink which resulted in them becoming more settled. Staff addressed people by their preferred names to reassure them and we saw they knew people well.

The registered manager told us how people had been involved in making some of the decisions about the environment and how it was re-decorated. For example, people had chosen their preferred door colours to their rooms and had chosen photographs of themselves for their doors. The registered manager told us how this had been made into an activity which people had enjoyed participating in. It had also helped people to locate their rooms more easily and the registered manager told us there had been reduced instances of people entering other people's rooms.

Good

Is the service responsive?

Our findings

During our inspection in July 2015, we found the lack of person centred care was a breach of Regulation 9 (1) HSCA (Regulated Activities) Regulations 2014 (Part 3). The provider sent us an action plan stating they had promptly implemented a more "robust care plan and keyworker system." They told us they were working with commissioning and an occupational therapist to identify people's needs to help provide a more "person centred" and "dementia friendly" approach to delivering care. This included finding out more about people's life histories. At this inspection we found that improvements had been made.

People and visitors we spoke with told us, "The staff are always polite. The care they give is very, very good." The occupational therapist who had been supporting the home told us, "Staff are so engaging (with people), it's amazing. They have been very receptive to what has been asked of them, I can see 100% improvement."

Care plans contained more detailed information about people. In particular, they showed staff had worked with people in completing assessments of their social care and dementia care needs. This was to help staff in delivering more person centred care in accordance with people's wishes and preferences. We noted when looking at care plans that sometimes the original care needs presented on the first page of the care plans was not accurate when comparing these to the person's current needs. This resulted in having to read all of the monthly reviews to see what support the person currently required. This meant information was not easily accessible to staff and it would be very time consuming for them to easily identify people's support needs. We discussed this with the registered manager who told us work was ongoing to improve care records and compile new care plans.

We identified from speaking with night staff and observations during our inspection that some people were being assisted up very early in the morning. We could not determine from records and discussions with staff that this was necessarily their choice. We discussed this with the registered manager who agreed to look into this.

Activities provided used the senses of vision, hearing and smell to give people more enjoyment in the activities they participated in. For example, a group of people were painting pre-printed pictures in the dining room. They were using water to bring out the vibrant colours on the pictures and they were clearly enjoying the activity. It generated discussion and smiles around the room. During the morning a staff member gave people musical instruments to shake and encouraged them to sing along with a CD and we saw people enjoyed this. Later in the morning a staff member approached people to undertake their nail care and people were happy to sit and chat with the staff member while they were completing this.

Work was ongoing to ensure the social activities provided met people's needs. This included plans to employ an activities co-ordinator to organise and help deliver social activities in accordance with people's needs. The registered manager said that once an activities co-ordinator had been employed, they would be supernumerary (work in addition to the care staff numbers). However, no additional care staff hours had been considered to support staff in providing social activities in the interim.

One staff member told us, "We are doing the activities and I think there are more. I think the home is a lot calmer… when the occupational therapist came in they gave us a lot of input about what activities we could do." Another told us, "There are more activities for them to do so they are not getting bored. We do painting. A resident turns 100 tomorrow so people have been making cards. We do exercise in the morning to keep them moving."

There was a much calmer atmosphere in the home compared to our previous visit. Both visitors and staff told us they believed this was due to the changes to the environment. There was more signage available in the home to support people to independently find their way around and to find their room. The registered manager told us this had helped to reduce the number of incidents where people were going into other people's rooms. During the process of assessing people's social needs, it had been identified that some people would benefit from their seats being moved position in the main lounge. For example, a staff member told us one person liked to watch the television and read the subtitles but had not been able to do this from where they were seated. They told us the chair had been moved and since this had happened the person had been much calmer.

There had been significant improvement to the environment since our last inspection. The front lounge had been developed into a 'sensory' relaxation lounge which supported all senses of sight, smell and touch. There were new chairs, cushions, colour changing lamps, a calming scenery covered one wall for people to look at and on the television there was a beach scene with relaxing sounds of waves. Staff told us this had been a real improvement in the home and provided a relaxing, quiet area for people to go if they wanted some peace and quiet away from the busier lounge area. A visitor told us, "Sometimes when there is a lot of noise going on in the other room they will get [Person] and some of the others up here (sensory lounge) out of the noise going on." This demonstrated staff considered how people were feeling and were responsive to their needs.

Staff were responsive to people's requests. For example, two people were discussing having a bath with a staff member. The staff member told both people they would ensure they both had a bath "later". When we spoke with one of these people later, they confirmed they had been supported to have a bath which demonstrated staff were responsive to their needs and wishes. A relative told us, "As soon as anyone wants to go to the toilet they are rushed out immediately." We observed throughout the day people make requests for porridge, biscuits, tissues and cups of coffee. There were also requests for staff to walk with them. On all occasions staff responded to people quickly.

All people and relatives we spoke with felt they could go to the registered manager with concerns and they would act upon them. One visitor told us the registered manager dealt with concerns "Very well, very effectively." There had been no formal complaints received by the home but a concern had been raised by a relative regarding a missing item of clothing. We observed the registered manager spoke with the relative and advised arrangements would be made to replace the item which showed the registered manager had taken the issue seriously.

Requires Improvement

Is the service well-led?

Our findings

We carried out a comprehensive inspection of this home due to breaches in our regulations identified during our inspection in July 2015. This had resulted in enforcement action being taken in regards to a breach of Regulation 17 HSCA (Regulation Activities) Regulations 2014 (Part 3) Good Governance. A Warning Notice was issued due to the provider for not having suitable systems and processes to monitor and improve the quality and safety of services provided. There were also insufficient systems to manage risks related to the health, safety and welfare of people and records were not always sufficiently detailed and accurate to support safe and appropriate care.

Following our inspection in July 2015, we met with the provider and the manager (before they became the registered manager of the home). They told us about their plans to implement the necessary systems and processes to drive improvements within the home. They provided us with an action plan telling us how they would improve. We carried out this inspection to ensure sufficient action had been taken to make these improvements.

We found that overall there had been significant improvements across the home, for the benefit of the people who lived there. This included systems and processes to assess and monitor the ongoing quality and safety of people had improved. However, there remained some areas requiring ongoing improvement.

Since our last inspection the manager had become the registered manager at the home. Staff were positive about the registered manager, one staff member told us, "I think [manager] has been brilliant. She is very understanding. The office is always open. She is always communicating with staff and she will come and help on the floor." Another told us, "If I have got a problem I can ask [Registered Manager] and she will come out and help me or she will give me some training and say it will help me. [Registered Manager] is nice. I feel I can go to her about anything."

There was a photo board of staff in the entrance hall so people and visitors to the home knew the staff who were working there. The provider had appointed an administrator to work three days a week to support the registered manager. There was also a deputy manager in post who had one supernumerary shift each week to concentrate on their managerial responsibilities to also support the registered manager in enabling the home to run more effectively.

The registered manager told us they had placed a book in the reception of the home to record any maintenance needs that people or visitors identified. Visitors told us they felt they could approach the registered manager at any time although we noted the door to access the registered manager's office was locked. Comments from visitors included, "I think it has improved a lot since [Registered manager] came. The cleanliness of the home. Now we have got someone dedicated to doing the laundry the clothes don't get mixed up. Everywhere has been redecorated so the home is much better." and "I think she is doing a very good job. She is very approachable." One visitor told us "You see her in the office when you approach the office and the blinds are always down in the reception hall (that look into the office). I just think if she came out to see what was happening more."

The dependency tool used to determine if there were sufficient numbers of suitably trained staff on duty to meet people's needs was being regularly reviewed to help ensure there were sufficient staff hours to support people's needs. However, when we reviewed people's dependency information, we could not be confident it was always accurate to ensure the staff hours required were provided. Accurate assessment information was key to ensuring the staff hours provided were sufficient to meet people's needs. Despite records not being accurate, the registered manager told us they had set the staff hours in excess of those arrived at by the dependency tool to make sure people's needs were met.

We found that some of the risks associated with staffing arrangements needed further consideration. These in particular were around staff availability to support people in the early hours of the morning when people were getting up. There were only two night staff available to meet people's needs. When people were up early and seated in the lounge, staff were not always available to manage risks. A visitor we spoke with had commented they were concerned when the lounge was not attended. They told us, "There are little things that go on (in the lounge) and if a member of staff had been in the lounge it could have been prevented."

Systems for managing risks associated with people's care had improved in that staff had a clearer understanding about how to manage risks and how to keep people safe. However, some records required further review to ensure information about managing risks was clear for staff. This included records in regards to nutrition, skin care and moving and handling of people. In regards to the risks associated with skin, the registered manager had taken the initiative to get involved in the "React to Red" skin campaign. This is a pressure ulcer prevention campaign that works by staff reacting to red skin over bony areas and asking for help and advice from a healthcare professional to stop red skin becoming a serious wound. The registered manager explained this had been successful and was able to demonstrate pressure care management within the home was effective due to any concerns being promptly acted upon.

The registered manager told us they knew the care plans were not "perfect" but there had been a lot of improvements made to them and they intended to continue to improve them. This included more person centred information about people's needs and preferences.

There was a more robust system to closely monitor people's weight. The registered manager kept a monthly chart where any losses and increases in people's weight was recorded. This enabled the registered manager to take any necessary action to act on people's weight losses which might impact on their health.

There was a new policy implemented regarding managing the risk of falls with clear guidance for staff on how to manage these risks. During our inspection we found there had been a significant reduction in the number of accidents and incidents in the home. The registered manager had implemented an audit system to check times and places of any falls, accidents and incidents. The reduced numbers of accidents and incidents demonstrated lessons had been learnt and changed practices had been effective.

Communication systems within the home had improved. The registered manager told us that following our last inspection she had ensured that relatives and staff were informed about the proposed changes. One relative told us, "I was invited to a meeting and [manager] set out what her ideas were and what improvements would be made. I have seen the improvements take shape." When we asked this person what the impact on the improvements had been on people in the home they told us, "They all look very happy." The registered manager told us she had also held a staff meeting. One staff member told us, "We had a staff meeting and [manager] said….we had to deal with it (addressing concerns) and just carry on. They told us what was going on. We have had to change the way we are and the way we work." The registered manager told us that both "resident" meetings with relatives present and staff meetings were arranged on a regular basis. This was so they could share their views about issues related to the running of

the home and be kept informed about planned changes.

We asked staff what it was like working at the home and if they had noticed any improvements since our last inspection. They told us, "It's nice… the staff are amazing. It has improved a lot. The home décor is amazing. The care has gone up. The paperwork has improved, a lot more has been put in place but that is what we needed." Staff told us how the new sensory room had been beneficial to people. One staff member told us, "This room has made a big impact for residents. When they have a 'down' day it is a nice place for them to come."

The registered manager had a detailed knowledge of each person and their individual needs. She had taken time to work with staff as part of the shift to identify any areas needing improvement to help support people's needs more effectively. The provider had supported the registered manager to make the necessary improvements to systems and processes to support people's needs. The registered manager had worked effectively with an occupational therapist to bring about improvements to the home and deliver more person centred care to people. Dementia care research information had been used to identify colour schemes and environmental changes that would support people with dementia. People's involvement in door colour changes and selection of photographs for their bedroom doors had helped people to locate their rooms more easily.

A quality satisfaction survey had been completed so that the provider could identify areas for improvement. The last survey completed identified improvements were required to the cleanliness of the home and involving people in their care. The registered manager told us that actions in response to the survey were either completed or were in progress. One of the actions included the implementation of a 'key worker' system. This is where a staff member becomes more involved in meeting a person's needs as their named worker and has closer contact with the person and their family. The registered manager told us the keyworker system had been implemented. This demonstrated improvements identified were being carried out. The registered manager said each person had two keyworkers, one senior care staff member and one care staff member. They told us the senior care staff member was responsible for ensuring a person's care plan contained all of the relevant information. The second care staff member was responsible for liaising with families in regards to the person.

The provider was undertaking regular quality monitoring visits to the home, and we saw that as part of their visits they spoke with staff and visitors and identified issues for action. For example, in one report it stated that areas of the home needed painting and some of the equipment in the home needed to be removed. The provider also checked safeguarding incidents and accidents that had occurred in the home and checked they were reported to us.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the home or people who used the service. These had been reported to us as required following the previous inspection.

The registered manager told us, "We have learned from things that have happened." They told us how families had been very supportive of the home and all had trusted the registered manager and provider to make the improvements required. The registered manager told us about further action planned including employing a new activity organiser and looking at how they could improve the main lounge to benefit people. They recognised the need for further improvements in some areas and were committed to ensure these happened.