

White Ash Brook (Accrington) Limited

White Ash Brook

Inspection report

Thwaites Road
Oswaldtwistle
Accrington
Lancashire
BB5 4QR

Tel: 03452937664

Date of inspection visit:
26 April 2016
27 April 2016
05 May 2016

Date of publication:
05 October 2016

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

This inspection of White Ash Brook was carried out on the 26, 27 April and 5 May 2016 and the first day was unannounced. We last visited White Ash Brook on the 26, 27, 31 August 2015 and 14, 15, 16 September 2015. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

At this inspection we found the provider had taken action to improve staffing levels, infection control, dignity and respect, training and supporting staff, care planning and making sure staff knew how to support people properly and quality assurance processes. However further improvements were needed to ensure the provider was fully compliant with regulations.

White Ash Brook Nursing Home is a purpose built home registered to provide nursing and personal care for up to 53 people. Accommodation is provided in single en-suite rooms located on the ground floor. Communal lounges and dining rooms are also on the ground floor. The gardens are easily accessible to people using the service. The home is situated in the small town of Oswaldtwistle and close to local amenities. There is a car park for visitors and staff. At the time of this inspection there were 39 people resident at the home.

There was a manager in post who had submitted an application to the Care Quality Commission to be registered as the manager for the service. A 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.'

We found improvements had been made with the ordering and disposal of medicines. We identified some issues we saw on our previous inspection had not improved. You can see what action we have asked the provider to take at the end of the full version of this report.

Quality assurance systems were being formalised to support the manager to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others. However further improvements were needed to ensure these systems were more robust.

Risk assessments relating to people's care had improved and staff were familiar with the needs of people at risk of poor nutrition, falls, and pressure ulcers. Further improvements were needed to ensure a more robust approach was taken in managing risk.

People received a balanced diet and special diets were catered for. People unable to swallow had their nutrition given through a PEG (percutaneous endoscopic gastrostomy) by nursing staff assessed and trained as competent to undertake this. However charts used to monitor people's nutritional and hydration intake were not being used effectively and this resulted in people being at risk not having their nutritional needs

consistently met.

Information sharing between staff had improved but we found records used by staff to review people's needs were not always completed. Specific issues such as nail care and physiotherapy exercises were not effectively planned for and we have made a recommendation about this.

There had been an increase in staffing levels and people using the service, relatives and staff told us this had been beneficial to them. People did not have to wait for assistance when they needed staff support.

Infection control within the service was good and infection control measures had been introduced. The home was clean and odour free and there had been an increase in domestic hours to maintain cleanliness.

Training was being provided to support the staff to deliver safe and effective care and support. Staff training needs was being routinely assessed and planned for, and staff received regular supervision.

Staff we spoke with were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safe Guards (DOLS) and best interests decisions. The manager was familiar with the process to follow and had taken action to apply for DoLS following people's capacity assessments and in their best interest.

People we spoke with considered staff were kind and caring. We observed people's dignity and privacy was being respected and relatives commented they had seen a big improvement in the amount of individual attention people received. Staff were observed carrying out welfare checks to attend to people being cared for in bed.

People had a plan of care that covered all aspects of their daily lives and staff were familiar with these. These were complimented by an 'All about Me' booklets that had been completed. These gave staff direction on how best to support people and to be mindful of what was important in people's lives.

Communication between all staff was good when they discussed people's care at the beginning and end of their shift. Staff took notes and this helped to ensure important information in relation to people's care and support other staff would need to know was not missed.

Activities were varied and people benefitted from individual and group sessions that provided stimulation. One person had a special chair to enable them to leave their room and benefit from social interaction with other people and take part in activities.

The complaints procedure was displayed in the home and we found processes were in place to record, investigate and respond to complaints. Complaints raised were taken seriously and action taken to bring about resolution.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

There were sufficient staff on duty to meet people's needs and ensure their safety, however more attention to monitoring identified risks was needed.

People's medicines were not always managed safely.

Infection control was managed well and we found the environment was clean and safe for people to live in.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

People were supported to eat and drink, however people's nutritional needs were not effectively monitored.

People were cared for by staff who were trained and supervised and were given enough information to care for people they supported.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people had access to healthcare services and received healthcare support.

Requires Improvement ●

Is the service caring?

Staff treated people with kindness and compassion and people were able to make decisions and choices in their daily lives.

Staff responded to people's request for assistance in a timely manner and promoted their dignity and respected their privacy.

Good ●

Is the service responsive?

The service was responsive.

People told us they could raise any concerns with the staff or managers and had confidence issues raised would be dealt with appropriately.

Good ●

People had completed care plans based on their assessment of needs that were kept under review. Communication was good in ensuring all staff were kept up to date with people's presenting needs.

People were supported to take part in a range of suitable activities and supported to keep in contact with families and friends.

Is the service well-led?

The service was not consistently well led.

There were systems in place to seek people's views and opinions about the running of the home.

Although there was a significant improvement in the service brought about by good leadership, a more robust approach to quality monitoring was needed to ensure people received a safe and effective service.

Requires Improvement ●

White Ash Brook

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 26, 27 April and 4 May and the first day was unannounced.

The inspection was carried out by one adult social care inspector, one pharmacist inspector and a nurse Specialist Professional Advisor (SPA).

Before the inspection we reviewed information we had received about the service since our previous visit. This included the provider's action plan and updates we had received at regular intervals, which set out the actions they planned to take to meet legal requirements and any statutory notifications received from the service. We also reviewed information we received from commissioners of services and other health and social care professionals who attended regular Quality Improvement Planning (QIP) meetings, organised by the local authority, with the provider.

During the inspection we spoke with fourteen people who used the service, the manager, deputy manager, three registered nurses, seven care staff, five relatives of people using the service and a visiting healthcare professional. We reviewed nine people's care records, other documentation relating to risk for all people, looked at service records including those relating to staff recruitment training and supervision, agency staff, medicines administration, policies and procedures, activities, complaints and records of audits completed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us

Is the service safe?

Our findings

During our comprehensive inspection of the service carried out on 26, 27, 31 August 2015 and 14, 15, 16 September 2015, we found people were not fully protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines. This was a breach of regulation 12 (2)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made regarding medicine management. However, we found further improvements still need to be made regarding regular auditing of medicines, monitoring of fridge temperatures and clear documentation regarding variable doses of medicines.

We checked the medicines and records for eight out of the 39 people in the home, this included Medicines Administration Records (MARs) and care plans. We also looked at the most recent medicines audit carried out at the service. We spoke with five members of staff including the manager, a senior carer, two nurses and a medicines technician from the supplying pharmacy.

We saw the provider's medicines policy was due to be reviewed in April 2016. The provider had an up to date signature list of staff who were authorised to administer medicines. Although this was not dated staff told us all the signatories on the list were current staff members. On the day of our inspection a pharmacy technician from the supplying pharmacy was present to train staff on medicines administration. She told us all staff had now been trained and we confirmed this with the manager and staff we spoke with. The manager told us the service had changed medicines supplier in response to the findings of our previous inspection and an internal medicines audit.

There had been concerns on our previous inspection that there were delays in obtaining medicines. This meant people sometimes went without prescribed medicines because they were not available in the home. We saw improvements had been made to the ordering process for repeat medicines to ensure people got their medicines on time. We found no incidences on this inspection where people had not received their medicines as prescribed because they were not available. This was an improvement in comparison with our previous visit.

Medicines were kept safely and stored securely in locked treatment rooms. Access was restricted to authorised staff and the rooms were clean and tidy. Clinic rooms did not contain the resources the provider's medicines policy stated should be available. We checked the medicines disposal records and found these clearly detailed medicines that were returned or destroyed and the reasons for this. We did find medicines were being returned that people who used the service were still taking. This contributes to unnecessary waste of medicines and can show poor ordering processes.

We found that controlled drugs (CDs - medicines which are more liable to misuse and therefore need close monitoring) were stored securely. Registers were in place to record the handling of CDs. On our inspection we saw an open bottle of CD liquid in the CD cupboard that had expired. This medicine had been given

seven times since it had expired. The provider removed this during our inspection. The provider's medicine policy did not require them to complete regular CD balance checks. CD balance checks are good practice and can help identify expired medicines in a timely manner.

Medicines that required cold storage were kept in a fridge in the medicines clinic room. However we saw an item in the fridge that did not need cold storage and an item in a person's room that needed to be stored in the fridge. Recording of maximum and minimum temperatures was not as recommended in national guidance. Fridge temperatures were mostly recorded daily and within the recommended range. There were three days on Foxhill and one day on Stanhill in the previous month where no temperature had been recorded. On the day of our visit, the thermometer was checked and showed maximum temperatures outside the recommended range. This had not improved from our previous inspection.

We saw people had identification sheets in place with their MARs, this helps prevent medicines being given to the wrong person. These also detailed any allergies the person had. We looked at the medicines records for two people taking warfarin. Warfarin is a medicine used to thin the blood. The dose of warfarin can change depending on the results of regular blood tests. We saw clear documentation was available to support staff to make sure the correct dose was given and blood tests had been done to make sure the medicine was safe to use. This was an improvement from our previous inspection.

We looked at the information available to staff for medicines to be administered "when required." Not all of the people's records we reviewed had "when required" plans in place for their medicines. We found some incidences where written guidance was not available for staff if there was a variable dose. For example, details of the situations where someone might need to take one tablet or situations where someone might need to take two tablets. Staff told us some people could tell them whether they wanted one or two tablets. We saw one person who lived with dementia and was unable to verbalise their needs. There was no "when required" plan to help support staff to know when this person may need medication. This meant that there was a risk that new or inexperienced staff may not have had enough information about how this person liked to take their medicines. We recommended the provider reviews the "when required" plans they have in place to ensure information is available for all people using the service.

We saw examples of body maps and topical MARs in use in the service and these detailed where creams should be applied. Creams were stored securely. This was an improvement from our previous visit. There was not sufficient documented information available to carers if the cream needed to be applied "when needed." For example, details of situations where someone may need additional application of pain relief creams along with their regular application. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way.

We saw information about medicines was documented in different places within people's care plans and this could make it challenging for new and inexperienced staff to access the information they need in a timely way. For example a person who was taking supplementary drinks and forticreme (fortified) pudding had these documented on the MAR chart to be taken when required, but a dietician letter in the care plan stated they should be given regularly.

At the last inspection the registered provider had not made sure people were protected from unsafe care by identifying and managing risk to people's health and welfare. People at risk of poor nutrition and dehydration, pressure ulcers, falls and behaviours that challenged the service did not receive the care they needed to manage these risks. Staff were not familiar with existing risk assessments for people and had not read care plans. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection staff we spoke with were familiar with the content of people's care plans and of potential risks to their health and welfare including risks associated with behaviours that challenged the service. Risk assessments had been completed and staff told us they were required to familiarise themselves with risk management guidance.

At a QIP (Quality Improvement Planning) meeting in February 2016 we were informed; two representatives from the Clinical Commissioning Group (CCG) had attended a staff meeting with a colleague. They had discussed fluid documentation and the consequences of not completing charts correctly with staff and they planned to give a presentation about pressure ulcers and diabetes at a later date.

We looked at six people's care plans which we found had been updated since our last visit. We saw a wide range of risk assessments in use that included Waterlow (pressure ulcer risk assessment/prevention policy tool), MUST (Malnutrition Universal Screening Tool), falls, and moving and handling. However, although these were being completed there were still some improvement needed with the recording of information and subsequent action needed. For example fluid intake charts we looked at for three people showed days when their fluid intake was low. There was no end of day calculation done or update of any further action to be taken by staff to address this. We spoke with staff on duty. One member of staff explained that following handover every morning a report would be given about each person. Every staff member had a notebook to write down important things such as poor fluid intake or if a person had been poorly overnight. The staff member would report any further concerns to nurses as appropriate. The care assistant also explained in detail about the importance of washing people, ensuring enough fluids were given and also repositioning and documenting what care had been undertaken. We discussed the issue of keeping accurate records and of accountability for this with the manager. We were told this was being spot checked and raised in staff supervision. Persistent failure to keep records was being dealt with through their disciplinary procedures.

We looked at other risk assessments that had been completed in relation to falls and pressure ulcers. People at risk of pressure ulcers had care plans in place to ensure pressure relief. We saw that one person with a pressure ulcer was being monitored routinely. This enabled nursing staff to assess whether there was any deterioration or improvement in the condition of the pressure ulcer each time it was dressed. Nursing staff reported a significant improvement to date. Positional changing charts were being used effectively. Risk assessments were being reviewed.

We saw that where people had a history of falls, risk management plans were in place to address this. We looked at accident reporting and discussed our findings with the manager and deputy manager. One accident record had resulted in a complaint being raised. What was not so clear was seeing factual evidence of the detail of the fall or the review. This would show what action staff should take when acting in the persons' best interest in similar future situations. This did not appear to be detailed in the accident book and it was difficult to find documentation relating to this outside of complaint management. We discussed this with the manager and deputy manager who gave a clear picture of the complaint management of this particular concern.

We also noted when care plans were reviewed; incidents that had occurred were not routinely used to inform the review. For example in one person's daily notes reference to bruising was noted on two separate occasions to the same area and multiple bruises to arms on another. We saw there was no further reference made about this. On another occasion a 'red area' in the middle of a person's back was recorded but no further reference was made to this. We spoke with a relative of the person concerned. They told us their relation fell out of bed and considered the staff were very kind and gentle when providing care.

Whilst the family members of the people concerned with the above confirmed to us they considered their

relative was well cared for, we asked the manager, what happened next in relation to mitigating against further risk management for any person that an accident or incident had occurred. The manager explained they had already identified in their quality audits that there was more work to be undertaken for better factual reporting. Training in report writing was planned to support staff to do this. The manager went on to tell us the home had signed up to a Pilot Scheme called 'Quest for Care' with the local Clinical Commissioning Group (CCG). This was a reporting system including and not exclusively, detail of the numbers of infections, safeguarding and hospital admissions. Twenty care homes nationally were involved in the scheme but it was in very early stages and they were currently completing assessments. The outcome of this was to enable a more detailed analysis of quality data that was intended to have a positive impact. This would benefit people using services as to how they would be managed in the future, and support and guidance would be provided at the service in improving standards in these areas.

At this inspection we found that the provider had followed their action plan and had made significant progress in the identification and management of risk. However further improvements were needed to meet the requirements of Regulation 12 to include arrangements to respond appropriately and in good time to people's changing needs to ensure this is effectively managed.

This was a breach of regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection the provider had failed to assess and provide sufficient staffing levels to meet people's needs in a timely manner. There was also a failure to ensure adequate numbers of skilled staff to undertake all necessary tasks and responsibilities in order to maintain people's well-being.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014

At this inspection we found some improvements had been made. People we spoke with told us staff were available when they needed support and responses to calls for assistance was good. Three relatives we spoke with told us staffing levels had improved following our last visit. They also said the staffing numbers had been reduced the week before our visit and commented, "I hope it doesn't affect how things are. It's a worry." And "Staff may get tired having to do so much. People here need a lot of attention and whilst there was enough staff when they increased the numbers, I'm not so sure now."

Staff we spoke with told us there had been improvements in the numbers of staff on duty and this had meant they had been able to give people the care and attention they needed in a timely manner. They reported that staff morale had been really good up until the last few days as staffing numbers for shifts had been reduced. Staff considered this would impact on people's care as they would be more task orientated rather than meeting individual needs. One staff member told us "It had been really good. Although we are busy we had time to give people the attention they need. Now they have reduced the numbers I just hope we don't slip back to what it was like. That's what causes problems. So far so good, fingers crossed it stays that way but it's too early to know."

We looked at the staffing rotas. We found there was a good mix of skilled nursing, care and ancillary staff. We used the Short Observational Framework for Inspection (SOFI) during a meal time and followed through with general observations on two other occasions. We observed the deployment of staff at meal times was not consistently effective in providing people with the right level of support they needed. We discussed this with the manager and deputy manager. They told us a dependency analysis on people had recently been completed, and the levels of staff currently on duty matched this. The manager reassured us they would reassess the staffing levels and if needed, would ensure more staff were deployed at times of increased

activity. The right staffing levels would be maintained at all times and kept under review. We were also told there had been a significant reduction in the use of agency staff which meant people had a more consistent approach to their care and support.

At our last inspection the provider had failed to provide a clean environment for the well-being of people who lived at White Ash Brook and to ensure effective processes were in place to maintain infection control. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulations 2014.

We received regular action plans from the registered provider that told us what had been done to ensure these issues had been addressed. We had also attended regular QIP meetings and found the manager had liaised with the local authority infection control lead nurse who had visited White Ash Brook and reported to us significant improvements overall. At this inspection we found the provider had made the required improvements.

The infection control systems at the home had been strengthened with the introduction of cleaning schedules and increased hours for domestic staff. An external company had been employed to deep clean all the carpets and kitchen. The kitchen had also been refurbished and cleaning schedules put in place. The manager had set up daily / weekly checklists for visual checks in all areas around the home and appropriate systems had been implemented in relation to infection control for monitoring purposes. A named nurse was identified to oversee all aspects of infection control. We noted however infection control audits had not been completed since January 2016. The manager told us the lead nurse was not at work since then. We discussed the importance of sustaining the improvements made and recommended the manager put contingency plans in place to ensure there was consistent oversight of infection control. The manager said she was looking to appoint another infection control lead to ensure this.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adults procedures are designed to provide staff with guidance to help protect vulnerable people from abuse and the risk of abuse. Staff told us they had received appropriate safeguarding vulnerable adults training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Training records showed staff had completed this training.

Is the service effective?

Our findings

During our comprehensive inspection of the service carried out on 26, 27, 31 August 2015 and 14, 15, 16 September 2015 we found the provider had failed to ensure that the nutritional and hydration needs of people using the service were adequately met. This was a breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following the last inspection visit the registered provider subsequently sent us regular action plans informing us of the action they had taken and of their progress in meeting the requirements of this regulation. They also attended regular Quality Improvement Planning (QIP) meetings and kept commissioners and health and social care professionals updated with the action they had taken to address all the issues of concern identified at our last inspection of the service.

At this inspection, we found some improvements had been made. This was in relation to people receiving their meals at appropriate times and having hot and cold drinks served at regular intervals. Nutritional needs were assessed and had continued to be assessed as part of routine review of care needs. Risk assessments were in place to support people with particular nutritional needs. People's weight was checked at regular intervals and there was evidence appropriate professional advice and support had been sought when needed. However we found further improvements were needed. This was in relation to record keeping and the importance of using the information the records provided. For example fluid intake was not always calculated at the end of the day to make sure people at risk of dehydration were monitored more closely. Equally information recorded on food charts of poor dietary intake was not evaluated to inform staff how to deal with people's immediate needs. Although improvements had been noted, failing to effectively evaluate and process this information meant that people using the service were at increased risk of not having their nutritional and hydration needs met.

This meant the provider was in breach of Regulation 14 (4)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they enjoyed the food served. One person said, "It's very good. We can have what we want to eat. You can have a cooked breakfast if you want. I like a bacon sandwich. It sets me up for the day." Another person said, "There are always choices offered and you can pick what you like. We can have second helpings if we want it's good." Relatives we spoke with commented, "He seems to like the food. I visit every day so I know what's on offer. I have no complaints." And "The food is nutritious, good wholesome cooking."

People using the service who received their nutrition via a PEG (percutaneous endoscopic gastrostomy) had this support provided by nursing staff that had been trained to do this safely. PEG is used for people who are unable to swallow or eat enough and need long term artificial feeding. The prescribed feed contained all the calories and other essential nourishment such as vitamins and minerals that people needed.

We observed lunchtime on two days of our visit. Both of these days showed people had different

experiences. For example on one day we saw people did not have the support and attention they needed and this resulted in meals being left and had gone cold. There was a lot of activity and the mealtime was not relaxed. Staff who did provide support to people chatted amiably with them throughout the meal and people were being sensitively supported and encouraged to eat their food. On another day we noted people were given support and assistance as necessary and the mealtime was relaxed. We discussed the organisation of meal times with the manager and recommended this was improved. The manager told us she was 'disappointed' as there had been improvements made. She gave us an assurance she would increase monitoring of staff performance during this time, evaluate the findings and take the right action to bring about further improvements.

At the last inspection the provider had failed to have suitable arrangements in place in order to ensure staff were appropriately supported and trained in relation to their responsibilities to provide effective care practices. This was a breach in Regulation 18

We received regular action plans that detailed the subsequent action they had taken and of their progress in meeting the requirements of this regulation.

At this inspection we noted a significant improvement in meeting staff training needs and supervision. Staff told us they were supported by the manager and records showed they had been given formal one to one supervisions. We saw staff performance was being monitored and action taken where staff failed to meet the expectations of their role.

We looked at the staff training matrix and training records in staff files. We saw training was being systematically provided for all staff. There were planned dates for renewal of training and other more specialised training such as dementia care. The manager told us training was being given priority and staff attendance was compulsory. Training records showed all staff including domestic staff had mandatory training that included Fire / Moving and Handling / Infection Control/ COSSH / DoLs and MCA and safeguarding.

There had been new staff appointed since our last inspection. Induction training had been provided irrespective of the qualifications they held. Staff new to work in a care setting were working towards the Care certificate which is a nationally recognised set of standards that health and social care staff are expected to follow. We saw that agency staff had been included in the training on offer at the service. An agency nurse we spoke with told us this helped them keep up to date with current best practice and with their nursing skills. They had medication training and PEG feeding training. A staff member we spoke with told us they had been put forward to undertake training to become a safeguarding champion and take the lead in overseeing dementia care. They were already recognised as a 'Dementia friend'. Another staff member said "I've asked about doing my level 3 in NVQ (National Vocational Qualification) and I was told they would look into this for me. We've had lots of other training that was useful." A registered nurse said, "The manager motivates the staff and we are encouraged to build up our skills. I've done medication training update." A member of staff from the domestic team told us they had done all the mandatory training. They also said "I have met with the Infection Control lead for the company who had provided support with specific infection prevention and control advice. The next training session I am going to do is in house Dementia training".

We found the provider had followed their action plan to ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

During the last inspection the provider had failed to have suitable arrangements in place in order to ensure

people's care records were complete, accurate and updated. Staff did not read care plans and this had resulted in people not getting the right care and attention they needed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received regular action plans that detailed the subsequent immediate action they had taken and of their progress in meeting the requirements of this regulation.

At this inspection we noted there had been improvements made. We found the information sharing between staff had improved and all staff were required to attend daily handover meetings. They had been issued with a notebook to use as a means of improving communication to make sure important information other staff needed to know about was not forgotten. A staff member said "At handover meetings every morning we get a report about all the residents. Every carer had a notebook to write down important things, for example no fluids taken by a resident or if a resident had been poorly overnight." They also explained they had a responsibility to report any concerns about people's health to nurses as appropriate.

We noted however, that records used by staff to review people's needs were not always completed in line with a checklist at the top of the form provided. For example we did not see any reference to the condition of people's toes and finger nails which meant this was not being effectively monitored. One person had a personal exercise programme from a hospital, but it was unclear if and how the exercise advice was followed. We discussed our findings with the manager and recommended there was better oversight in how information was recorded. The manager provided evidence of care plans being routinely checked. Where shortfalls of record keeping were identified, action had been immediately taken to address this with the staff responsible. The manager also told us training was being sourced for care planning and keeping records properly maintained as they had identified this as a training need for some staff.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. Where people had difficulty expressing their wishes they were supported by family members. To further support people with making their wishes known, 'This is Me' care plan was used. This is a tool used for people living with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the manager and staff we spoke with had a working knowledge of their responsibilities under this legislation and there was information available for reference purposes. There was evidence to support appropriate action had been taken to apply for DoLS authorisations in accordance with the MCA code of practice and capacity assessments were being reviewed. Staff understood the importance of gaining consent from people and the principles of best interest decisions. They were able to give examples of how they supported people to make

decisions when they had difficulty using words, for example, respecting people's body language as a means of communicating their consent. Routine choices such as preferred daily routine and level of support from staff for personal care was recorded.

People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as mobility and to recognise any signs of deteriorating health. People's healthcare needs were kept under review and routine health screening arranged. Records had been made of healthcare visits, including GPs, the mental health team, the chiropodist and the district nursing team.

Is the service caring?

Our findings

During our comprehensive inspection of the service carried out on 26, 27, 31 August 2015 and 14, 15, 16 September 2015 we found the provider had failed to ensure that people were treated with respect and supported to maintain their dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received regular action plans from the provider that detailed the subsequent immediate action they had taken and of their continuing progress in meeting the requirements of this regulation.

At this inspection, we found noticeable improvements had been made. People we spoke with told us staff were caring towards them. Comments included, "The staff are really kind", "They do their best and they are all very friendly." "We have a bit of fun with the staff, and yes I do feel cared for." From our observations over the three days we were at the home, we found staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly and staff communicated very well with people. We observed the majority of people were appropriately dressed and assistance with personal care was given behind closed doors.

We saw evidence people and their relatives had been involved in discussions and planning how they wanted their care to be delivered. Care plans centred on people's views and wishes for their care and support. Care plans included an 'all about me' plan for people living with dementia. This provided staff with insight into people's preferences, lifestyles and how they communicated their needs. Relatives we spoke with told us they felt involved and had been asked about their family member's likes and dislikes, and personal history. It was evident throughout the course of the inspection that staff knew people well. We witnessed many examples of good care giving. We saw that where people had difficulty using words, they were supported by staff who showed patience and understanding.

We visited five people who were in their bedrooms. They looked comfortable and staff were seen to pop in and out carrying out welfare checks. One person told us, "I always have bed rest after dinner. Staff leave my door open because I like to see people passing. They call in with drinks and help me sort a few things out." People told us staff were respectful as they knocked on their door and waited to be invited in.

We spoke with four relatives visiting the home. They told us they were always kept informed about what was going on and openly praised the staff. Comments included, "I'm in every day so I am involved in his care. He can't always tell them what he wants but they know him well. He is always nicely dressed. I have no problems at all with his care." "They are really good and I couldn't say a wrong word about them. The increase in staffing levels has made a big improvement on the amount of individual attention people get. I've seen a big improvement in the amount of time staff spend with people, it is noticeable. I think they all have people's welfare at heart." "They are very good with him. They know what he likes and that's what matters. They are always nice and friendly when I visit and will chat to ask how I am as well." Another relative told us "I find the nurses are friendly and helpful".

We checked people's care records. We were able to establish the level of support staff provided in meeting these needs. For example bathing and showering. Where a bath or shower was not an option due to people's health, people were given bed baths. Daily records indicated full support with personal care was given. We discussed how the staff managed personal care with people who were resistive to any support as we had identified through observation and by reading care plans for two people, providing personal care was problematic. Staff told us they always recorded personal hygiene needs in daily records to make sure staff following on from their shift were aware of any problem and would offer the support later. The manager told us this could be monitored better during reviews and staff training in care planning would address this.

Is the service responsive?

Our findings

During our comprehensive inspection of the service carried out on 26, 27, 31 August 2015 and 14, 15, 16 September 2015 we found the provider had failed to ensure that care was delivered in a person centred way which met with people's individual needs. This was a breach of regulation 9 (1)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we received regular action plans from the provider that detailed the subsequent immediate action they had taken and of their continuing progress in meeting the requirements of this regulation.

At this inspection, we found improvements had been made. We looked at six people's records. We found people's needs had been reviewed following our last inspection. The assessments included information about the person's care and welfare needs and mental capacity. Care plans were written to reflect assessed needs and 'All About Me' booklets being used provided a more personal touch in meeting people's needs. This gave staff better insight into people's past life, their likes and dislikes and what was important to them when providing their support. Emergency contact details for the next of kin or representative were recorded in care records as routine.

The care plans we looked at had been updated on a monthly basis. However we found specific actions that would support people who for example had difficulties with personal hygiene in practical terms, this was not effectively recorded. Equally, whilst body mapping was used by staff, we saw there were times when they were not used to record the condition of the skin for bruising or red areas observed. Although staff recorded this detail in people's records, the use of body maps would help staff to identify any further skin problems they observed. Care plan reviews which were being completed regularly, did not give an overview of the previous month activity unless there had been a significant change in people's needs. We discussed the usefulness of summarising the content of the daily notes for reviewing purposes. This would also support short term care planning when managing deterioration in people's health and well-being.

Staff we spoke with told us they read the care plans and they were taking more responsibility in reporting in daily records. The introduction of a notebook they had been given helped them to keep a record of what was happening and which people needed extra attention during the day. This reduced the likelihood of important information other staff needed to know being missed. Nursing staff and care staff attended the handover meetings and everyone took responsibility for people's care with senior staff delegating specific duties for the day.

We spoke with relatives and asked them if they were involved in the planning of their relation's care. One relative we spoke with said, "They tell me if there are any changes in how he is when I visit. If it was urgent they would ring me at home. They have done in the past. I know they have had the GP to review his health and we have discussed his care from time to time and had meetings." Another relative said "They do ask my opinion regarding his care. I'm kept fully informed about everything he does." People we spoke with told us they discussed what they wanted to do with staff. One person told us, "I have my own routine during the

day. I'd say they are very accommodating to me. There is no expectation on what time I go to bed. If I'm up the girls on nights make me a drink. Sometimes I have a cup of tea during the night."

We asked the manager how essential information was relayed when people use or move between services such as admission to hospital or attended outpatient clinics. We were told staff escorted people if needed and all relevant details were taken with them. Any information or guidance from the hospital, GP or outpatients was recorded in their records and discussed to support people's continuing care.

We observed several activities taking place that involved people taking part in groups and on an individual basis. The activity co-ordinator had a very personalised approach to people and encouraged them to take part in different activities. People living with dementia enjoyed a hoopla floor game, they had individual time spent reminiscing personal photographs and were involved in decorating a cupcake they had with their afternoon drink. Two people had their favourite songs played which they joined in with. Sensory stimulation was provided with themed corridors that reflected past lifestyles and interests such as cricket and holidays. Other people watched television and one person spent time in their room on their computer. A special chair had been purchased for one person to enable them to spend time in the company of others.

Visitors we spoke with told us they were invited to any social event planned for. Visiting arrangements were good and staff made them feel welcome. They could make themselves a drink and help to care for their relation such as giving them their meal and sorting their clothes.

One visitor we spoke with told us they attended the home every week to undertake a Bible based discussion. They had been attending the home for one year and were grateful to be allowed to come so that people could join in their group if they wished to. The visitor gave an example that one person in particular had expressed an improvement in their well-being after attending group sessions. They told us that the deputy matron was very supportive to the visitors that attend. The visitor also reported they had access to the activity co-ordinator and they had a good working relationship with them.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and people were given information about the procedure in the service user guide.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the manager if they had a concern or wished to raise a complaint. One person told us, "I definitely would say if I had any concerns. The staff and manager are good listeners and very helpful. I had an issue I told the manager about. It was soon dealt with." Relatives we spoke with told us they had confidence to raise issues. One relative felt there was a "more open culture about the place" and went on to say they felt encouraged to be able to say if something was not right. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint. Another relative told us they had reported a concern. Communication had been through letter correspondence, but now they had face to face discussions and they felt listened to. They also said they felt well informed about the care being delivered and they were involved in care planning. Residents and relatives meetings were held and people were encouraged to raise issues then.

Is the service well-led?

Our findings

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the arrangements in place for assessing and monitoring the quality of the service and then acting on their findings were not satisfactory and there was a failure to maintain accurate records relating to people's care and treatment.

Following the inspection we received regular action plans from the provider that detailed the subsequent immediate action they had taken and of their continuing progress in meeting the requirements of this regulation.

At this inspection we found that there had been noticeable improvements.

The registered provider had engaged the services of a consultant to oversee all necessary changes and to support the manager they had appointed after our last inspection. The provider had worked alongside the safeguarding team and commissioners of services to ensure improvements were made. Regular QIP meetings had been held to discuss and monitor progress made and to also provide support and guidance on how to improve the service people received in 'moving forward'. A voluntary suspension of admissions was taken by the provider.

The manager submitted an application to register with CQC and this is currently being processed. The manager had responsibility for the day to day operation of the service. Since the last inspection a new deputy manager had been appointed. Furthermore an area manager visited the home on a regular basis to provide support and guidance and to review with the manager the detailed action plan that had been developed following the last inspection. The manager told us the provider was very supportive.

Throughout all our discussions with the manager, it was clear she had a very good understanding of her role and responsibility and demonstrated good organisational skills. She told us the organisational plan was to bring about changes in an organised way to ensure good practice was embedded into the home. This meant that although they had made good progress there was still more work to be done. One challenge to do this was to bring about a culture change in working practice and attitude to work. Staff were being held accountable for their practice and they were receiving training and supervision to support them in their role.

The manager expressed a commitment to develop the service and was able to describe her achievements since being appointed manager. New systems of working had been introduced and staff were delegated more responsibility in their work. Infection control was being effectively managed and the environment was being improved. People's care and support was delivered to a better standard and every person had a working care plan. Communication had improved at all levels. The deputy manager had clinical oversight and took responsibility of ensuring trained nurses were up to date with their registration and Continuing Professional Development (CPD) with training relevant to their work.

The manager discussed the range of quality assurance systems in place to help monitor the quality of the

service the home offered. This included formal auditing, meeting with the provider and other managers within the company and talking to people and their relatives, and through staff meetings. She told us she was proactive in developing good working relationships with partner agencies in health and social care and was looking forward to being part of the pilot scheme 'Quest for Care'.

During this visit we found significant improvements had been made in relation to all the breaches in regulation identified at the last inspection. Care record management was still in a process of change. Further improvements that were needed had been identified indicating the quality assurance and auditing processes introduced had been effective. We saw copies of the completed audits during the visit. These included checks in key areas of care delivery such as medication, infection control, health and safety, staff training records, care plans, the environment and catering requirements. Where shortfalls had been identified prompt action had been taken demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve.

However during this inspection some breaches in regulations identified at the last inspection, whilst much improved were not fully met. Although we found the standard of the organisation of documents was better and the manager was able to produce the relevant information we requested immediately, further improvements were needed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others by ensuring information recorded was up to date and used to inform and improve practice.

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

Staff we spoke with commented on the improvements made. Comments included, "Morale is much better. I look forward to coming to work. The manager motivates the staff. We are encouraged to communicate any problems and be open and honest. The atmosphere is much better people are actually smiling." The manager is caring. You can see a difference in staff performance. We feel more valued and there is more fun and laughter and more interaction all round." "We have better guidelines. I think change has been gradual so there is a better continuity." "Improvements have been massive, it's better organised. We care about people." Staff also expressed a view that the home had values of providing good care, but sometimes it was difficult to provide if there was not enough staff on duty. One staff commented, "It's getting better. I sometimes feel undervalued. The deputy is very good. I am concerned with the recent change in staffing levels."

People were encouraged to raise concerns and there was evidence of openness and transparency from both the managers and all staff. A visiting health professional we spoke with reported positive changes had been seen since the arrival of new management team. They also reported that a reduction in staffing was not a positive thing. Communication was said to have improved and that referrals to health professionals were more timely and appropriate. Relatives we spoke with were pleased with the changes that had been implemented. One relative told us "There have been a lot of changes for the better. I think the new manager has done a good job and she keeps me up to date with what is happening." Another relative said "I think it has changed. Staff seem happier in their work. That's bound to make people they care for happy. I have no complaints at all." "We've had letters and meetings to inform us what was happening. I'm glad things are better. I think it's a lovely home."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Treatment of disease, disorder or injury	People who use the service were not protected against risks associated with poor nutrition and hydration because monitoring of their food and fluid intake was not satisfactory. Regulation 14 (4)(d)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People were not fully protected against the risks associated with medicines because the provider did not ensure arrangements in place to manage medicines was being monitored effectively. Regulation 12(1)(2)(f) People who use services were not protected against the risks of unsafe care because arrangements to respond appropriately and in good time to people's changing needs was not effectively managed. Regulation 12(1)(2)(a)(b)

The enforcement action we took:

Notice of Decision to restrict admissions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Improvements were needed to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service and others by ensuring information recorded was up to date and used to inform and improve practice. Regulation 17(1)(2)(b)(c)

The enforcement action we took:

Notice of Decision to restrict admissions