

Central and Cecil Housing Trust

Link House

Inspection report

15 Blenheim Road
London
SW20 9BA
Tel: 020 8545 4920
Website: www.ccht.org.uk

Date of inspection visit: 06/08/2015
Date of publication: 18/09/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 6 August 2015 and was unannounced. The last Care Quality Commission (CQC) inspection was carried out in October 2014. At that time we found breaches in relation to care and welfare of people who used the service, respecting and involving people who used the service, staffing levels and supporting staff and assessing and monitoring the quality of service provision.

Link House is a care home providing accommodation and nursing care for up to 52 people. The home is split across three floors providing residential care, nursing care and care for people living with dementia. At the time of our visit, there were 49 people using the service.

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

Summary of findings

During this visit we found the provider had taken action to make improvements that were needed to meet the five breaches we found at our last inspection. We found action had been taken to improve the continuity and consistency of staffing levels within the home so that there were enough suitably skilled and competent staff on duty on every shift. The provider had taken the decision to increase the numbers of staff needed to work in the home and was actively recruiting to new posts. Where new staff had been appointed there were robust checks carried out by the provider to ensure they were suitable and fit to work in the home. Staff now received regular training to support them in their roles and met regularly with their line manager to discuss their work performance and learning and development needs. They demonstrated a good understanding and awareness of how people's care and support needs should be met.

There were systems in place to check and monitor the premises, and equipment within it, so that these did not pose risks to people's safety. Regular maintenance of the home and equipment took place. The home was kept free of obstacles and hazards so that people could move freely and safely around. The provider had taken steps to redesign the home to improve the physical environment particularly for people living with dementia. However where there were identified risks to people due to their specific physical and mental health care needs we were not fully assured the information about these individuals was assessed and evaluated regularly to ensure plans to manage these were relevant and current.

Records were in place to record information about people's food and fluid intake, to enable staff to support people who may be at risk of malnutrition and dehydration more effectively. People were supported to eat and drink sufficient amounts. However people had mixed views about the quality of food they ate which the provider was taking action to address. Where issues and concerns about people's current health and wellbeing were identified, staff took action to monitor and record information as well as seek appropriate advice and support for individuals such as referral to their GP. Staff ensured people received their medicines as prescribed.

People told us they were safe at Link House. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to

report their concerns if they suspected someone was at risk of abuse. People and their relatives spoke positively about the staff that cared for them. However we saw some instances where staff were not as caring as they should have been towards people they were supporting.

Staff knew how to ensure that people received care and support in a dignified way and which maintained their privacy at all times. Staff supported people, where appropriate, to retain as much control and independence as possible, when carrying out activities and tasks.

New care plans had been developed for each person using the service which now reflected their preferences and choices for how they wished to be cared for and supported. These plans gave guidance and instructions to staff on how people's needs should be met. However the quality and accessibility of information about people's care and support needs was variable. In some instances information about people's current care and support needs was not kept in one place so that all staff had access to this. Some records contained out of date and obsolete information. Care plans had not all been reviewed monthly as the provider prescribed.

The home was welcoming to visitors and relatives. However people said there was not enough for them to do. We were aware action was being taken to improve the quality and range of activities within the home, particularly for people living with dementia but we saw instances where people were not stimulated or engaged by staff.

The registered manager demonstrated good leadership and used learning to drive improvement. There were now arrangements in place to regularly seek the views of people and their relatives about how the service could be improved. The registered manager ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs. If people had concerns or complaints about the care and support people experienced, there were arrangements in place to deal with these appropriately. Where concerns had been raised we saw these were dealt with proactively by the registered manager.

Regular checks were carried out by senior staff of key aspects of the service to monitor and assess the safety and quality of the service that people experienced. The

Summary of findings

registered manager was fully aware of current shortfalls in the service, particularly with regard the quality of people's records and information about their care and support needs, and had taken appropriate action to address these.

Staff had received sufficient training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty

Safeguards (DoLS) to understand when an application should be made and in how to submit one. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were enough suitable staff to support people. The fitness and suitability of new staff was checked by the provider before they could work at the home.

Staff knew how to recognise and report any concerns they had to protect people from abuse or harm. They ensured people received their medicines as prescribed.

Regular checks of the environment and equipment were carried out to ensure these did not pose a risk to people. Staff kept the home free from obstacles so that it was safe to move around and knew how to keep people safe from injury and harm.

Good



Is the service effective?

The service was effective. Staff now had access to regular training to keep their skills and knowledge updated. They received appropriate support from their line managers through regular supervision meetings. The registered manager and staff had a good understanding of the MCA and DoLS and their roles and responsibilities.

People were supported to eat and drink sufficient amounts although their feedback told us the quality of food was variable. Staff referred people to other healthcare professionals when they needed additional care and support.

The provider had taken steps to redesign the environment to ensure this was appropriately stimulating particularly for people living with dementia.

Good



Is the service caring?

Some aspects of the service were not caring. We witnessed some instances where staff were not as caring as they should have been when supporting people.

Despite these concerns people spoke positively about staff. People's views about their preferences for care and support had been sought. Staff we spoke with demonstrated a good understanding and awareness of how people's needs should be met.

Staff ensured people's right to privacy and dignity were respected and maintained, particularly when they received personal care. They were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Requires improvement



Summary of findings

Is the service responsive?

Some aspects of the service were not responsive. People told us there was not enough to do in terms of activities and we saw some people were not sufficiently engaged and stimulated during our inspection. However action was being taken to improve the range and quality of activities for people.

New care plans were in place which set out how people's needs should be met by staff. They were person centred and reflected people's individual choices and preferences.

The provider had appropriate arrangements in place to deal with and respond to people's concerns and complaints. Complaints were investigated and responded to appropriately.

Requires improvement



Is the service well-led?

Some aspects of the service were not well-led. Some people's care records had not been properly maintained so that they were fully up to date and a complete and contemporaneous record of their current care and support needs.

The views of people and their relatives were sought on how the service could be improved. The registered manager demonstrated good leadership. They made changes and improvements that were needed in the home. They ensured staff were people focussed and clear about their roles and responsibilities to the people they cared for.

Senior managers carried out regular checks to monitor the safety and quality of the service. The registered manager was clear and transparent about current shortfalls within the service and had plans in place to ensure the appropriate improvements would be made.

Requires improvement



Link House

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 checked 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 6 August 2015 and was unannounced. The inspection team comprised of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of

using or caring for someone who uses this type of older persons care. Before the inspection we reviewed information we had about the service such as notifications they are required to submit to CQC.

During the inspection we spoke with nine people who lived at the home and five visiting relatives and friends. We also spoke with the registered manager, deputy manager, area manager, seven members of staff and a volunteer who worked at the home. We observed care and support in communal areas. We looked at records which included eight people's care records, two staff files and other records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection of the service in October 2014 we identified the provider was in breach of the regulation in relation to staffing levels. Following that inspection the provider sent us an improvement plan in March 2015. They said they would review and revise staffing rotas to ensure enough suitably skilled and competent staff were on duty at all times. They told us they would recruit new permanent staff to fill vacant posts. They said they had completed all the actions needed to meet the requirements of this regulation by July 2015. At this inspection we checked whether they had taken all the action they said they would in their improvement plan.

We found that improvements had been made and the service had taken the action needed to meet the requirements of this regulation. People, visitors and staff did not raise concerns about staffing levels. We observed staff were visible and present throughout the day and across the home. We saw people did not wait long for assistance or help when this was needed. Records showed the provider had taken proactive steps to improve staffing arrangements at the home. Following a management review of staffing levels the provider had increased the permanent staffing complement by an additional seven posts. At the time of this inspection a recruitment campaign was well underway to recruit new permanent members of staff. In the interim, to mitigate the risks of the use of temporary agency staff, we saw each shift was planned in such a way as to ensure there were suitably skilled and competent permanent staff on duty at all times so that agency staff received appropriate supervised support. Each floor of the home had a designated senior member of staff on duty to ensure there was appropriate management support for staff. The registered manager and area manager told us the recruitment of new staff would reduce the use of temporary agency staff in the home and improve the continuity and consistency of care people experienced.

We also found at the last inspection the provider was in breach of the regulation in relation to assessing and monitoring the quality of service provided. In their improvement plan the provider said they had implemented a new 'management operation system' which enabled them to check for risks to people from the physical environment. We found that improvements had been

made and the service had taken the action needed to meet the requirements of this regulation. The provider had introduced a new system of checks through which risks to people from their physical environment could be identified. We saw evidence these checks were undertaken and equipment such as wheelchairs and other mobility aids were checked regularly to ensure these did not pose a risk to people. We observed the environment was clear of obstructions and hazards so that people could move safely within the home. Regular checks of the environment were carried out by staff to ensure this remained free from obstacles and hazards at all times. We saw regular service and maintenance checks of the premises and the equipment within it had been undertaken. This included checks of fire equipment and systems, alarms, emergency lighting, water hygiene, portable appliances, the lift and gas and heating systems, hoists and slings.

People told us they were safe at Link House. One person told us, "Yes, I do feel safe here. It's alright." Another person said, "I always have felt safe here." A volunteer who worked at the home told us, "I've never seen anything untoward happening here." Staff knew how to protect people from the risk of abuse, neglect or harm. Training records showed staff had attended training in how to safeguard adults at risk. Staff told us what they would look for to indicate someone may be at risk of abuse or harm and the actions they would take to protect them which included reporting their concerns to managers. Records showed where safeguarding concerns about people had been raised, the registered manager had worked with other agencies to ensure people were sufficiently protected

People's records contained information about the specific risks to them due to their physical and mental health. Their care plans reflected how care and support should be provided to them by staff in light of these risks.

The provider carried out appropriate checks to ensure staff were suitable and fit to work at the home. Records showed pre-employment checks were carried out and evidence was sought of; people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training and previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. Each person had their

Is the service safe?

own medicines administration record (MAR sheet) and staff signed these records each time medicines had been given. We found no gaps or omissions in these records. Our own checks of medicines in stock confirmed people were receiving their medicines as prescribed. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Medicines had been stored

safely in the home. There were a number of internal audits carried out to make sure any problems with medicines could be identified quickly and rectified. There was a daily and weekly check undertaken by a designated member of staff and every month a further check was undertaken by the area manager as part of their quality monitoring visit of the home.

Is the service effective?

Our findings

At the last inspection of the service in October 2014 we identified the provider was in breach of the regulation in relation to supporting staff. Following that inspection, the provider sent us an improvement plan in March 2015. They told us there was now regular supervision and training in place for all staff. They told us they had completed all the actions needed to meet the requirements of this regulation by July 2015. At this inspection we checked whether the provider had taken the action they said they would.

We found that improvements had been made and the service had taken the action needed to meet the requirements of this regulation. Staff received regular training to enable them to meet the needs of people using the service. Records for the last six months showed staff had attended courses in topics and areas relevant to their work. Staff said they received training to help them in their roles and that they were encouraged to seek relevant qualifications in adult social care to boost their skills and knowledge. Records also showed staff received regular support from their line managers through individual one to one (supervision) meetings. These were planned in advance so staff and managers were aware when these should take place. Senior managers, as part of their quality monitoring, checked these meetings had taken place. We noted staff were able to discuss any work based issues or concerns they had and their learning and development needs through these one to one meetings. Staff confirmed these meetings took place regularly as well as an annual appraisal of their work and performance.

We also found at the last inspection the provider was in breach of the regulation in relation to care and welfare of people. In their improvement plan the provider said measures were in place to monitor and protect people at risk of malnutrition and weight loss. We found that improvements had been made and the service had taken the action needed to meet the requirements of this regulation. Where people had been identified as at risk of malnutrition and dehydration staff monitored what they ate and drank and recorded their observations on food and fluid records. Staff told us any concerns or issues about people's food and fluid intake was shared at handover meetings with other staff and managers to review and assess what extra support people may need, for example a referral for specialist support such as a dietician.

We saw other records were maintained by staff regularly in which they recorded their observations and notes about people's general health and wellbeing such as daily records, staff communication book and weight monitoring records. Where staff identified an issue or concern about an individual's health or wellbeing we noted action was taken by staff to seek specialist support and advice. Outcomes from visits made by the GP and other professionals were recorded so that staff had the information they needed as to how the individual should be monitored and supported.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager had a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Appropriate arrangements were in place to ensure people could give consent to their care and support before this was provided. Records showed people's capacity to make day to day decisions about their care and support had been assessed and documented by staff. Where people were unable to make complex decisions about specific aspects of their care and support staff had a good understanding and awareness of the need to hold best interests meetings with relatives and/ or other healthcare professionals involved in people's lives to ensure appropriate decisions were made.

People were supported to eat and drink sufficient amounts to meet their needs. People's nutritional needs were assessed by staff as part of the planning of their care and support. People's care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Where people had specific nutritional needs there was guidance for staff on how this should be met. For example some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods. During meal times we saw staff were present and providing

Is the service effective?

appropriate and timely support to people who needed this, to eat their meals. Meals were served in a calm and unhurried way and people were not rushed to eat their food. People appeared to enjoy the meals they ate.

We received mixed feedback from people about the quality of food at the home. One person said, "Food's alright, I can't complain. Got my toast and that's all I need." Another person told us, "The food is OK, although sometimes I don't like it and don't eat anything." A relative said, "Food is a real problem here. I've told them what [family member] can eat and what [family member] doesn't like but they keep putting stuff on [family member's] plate that they won't eat. I've told them so many times, but they don't seem to be able to deal with it." From records of residents and relatives meetings we noted the quality of food at the home was an issue that had been raised by people with the registered manager. We noted after the last meeting with relatives, the registered manager had agreed to a set of actions based on people's suggestions about how things could be improved. The registered manager told us they were following up on these actions by having meetings with the relevant staff to discuss people's concerns and the improvements that were needed. Some improvements that had already been made included the introduction of fresh fruit platters and cakes to give people more choice and variety for snacks.

The provider had taken steps to refurbish and improve the home to provide a supportive environment for people in

the home, particularly for people living with dementia. For example people's bedroom doors had been painted to look like front doors to help promote a feeling of independence as well as providing people with a recognisable point of reference as they moved around the home. Areas around the home had been adapted to create specific spaces for people to engage in social activities with each other and their families and friends. On the ground floor of the home a '1950's tea room' had been created and activities such as bread and cake making were being planned. There was also a 'hairdressing salon' with authentic fixtures and fittings, which was very popular with people using the service. On the first floor of the home there was a 'spa' area furnished with a nail bar. These specially designed spaces were intended to enable people to enjoy the experience of social activities normally found in the community, within the home.

Communal areas such as lounges had been redecorated and refreshed with new furniture. Room dividers had been used to break up large areas and create smaller, comfortable communal spaces. We noted that the walls were bare and lacked pictures, paintings or other decorations. The registered manager told us these had been removed due to redecoration but new pictures and decorations appropriate to the environment would shortly be in place.

Is the service caring?

Our findings

At the last inspection of the service in October 2014 we identified the provider was in breach of the regulation in relation to respecting and involving people. Following that inspection, the provider sent us an improvement plan in March 2015. They said they had implemented new care plans to ensure these reflected people's views and preferences for how their care and support was provided. They told us they had completed all the actions needed to meet the requirements of the regulations by July 2015. At this inspection we checked whether the provider had taken the action they said they would.

We found that improvements had been made and the service had taken the action needed to meet the requirements of this regulation. The provider had implemented a new format for people's care plans and as part of this change, the views of people and their relatives had been sought in order to plan and deliver care and support. As a result people's care plans were reflective of what people wanted and needed. To ensure the care and support people received continued to be personalised, the provider had introduced a keyworker system in order to improve communication between people, relatives and staff so that information could be shared about people's needs and wishes more effectively. It was the keyworkers responsibility for ensuring that care plans appropriately reflected people's wishes and choices for how they received care and support.

Feedback we received from people, relatives and other visitors to the home, was positive about staff. One person told us, "I think all the staff are nice." Another person said, "There are three lovely young girls who are very friendly and I like them a lot." A relative told us, "The staff are so good, I couldn't do what they do. They need so much patience." And a volunteer who worked at the home said, "The staff seem nice and attentive." During the inspection we observed staff to be on the whole kind, friendly and attentive to people. They took time to speak to people, understand their wishes and offer them choices. On our arrival at the home we saw one person was agitated and anxious and a member of staff helped distract them in a positive way so that they were eventually calm and happier. Staff demonstrated a good awareness of people's needs and how they should be supported.

However we saw on a number of occasions, the care and support people received was not as caring as it should be. We witnessed a member of staff telling one person to "open your mouth" when supporting them to eat. This was done in a brusque manner and the member of staff seemed to have little regard for the fact that the person they were supporting was indicating they did not wish to eat any more. On another occasion we saw another member of staff supporting one person around the ground floor in their wheelchair. The person was agitated and continuously called out from their chair. However the member of staff did not engage with the individual until the registered manager directed them to do so. And on another occasion we saw a member of staff speaking loudly to one person who kept asking "to go home". This only agitated the individual further. We made the registered manager and area manager aware of these incidents, and they told us they would take on board our concerns and take appropriate action.

Staff ensured people had privacy when they needed this and maintained their dignity. We saw staff knocked on people's doors to seek permission before entering. When staff were supporting people in their rooms, they made sure to close doors behind them so people could not be overseen or heard. Staff told us they always respected people's privacy by ensuring curtains and doors were closed when delivering personal care. Staff encouraged people to be as independent as they could be. People's records contained information about the level of support people needed so that staff had information about when people required assistance with their care. Staff were prompted to enable people to do as much as they could for themselves when providing care and support.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. We observed staff did not discuss personal information about people openly.

There were no restrictions placed on relatives or friends visiting with people at the home. We saw visitors were made to feel welcome, greeted warmly by staff and appeared comfortable and at ease in the home.

Is the service responsive?

Our findings

At the last inspection of the service in October 2014 we identified the provider was in breach of the regulation in relation to the care and welfare of people. Following that inspection, the provider sent us an improvement plan in March 2015. They said they had processes in place to assess people's care and support needs and risks to their health safety and welfare prior to moving into the home. This helped ensure people would be placed appropriately. They told us they had completed all the actions needed to meet the requirements of the regulations by July 2015.

At this inspection we checked whether the provider had taken the action they said they would. We found that improvements had been made and the service had taken the action needed to meet the requirements of this regulation. Records showed before people moved into the home an assessment of their needs had been carried out which had then been used to plan their care and support. This meant staff had appropriate information about how people should be supported when they moved into the home.

Since our last inspection the provider had introduced a new format for people's care records including a new care plan. The work to update people's records into the new format started in April 2015 and each person had a new style care plan in place at the time of our inspection. Each person using the service had a designated keyworker, who was responsible for updating and maintaining their records. The registered manager and area manager said this system was introduced to ensure that staff's knowledge and understanding of the needs of people they cared for, particularly when these changed, was appropriately reflected in people's individual records. We saw staff, in order to update records, had engaged in discussions with people and their relatives to gain information about them such as their background history, relationships that were important to them, their likes and dislikes, hobbies and activities they enjoyed and their preferences for how they should be supported by staff. This meant care plans were reflective of people's specific preferences and choices. There was information on people's records about the level of support they needed so that staff were aware of how people could be encouraged to retain as much control and independence when this was provided.

The feedback we received from staff about the new care plan format and keyworker system was mixed. One member of staff told us this system was useful and helped them to understand people's needs better so that they were able to provide them with the appropriate support. However another member of staff found regular evaluations and updates of people's records difficult and time consuming. The registered manager and area manager were aware of these issues and were taking action to address them which included regular monitoring checks of people's records and additional training, mentoring and support for staff.

Staff supported people to maintain relationships with people that mattered to them. Friends and families of people regularly visited the home and people were supported to spend time with them in the home and in the community. We saw a good example of this during the inspection where one person celebrated a wedding anniversary with family members in the home's garden. However some people we spoke with told us there was not enough for them to do in terms of activities in the home. One person said, "I'd like to get out more really. We don't really go anywhere, and there's nothing to do." Another person told us, "There's no entertainment. I don't do anything."

We did see some activities taking place in the home during our inspection. For example some people were supported by a member of staff to undertake a jigsaw puzzle whilst another member of staff led a group of people in an exercise. There were instances when individual staff members sat with people and chatted to them on a one to one basis. There were regular visitors and entertainers to the home such as a hairdresser and musicians, which were popular with people. We also saw some people were taking part in a choir competition due to take place the day after our inspection so people had been practicing weekly for this event. However we also saw occasions where people were seated in communal areas such as lounges with little stimulation or engagement other than the television or radio. It was clear that activities were undertaken on an ad-hoc basis and was the responsibility of staff on duty rather than any one individual. One staff member told us, "We don't have time to interact with people as well as looking after their physical care and updating paperwork and explaining things to new staff."

Is the service responsive?

The lack of a structured plan and programme meant not enough time was allocated to staff to ensure all of the people using the service were sufficiently engaged in activities to reduce the risks to them of social isolation. The registered manager and area manager were already aware that improvements were needed and told us about the actions being taken to address this. They told us the additional staff posts currently being recruited to would ensure staff would have more time to spend with people on activities and hobbies they were interested in undertaking. They said having a senior member of staff on each floor would also ensure that activities were better planned and organised throughout the home. To improve the quality of interaction between staff and people, particularly for people living with dementia, external expertise and guidance had been sought on how to do this in an appropriately stimulating and supportive way. This work was planned to take place with staff in September 2015. And, we saw the environment was being improved to make

this stimulating and engaging for people. For example parts of the home had been redesigned in a way as to facilitate activities that were meaningful to people such as the 1950's tearoom.

The home encouraged people to raise concerns or complaints if they felt they had experienced poor quality care. The provider had a formal complaints procedure which was displayed in the home that told people how they could make a complaint about the service. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these. We looked at the way complaints had been dealt with and noted the registered manager carried out a full investigation of the complaint made and then provided people with a detailed response including the actions taken to prevent any reoccurrence of the issues raised.

Is the service well-led?

Our findings

At the last inspection of the service in October 2014 we identified the provider was in breach of the regulation in relation to assessing and monitoring the quality of service provided. Following that inspection, the provider sent us an improvement plan in March 2015. They said they had increased the frequency of meetings with people, their relatives and staff to seek their views about how the service could be improved. They told us they had completed all the actions needed to meet the requirements of the regulations by July 2015. At this inspection we checked whether the provider had taken the action they said they would.

We found that improvements had been made and the service had taken the action needed to meet the requirements of this regulation. They had done this by putting in place arrangements to ensure the views of people, relatives and staff were regularly sought. This was primarily done through a regular programme of meetings, which was now in place, through which the service sought people's views on improvements that could be made at the home. One relative told us, "I went to the last relatives meeting and there were a lot of people there. You could ask anything." Minutes of meetings showed people were actively encouraged to put forward their ideas and suggestions for improvements. We saw good examples where people had asked for improvements to their rooms such as extra shelves on their walls and these requests had been accommodated. A suggestion made through the relative's meetings to introduce fresh fruit platters and cakes had been followed through. We saw these being offered to people with their tea and coffee, as an alternative to biscuits. We noted the service had taken positive steps to increase participation in meetings to ensure as many people could be involved. For example meetings were arranged as social events such as cheese and wine nights or held at the weekends to encourage as many relatives to attend as possible.

The registered manager demonstrated good leadership at the home. People, relatives and staff gave us positive feedback about the manager and it was clear that they were well liked, seen to be visible around the home and supportive of staff, whilst undertaking changes at the service that were needed. The registered manager was open, honest and transparent about the changes that were

needed and had communicated this to people, relatives and staff so that all were aware of the actions being taken. This was done in several ways. For example, our last inspection report was displayed in large print in the home and which detailed the actions being taken by the provider to make improvements that were needed. We saw from minutes of meetings with people and relatives, progress in making these improvements was openly discussed which meant the registered manager was fully accountable for ensuring these were on track to being achieved. The registered manager was committed to making themselves accessible and visible to as many people as possible. For example they had moved their office so this was now situated by the entrance to the home. They told us they hoped by doing this, people would feel encouraged to drop by and have an informal chat about anything they wished to talk about.

The registered manager ensured staff's priorities and objectives were focussed on ensuring people received continuously improving care and support. Regular supervision meetings took place between staff and their line managers through which these priorities and objectives were discussed and progress against them was monitored. Minutes of meetings with staff showed regular and on-going discussions took place about the improvements being made at the home and how staff were to ensure these were being delivered through their working practices.

There was a clear commitment from the provider to ensure there were appropriate resources and support available to the service to make improvements that were needed. For example the provider was investing in the home and we saw major redecoration had been undertaken and new furniture had been purchased. To improve the continuity and consistency of care people experienced they had increased the number of permanent staff needed in the home and were actively recruiting to fill these vacancies. They had procured external resources to come and work with the service in improving the quality of interaction between staff and people living with dementia. They also ensured that the registered manager received appropriate supervision and support to help them make the changes that were needed. The registered manager told us they felt empowered and valued by senior managers, which gave them the motivation they needed to deliver changes and improvements throughout the home.

Is the service well-led?

There was a quality assurance system in place to assess and monitor the service. A new programme of checks and audits had been implemented which covered key aspects of the service such as the quality of care and support people received, the accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing. Responsibilities for undertaking many of these checks and audits had been delegated to senior members of staff and this was monitored by the registered manager and area manager to ensure these had been done. We noted following these checks, where shortfalls or issues had been identified, action was taken by managers and staff to deal with these in an appropriate way.

There was scrutiny and challenge from senior managers within the provider's organisation about the quality of service provided. The area manager carried out a monthly visit to the home to audit the service. Following this audit they provided the registered manager feedback about areas that needed to be improved. The registered manager took appropriate action to make improvements where these were felt necessary. They told us progress in making improvements would be checked by the area manager at their next monthly visit to ensure these were achieved.

Both the registered manager and area manager acknowledged that the new system of checks had highlighted there were still aspects of the service that needed improvement for example the quality of people's care records. Our own checks identified some care records were not fully up to date and a complete and contemporaneous record of each person using the service. We found some inconsistencies with the information about specific risks to people. For example, we noted in respect of one individual a recent assessment was undertaken following a new risk to them that had been identified by

staff. However, on two other records we found no corresponding risk assessments in these records to indicate how identified risks for these two individuals had been assessed and evaluated. In three further records we noted risks assessments on file which had not been reviewed for more than twelve months.

We also found the accessibility and quality of information about people's care and support needs was variable. In one case, information about an individual's care needs was in two separate places. They were receiving specialist care for a leg ulcer which was provided by a registered nurse. However their main care plan had not been updated to reflect this so that other staff may not have been aware this care was being provided. Not all care plans had been evaluated monthly by staff, which the provider required staff to do. And, some people's records had not been fully reviewed to ensure that obsolete and unnecessary information had been removed from them so staff have current information about people's needs. Some records still contained out of date information about people, which had been superseded by their new care plan. This could have been confusing and contradictory for staff unfamiliar with that individual's needs.

Action was being taken to address these shortfalls such as supporting staff to improve their confidence in maintaining and updating people's care records. This included having a designated member of staff to mentor colleagues who needed extra help or support. There were workshops running which staff could attend to support them in how to undertake this work. And, in one to one meetings with their line manager's staff's competency and understanding of this area of their work was discussed with them to ensure they were able to undertake this work to the standard that was required of them.