

Boroughbridge Manor Limited

Boroughbridge Manor and Lodge Care Home

Inspection report

Roecliffe lane
Boroughbridge
YO51 9LW
Tel: 01423 326814
Website: [www.brighterkind.com/
boroughbridgemanor](http://www.brighterkind.com/boroughbridgemanor)

Date of inspection visit: 17 November 2015
Date of publication: 28/01/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17 November 2015 and was unannounced. We last inspected this service on 18 and 19 March 2015 where we identified breaches relating to:

Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to staff failing to carry out person centred care.

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2014 which related to obtaining and acting in

accordance with the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.

Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014, which related to the arrangements in place to ensure that staff were appropriately trained and supervised to deliver safe care and support to people.

Summary of findings

This inspection took place on 17 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. This inspection was a re-rating inspection carried out to provide a new rating for the service under the Care Act 2014 and to see if the registered provider and registered manager had made the improvements we required during our last inspection on 18 and 19 March 2015.

The provider sent us an action plan telling us about the actions to be taken and that the improvements would be completed by June 2015.

During this inspection we found the provider was no longer in breach of regulations and had made significant improvement to the service and the care people received.

Boroughbridge Manor and Lodge Care Home is a residential care home for older people, some of whom are living with dementia. The home can accommodate up to 76 people over three floors and is located in the town of Boroughbridge. The registered provider is Boroughbridge Manor Limited. There were 64 people living at the home.

The service had a registered manager in place. They had been in post since February 2015 and registered with the Care Quality Commission since 6 August 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us they felt safe. Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

Risk assessments were completed so that risks to people could be minimised whilst still supporting people to remain independent. The service had systems in place for recording and analysing incidents and accidents so that action could be taken to reduce risk to people's safety.

Medication was managed safely and people received their prescribed medication on time. Staff had information about how to support people with their medicines.

Staff recruitment practices helped ensure that people were protected from unsafe care. There were enough qualified and skilled staff at the service. Staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff team had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Staff had received further guidance and training with regard to current good practice for supporting people living with dementia. They were able to speak more confidently about the issues and how this had impacted on their practice and improved the well-being for people they cared for.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions.

People had their nutritional needs met. People were offered a varied diet and were provided with sufficient drinks and snacks. People who required special diets were catered for.

People's needs were regularly assessed, monitored and reviewed to make sure the care met people's individual needs. Care plans we looked at were person centred, descriptive, and contained specific information about how staff should support people. People had good access to health care services and the service was committed to working in partnership with healthcare professionals.

People told us that they were well cared for and happy with the support they received. We found staff approached people in a caring manner and people's privacy and dignity was respected.

People looked well cared for and appeared at ease with staff. The home had a relaxed and comfortable atmosphere.

People were involved in activities they liked and were linked to previous life experience, interests and hobbies. Visitors were made welcome to the home and people were supported to maintain relationships with their friends and relatives.

Summary of findings

The provider completed a range of audits in order to monitor and improve service delivery. Where improvements were needed or lessons learnt, action was taken.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the

ethos of the home and the quality assurance systems in place. This helped to ensure that people received a good quality service. They told us the manager was supportive and promoted positive team working.

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.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

When we spoke to people who used the service they told us they felt safe. Staff had undertaken training with regard to safeguarding adults and were able to demonstrate what to do if they suspected abuse was happening.

We found there were sufficient staff on duty to attend to people's needs. The way in which staff were recruited reduced the risk of unsuitable staff working at the home.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care.

There were systems in place to protect people against the risks associated with the management of medicines.

Requires improvement



Is the service effective?

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills to support people.

People were provided with a choice of nutritious food. Snacks and drinks were available at any time. People's dietary likes and dislikes were known by the staff.

The provider had appropriate policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff had received training and demonstrated understanding of the principles of the Act and people were supported to make decisions about their care, in line with legislation and guidance.

The home had developed good links with health care professionals which meant people had their health needs met in a timely manner when their needs changed.

Good



Is the service caring?

The service was caring

People were involved in making decisions about their care, treatment and support as far as possible. Staff knew people well because they understood their different needs and the ways individuals communicated.

Good



Summary of findings

People were positive about the staff and told us they were kind and caring. We observed staff respond to people in a kind and caring manner; they were patient and we heard some light hearted banter.

People had their privacy and dignity respected. We saw staff knocking on people's bedrooms doors before entering.

Is the service responsive?

The service was responsive.

People's needs were assessed and reviewed. People had individual care plans in place, which included information about people's needs and preferences.

People were supported to maintain relationships with their families and friends and activities and events took place at the service.

A complaints procedure was in place and displayed in the service's reception area. Records showed that complaints were investigated and responded to.

Good



Is the service well-led?

The service was well led.

Staff and people using the service; their relatives and representatives expressed confidence in the manager's abilities to provide good quality care.

The provider actively sought the views of people and collated them in the form of an action plan to improve the service.

The service was responsive to any comments or complaints they received. They made the necessary improvements where shortfalls were identified.

There were effective quality assurance systems in place to monitor the service and drive forward improvements. This included internal audits and also corporate audits which provided positive feedback about the service.

Staff reported a supportive leadership with the emphasis on openness and good team work.

Good



Boroughbridge Manor and Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. This inspection was a re-rating inspection carried out to provide a new rating for the service under the Care Act 2014 and to see if the registered provider and registered manager had made the improvements we required during our last inspection on 18 and 19 March 2015.

This inspection took place on 17 November 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector, who was supported by a specialist professional advisor (SPA). A SPA is a health and social care professional with a background relevant to the service being inspected. The SPA for this inspection was a registered nurse with experience of working with people living with dementia.

Prior to the inspection we reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is

information about important events which the service is required to send to the Commission by law. We planned the inspection using this information. We also contacted the local authority contracting team to ask for their views on the service and to ask if they had any concerns.

During our inspection we carried out observations of staff interacting with people and completed a structured observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us. We spoke with six people who lived at the service and eight relatives.

During the inspection visit we reviewed five people's care records, three staff recruitment files, records required for the management of the home such as audits, minutes from meetings, satisfaction surveys, and medication storage and administration records. We also spoke with 2 senior carers, 4 care assistants, the activities organiser, the chef, the registered manager, deputy manager and as well as one visiting health professional, a social worker, and Community Psychiatric Nurse (CPN).

We also contacted Health watch. Health watch represents the views of local people in how their health and social care services are provided.

Is the service safe?

Our findings

During the previous inspection of 18 and 19 March 2015 we identified that staff were failing to carry out person centred care. This placed people at risk of harm and was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that information contained in care plans was inconsistent which increased the risk of people receiving unsafe care. We had also found risk assessments regarding direct care were limited and did not entirely measure the risks that could affect service user safety and wellbeing.

During this inspection we found a new care plan format had been implemented and information was easier to locate and information was consistent. We saw that people had risk assessments in their files. Risk assessments help identify risks and include the steps to be taken to minimise them. Risk assessments and care plans related to mobility and falls prevention, choking and skin integrity, with evidence of body maps and moving and handling instructions for staff. Also we found evidence of involvement of specialist teams such as speech and language (SALT) where people were at risk of choking. All care plans and risk assessments were reviewed on a monthly basis or more frequently when necessary.

We had previously identified that the provider's system for reporting incidents electronically sometimes meant there was a delay in the registered manager reviewing the information and agreeing any action. They had implemented a process which included a paper copy of the incident for the deputy or registered manager's attention. This meant that incidents were reviewed and any action agreed and implemented in a timely manner.

Accidents and incidents were analysed for trends and patterns; for example if someone started to fall more frequently. In the event of a person falling additional checks were put in place to monitor for any ongoing effects. The service had completed a falls analysis report to identify trends and patterns over a six month period. The report produced recommendations which had been implemented with the result of a decrease in the number of falls.

People we spoke with told us they felt safe. One person said, "I was hopeless at home, kept falling and felt anxious

being on my own. Now I'm here there's always someone about." A visitor we spoke with said, "It's marvellous here, I can leave [name] and know that they are safe, it gives me complete peace of mind."

This meant that the breach of regulation identified on the 18 and 19 March 2015 was now met.

During the previous inspection we had identified that although there appeared to be sufficient staff available, their deployment and additional responsibilities were not well organised. This meant the number of staff available to provide direct care and support was reduced. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the previous inspection the registered manager was new in post. Since then they explained they had re-evaluated staff skills and experience with regard to the needs of people living in the three areas of the home and had relocated staff to work areas where they were best suited. They had also successfully secured a business case for additional staffing hours. Handover processes were now more focused and robust to ensure staff were aware of their responsibilities during their shift. An improved team morale meant staff worked more effectively in teams. We saw an improved staff presence in communal areas and staff communicated with each other to ensure people were attended to swiftly. This meant the risks to people were reduced.

People and their relatives told us overall there seemed to be sufficient staffing available. One visitor told us: "There's always someone available, staffing has got much better recently." And a person who used the service said, "I like to stay in my room but the girls pop in regularly to see if I'm ok. They never leave for long." Staff we spoke with said that they felt although they were busy there was enough staff on duty.

This meant that the breach of regulation identified on the 18 and 19 March 2015 was now met.

The service had policies and procedures with regard to safeguarding adults and whistleblowing (telling someone). When we spoke with staff about their responsibilities for keeping people safe they referred to safeguarding policies and confirmed they had received training about safeguarding adults. They were able to explain the process to follow should they have concerns around actual or potential abuse. Information the Commission had received

Is the service safe?

demonstrated the registered manager was committed to working in partnership with the local authority safeguarding teams and they had made and responded to safeguarding alerts appropriately.

We looked at the staff recruitment files for three members of staff. We saw from the records that application forms had been completed and important information had been received and checked to make sure those using the service were not at risk from staff who were unsuitable to work with vulnerable people. We also saw copies of application forms and CVs which included employment history information. We saw two references had been sought and a Disclosure and Barring Service check (previously called Criminal Records Bureau (CRB) check). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions

We looked at the maintenance records for the service. The formal annual servicing and safety inspections of equipment had taken place and were up to date. For example, we saw the certificates for the annual servicing and testing of fire equipment, Portable Appliance Testing (PAT) and nurse call system. Manual handling equipment had been inspected on a six monthly basis. Gas and electrical safety certificates were up to date. There were records of monthly hot water checks, weekly fire alarm testing and a register of fire doors checked on a monthly basis. There were also clear signs around the building informing people of action to take in a fire.

The service had an up to date fire risk assessment. We also saw evidence of Personal Emergency Evacuation Plans (PEEP) for people living at the service, to help ensure that people could be evacuated safely during an emergency.

Medicines were locked away securely to ensure that they were not misused. Daily temperature checks were carried out in all medicine storage areas to ensure the medicines did not spoil or become unfit for use. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines. Medication records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records.

The medicine administration record sheets (MARS) we looked at included up to date laminated identification cards with a recent photograph attached to assist staff in making sure the correct medicine was given to the correct person. The G.P information was included and any allergies were recorded.

All medication were prescribed within BNF limits and in accordance with NICE Guidelines where appropriate. There was not an overuse of PRN medication and special medication such as Lansoprazole was given as directed, before food. There was evidence in the records that medication was reviewed on a regular basis through the weekly G.P. visit meeting which was also attended by the Community Psychiatric nurse every month. There were no omissions of prescribed oral medication, but we did find that on a few occasions the topical creams and nutritional drinks administration was not recorded on the MAR, although they were recorded as being administered by the care staff in the topical creams administration file. We spoke with the registered manager about this who agreed to address this omission with staff to ensure that this does not happen further.

During the medicines round we observed that staff took time with the people whilst giving them their medicines and administered medicines in a safe way.

Some people at the service sometimes needed their medicines administered covertly, to ensure their welfare and safety. Giving medication covertly means medicine is disguised in food or drink so the person is not aware they are receiving it. We saw that where medicines were given covertly information was available in the person's records to show that this had been a multi-agency decision, involving the person, their relatives and relevant health professionals. The staff we spoke with were clear and competent about the use of covert medication. For example, staff explained how they tried to give medication with the person's consent first, would try again several times, and only give medicines covertly in exceptional circumstances. .

We saw drugs liable to misuse, called controlled drugs were stored in a suitable locked cabinet and we checked stock against the controlled drugs register. The stock tallied with the record. We noted that where people were prescribed PRN (as required) medicines, information was recorded about the circumstances under which the medicine could be administered.

Is the service safe?

Staff were not permitted to administer medicines until they had completed medication training. The training included a written exam and observation of competency which meant people could be assured they received the medicines they were prescribed safely.

Regular audits were carried out to determine how well the service managed medicines. We saw evidence that where concerns or discrepancies had been highlighted, the senior care workers and registered manager had taken appropriate action straightaway in order to address those concerns and further improve the way medicines were managed within the home.

We walked around the building and saw grab and handrails to support people and chairs located so people could move around independently but with places to stop and rest. Communal areas and corridors although homely, were free from trip hazards.

The home was clean. We saw staff had access to personal protective equipment such as aprons and gloves. We observed staff using good hand washing practice. There were systems in place to monitor and audit the cleanliness and infection control measures in place.

Previously identified breaches in regulation are now met so this domain is no longer rated as inadequate. However, in order for this domain to be rated as good we need to see consistent good practice over time therefore we will return and review these areas again at the next inspection.

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During the previous inspection in March 2015 we checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met

During the previous inspection although we found that the registered manager was able to demonstrate an understanding of the principles of the MCA and DoLS we found that the MCAs were poorly documented and lacked supportive information around the decisions in applying the given level of current capacity of individuals.

This was a breach of Regulation 11 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw in people's care plans that MCA assessments had been undertaken to assess people's capacity to make particular decisions. These were decision specific for example "consent to care and share information, consent to use of equipment to promote safety. We saw a record of best interest decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions for example the use of covert medicines. This meant that the person's rights to make particular decisions had been upheld and their freedom to make decisions maximised, as unnecessary restrictions had not been placed on them.

We noted that where a person lacked capacity and this amounted to a deprivation of the person's liberty the registered manager was sending DoLS applications to the

local authority to authorise in line with legislation. This meant legal safeguards to protect the rights of people who may lack mental capacity to make some decisions around their care and welfare were being protected.

We saw records of when people had made advanced decisions on receiving care and treatment. The care files held 'Do not attempt cardio-pulmonary resuscitation' decisions for people and we saw that the correct form had been used and was fully completed recording the person's name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form.

We saw that consent to care and treatment records were signed by people where they were able;

When we spoke with staff they demonstrated a good understanding of the issues with particular regard to day to day care practice ensuring people's liberty was not unduly restricted.

There was a provider wide training department with specific staff employed to support staff training needs. Some staff from the home undertook 'Train the trainer' training in order to deliver in house training, for example in the area of moving and handling. Training was provided in video, learning books and face to face classroom type training. The registered manager told us the provider was moving towards reducing the amount of e learning as they felt it was less effective. The registered manager showed us a training matrix which recorded the training staff had completed and a system which alerted them when staff were due for updates. Staff we spoke with told us there were good opportunities to attend training and it was relevant to their role.

Staff told us that when new staff started they had a two week period of time before being counted on the staff rota. During this time staff shadowed a more competent staff member and were given time to learn the role. The records we saw for three recently recruited staff showed that staff had completed a range of relevant training during induction and that the service had implemented the Care Certificate as part of their induction training. The Care Certificate is a recognised qualification which aims to provide new workers with the introductory skills, knowledge and behaviours they need to provide compassionate, safe and high quality care. One member of

Is the service effective?

staff stated that the service “had improved significantly” and commented that their induction to the service was “excellent” and included a period of shadowing staff which they found helpful.

During the previous inspection we had commented about the lack of specialist training with regard to dementia care. The registered manager had acknowledged this was an area she hoped the home would develop. We spoke with one of the Team Leaders who told us they had recently had completed the Bradford University Foundation course in dementia care and commented that it was “Excellent, it was really evocative and gets you thinking”. They enjoyed attending the course with people from other care homes and are looking forward to the support network meetings that are planned for next year. We noted a significant improvement in the knowledge and understanding staff had with regard to up to date practice for people living with dementia. The additional training provided demonstrated a commitment to improving skills and expertise in this area.

We looked at some supervision records and saw a standard format with headings for discussion including the organisation’s values, ‘make every moment matter’, ‘keep it simple’, ‘do it from the heart’, ‘choose to be happy’ and ‘sort it’. Staff told us they received regular supervision which encouraged them to consider their care practice and identify areas for development. Staff told us they found supervision sessions useful and supportive. This meant that staff were well supported and any training or performance issues identified.

During our visit we observed staff treating people well and in ways that demonstrated they had the skills and understanding needed. For example, we saw staff dealt pleasantly and effectively with people. The people who used the service and relatives we spoke with were complimentary about the staff team and the competency of staff. People and their relatives described staff as approachable, understanding and said staff understood people’s needs and had the skills they needed to look after people.

We spoke with the registered manager about staff ability to converse and write confidently in English, which staff and relatives had reported to us. The registered manager told us they had planned additional tuition for staff who were assessed as needing to improve their language and written

skills. We also discussed the need for staff to have knowledge about the culture, history and colloquial nuances of people who are living with dementia and find communicating their needs difficult.

We observed the lunchtime experience and noted the tables were set with cloths and napkins and a menu for the day was on each table. We observed people seemed to enjoy their food which was presented attractively and was clearly hot. One person told us, “Lunch was lovely, it always is’ lunch was very tasty.”

People were offered a choice of menu and samples of the meal were shown to people enabling them to make a choice about what they wanted for lunch.

Those people who needed it were given discrete assistance with their meal and we saw people using adapted cutlery and plate guards in order that they could be independent when eating. We saw that food was served on coloured crockery. Research suggests that coloured crockery encourages people living with dementia to focus on their meal and consume more food.

We spoke to the chef who told us all food was fresh and locally sourced. They baked every day to ensure fresh cakes and high calorie smoothies were available to supplement people’s diet where they were at risk of weight loss. They told us they had a good relationship with people and they knew people’s preferences. Whilst we were at the home we noted that people had access to juice and water and that people were offered tea and coffee at regular intervals and we heard staff encouraging people to drink sufficient fluids.

There were systems to ensure people identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition using a recognised Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify if adults were malnourished or at risk of malnutrition. Where people were identified as being at risk staff completed daily ‘food and fluid balance’ charts. The food charts were used to record the amount of food a person was taking each day. People had their nutritional and fluid intake monitored as a precaution as it is thought they were vulnerable and at risk in this regard. We found care plans were well written for this area of care; however we noted that on occasion the person’s daily target was not

Is the service effective?

recorded accurately. We raised this with the manager who agreed to carry out an audit and remind staff of the importance of completing these records accurately and consistently.

People's weights were monitored in accordance with the frequency determined by the MUST score. This information was used to update risk assessments and make referrals to relevant health care professionals, such as doctors, dieticians and speech and language therapists, for advice and guidance if appropriate.

People's records showed details of appointments with and visits by healthcare and social professionals. We saw evidence that staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed, for example General Practitioners (GPs), social workers, dietician, speech and language team (SALT), community psychiatric nurses, chiropody and podiatry. The care plans we looked at reflected the advice and guidance provided by external health and social care professionals. This

demonstrated that staff worked with healthcare and social care agencies and sought professional advice, to ensure that the individual needs of the people were being met, to maintain their health and wellbeing.

Specialist practitioners visiting the service who we spoke with during inspection, commented, that the "care team at Boroughbridge has changed for the better and the service is more organised and stabilised". One person stated, "The care staff now know what's going on with the residents which is reassuring to me." Another person commented, "The manager is very good at identifying the needs of residents and communication has improved."

We could see that consideration had been given to research associated with supportive environments for people living with dementia. For example we saw in the communal areas contrast in colour used to support people to distinguish their environment. There were pictures on the walls from the 50's and 60's which seemed relevant to the age of people. Rummage boxes were available for reminiscence. There were scrapbooks for people to look at featuring events from different decades. There was a board telling people what day, date and season it was and what the weather was like outside.

Is the service caring?

Our findings

People we spoke with were complimentary about the care they received. One person said “The staff are so patient.” Another person said “The staff are really good; they come to me when I need them. I prefer to stay in my room and listen to the radio.” A relative told us “I can’t praise the staff enough they are so kind and caring, I never have to worry.”

We spent time in the lounge areas of the home. Staff approached people in a sensitive way and engaged people in conversation which was meaningful and relevant to them. There was a calm, positive atmosphere throughout our visit and we saw that people’s requests for assistance were answered promptly. Throughout the visit, the interactions we observed between staff and people who used the service were friendly, respectful, supportive and encouraging. Our observation during the inspection was that staff were respectful when talking with people calling them by their preferred names.

We observed that people were asked what they wanted to do and staff listened. In addition, we observed staff explaining what they were doing, for example in relation to giving people their medication. When staff carried out tasks for people they bent down as they talked to them, so they were at eye level. As they assisted people and they met their needs in a sensitive and patient manner. We saw recorded in someone’s care plan that they responded to physical contact and liked to receive the occasional hug or have their hand held.

Staff were patient, kind and polite with people who used the service and their relatives. Staff clearly demonstrated that they knew people well, their life histories and their likes and dislikes and were able to describe people’s care preferences and routines. People looked well cared for with attention given to people’s personal appearances and we saw people’s bedrooms were personalised with their own furniture and possessions or family photographs.

Some people living at the service with dementia were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found

people responded in a positive way to staff. We observed staff treating people with kindness and compassion, staff spoke with people at a pace which appeared comfortable to them.

Everyone said that they were treated with dignity and respect and we observed this during our visit. People could choose if they wanted male or female carers, staff knocked on doors before entering people’s rooms and bathroom doors were close and ‘engaged’ when people were receiving personal care. Everyone told us how polite, friendly and respectful staff were.

We observed that staff regularly consulted with people about what they preferred to do, whether they were comfortable or needed anything. One person required assistance using a hoist. We observed staff give verbal and physical reassurance; talking to them about what was about to happen in a patient and reassuring manner. We saw people were offered blankets or were assisted to ensure their clothing protected their dignity. During lunch people were offered protective clothing before being assisted.

People’s confidential information was kept private and secure and their records were stored appropriately. Staff knew the importance of maintaining confidentiality and had received training on the principles of privacy and dignity and person centred care.

Where people were subject to DoLS authorisations arrangements had been made during the DoLS process to identify an appropriate representative or advocate for the person. Information about this was available in the DoLS assessment records.

Staff told us they had received training with regard to providing end of life care. Staff told us they received excellent support from district nurses. One member of staff said “We always make sure there are extra staff on duty to attend to people at the end of their life. It’s a privilege to support someone during their final days” We saw an advanced care plan/end of life care plan for one person which included information about the relevant people who were involved in decisions about this person’s end of life choices; for example they enjoyed listening to classical music. Also included were details about anticipation of any

Is the service caring?

emergency health problems. This meant that health and emotional care information was available to inform staff of the person's wishes at this important time, to ensure that their final wishes could be met.

Is the service responsive?

Our findings

During our previous inspection we had identified a lack of robust care planning had impacted on people's health and wellbeing. Care plans lacked information or contained contradictory information for staff to provide care and support in manner which responded to the person's needs consistently. The quality of care plans posed a potential risk that inappropriate care would be provided due to the lack of organised and consistent information. The registered manager explained at the previous inspection that a new format for care planning was being introduced.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection the registered manager explained that they completed pre admission assessments of people's needs. They said they involved other people in the process such as relatives and health and social care professionals, to ensure as much information was gathered as possible in order to determine whether they would be able to meet those needs. They went on to tell us that prior to admission wherever possible the person would have an opportunity to visit the home before they were admitted either for an overnight stay or a meal. This provided an opportunity for the person to decide if they wanted to live there and for everyone to meet each other. Following an initial assessment, care plans were developed detailing the care needs and support required to ensure personalised care was provided for everyone. The care plans guided the work of care team members and were used as a basis for quality, continuity of care and risk management.

During this inspection we reviewed five people's care plans in detail. We saw the care plans which covered areas such as personal care, mobility, nutrition, daily and social preferences and health conditions. We saw that people had corresponding risk assessments in place. People's plans gave specific, clear information about how the person needed to be supported. For example

We could see that people's care had been reviewed and their plans amended. For instance we saw that one person had lost weight and had been referred to the dietician and now required their food and fluid intake to be monitored. We saw the corresponding records for this. We looked at

people's daily notes and saw the information provided a picture of how the person had spent their day. The detail in these records meant people's needs could be monitored and any changing needs picked at an early stage.

Examination of care plans showed they were person-centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what is important to the person. This was helpful to ensure that care and support was delivered in the way the person wanted. From our discussions with staff it was evident they knew the individual care and support needs of people. Staff told us they had a handover meeting at every shift change where any changes to people's needs were made known so they were able to provide appropriate care.

This meant that the breach of regulation identified on the 17 and 128 March 2015 was now met.

During the previous inspection we had identified a lack of activities and occupation available for people. During this inspection a new full time activities co-ordinator had been employed by the service. They told us they had planned a programme of group activities and were meeting with individuals to develop one to one sessions which related specifically to individual needs and interests, and for those who did not want to join in with the group programme.

There was a published programme of activities and the service subscribes to the Daily Sparkle, a newsletter designed for residents and family for people with dementia and contains many news items and suggested activities to involve people in reminiscence therapy.

Links with local community had been developed and children from the local school had recently held a colouring competition which people living at the home judged. Children came to the home to hear the winners announced. The hairdresser visited once a week and we were told the hairdressing salon was a 'hive of activity and chatter' these days. A couple had also recently renewed their wedding vows at the home.

The activities organiser had also started to develop life histories for people, however some of these were not held on people's files and therefore not available to staff. We discussed with the registered manager **the importance** of having this information available to staff for when a person can no longer tell staff themselves about their preferences

Is the service responsive?

and it enables staff to better respond to the person's needs and enhance their well-being and enjoyment of life. They agreed to ensure all life histories were placed on people's files.

Information about how to make a complaint was available. People we spoke with knew how they could make a

complaint if they were unhappy and said that they had confidence that any complaints would be responded to. We reviewed the complaints records; the records indicated the service's complaints procedure had been followed and the complainants had been satisfied with the outcome.

Is the service well-led?

Our findings

During the previous inspection the registered manager had only recently started in post. They told us they had a clear vision of how they wanted the home to improve, with a stable staff team who had the necessary skills and experience being a priority. They also wanted to review and improve the quality of care plans. At that time the registered manager said they were still getting to know the home and the people who lived there.

During this inspection we saw the registered manager had taken action to make the improvements identified at the previous inspection and previous breaches in regulations were now met. The registered manager had implemented their plans to ensure people's needs were met by a competent staff team with the necessary skills and experience and had developed community links and improved relationships with other professionals.

The provider sought regular feedback from people who used the service, their relatives, staff and external agencies. The results of these were published with an action plan. People were informed of progress with actions.

People who lived at the home and their relatives told us they knew who the manager was and saw them regularly around the home; they confirmed they were approachable and responded to concerns and queries. Comments we received included; "The manager has made a big difference, staff are more confident and it all appears more organised." Another relatives told us "The care given to my father has been excellent. Since the manager came I have noticed big changes; it's much better."

There was a clear management structure at the service. The staff we spoke with were aware of the roles of the management team and they told us that the manager had a regular presence in the service. They told us the manager spent time in the home talking with and working alongside staff.

The staff we spoke with were all complimentary about the registered manager. Staff told us the registered manager was very approachable and supportive and felt they had already made a difference and had recognised and addressed the low morale that had been evident previously. They said they were fair and addressed issues directly with staff but also acknowledged when staff had

worked well and provided good care and support. One member of staff said "I have never done this type of work before but I love my work here it is a lovely atmosphere, we work well together."

Staff meetings had been held at regular intervals, which had given staff the opportunity to

share their views and to receive information about the service. Staff told us that they felt

able to voice their opinions, share their views and felt there was a two way communication

process with managers and we saw this reflected in the meeting minutes we looked at.

During our inspection we spoke with the registered manager about people who used the service. They were able to answer all of our questions about the care provided to people showing that they had a good overview of what was happening with staff and people who used the service. They told us they were proactive in developing good working relationships with partner agencies in health and social care. The feedback we received from these agencies supported these statements.

The registered manager was knowledgeable and experienced; from evidence gathered through this inspection we could see they placed much emphasis on people receiving a high quality of care. They invested in the staff team to deliver this. The manager spoke enthusiastically about the developing care and support to people living with dementia.

One member of staff told us they had noticed significant improvement in the service over the past twelve months and since the new manager came into post, commenting that "the new manager is excellent and the company is investing and building something solid and I believe the home's reputation is on the up." And another member of staff said, "Changing culture is a big thing, but we are getting there"

The manager explained there were a 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 talking to people and their relatives. Audits included regular daily, weekly, monthly and annual checks for health and safety matters

Is the service well-led?

such as passenger lifts, firefighting and detection equipment. There were also care plan and medicines audits which helped determine where the service could improve and develop.

Monthly audits and monitoring undertaken by regional managers helped managers and staff to learn from events such as accidents and incidents, complaints, concerns and whistleblowing. The results of audits helped reduce the risks to people and helped the service to continuously improve.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team, police, deprivation of liberty team, and the health protection agency. Our records showed that the provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

The registered manager was aware of the legal requirement to display the service's CQC rating and we saw that the rating and a copy of the last inspection report were on display in the reception area.