

Ringdane Limited

Dane House Care Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection at Dane House Care Home on 13 and 14 November 2014. Breaches of legal requirements were found and we took enforcement action against the provider. We issued a warning notice in relation to the care and welfare of the people at Dane House Care Home. As a result we undertook a focused inspection on 2 March 2015 to follow up on whether the required actions had been taken to address the previous breaches identified, and to see if the required improvements, as set out in the warning notice had been made.

You can read a summary of our findings from both inspections below.

Comprehensive Inspection of 13 and 14 November 2014

We inspected Dane House on the 13 and 14 November 2014. Dane House Care Home is registered to provide care to people with nursing needs, many of whom were living with dementia.

Dane House supports a mixture of Local Authority and self-funded people. The home can provide care and support for up to 22 people. There were 21 people living at the home during our inspections.

Summary of findings

Dane House Care Home belongs to the large corporate organisation called Four Seasons. Four Seasons provide nursing care all over England and have several nursing home within the local area.

The accommodation is over two floors with a communal lounge and conservatory. Although care and support is provided for people living with dementia, the home is not specialised in dementia care.

A manager was in post, but they were not the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. The home has been without a registered manager for nearly a year.

At the last inspection in August 2014, we asked the provider to make improvements in respecting and involving people; care and welfare, staffing, supporting workers and quality assurance. An action plan was received from the provider which stated they would meet the legal requirements by 11 November 2014. Improvements had not been made.

People spoke positively of the home and commented they felt safe at the home. Our own observations and the records we looked at did not always reflect the positive comments some people had made.

People's safety was being compromised in a number of areas. Care plans did not reflect people's assessed level of care needs. Staffing levels were stretched and staff were under pressure to deliver care in a timely fashion.

The provider was not meeting the requirements of the Mental Capacity Act (MCA) 2005. Mental capacity assessments were not completed in line with legal requirements. Staff were not following the principles of the MCA. We found there were restrictions imposed on people that did not consider their ability to make individual decisions for themselves as required under the MCA Code of Practice.

The delivery of care suited staff routine rather than individual choice. Care plans lacked sufficient information on people's likes, dislikes, what time they wanted to get up in the morning or go to bed. Information was not readily available on people's life history and there was no evidence that people were involved in their care plan.

Everyone we spoke with was happy with the food provided in the home. However, we found lunchtime to be chaotic with people not receiving their lunch until 2pm. A communal dining experience was not made available to people and they ate their lunch either in their rooms or sitting in the lounge watching television. People were not always supported to eat and drink enough to meet their needs.

People's medicines were stored safely and in line with legal regulations. People received their medication on time and from a registered nurse. However, the home did not undertake pain assessments for people living with dementia or communication needs. Therefore, there were no systems or mechanisms in place to recognise and acknowledge when people were in pain and required pain relief.

Feedback was regularly sought from people, relatives and staff. 'Residents' and staff meetings were held on a regular basis which provided a forum for people to raise concerns and discuss ideas. Incidents and accidents were recorded, but not consistently investigated. Where people had sustained harm, this was not always reported to the local safeguarding team.

People we spoke with were very complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff interactions demonstrated staff had built rapport with people and people responded to staff with smiles.

Focused Inspection on 2 March 2015.

After our inspection of 13 and 14 November 2014, the provider wrote to us to say what they would do to meet legal requirements in relation to care and welfare, safeguarding people from abuse, consent to care and treatment, quality assurance, meeting people's nutritional needs and management of medicines.

We undertook this unannounced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. We found significant improvements had been made, but we continue to have concerns with the recording of mental capacity assessments, staff's understanding of Deprivation of Liberty Safeguards (DoLS), the opportunity for meaningful activities for people and involving people in the running of the home.

Summary of findings

Staff understood the principles of consent to care and treatment and respected people's right to refuse consent. However, mental capacity assessments were not consistently recorded in line with legal requirements. We have identified this as an area of practice that continues to require improvement.

Training schedules confirmed staff had received DoLS training, but not all staff could confirm who was subject to a DoLS and what that meant for the individual. Care plans did not provide sufficient guidance on how to provide care and support in line with the DoLS authorisation. We have identified this as an area of practice that continues to require improvement..

The opportunity for social engagement and meaningful activities remained limited and people were at risk of social isolation. We have identified this as an area of practice that required improvement.

Despite the above concerns, the provider had taken action to improve the safety and delivery of care people received. Risks had been appropriately identified and robustly addressed both in relation to people's specific

needs and in relation to the service as a whole. Staff were aware of people's individual risk assessments and knew how to mitigate the risks. There was constant monitoring and reassessment of risks which ensured that staff took actions to protect people.

Guidance was now in place for the use of 'as required' PRN medicine and people's management of pain was well controlled. The registered nurses had an effective system in place to manage people's wound dressings, and staff could clearly advise of the actions to reduce the risk of people's skin breaking down. People were supported to eat and drink enough to meet their needs.

The delivery of care was suited to the person and not task based, and people and visiting relatives spoke highly of staff and the quality of care provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which has now been superseded by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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?

Dane House Care Home provided safe care and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

Risk assessments were undertaken to establish any risks present for people, which helped to protect them. People told us they felt safe living at Dane House Care Home and staff demonstrated a strong commitment to providing care in a safe and secure environment.

Guidance was in place for the use of 'as required' medicines (PRN) and pain assessments charts were utilised and used to help manage people's management of pain.

Good



Is the service effective?

Dane House Care Home was not consistently effective. Improvements had been made from the last inspection, and based on the evidence seen we have revised the rating for this key question to 'Requires Improvement'.

Mental Capacity Assessments were not completed in line with best practice guidelines. Staff's understanding of Deprivation of Liberty Safeguards (DoLS) varied, and not all staff members could confirm who was subject to a deprivation of liberty safeguard and what that meant for the individual person.

People's nutritional needs were met. Registered nurses now had oversight of how much people's ate and drank, and guidance was now available on how much people should be eating and drinking to remain healthy.

Requires improvement



Is the service caring?

Dane House Care Home was caring and was meeting the legal requirements that were previously in breach. Based on the evidence seen we have revised the rating for this key question to 'Good'.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff spoke with people and supported them in a very caring, respectful and friendly manner

Good



Is the service responsive?

Dane House Care Home was not consistently responsive. Improvements had been made from the last inspection, and based on the evidence seen we have revised the rating for this key question to 'Requires Improvement'.

The opportunity for social engagement and meaningful activities were limited. People were at risk of social isolation.

Requires improvement



Summary of findings

Care plans were reviewed on a monthly basis with input from the person and their relatives. However, care plans lacked consistent detail on the person's life story, important memories and what's important to them.

Is the service well-led?

Dane House Care Home was not consistently well-led. Improvements had been made from the last inspection, and based on the evidence seen we have revised the rating for this key question to 'Requires Improvement'.

Feedback was not consistently sought from people, and residents meetings were not held on a regular basis.

There was no registered manager employed, but an acting manager was in post. The provider was directly involved with the home and supporting the staff team, whilst a new manager was being appointed.

A robust quality assurance framework was now in place and communication within the home had significantly improved.

Requires improvement



Dane House Care Home

Detailed findings

Background to this inspection

This inspection report includes the findings of the focused inspection. We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspections checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

We carried out a comprehensive inspection of all aspects of the home on the 13 and 14 November 2014. The comprehensive inspection identified numerous breaches of regulations. We undertook an unannounced focused inspection of Dane House Care Home on 2 March 2015. This inspection was to check that improvements to meet legal requirements planned by the provider after our inspection on the 13 and 14 November 2014 had been made.

The inspection team consisted of two inspectors. During the inspection we spoke with three people who lived at the

home, one visiting relative, the registered nurse, four staff members and the acting manager. Following the inspection, we contacted two further relatives to obtain their views and two healthcare professionals.

We looked at areas of the building, including people's bedrooms, bathrooms, the lounge and the conservatory. Some people had complex ways of communicating and several had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at six care plans and the risk assessments included within the care plans, along with other relevant documentation to support our findings.

We also 'pathway tracked' people living at the home. This is when we followed the care and support a person receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulations 9, 10, 13 and 11 of the Health and Social Care Act 2008. This was because risk assessments lacked sufficient guidance and detail. Care records failed to demonstrate when people last received support to meet their individual personal care needs. Incidents and accidents were not being investigated and safeguarding alerts were not being made following a person experiencing abuse or harm. People were at risk of not receiving 'as required' (PRN) medicines and pain assessments were not completed.

Due to the concerns found at the last inspection, we found people were at significant risk of not receiving safe care and the delivery of care was inadequate. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 27 February 2015. Significant improvements had been made and the provider is now meeting the requirements of Regulations 9, 10, 13 and 11 of the Health and Social Care Act 2008.

People told us they felt safe living at Dane House Care Home. One person told us, "I feel very secure living here." Staff expressed a strong commitment to providing care in a safe and secure environment.

Individual risk assessments had been reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments identified the specific risk, the control measures to minimise risk and the level of risk, whether it was high, medium or low. These covered a range of possible risks, for example nutritional risk, choking, skin integrity, falls and mobility. Where the risk of a person was high, clear measures were in place along with input from relevant healthcare professionals.

The last inspection identified concerns with the provider's management of people's skin integrity. This was because guidance was not available in their care plans on how to promote their skin integrity or to reduce the risk of it breaking down further. Improvements had been made and people's skin integrity was managed effectively and safely. Staff and the registered nurse could tell us the measures required to maintain good skin integrity. One member of staff told us, "We regularly ensure people are assisted to change their position, apply barrier creams and promote their hydration." Risk assessments were in place which

calculated people's risk of skin breakdown (Waterlow score) and included a clear plan of care. One person had a Waterlow score of 17 which had identified they were at high risk and had developed a pressure ulcer. The risk assessment included clear and detailed information on the person's medical background, nutritional intake and any contributory factors which may prevent the ulcer from healing. Information was recorded and regularly updated on the depth, odour and size of the wound. The registered nurse could clearly inform us of the dressing required to manage the wound and when they were required to be changed.

Good skin care involves good management of continence and support to regularly change position. At the last inspection, we raised concerns as people sitting in the communal lounge did not receive support in over six hours to access the toilet or change position. Improvements had been made. People were provided with appropriate pressure relieving equipment and staff supported people with poor mobility to change their position regularly to reduce the risk of damage to the skin. People were also regularly supported to access the toilet and staff told us that they had sufficient and appropriate movement and handling equipment to safely assist people who were not able to mobilise independently. For example, they had the hoists and individual slings in the correct sizes. Systems were also in place to ensure that people were protected against the risks associated with indwelling products such as feeding tubes and urinary catheters. Staff told us that equipment was maintained in good working order, and accident records showed that there were no accidents or injuries relating to the environment or equipment.

Care documentation had improved since the last inspection and documentation could clearly tell us when people had received support to meet their individual personal care needs. One member of staff told us, "Recording has greatly improved and we now clearly record when someone has a shower, bath or assistance with toileting." Documentation confirmed people received regular support in line with their individual preferences.

Incidents and accidents were now consistently investigated and where harm had occurred to the person, this had been referred to the local authority as a safeguarding alert. The acting manager told us, "We have system to alert us when incidents/accidents need reviewing to ensure we are regularly learning and improving." Documentation

Is the service safe?

considered the incident/accident, the time it occurred, immediate action and the investigation. The outcome of each incident/accident considered the action taken and any lessons learned. Where harm had occurred to the individual, the local safeguarding team had been alerted. For example, one person disclosed to an allegation against a member of staff. The safeguarding team were alerted and measures implemented to safeguard the person.

For people living with dementia or people with communication needs, they may not always be able to verbally express when they are in pain or experiencing discomfort. At the last inspection, we found that pain assessments were not completed by registered nurses. Therefore, staff had no means of measuring, understanding and assessing people's pain levels. Improvements had been made and each person now had a pain assessment chart. This explored how the person may experience the pain, what makes the pain better or worse. The Abbey Pain scale (tool to assess pain levels for people living with

dementia) was also undertaken and used in determining behaviours which may indicate pain levels. Staff told us they recognised clear behaviours which could indicate someone was in pain. For example, one person could scream out loud while another person's body position could indicate they were experiencing pain.

Guidance was also now in place for the use of, 'as required' medicines (PRN). PRN medicine should only be offered when symptoms are exhibited. Clear guidance and risk assessments must be available on when PRN medicine should be administered and the steps to take before administering it. Documentation provided information on when the PRN medicine should be offered, the maximum dosage, route of administration and reason for administration. The registered nurse told us, "We are committed to the minimal use of PRN medicine and never administer PRN medicine to manage behaviour that challenges."

Is the service effective?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9, 14 and 18 of the Health and Social Care Act 2008. This was because Mental Capacity assessments were not completed in line with legal requirements. Deprivation of Liberty Safeguards (DoLS) had not consistently been requested and staff had no oversight of people's daily food and fluid intake.

The concerns identified at the last inspection found significant failings and the delivery of care was not effective. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 27 February 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 14 and 9 of the Health and Social Care Act 2008. However, we continue to have concerns regarding Mental Capacity assessments and the understanding of DoLS within the home.

The Mental Capacity Act (MCA) 2005 was designed to protect and restore power to those vulnerable people who lack capacity and are unable to make specific decisions for themselves. Staff understood the importance of gaining consent from people before providing care, whilst also respecting people's right to refuse consent. One staff member told us, "Some people cannot always verbalise their consent, but we always explain to them and their body language can tell us if they are happy or not. One lady will smile and that's her way of providing consent." Training schedules confirmed staff had received MCA training and it was clear staff understood the principles of gaining consent from people before delivering care. However, MCA assessments were still not recorded in line with legal requirements.

The MCA says that assessment of capacity must be decision specific. It must also be recorded how the decision of capacity was reached. We found mental capacity assessments were not decision specific and did not record the steps taken to reach a decision about a person's capacity. The assessment of capacity did not reflect whether the person was provided with the nature of the decision, the reason why the decision was needed, and the likely effects of deciding one way or another, or making no decision at all. From talking to staff, it was clear staff understood that people were able to make simple day to

day decisions and enabled people to make those decisions. However, we have identified the recording of MCA assessments as an area of practice that required improvement.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

On the day of the inspection, two people were subject to a Deprivation of Liberty Safeguard. Staff confirmed they had received had received DoLS training. One staff member told us, "It's about taking away people's liberty in their best interest." However, not all staff members could consistently tell us who was subject to a DoLS and what it meant for the individual. Care plans had been updated to reflect the person was subject to a DoLS, but guidance and support was not available on how to provide care in line with the DoLS authorisation or how to provide care in the least restrictive manner. Therefore care plans lacked sufficient guidance and support to enable staff to provide effective care under a deprivation of liberty safeguard, whilst respecting and empowering the person. Although staff were unaware of who was under a DoLS. Staff could clearly explain that care had to be provided to those two people in their best interest. Staff clearly recognised the need to try and gain consent but also understood that the people may not be able to consent but to therefore always explain what they were doing.

The above issue relating to the recording of care plans was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found lunchtime to be chaotic and the communal dining experience was not made available to people. Staff lacked oversight of people's food and fluid intake and people were at risk of dehydration. Significant improvements had been made.

Dining tables were set up in the conservatory with table clothes and condiments to hand. People were offered the

Is the service effective?

choice of eating in the dining room, their bedroom or the communal lounge. People could choose where they wished to eat and this decision was respected by staff. Refreshments were available and the atmosphere was quiet but relaxed with music playing softly in the background. People were offered a choice of food and were given time to enjoy their food, with staff ensuring that they were happy with their meals. Staff knew who required assistance with and provided this at a pace which suited the person. People, who required support, were assisted in a dignified manner with care staff interacting and supporting the person.

Promotion of hydration in older people can assist in the management of diabetes and help prevent pressure ulcers, constipation, incontinence, falls, poor oral health, skin conditions and many other illnesses. Mechanisms were now in place to monitor people's fluid intake on a daily basis and monitor for any signs of dehydration. Individual fluid target had been calculated which considered the age of the person, their weight and how much they should be drinking. This enabled staff to have an oversight of people's

fluid intake. People were offered hot and cold drinks throughout the day and we also saw people had access to drinks at any time. We observed staff support people to drink who were not able to do this themselves. Staff did not rush people and took their time to assist people to enjoy their drink. Staff had a firm understanding of promoting people's fluid intake to remain healthy.

Good dementia care involves understanding of the disease, delivering personalised care and seeing the person as an individual. At the last inspection, we raised concerns that staff had not received essential training to provide effective care. Not all staff had received MCA training or dementia awareness. Training schedules confirmed staff had received the training required to provide effective care. One staff member told us, "I think we provide good dementia care. We are caring and patient and always listen to people." Observations throughout the day found the training was embedded into practice. It was clear staff understood the importance of communicating with people living with dementia.

Is the service caring?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008. This was because staff could not confirm when people had last received a bath or shower and documentation failed to reflect this information. People's privacy and dignity was not consistently upheld.

The concerns identified at the last inspection found Dane House Care Home was not consistently caring. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 27 February 2015. Improvements had been made and the provider was now meeting the requirements of Regulation 9 of the Health and Social Care Act 2008.

People spoke highly of the care received. One person told us, "The girls are caring." A visiting relative told us, "I'm happy with how care is provided." Staff demonstrated commitment to delivering kind and supportive care to people.

The atmosphere in the home was calm and relaxing. When we arrived, people were spending time in their bedrooms or the communal lounge. Staff were regularly checking on people ensuring they were comfortable, had drinks to hand and items of importance. One person told us, "They always make sure I've got my teddy to hand, they're very good at that." Throughout the inspection, we saw staff sitting and interacting with people and checking on their well-being.

People's privacy and dignity has not always been upheld at Dane House Care Home. For example, at the last inspection, we observed a nurse emptying an individual's catheter in the communal lounge. Their dignity was not respected and people sitting in the lounge could see what was happening. Improvements had been made. We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect.

Staff understood the principles of privacy and dignity. Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. When moving people from a wheelchair to an armchair, care staff pulled a screen around the person to promote their privacy. We observed one person calling staff as they wanted to go to the toilet. This was attended to immediately, with appropriate equipment used by two staff and good interactions between the person and staff.

At the last inspection, we raised concerns that people were not receiving sufficient personal care. Documentation often reflected people could go 14 days without a bath or shower. Improvements in recording had been made and it was clear people received regular support to meet their personal care needs. Staff confirmed people were offered on a daily basis if they would like a bath or shower. One staff member told us, "We have some people who like a shower on set days, but we still always offer every day." The acting manager told us, "Documentation has been a key challenge for us and will continue to be a challenge, but we will continue to strive to ensure it is regularly completed." Documentation confirmed when a person refused a bath or shower, but received assistance with a wash or when assistance with a bath took place.

Staff members demonstrated they had a good understanding of the people they were supporting and they were able to meet their various needs. One staff member told us, "We're like a family here and we've got to know each person, their likes and dislikes." Staff were clear on their roles and responsibilities and the importance of promoting people to maintain their independence as long as possible. One staff member told us, "We always try and enable people to be independent. For example, we'll always try and support people to wash themselves or do as much for themselves as possible."

Is the service responsive?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008. This was because there was an acceptance by people living at Dane House Care Home they had to comply with how care staff wanted to do things. There was also a lack of meaningful activities for people.

The concerns identified at the last inspection found significant failings and the delivery of care was not responsive. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 27 February 2015. Improvements had been made and the provider is now meeting the requirements of Regulation 9, but we continue to have concerns about the lack of meaningful activities for people.

The opportunity to take part in activities, including activities of daily living, such as folding laundry that help to maintain or improve health and mental wellbeing can be integral to the promotion of wellbeing for older people. At the last inspection, we found concerns with the lack of opportunities for social engagement and activities for people. We continue to have concerns. Dane House Care Home had no activities coordinator in post. The acting manager told us, "We did recruit to this post, but the person recruited unfortunately went off sick, we are currently trying to manage activities in-house." During the inspection, we found a large majority of people spent time in their bedroom. We were informed of one person who enjoyed watching old films or listening to music. We sporadically checked on them throughout the day. At no time was the TV or radio on for them. We raised concerns over the level of engagement and stimulation people received in their bedroom. Three people spent the day in the communal lounge, but the only source of stimulation was the television. Staff regularly stopped and spoke with the people; however, there was a significant lack of meaningful activities for people to participate in. The acting manager was responsive to our concerns and had already recognised the need for meaningful activities. The acting manager told us, "I am currently working with staff to ensure their a programme of activities and people receive the stimulation they need." We have identified this as an area of practice that requires improvement.

Person centred care planning provides a way of helping a person plan all aspects of their life, thus ensuring that the

individual remains central to the creation of any plan which will affect them. At the last inspection, we found care plans contained little information on the person's background, likes, dislikes, important memories, what was important to them and their cultural needs. During this inspection, we found care plans were detailed and were reviewed on a monthly basis with input from people and their relatives. However, care plans continued to lack information around the person's life history or what was important to them. From talking to staff it was clear they had spent time getting to know the person, their likes, dislikes and background, however, this was not consistently reflected in the person's care plan. We have therefore identified this as an area of practice that requires improvement.

At the last inspection, we found the delivery of care was not personal to the individual. For example, it was not uncommon for people not to receive personal care until after lunchtime. During the inspection, we found care was suited to the individual and their individual preferences. Staff confirmed people were supported to get up and go to bed when they so wished. One staff member told us, "We always give people a choice about when they want assistance in the morning. It can change on a daily basis or some people like a lie in on certain days." Another member of staff told us, "We provide care that centres on the person as an individual." From talking to people and observing staff interactions, it was clear people received care in a timely manner which suited their individual need.

Staff were responsive to people's individual needs. Staff understood that people's health and wellbeing could change dramatically instantly. Input was regularly sought from healthcare professionals such as GPs, dieticians, tissue viability nurses and occupational therapists. The acting manager told us, "Due to the care needs of the people we support, we are always trying to promote their wellbeing. We have recently changed the layout of one person's room to try and make them as comfortable as possible." Feedback from a visiting healthcare professional confirmed staff were responsive and acted upon any advice.

Staff were kept aware of any changes in people's needs on a daily basis. This was supported by systems of daily records which were filled out in the home's communication diary. There were also verbal handovers between staff

Is the service responsive?

shifts. Staff commented that there was good communication within the home. One staff member told us, "Communication has definitely improved within the home as that was always a problem."

Visiting relatives confirmed they were kept updated with any changes to their loved one's healthcare needs. One visiting relative told us, "They are very good and always make sure my relative is comfortable and gets the care they need. I'm extremely satisfied."

Is the service well-led?

Our findings

At the last inspection in November 2014, the provider was in breach of Regulations 10 and 22. This was because the staffing levels were not calculated appropriately, staffing levels were stretched and the delivery of care was task based rather than personalised. Concerns were identified within the quality assurance process, such as audits not being acted upon to drive improvement.

The concerns identified at the last inspection found Dane House Care Home was not well-led. An action plan had been submitted by the provider detailing how they would be meeting the legal requirements by 27 February 2015. Improvements had been made, but there are still areas of practice that require improvement.

Systems were in place to obtain the views of staff. Staff meetings were held on a regular basis. Staff told us these were an opportunity to discuss any issues relating to individuals as well as general working practices and training requirements. Minutes of the previous staff meeting verified this. Staff commented they found the forum of staff meetings helpful and felt confident in raising any concerns. However, systems were not consistently in place to obtain the views of people. Regular resident meetings had not been held. These provide people with the forum to discuss any concerns, queries or make any suggestions. The acting manager was aware resident meetings had not been held on a regular basis. We were informed, "We were going to hold one, but at that stage we were still recruiting for a new manager and deputy and we thought it would be better to hold a meeting once we know who and when they will be starting." The provider had a resident's board which provided information on what was going on at Dane House Care Home and feedback from relatives. However, we have identified this as an area of practice that requires improvement.

A registered manager was not in post. The role of the registered manager had recently been recruited to and the registered manager was due to commence employment. In the absence of a registered manager, the home had been overseen by a clinical facilitator, senior home manager (acting manager) and regional manager. The acting manager told us, "We try and ensure a member of the

management team is on site every day. If not, we provide on call support and the registered nurse will be in charge." Staff also confirmed there was someone to approach with any concerns or worries.

Quality assurance is about improving service standards and ensuring that services are delivered consistently and according to legislation. At the last inspection, we found the provider's audits were incorrect and not following up on concerns identified. For example, audits of care plans had not identified the discrepancies we found during the inspection. Improvements had been made and systems were in place to identify, assess and manage risks to the health, safety and welfare of the people. Care plan audits were now robust and identified issues which were promptly amended. For example, one audit identified a person's Waterlow score had not been updated and an up to date photograph was not available. An action plan was implemented and a review of the person's care plan found the actions had been met.

The regional manager visited the home on a weekly and monthly basis to undertake quality assurance checks. These considered all areas of the home. These reviews were shared with the provider and acting manager to make on-going improvements to the home.

Staffing levels were calculated using a dependency tool called Care Home Equation for Safe Staffing (CHESS). This tool looked at each person's level of dependency (care needs) and calculated the required staffing numbers. The information to aid the CHESS tool was based on individual care plans and the assessed level of need documented in the person's care plan. At the last inspection, the information used to aid the CHESS tool was incorrect. This was because care plans were not correct and people's assessed level of need had not been assessed adequately. Improvements had been made. People's assessed level of need was correctly calculated; therefore the information aiding the CHESS tool was correct.

Concerns were raised at the last inspection, regarding the delivery of care as task based rather than personalised care. Staff also expressed the strain they felt and not receiving regular breaks. Improvements had been made. Staff working 12 hour shifts received regular breaks, and this was overseen by the acting manager to ensure staff received their entitled break. Observations of staff interactions found the delivery of care was centred on the

Is the service well-led?

individual rather than the task at hand. The acting manager told us, “We have been working with staff to improve the culture of the home and ensure care is always centred on the person.”

In a positive culture, the ethos of care remains person-centred, relationship-centred, evidence-based and continually effective within a changing health and social care context. The provider and acting manager had spent time improving the culture of Dane House Care Home. This was because the last inspection found the values and culture of the provider were not embedded into every day care practice. Staff did not consistently work in a team and throughout the inspection we observed staff upset and crying. Staff commented improvements had been made and they felt they worked more as a team now.

The acting manager confirmed as an organisation they had been open and honest with staff and kept staff informed of the last inspection and the failings identified. Staff confirmed they been kept updated and involved in discussions on how improvements could be made.

Throughout the inspection it was clear significant time had been spent making improvements and improving staff morale. Visiting relatives commented that improvements had been noted and felt they had no concerns with how care was being delivered. The acting manager was open and responsive to the concerns identified and had already identified the areas of practice that required improvement. It was clear the provider, acting manager, regional manager and staff were committed to the continued on-going improvement of the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
Treatment of disease, disorder or injury	