Barchester Healthcare Homes Limited

Alice Grange

Inspection report

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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

Summary of findings

Overall summary

Alice Grange provides nursing care for up to 88 younger adults and older people. The service is supporting people with a range of needs which includes; people living with dementia and those who have a physical disability or require palliative care. There were 70 people living in the service when we inspected on 27 April and 2 May 2017. This was an unannounced inspection.

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

At our last inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to staffing arrangements not being consistent to ensure there was sufficient numbers of staff to meet people's care and welfare needs. At this inspection we found that staffing levels had improved although views about this remained mixed. People told us they received attention promptly when they called for assistance. However some people raised concerns that there were times when staffing levels could be improved, particularly at weekends and at meal times.

There were systems in place to minimise risks to people and to keep them safe. However, there were some risks associated with people's health conditions which needed further explanation. Care records needed to be strengthened to ensure all staff were aware of the risks and how they should support people accordingly.

There was a positive, open and inclusive culture in the service. The atmosphere in the service was warm and welcoming. The management team led by example.

Staff understood the importance of gaining people's consent and were compassionate, attentive and caring in their interactions with people. They understood people's preferred routines, likes and dislikes and what mattered to them. People were involved in making decisions about their care.

The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were confident that any concerns would be listened and responded to.

People were complimentary about the way staff interacted with them. Independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences and people

were encouraged to be involved in making decisions about their care.

Care plans were written in a person centred manner and reflected the care and support each person required and preferred to meet their assessed physical needs. More information was needed to guide staff how to support people's emotional and social needs. Shortfalls in the care plans had been identified by the providers own audits and these were in the process of being updated.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed. They were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People were provided with their medicines in a safe manner. They were prompted, encouraged and reassured as they took their medicines and given the time they needed.

The service had a quality assurance system in place which was used to identify shortfalls and to drive improvement. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service. The management team were open and transparent throughout the inspection and sought feedback to further improve the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staffing levels had improved overall, however there were times when staffing levels needed further improvement.

There were systems in place to minimise risks to people and to keep them safe. However, there were some risks associated with people's health conditions which needed further explanation.

Procedures were in place to safeguarded people from the potential risk of abuse.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected.

Staff took account of people's individual needs and preferences.

People were involved in making decisions about their care and their families were appropriately involved.

Is the service responsive?

Good

The service was responsive.

People were provided with personalised care to meet their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided a positive, open and inclusive culture.

People were asked for their views about the service and their comments were listened to and acted upon.

The service had a robust quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service.

Alice Grange

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 27 April and 2 May 2017 and was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information that we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with 13 people who used the service and eight relatives. We used the Short Observational Framework for Inspections (SOFI). This is a specific way of observing care to help us understand the experiences of people. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care needs were being met, we reviewed 11 people's care records and other information, for example their risk assessments and medicines records.

We spoke with the registered manager, deputy manager, regional director and two other members of the provider's regional management team. We also spoke with twelve members of staff.

We looked at five staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in February 2016 we found staffing arrangements were not consistent to ensure there was sufficient numbers of staff to meet people's care and welfare needs. At this inspection we found that staffing levels had improved although views about this remained mixed. One relative told us, "The staffing level has been much better. Now there is always three. They try to have [providers own] staff but they are willing to get agency in if needed. They've had some good agency staff. They do a lot of training what the carers do." An activities co-ordinator told us, "I do find they have enough staff on."

People told us they received attention promptly when they called for assistance. One person said, "I feel safe, I am not alone, there are always people about and I have got a buzzer." Another person told us, "It is very good, staff are good and they respond and when I press the pendant they come quick" A third person showed us the pendant they wore around their neck to enable them to activate the call bell. They commented, "They come within half a minute, never a very long wait."

However some people raised concerns that there were times when staffing levels could be improved, particularly at weekends. One person told us, "It is all right, marvellous staff but I think that there could be a few more of them, they are run off their feet". A relative said, "There is a lack of staff all the time, especially weekends. Sometimes I'm up and down the corridor looking for someone." Another relative commented, "At weekends there are less around but generally speaking there are enough carers. They do always have three now. It's very rare that you wouldn't have three." A member of staff said, "Most of the time [there are enough staff], maybe not at weekends. Normally they try to get extra staff in during the week. Saturdays are normally alright in the mornings but not so many in the afternoon. It depends who you work with." We discussed the staffing at weekends with the manager who told us that the same number of nursing and care staff were scheduled to work at the weekends as during the week. The manager had covered shifts themselves to ensure adequate staffing over the weekend and said that although the use of agency staff was not ideal, "I would rather use them if it means we are fully staffed." The rotas we looked at showed that shifts had been covered over the weekends although there was a heavier reliance on agency workers and staff had needed to move from other areas of the service to provide adequate cover.

There were concerns raised that there were times showers and baths were not taking place as planned because staff lacked the time. A relative told us, "They are good on pad changing, medicines and food. Showers, I do have to push a bit for that. I put a note in the communications book then they do it in a couple of days." Another relative said, "If you ask a carer they say that they haven't got the time [to assist with a shower]."

On Memory Lane, where staff cared for people living with dementia, a relative told us, "They are a little bit sort staffed at lunchtime particularly, not necessarily at other times. They always seem to have agency staff if they are short but there is always a core of staff who know people. They work well as a team." We observed that there were three relatives assisting people with their lunch on the first day of our inspection. A relative confirmed that this was a regular occurrence, "At lunch several of us come in. I don't know quite how they would manage [without assistance from visitors]. Sometimes one of the volunteers comes in." Another

relative told us that they felt more staff were needed during mealtimes and said, "They don't ask if I mind feeding [relative] they just assume." They added, "Normally you see [people] sitting there not eating. You can see there are not enough people to feed people in bedrooms and in the dining room." We discussed this with a staff member who told us, "Some of the families like to come to help at mealtimes. It's one of the things they can do to help their loved one."

On the second day of inspection we observed that staff had been deployed differently on Memory Lane. The mealtime ran more smoothly and people were not needing to wait so long for assistance. A member of staff explained that a lot of people were needing assistance on one of the Memory Lane units and said, "So some have come over here. We thought we'd try that to see how it works." This showed that the management team and staff had acted on concerns we had raised during the first day of inspection, considered how improvements could be made and implemented these.

We recommend that the service reviews its current process for determining the number of staff required to support people's current needs, and routinely asks people using the service for their views and experiences of staffing levels and the availability of staff. This could also include the views of staff members and visitors to the service.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks associated with using mobility equipment, pressure ulcers and falls. However, there were some risks associated with people's health conditions which needed further explanation to ensure that staff knew how to support people effectively. For example, one person had epilepsy. The care plan stated, "Staff need to support [person] if they should have a seizure by ensuring [person's] safety and also giving support." However it didn't give details about what this support should be and at what point additional medical assistance may need to be sought.

An agency nurse was working at the service for the first time that day, had not been made aware of specific risks and were unaware whether anyone suffered from seizures. We discussed this with the manager who recognised that improvements were needed and by the second day of our inspection had formatted a new handover sheet and summary sheet to be used at the front of each care plan to ensure key information about people's health conditions was passed on appropriately.

More information was needed to guide staff how to support people's emotional and social needs. The care records of one person showed that they frequently became emotional and distressed and at times this led to them being verbally and physically aggressive. There was a lack of guidance for staff on how they should support the person during these times or details of potential triggers or strategies they could use to prevent the person becoming upset. Another person told us the concerns they had about this person's behaviour and commented, "It is getting me down and I don't want to go anywhere else, I love it here." Additional guidance was needed to help staff to keep the person, themselves and others in the service safe.

We found other examples where risk was being managed effectively and staff had been proactive in helping to reduce the likelihood of people coming to harm. A member of staff told us how they had reduced the risk of a fall for one person when they recognised that they were more likely to fall when trying to answer the telephone. They had made arrangements with the persons family to call the office first so that a member of staff could check that they were able to answer the call safely when the family rung the phone in the persons bedroom. This reduced the risk of falling whilst also maintaining a sense of independence and control.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Monthly fire safety

checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if this was necessary.

People told us that they felt safe living in the service. One person commented, "I feel safe. There is always someone about even in the night." Another person said, "I feel safe, the carers always make me feel safe" A relative told us how they felt re-assured, "When I leave I know that [person] is being looked after." People presented as relaxed and at ease in their surroundings and with the staff.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults procedures. One member of staff told us, "I would go straight to my line manager." They were also aware of how to contact the local authority safeguarding team and said, "There is a phone number, they did say in training, it's up on the wall."

Prior to our inspection we had received concerns about the way in which staff managed behaviours which were challenging in order to ensure that people were kept safe. In response to concerns raised, a member of staff was designated to monitor the corridors and communal areas in order to be aware of people's whereabouts and check that people were not coming to harm. Although records indicated that this monitoring continued to take place, we did not see this happening on either day of our inspection. A relative told us, "In the beginning I did see someone patrolling but I've not seen that regularly for a few weeks now." The manager told us that the monitoring was still taking place but in a more proactive way so the member of staff who was responsible for this still observed people's whereabouts but also provided support where needed. Door sensors had also been fitted in bedrooms where people were particularly vulnerable, to alert staff if a person had entered the room. Two peoples care records we looked at said they needed to be checked hourly as they were unable to use the call bell. Records in their bedrooms showed that these checks were taking place.

Employment records confirmed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the vulnerable adults who used the service.

Suitable arrangements were in place for the management of medicines and people received their medicines in a supportive way. People were prompted, encouraged and reassured as they took their medicines and given the time they needed. We observed a member of staff administering medicines and they supported people to take their medicines in line with their prescription. For example, one person required a particular medicine before having anything to eat. The hostess who was serving people drinks and snacks mid-morning was aware of this and liaised with the nurse to ensure that the person received their medicines before eating.

Staff had been trained to administer medicines safely and they were observed to ensure that they were competent in this role. Medicines administration records (MAR) showed when medicines had been given or if not taken the reason why. However, we found gaps in the MAR charts for topical medicines such as barrier creams, where staff had not signed to say that these had been applied. This meant that we could not be sure that people had received these prescribed medicines as required. We found that the MAR charts for two people who had recently moved into the service had been handwritten. These entries had not been signed by two members of staff to reduce the risk of a recording error. We discussed this with the registered manager who acknowledged that was not good practice.

People's medicines were available when they were needed. Medicines which were prescribed to be taken as

and when required [PRN] were given according to the individual's choice as to whether they felt they needed it. One person's care plan read, "[Person] is reluctant to take stronger medicines. Must ensure [person] is explained the benefits of taking [medicine] but remain mindful that [person] is able to decline. When pain is very bad [person] can become tearful. Time spent reassuring will usually lessen distress." This demonstrated that people were supported to take control over decisions made about their medicines.

Protocols were in place to give clear guidance to staff on what each PRN medicine was for, when it should be given and how often and any proactive strategies to use prior to using the medicine. A member of staff gave us a detailed explanation of what they needed to be aware of for a person with Parkinsons and when their medicines needed to be given.

Good

Is the service effective?

Our findings

People were supported by knowledgeable and skilled staff who received training relevant to the needs of the people who used the service. One person told us, "Staff are experienced, they are very good." Despite the lack of guidance in one person's care records, a relative explained to us that they were reassured that staff knew what to do if their relative had a seizure. "They get [person] into a safe position. They are very aware. They always seem to be having training." New members of staff were completing the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their work.

Over the past year the service had been part of a pilot for a new training and accreditation programme developed by the provider's dementia specialist team. The programme was designed to enhance the dementia care environment and to improve interactions between staff, people living with dementia, relatives and health professionals. There was a focus on reducing distress, increasing well-being and improving quality of life. Staff had received training as part of the programme with a number of them progressing to higher levels of accreditation.

Supervisions give staff the opportunity to talk through any issues, seek advice and receive feedback about their work practice. There had not been a regular programme of formal staff supervisions taking place. However, supervisions had been taking place in response to specific issues and to address poor performance so that improvements could be made. Staff told us that they felt supported in their role and they were able to discuss any concerns or queries with the management team. A member of staff told us, "Now the manager is always about. [Registered Manager] seems easy to chat to." Annual appraisals were overdue for the majority of staff and we discussed this with the registered manager who showed us that a schedule had been put together with a view to complete all outstanding staff appraisals by the end of May 2017. This would form part of the proactive support system in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us that applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened

to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS.

On one of the units, we saw that each person's risk assessment also included a mental capacity assessment. The head of the unit told us, "We always assume capacity." They explained how people's ability to understand risk was considered for each individual decision.

Staff sought people's consent and acted in accordance with their wishes. For example, staff checked with people before providing them with assistance. We observed a member of staff say to one person, "I have your medication here, are you alright to take it now?" We also heard a member of staff ask a person, "Can I test your blood sugar please?" Another person was seen to be asleep in their chair at lunchtime. A member of staff told us, "[Person] declined, was sleepy but offered all the options, we plate both meals and [person] might eat with [their relatives] when they come in, [person] is peg fed but some days does eat really well. We include [person], we try and give person centred care." This demonstrated that staff understood the importance of supporting and empowering people to make their own decisions wherever possible.

People's nutritional needs were assessed, they were provided with enough to eat and drink and supported to maintain a balanced diet. People had protocols in their care records to assess the risk of malnutrition and dehydration. This included the use of a 'Malnutrition Universal Screening Tool' (MUST). Weight charts were kept and staff recorded what people ate and drank if they were at risk of malnutrition or dehydration. Kitchen staff were aware of people's specific dietary requirements and knew how to prepare food in order to meet their nutritional needs. Staff provided encouragement and choice to people in order to reduce the risk of malnutrition. We observed a member of staff say to a person, "Don't you fancy any soup, a sandwich, ice-cream, you always like that. Is it that you are not hungry or are you feeling poorly? How about some fruit?"

People's care records contained details of food they particularly enjoyed and what they disliked and staff had a good knowledge of people's preferences. A volunteer who was helping with lunch went back to the serving kitchen to get cheese and mashed potato. They explained, "Since [person] had a stroke [person] does not like the texture of meat and fish so we try and encourage but no go. [Person] likes cheese on toast, cheesy mash, anything cheese" The person went on to eat over half of the mashed potato. This understanding of what the person liked meant that they did not go without their meal..

People were complimentary about the food on offer., One person said, "Food is nice, we get choice and I do need some assistance, they help me with a spoon and they go at my pace" A relative told us, "The food is very good, a very good choice. They have a three course lunch. When people needed assistance with their meals they were supported appropriately and respectfully. We observed a member of staff ask a person, "Can I pop this on over your head?" They didn't put the clothes protector on until the person said it was ok to do so.

People had access to health care services and received on-going support where required. One person told us, "I've seen the doctor three times since I came." Staff were quick to respond to changes in people's needs. One person told us, "[Person] cannot walk and is in a lot of pain but as soon as they see we are bad the doctor comes." A relative told us, "It's very nice here, after being here for four days [person's] leg blew up and they spotted it and called the doctor in. They let me know and [person] went to the hospital, they were on it straight away. I was quite impressed and I feel I am fully informed." This demonstrated that prompt action was taken to involve relevant healthcare professionals in people's care in order to keep people in good health.

Good

Is the service caring?

Our findings

The atmosphere within the service was warm and welcoming. One person told us, "I love it here, the staff are lovely and I get on with them all, I love the activities, I was shy and now I join in everything, I've been very happy here." A relative commented, "The carers on this floor are a wonderful team of people."

People and their families were positive and complimentary about the care they received. One person said, "Good attention you receive, facilities are good, staff are excellent and sympathetic which you need sometimes." Another person told us, "I have no grumbles about the carers, they are excellent." One relative commented, "[Person] is very clean and tidy, the first week [person] was up three or four times in the first week and at the previous home they never got [person] up. [Staff] are brilliant and seem to have time to spend with [person]." Another relative said, "Staff are most attentive, [person] seems to have settled reasonably well and we feel as a family things could not have gone better"

People, relatives and visitors told us about staff who showed empathy and understanding. We observed this throughout our inspection. For example, when we attempted to speak with a person for whom communication was difficult, a member of staff explained to us, "[Person] has trouble speaking, if I speak to [person] they can sometimes speak a little, very little with blinking. I offer a choice of clothes, [person] looks and nods and if I ask a question and they are tired they blink for yes and no." They went on to explain, "[Person] responds to familiar faces and that is why they did not respond to you and why I came in." This care also extended to people's families and we observed staff showing compassion, sympathy and kindness to a family who had recently been bereaved. A member of the family commented to a member of staff, "Thank you for your excellent care, as a family we could not have asked for more."

Staff showed genuine interest in people's lives and knew them well. They understood people's preferred routines, likes and dislikes and what mattered to them. A person told us about the positive relationship they had with the staff, "We chat about my football team and music, they always ask me about what is happening in the soaps I watch." On both days of our inspection we saw that a resident sat next to the receptionist for part of the day. The receptionist told us, "[Person] comes every day and sits with me. I keep up [their] fluids and [person] helps me with my post like putting letters into envelopes."

People wherever possible were encouraged by staff to make decisions about their care and support. This included what activities they wanted to do, what they wanted to eat and where they would like to be. Where appropriate, people's family were also involved in their care. A relative told us, "They always ring if there is a problem. I definitely feel involved. I'm very happy. I think it's probably better than a lot of places." A person told us, "I am comfortable here in my bed and I am quite happy here in my room, it is my choice. I am offered time to chat and they tell me the activities, I turn it down but they ask if I wish to join in." This demonstrated that people's choices were respected by staff and acted on.

Work was in progress involving people and their families in reviewing their care documents. Care plan review documents were in place for some people and showed that they had been involved in discussions about their care along with their relatives if appropriate. One relative had commented in a review, "We are

delighted with [person's] care. Thank you all." Other people's care plan reviews had not yet been completed with them and their families. We discussed this with one relative who told us, "I haven't seen the care plan to be honest but every few months [head of unit] will call me to see if there are any changes."

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. A person told us, "Staff overall are quite good and I think they respect me". We observed a member of staff supporting someone to clean their teeth. They had placed a towel around the person's neck and a bowl under their chin. They sat down beside the person and helped them in a respectful and caring manner. One relative told us, "[Person] was very much part of the church. The vicar comes in to do communion. They always get [person] ready by 2pm so [person] can go. That speaks to me of respect, respecting the life people had." Another person told us how they were encouraged to maintain their independence and commented, "It is as good as you could possibly get and they are really trying to encourage me to do thing on the frame." This showed that staff recognised the importance of empowering people to have independence and control.

Good

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person told us, "I had a shower this morning and [staff] took nearly an hour to look after me, was really very good and they are very careful that I don't fall." We observed a meaningful exchange when a staff member knocked on a person's bedroom door to bring them their lunch. They chatted to the person and asked, "Do you want a black coffee?" showing they knew the person's preference. One of the activities co-ordinators told us that they were going shopping that afternoon to buy presents for the people celebrating birthdays that month. They commented, "We used to have a stash [of presents] but now we try to tailor it to them." This showed that staff were aware of the importance of treating people as individuals.

People's changing care needs were identified promptly and care plans were updated accordingly. For example, one person's care plan gave details about pain management. This had been frequently reviewed and it had been noted by staff that the person was more comfortable and experiencing less pain. A pain assessment specific to people living with dementia had been carried out to help staff to understand how the person may be experiencing pain and how they would express this. A medication review had been requested by the GP and the person's medicines had been reduced so that they were only to be given when required and not unnecessarily.

Care plans were written in a person centred manner and reflected the care and support each person required and preferred to meet their assessed physical needs. For example, the care plan of one person with Parkinsons gave details about how this affected the person both physically and emotionally and guided staff on how best to support the person with different aspects of their symptoms. Staff told us that they referred to care plans to help them to learn more about the people they were supporting. One member of staff told us, "We write in the care plan when we've done anything. You can look through if you're not sure of anything."

There were parts of people's care records where further detail was needed. For example. we found that activity support tools in people care records had not been recently updated and contained limited information about what was important to people and the activities they enjoyed. There was also limited recording of activities they had undertaken so it was unclear what they had been doing with their time and what had worked well for them to enable staff to tailor meaningful activities to their individual needs.

The provider employed a regional clinical development nurse who was in the process of auditing the care records. The shortfalls we found had already been identified in the audits completed so far. For example, we saw that the audit had highlighted that there was a need for additional information about supporting a person with a catheter. This person's care records had been updated to include a catheter assessment and a specific care plan for management of their catheter. The audit also identified that this persons care records needed to be more person centred and advised an 'urgent rewrite.' This demonstrated that work had begun on making improvements to ensure people's care documents reflected a holistic approach and that all of people's physical, emotional and social needs were considered.

There were a range of activities taking place throughout the week which people had a choice of attending or not depending on how they were feeling that day. A person said, "I have made friends here with [person] and we go to activities together. The activities are lovely, you don't have to join in, I like the bingo, dominoes, crafts and cooking." An activities co-ordinator told us, "We've got a lovely programme today. On middle [floor] coffee and crafts this morning and on ground [floor] there are card games. This afternoon there is dementia support café on top floor for residents and relatives and on top floor there is carpet bowls." We saw that the dementia café was well attended. There was an inclusive, friendly atmosphere as people took part in a quiz and listened to a talk on how thinking about the past can trigger memories for people living with dementia. We noticed that one person was sitting to the side and a member of staff explained, "[Person] has frontal temple lobe dementia and gets a bit distressed in a crowd so I sat [person] on the edge" This demonstrated a good understanding of the persons needs and the best way to support them.

The provider's regional dementia care specialist was visiting the service on the day of our inspection. They told us about the dementia programme being used to enhance dementia care which included a training programme for staff and specialist support. They also explained the progress which had been made at Alice Grange. "A lot of work was done on the environment, getting to know me books were put in place, the home had historically been quite poor on activities but now staff are getting involved and are creating tasteful rummage boxes. We are working with carers to get to know their residents. It's about turning everything the carer is doing into a positive experience for the person." We saw that a poster was displayed asking for staff and relatives to bring in items to go in people's rummage and memory boxes. On the day of our inspection a member of staff had brought in some toy soldiers they had seen in a local charity shop which she thought a particular resident would find interesting. A member of staff told us, "There is a memory book you can look in if you're not sure. It says what activities they like doing. The 10 60 6 programme is not just about providing activities, it's about giving them choice. They might like curry one day but not the next." A senior member of staff working on Memory Lane told us, "It feels different, it feels happier, it feels like home, more relaxed, not task orientated anymore."

However, work was still in progress to ensure this new approach was being adopted by all staff. On the first day of our inspection we observed during the morning that on Memory Lane there was a lack of opportunity for people to engage in meaningful activity. People appeared to be withdrawn at times and although staff entered the room from time to time not all of them actively engaged with people and after a visual check quickly left again. We discussed our observations with the registered manager who recognised that there were some staff who would benefit from additional training and support to ensure they were aware that spending time supporting people with meaningful activities was part of their role.

On the second day of inspection we saw that activity provision on the Memory Lane floor was much improved. People were involved in a range of craft activities and there was a relaxed atmosphere as people and staff chatted together. A relative told us, "[Activities co-ordinator] brings things up here. They try to make activities more meaningful for those on the dementia floor." They also explained, "They are welcoming to families too. They let us have a lounge [when the family visited]. It's important to still have a family life. [Staff] came in with activities for the children."

There was a complaints procedure in place which explained how people could raise a complaint. Records of complaints showed that they had been responded to appropriately by the registered manager and issues which needed addressing were discussed at head of unit meetings. A relative told us, "Any problems I can go to the head of floor or the manager. I can go to them and there is always staff around." This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Good

Is the service well-led?

Our findings

There was a person centred, open and inclusive culture in the service. One relative told us, "It is pleasant, clean and bright, neat and tidy and you get a nice welcome by the receptionist." Another relative said, "There are friendly staff here, they have got time for residents, it is a lovely environment, smells homely and is an inviting place."

People, relatives, visitors and staff gave positive feedback about the management and leadership of the service. A relative commented, "They have got it off to a fine art, the manager is very sociable and I can go and speak to [registered manager] or to any staff. When I leave I know [person] is being looked after." Another relative said, "Management are very supportive. If you have any queries they are happy to speak with you. Just recently they've made a big effort. At Easter and Christmas they got everyone involved. A big improvement from the year before. It's much better than it used to be, everything, staffing, activities, being able to approach management. It feels much more relaxed. I feel now someone is actually listening,"

People, their relatives and staff told us that the management team led by example. One person told us, "The manager is very good. it is their attitude. [Registered manager] knows what you like and what you dislike." A relative explained that the management team were, "Very warm, very supportive of us as well. [Head of unit] is lovely. Very, very good. Spends a lot of time talking to residents."

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities. They were encouraged to support and value each other to ensure they worked effectively as a team. A senior member of staff working on Memory Lane told us, "We have taken ownership. [Provider] has guidelines and [Registered manager] is rock solid behind us. [Registered Manager] knows the importance of [changes], knows where we want to go and is supporting us to get there. No one is saying you can't do that." A relative said, "[Registered manager] has got a lot of experience. [They] strike me as being very fair and supportive to the staff."

Staff were confident that they could raise any issues of concern and that these would be dealt with appropriately. Staff told us that they were comfortable approaching the management team and were encouraged to question practice and implement new and improved ways of doing things. A member of staff told us about a situation when a test to establish what dose of anti-coagulant medicine a person needed had not been carried out on the day it was due. They told us what actions had been taken to make sure that the person was not at risk of harm and explained what had been learnt as a result of this. The member of staff said, "No one is fearful of 'dobbing in.' It's making sure [people] are ok."

There was a feedback notice board displayed in the reception area where people and their relatives had made comments. Action was taken as a result of the feedback received. For example, it had been mentioned that welcome packs were needed for when people moved in to the service. We saw that these had been produced and were given to people on arrival. One person had asked for a visit from a petting zoo. The manager showed us the information which had been obtained in order to book this and was waiting for confirmation when the petting zoo would be able to visit. Minutes of a meeting showed that one relative had

asked if the alcoves on Memory Lane could have comfy chairs so that people could sit by the window with their relatives. These were now in place and a beach hut setting had been formed in one area. This showed that people and their relatives were empowered to voice their opinions and could be confident that they would be listened to and appropriate actions would be taken to improve the service.

The provider had quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. Shortfalls we found, such as in relation to care plans and medicines records, had been identified by these systems prior to our inspection and work had begun on making improvements. The management team were open and transparent throughout the inspection and sought feedback to improve the service provided. They provided reassurance that they were already working on these issues and demonstrated how they intended to use our feedback to make further improvements within the service.