Delph House Ltd

Delph House Limited

Inspection report

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Broadstone
Poole
Dorset
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16 May 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 11 and 16 May 2016 and was unannounced.

At our last inspection in October 2015 we found repeated breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to person-centred care, consent and acting in accordance with the Mental Capacity Act 2005, medicines management, meeting nutritional and hydration needs, and staffing levels. We also found new breaches in the legal requirements relating to dignity and respect, the assessment and management of risks, and the safety of the premises. The service was rated as 'inadequate' in relation to the questions: is the service safe, is the service effective and is it well led. We rated it as 'requires improvement' in relation to being caring and responsive. The overall rating for the service was 'inadequate' and the home remained in 'special measures'. We had placed the home into special measures following the previous inspection in May 2015.

Following the inspection in October 2015 we considered the appropriate regulatory response to the shortfalls we found. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

At the inspection in May 2016, we found that improvements had been made to meet the relevant requirements and we have now removed the home from special measures. We found that the service had addressed all of the issues and that there were no breaches of regulations, although there were some areas for improvement. However, we were not able to assess whether the improvements made had been sustained. We will assess this further at our next inspection.

Delph House Limited is a care home with nursing in Broadstone near Poole in Dorset for up to 39 older people, some of whom may be living with dementia. At the time of the inspection 20 people were living at the home and 11 of these people were receiving nursing care.

The service is required to have a registered manager. 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.

The previous registered manager left the service in July 2015. They were replaced by a manager who subsequently left the service without being registered. A new manager started in post during the inspection and intended to apply to register as manager.

People's individual care needs were met by staff who knew them well and were familiar with the care they needed for their safety and wellbeing. The home employed an activities coordinator and there was a range of activities for people. However, one person told us there was not always enough to keep them occupied and on a day the activities coordinator was not working, we observed someone in their room for several

hours lacking stimulation. We have recommended that activities for individual people are reviewed to ensure that people all have the stimulation they need, particularly when they are in their rooms.

People's privacy and dignity was maintained and staff were respectful and caring towards people. People could receive visitors whenever they wished.

There was a caring, open culture. People, relatives and staff were kept informed of developments at the home and were consulted regarding how the home was run. There were regular meetings for relatives and staff. Complaints were taken seriously and were investigated thoroughly. Staff felt well supported by the management team and knew how to blow the whistle if they were concerned about poor practice.

Records were accurate and up to date. Where people had particular nutrition and hydration needs, food and fluid intake was recorded, monitored and followed up so that any necessary action was taken.

Staff were supported in their roles through training and supervision. Morale was good and staff recognised that they had worked hard under the guidance of the current management team to bring about the changes that were needed.

A quality assurance system had been introduced. The management team audited and reported back on various aspects of the running of the home either weekly or monthly, with daily reports in relation to significant incidents. Learning from accidents, incidents, complaints and audits was shared with staff and was used to improve practice. Where actions had been identified, these were followed through.

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 safe.

The provider had made improvements since the last inspection but we were not able to see whether these have been sustained.

People were supported by sufficient staff who had the skills and knowledge to meet their individual needs.

People's medicines were managed safely and they received the medicines they needed.

Risks were assessed and managed so that people remained safe.

Is the service effective?

Requires Improvement

The service was effective.

The provider had made improvements since the last inspection but we were not able to see whether these have been sustained.

People's rights were protected because staff sought their consent to their care. Where people lacked the mental capacity to give consent to particular aspects of their care, staff made best interests decisions on their behalf in accordance with the Mental Capacity Act 2005.

People received the health care they needed.

People were cared for by staff who were supported through training and supervision.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was respected. People were treated with kindness and compassion.

People received care and support from staff who had got to

know them well.

People and their relatives were involved in care planning.

Is the service responsive?

Requires Improvement

The service was responsive.

The provider had made improvements since the last inspection but we were not able to see whether these have been sustained.

People's needs were kept under review and care plans based on people's individual needs were kept up to date. Their independence was promoted.

Whilst people had access to a range of activities, we have recommended that activities for individual people are reviewed to ensure that everyone has the stimulation they need.

Complaints and concerns were taken seriously and were used as an opportunity to improve the service.

Is the service well-led?

Requires Improvement

The service was well led.

The provider had made improvements since the last inspection but we were not able to see whether these have been sustained.

The home had a positive, caring, open culture. Staff were well motivated and were working hard to bring about improvements to care and record keeping.

Quality assurance systems had been introduced, and learning from accidents, incidents and complaints was shared with staff.

The service had notified us of most serious incidents, but this remained an area for improvement.

Delph House Limited

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.

The inspection took place on 11 and 16 May 2016 and was unannounced. Two inspectors and a specialist advisor attended on the first day of inspection. The specialist advisor was a registered nurse with expertise in the nursing care of adults. One inspector attended on the second day.

Before the inspection we reviewed the information we held about the home. We also liaised with the local authority and Clinical Commissioning Group (CCG) contract monitoring teams. Following our visit, we spoke with someone from the local authority safeguarding team.

Before the inspection, we asked the provider to complete 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. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

We met most people living at the home and spoke or spent time with 6 people. Because some people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three visiting relatives and with the two deputy matrons, the management consultant currently responsible for managing the home, six staff who provided people's care, two other staff and a visiting health care professional.

We looked at seven people's care and support records, six people's medicines administration records and other documents about how the service was managed. These included four staffing records, audits, meeting minutes, maintenance records and quality assurance records.

Following the inspection, we received feedback from a further healthcare professional.

Requires Improvement

Is the service safe?

Our findings

People told us they and their relatives felt safe living at the home. We observed that people looked relaxed in the company of staff.

At our inspection in October 2015 we found there were not enough nursing staff on duty to meet people's needs. This was a repeated breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken to meet the requirements of the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us that they or their relatives did not have to wait long for assistance and we observed that call bells were answered promptly. A new call bell monitoring system had recently been installed and showed swift response times to calls during the inspection and the preceding days.

There were five care staff, one or two floor managers (Monday to Saturday) and a registered nurse on duty during the day and two care staff and a registered nurse at night. In addition to this, one of the two registered nurses who shared the deputy manager's post was on duty during the day. There was also an activities worker who worked five days a week. Staff told us they were able to perform their duties within existing staffing levels. One staff member commented that staffing levels had not been reduced following a recent fall in resident numbers due to expected deaths.

At our inspection in October 2015 we found shortfalls in medicines management. These were a repeated breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A person did not receive the support they needed to ensure they took their medicines safely. Plans and records for a person's 'as needed' medicine contained insufficient information.

At this inspection we found action had been taken to meet the requirements of the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

There were safe medicines administration systems in place and people received their medicines when required. We observed the medication round at lunchtime. The nurse wore a red tabard, indicating no-one was to disturb her. She locked the trolley when she left it. She spent time talking to people and ensuring they swallowed the medicines before signing the medicines administration record.

Medicines administration records (MAR) contained the information needed to enable medicines to be given safely, including a photograph of the person and details of any allergies. Where people had 'as required' (PRN) medicines, plans were in place setting out how staff would recognise the medicine was needed, the

minimum interval between doses and the maximum dose to be given in 24 hours. For prescribed creams and gels, topical MAR contained body maps illustrating the areas of the body the medicines should be applied to and instructions for administering them. MAR, including topical MAR, were complete with no unaccounted for gaps indicating medicines had been missed or not recorded.

Medicines were stored securely. Medicines requiring cold storage were kept in a designated medicines refrigerator. The refrigerator temperatures were monitored daily and there was a policy in place should the fridge fail.

Medicines were audited weekly, and in more detail every month. Staff who administered medicines had medication training refreshed periodically. Their competency to administer medicines was also assessed at intervals.

At our inspection in October 2015 we found shortfalls in risk management and the safety of the premises. Risks had not been reassessed when people's circumstances changed. People who needed high levels of support and monitoring were not checked as frequently as they required and action was not taken to address known risks. These represented a breach of Regulation 12 (2) (a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that action had been taken to meet the requirements of the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks assessed in relation to people's individual care covered areas such as falls, use of bed rails, moving and handling, malnutrition, and pressure ulcers and skin integrity. Pressure-relieving air mattress settings were checked during the day to ensure they were working properly and there were no current reports of pressure ulcers. Where needed, people received assistance to reposition at intervals set out in their care plans to reduce the risk of pressure ulcers.

People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

The building and equipment were maintained and appeared to be kept in good order and some redecoration had taken place. We saw records of contractor inspection and servicing for the boiler, the lift, lifting equipment, electrical wiring and portable appliance electrical testing. Fire drills took place during the first day of the inspection. However, some new wardrobes had been purchased and on the first day of the inspection these were not secured to the walls, presenting a risk that people could pull them over. We drew this to the provider's attention that day, and by the time we returned the second day they had been secured.

People were protected against the risks of potential abuse. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Care staff had reported concerns to the deputy managers, who had referred on to the local authority safeguarding team where appropriate. Posters were displayed around the home with information about safeguarding adults, including contact details for the local authority and the police. Petty cash held on people's behalf was audited regularly, and an inventory was taken of people's possessions. Complaints records indicated that items of clothing lost in the laundry had been replaced at the home's expense.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role, including verifying that nurses were registered with the Nursing and Midwifery Council. Staff had completed application forms to demonstrate that they had relevant skills and experience and any gaps in their employment history were explained. Staff files also included records of interviews, appropriate references, proof of identity and right to work in the United Kingdom. Checks had been made with the Disclosure and Barring Service (criminal records check). People were thus protected as far as possible from individuals who were known to be unsuitable.

There were arrangements for keeping the service clean and hygienic and to protect people from acquired infections. All parts of the premises smelt fresh, apart from cooking smells, and looked clean, other than the laundry sink, which was stained with rust and limescale. The sluices were clean and tidy, with yellow bins for the disposal of clinical waste and personal protective equipment (such as disposable aprons and gloves) and handwashing sinks with a supply of soap and towels. The laundry was well ordered, with industrial machines and a named laundry box for each resident. The cleaner confirmed they had training in cleaning, and their cleaning equipment was colour coded and tidy. Infection prevention and control audits had been introduced.

There was an isolated incident where we observed that a care worker did not wash their hands after handling a urine-soaked sheet. The care worker should have been wearing personal protective equipment, such as a disposable apron, but was not. This was a matter for improvement, which we drew to the management consultant's attention.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy living at the home. They and their relatives spoke positively about staff and told us they were skilled to meet their needs. Comments included: "I love it here", and "The staff are very good".

At our inspection in October 2015 we found continued shortfalls in the staff's understanding of the principles of the Mental Capacity Act 2005. These were a repeated breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found action had been taken to meet the requirements of the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

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 where 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 MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team had identified a number of people who they believed were being deprived of their liberty. They had made DoLS applications to the relevant supervisory body. Applications under DoLS had either been authorised or were awaiting assessment by the supervisory body. Staff were aware that many of the people living at the home had been deprived of their liberty under DoLS; a member of staff highlighted that the front page of a person's file indicated whether they were subject to DoLS.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. People gave consent to their care and support, where they were able to do so. Where people could not give consent to particular aspects of their care, mental capacity assessments and best interests decisions had been recorded by staff. For example, a person required bed rails to stop them falling out of bed at night. Whilst bed rails, when used correctly, can be an effective way of reducing falls, there are risks associated with their use and they can restrict a person's freedom. The person was living with cognitive impairment. Staff undertook a mental capacity assessment and found the person lacked the capacity to consent to the use of bed rails. They consulted with the person's relatives and decided that the use of bed rails was in the person's best interests, as the least restrictive measure to maintain the person's safety. Another person was assessed as lacking the mental capacity to make decisions about their medication, yet needed it in order to

maintain their health. In consultation with a family member and the person's GP, staff decided that it was in the person's best interests to disguise the medicines in food and drink. Advice was obtained from a pharmacist regarding how to give the medicine safely.

At our inspection in October 2015 we found continuing shortfalls in the monitoring of and supporting and meeting people's nutrition and hydration needs. These represented a repeated breach of Regulation 14 (4)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that action had been taken to meet the requirements of the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

People told us they or their relative liked the food and were able to make choices about what they had to eat. They were given a choice of drinks and were reminded of what their main meal was. Condiments were available for people to season their meals as they wished. We observed that people were tucking into their food at mealtimes, and that people had the support and equipment they needed from staff to eat their meals. Staff were aware of people's dietary needs and preferences, which were clearly recorded in their care plans.

People sat in the same armchair or wheelchair for their meals and they were not offered the opportunity to sit at a dining table. This meant there was not any change of setting or cues that it was a mealtime. This was an area for improvement.

Where people were at risk of malnutrition or inadequate hydration, their food and fluid intake was monitored and recorded. Fluid monitoring charts were totalled each day and reviewed by a floor manager or nurse for any action that was needed. People's weights were monitored weekly or monthly, depending on their assessed risk of malnutrition, and weights were monitored on an ongoing basis for unplanned weight loss or gain.

Where people were at risk of choking and had 'safe swallow' plans devised by a speech and language therapist, these were readily available for staff to refer to and we observed in the main that these were followed. There was one occasion where we saw a thickened drink in a lidded beaker on a person's table. The person's safe swallow plan clearly stated that the person should drink from an open beaker. We showed the drink to a member of care staff, who explained why it was on this occasion in a lidded beaker and also noted that it was thicker than the consistency specified on the safe swallow plan, which would make it harder for the person to drink. Whilst the staff member immediately organised a suitable replacement drink, this is an area for improvement.

At our inspection in October 2015 people did not receive the care they needed to maintain their health. These shortfalls represented a repeated breach of Regulation 9(1)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found action had been taken to meet the requirements of the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. For example, night staff had documented that a person's oxygen saturation level was declining. The person had a chest infection at the time and was being

treated. The night staff contacted the out of hours GP service and a GP attended. It was decided to try further antibiotics and keep the person in the home. Their chest infection cleared. Records confirmed people had access to a GP, a dentist, a chiropodist and an optician and could attend appointments when required.

People continued to receive pain relief when they needed it. Where people had difficulty telling staff about their pain, staff used a recognised pain assessment scale to assess whether the person needed pain relief.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff confirmed they got the training they needed. A care worker commented that if staff reported any difficulties they were having with people's care to the floor managers, any necessary training would be provided. They gave as an example recent training in managing behaviours that challenge others. Staff had refresher training at set intervals in essential areas, such as safeguarding, moving & handling, fire safety, infection control, the Mental Capacity Act 2005, food hygiene and health and safety. Moving and handling training was provided by the home's moving and handling champion, who had an up to date 'train the trainer' qualification. The training programme had been reviewed, and further training was under way so that staff had more detailed training in particular topics where they needed this. For example, safeguarding training had previously been provided through distance learning and more detailed face-to-face training was being arranged.

Since the last inspection, arrangements had been introduced for staff to have a supervision meeting every other month with their line manager. Staff confirmed that supervision meetings happened and enabled them to discuss any training needs or concerns they had. Staff told us they felt well supported by the management team and by their colleagues.

Good

Is the service caring?

Our findings

At our last inspection we found shortfalls in maintaining people's privacy, dignity and treating them with respect. We had observed some staff talking to each other over people's heads whilst they were supporting them to eat, and a person left dressed in bed for two hours whilst staff waited for a colleague to assist them to get the person out of bed. There were a number of communal records in use, such as a 'bath book' that was left outside the nursing office and was easily visible to all. These matters represented a breach of Regulation 10 (1)(2)(a) the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that action had been taken to meet the requirements of the regulations. People's privacy and dignity was respected, and they were treated with kindness and compassion in their day-to-day care. People and their relatives told us they were happy with the way staff treated them and that they could visit whenever suited them.

All of the interactions we observed towards people from staff were positive and respectful. Staff were affectionate with people and gave them comfort from hugs, gentle touch and reassurance. People smiled at staff when they gave this affection and comfort. Staff supported people discreetly and sensitively when they needed any support with going to the toilet or personal care. They assisted people in an unhurried way, working at the pace of the person and taking time to speak with them and reassure them.

Staff were sensitive to, and anticipated, people's needs. For example, one person reached out for and looked at their drink. Staff noticed this and quickly helped the person with having a drink. When the person could not manage the cup with a spout on they took the spout off and supported the person to drink form the open cup. Another person decided to leave the lounge and sit quietly during a musical activity. Staff spoke with the person to check how they were feeling, reassured them that it was fine to choose to sit in a quieter place, assisted them to take a medicine they had requested and spent time with them until they felt better.

Records of people's care were kept in their individual files, which were stored in a locked cabinet. There were no communal record books in operation.

People received care and support from staff who had knew them well and were aware of important information about their lives. Staff chatted with people about things that were important to them such as their families, occupations and children. They were able to tell us about people's needs and preferences. A care worker commented: "We are here to support the families as well you know. We are like an extended family and I like to get to know the relatives and learn as much as I can about the resident". We saw that for one person who had a particular interest, their room had been decorated with pictures and objects they would like so that they had a good view of these from their bed.

People, and where appropriate their relatives, were involved in care planning and reviews. Relatives told us they were kept informed about their loved one's care. Following our last inspection, the management team had recognised the need for more consultation with people and their relatives regarding people's care and a

relative's newsletter had highlighted that their involvement would be welcomed.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in October 2015 we found shortfalls in accurately assessing, planning and meeting people's care and nursing needs. These represented a repeated breach of Regulation 9(1)(3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that action had been taken to meet the regulations. However, we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

People and their relatives told us that they received the care they needed and that staff were quick to respond to any needs. For example, a person told us "We're treated [emphasising 'treated']… The staff are very good". Another person told us they sometimes had days out; there had been a trip out a day or two before. We observed that people had call bells within reach and that calls were answered promptly.

People's needs had been assessed before they were admitted to the home and reviewed regularly and as required. Assessments of people's needs were used to develop care plans, which were also kept under review and were up to date. The regular updates took place through a 'resident of the day' scheme, where each person's care was scheduled for review each month.

Where necessary people's health and social care professionals were consulted regarding their care. For example, for a person with Parkinson's disease, staff had discussed their care needs with the specialist Parkinson's disease team in order to try and ensure they were doing the best they could. The person's notes contained the details of the Parkinson's nurse specialist.

People received the care they needed. Care plans clearly reflected people's individual needs and explained the care they needed. Staff were familiar with people's care plans and we saw that they followed these. For example, a person's care plan stated that they wore a hearing aid in their left ear; when we went to speak with the person, staff told us that the person would find it easiest if we positioned ourselves close to their left ear.

People's independence was promoted. For example, specialist plates with guards or lips were used so people could manage to eat their meals themselves. We observed staff gently encourage and remind a person to use their walking frame so they could safely and independently move about the home. Staff were aware of the importance of promoting people's independence. A care worker told us how it was important for a particular person not to lose the independence they had prior to an accident. They explained how staff assisted the person to weight bear during transfers in and out of a chair, rather than use a hoist, as they had been able to do before. This was in line with the person's moving and handling plan.

People had a range of group activities they could be involved in. There was an activities organiser and one of the floor managers also did some activities work. People told us about a day trip the day before where they had been to Poole Park. The staff talked with people about this and the people became very animated when

remembering the day trip. On the second day of the inspection, some people chose to sit in the garden chatting with staff as it was a sunny day, and there was a musical entertainer in the afternoon. On the first day, there was no activities organiser and we saw people sitting in the lounge with newspapers, magazines and the television. A programme of activities was displayed in the hall, as well as information about visits from two 'Caring Canines' greyhounds who visited every month or so.

However, on the first day of inspection, when the activities organiser was not present, we observed that a person who was living with dementia did not have the stimulation they needed. They were seated for several hours in front of the television in their room without anything in their hands. When an inspector approached them the person reached out and held their hands, touching their watch, bracelet and buttons. We highlighted to the management team that the person would benefit from having a 'twiddle blanket' or something similar to hold and do. Another person, who was otherwise happy with the home, said that there was perhaps not as much activity as they would like, although they understood this was not always possible.

We recommend that activities for individual people are reviewed to ensure that all people, including people who are living with dementia, have the stimulation they need, particularly when they are in their rooms.

Complaints and concerns were taken seriously and used as an opportunity for learning or improvement. This included verbal as well as written complaints. People and relatives told us they felt able to raise any concerns they had in the confidence these would be addressed. There had been 11 complaints recorded since the beginning of February, when the current monitoring and auditing system was introduced following the departure of the previous manager. These had been investigated thoroughly and responded to in good time. Complaints were audited regularly and any general learning for staff was communicated through staff meetings.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in October 2015 we found ongoing shortfalls in the leadership and governance of the home. These included a failure to act fully on the warning notice issued at the inspection before, monitoring systems not identifying shortfalls found at the inspection and the results of audits not being acted upon, records not being accurately maintained, accidents and incidents not being followed up consistently, and learning from accidents, incidents and complaints not being shared with staff. These matters represented a repeated breach of Regulation 17 (1)(2)(a)(b)(c)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that action had been taken in response to the last inspection, and improvements had been made to meet the regulations. However the service had experienced a period of instability prior to our last inspection, and there had not been effective governance during this period to ensure the quality of the service. At this inspection we were not able to tell whether the improvements had been successfully embedded and sustained. We will review the impact of these improvements further at our next inspection.

There was a positive, caring and open culture and the atmosphere in the home was calmer and happier than it had been at our inspections in 2015. People, relatives and staff had confidence that the management team would listen to and act upon their concerns. A relative commented, "The mood of the staff definitely seems to be positive" and said they had been kept well informed of changes at the home through newsletters and attending relatives' meetings. The staff we spoke with all told us that morale had improved in recent months and expressed pride in the changes they had been involved in. For example, a care worker told us there had been "a lot of improvement" following changes in management since the last inspection. Another member of staff stressed there had been "a massive improvement" over the past six months and said that they and their colleagues had worked hard to improve record keeping.

The records we reviewed were accurate and up to date. A system of daily checks on food and fluid records had been introduced since the last inspection, to ensure these were completed properly and acted upon as necessary.

People and those important to them were able to feed back their views about the home and quality of the service they received. A quarterly newsletter was sent out to relatives. Residents' and relatives' meetings took place monthly and provided an opportunity for people to hear about developments at the service and to give their views. There was also a suggestions box in the hall.

There were also monthly meetings for staff. These provided updates on changes happening at the home, shared learning from accidents, incidents and complaints, and covered items raised by staff themselves. A member of staff, in a complimentary way, described the staff team as "opinionated" and said that staff freely raised things for discussion. They said that the management team would put ideas forward and ask staff what they thought of them, explaining why changes were needed, rather than introducing changes without consultation.

People benefited from staff who understood the whistleblowing procedure and knew how to use this if necessary. A member of staff told us that the management team were supportive, and that they felt able to approach them if they had any queries or concerns: "They're really easy to talk to".

Since the last inspection, the management consultants had introduced quality assurance systems to monitor the quality of service being delivered and the running of the home. Pending the appointment of a home manager, these had been the responsibility of the deputy managers, who reported the results back to the management consultants. There was a programme of daily critical incident reports and weekly and monthly audits. The daily reports included falls, incidents, pressure areas, injuries, bruising, weight changes and utilities failure. Weekly reports and audits included safeguarding, a brief audit of medicines and medicines administration records, and infections. Monthly audits included health and safety, infection control, maintenance, a review of complaints, a review of accidents and incidents for possible themes, a detailed medicines management audit, a check on a sample of staff files to ensure they contained the required information, residents' monies and valuables, people's weights, pressure area care and audits of the kitchen, dining room and laundry. Any learning had been communicated to staff and the results had been acted upon. For example, following complaints about laundry, staff had been reminded to label people's unlabelled clothing and inventories of people's cupboards were checked as part of 'resident of the day' monthly reviews. There were no outstanding actions that had not been addressed.

Accidents and incidents had been reported and followed up, and where necessary changes introduced to reduce the risk of something similar happening again. These were monitored through the audit process for any trends that suggested further changes were needed.

The home's overall 'inadequate' rating from the last inspection was clearly displayed in the entrance hall, as the regulations require.

At our last inspection in October 2105 we found there was a lack of notifications from the registered person. This was a repeated breach of Regulations 18 (2)(a)(b)(e) (4) (4A)(a)(b) of the Care Quality Commission (Registration) Regulations 2009. We use such information to monitor the service and ensure they respond appropriately to keep people safe.

At this inspection, we found that the management team had notified the Commission of most significant events, such as deaths, serious injuries and applications to deprive people of their liberty under the Deprivation of Liberty Safeguards. However, there were two safeguarding concerns that the management team had reported to the local authority but had not notified to us. The management consultant present on the second day of the inspection acknowledged that these should have been notified and instructed the management team to do so in future. This is an area for improvement.

The service is required to have a registered manager as a condition of its registration. A registered manager is a person who has registered with the 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. However, there was no registered manager as the previous registered manager left the service in July 2015. They were replaced by a manager who subsequently left the service without being registered. A new manager had been recruited, who started in post during the inspection and intended to apply to register as manager. The registration of a manager is an area for improvement.