

Grandcross Limited

Chichester Court Care Home

Inspection report

111 Chichester Road
South Shields
Tyne and Wear
NE33 4HE

Tel: 01914545882
Website: www.fshc.co.uk

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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 

Summary of findings

Overall summary

This inspection took place on 19 and 21 September 2016. Day one of the inspection was unannounced. The second day of the inspection was announced.

We last inspected Chichester Court on 26, 29 February and 11 March 2016 and found a number of regulatory breaches. Specifically the provider had breached Regulations 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care and treatment was not always provided in a safe way. The assessment, planning and delivery of care and treatment did not include arrangements to respond appropriately and in good time to people's needs. There was a failure to do all that was reasonably practicable to mitigate risks as care plans for new admissions had not been completed in a timely manner. Systems and processes had not been fully established and operated to ensure compliance. There was a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Measures to reduce or remove risks within a timescale that reflected the level of risk and impact on people using the service were not effective.

Records relating to the care and treatment of people had not been completed with undue delay.

We observed insufficient numbers of staff to meet people's care and treatment needs at key times of the day. Appropriate action had not been taken to ensure training was in line with the provider's requirements. Staff had not received regular supervision or appraisal to ensure competence was maintained.

Following the inspection the provider submitted an action plan detailing how they would meet the legal requirements. They said they would be compliant by 15 June 2016.

We undertook this inspection to check they now met legal requirements. During this inspection we found that the registered provider had implemented actions and improvements had been made.

Chichester Court provides residential and nursing care for up to 52 people, some of whom are living with dementia. There are two units, one called Riverside which provides care and treatment for people living with dementia and Haven which provides nursing and residential care. At the time of the inspection there were a total of 39 people living at the home.

All of the bedrooms and communal areas are situated at ground level, with two dining rooms and a number of lounge and reception areas that can be utilised by people, visitors and staff at the home.

A registered manager was in post and had been registered with the Commission since July 2014.

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.

Care records and risk assessments for people newly moved into the home had been completed in a timely manner. Audits had been completed within 48 hours of their move to ensure risks had been assessed and mitigated in a timely manner. Pre-admission assessments were detailed, although sections in relation to end of life care, social information and personal preferences and specific equipment required was not always completed.

We observed people's needs were being met in a timely manner at key times during the day, such as at mealtimes. Relatives and staff confirmed they felt there were enough staff to meet people's needs.

Improvements had been made to the frequency of supervision meetings for staff and staff said they felt well supported. Staff training had improved although we noted not all staff had attended training in fire safety, moving and handling, safeguarding, mental capacity and equality and diversity.

Improvements still needed to be made to ensure all staff received an annual appraisal.

Some care plans lacked information about people's preferences about how they wanted to be cared for and supported. We also noted some contradictions of information in relation to people's care. Other care plans were very detailed and focused on how best to support the person.

Staff understood how to keep people safe and safeguarding consideration logs had been completed. Accidents and incidents were recorded and action taken to minimise risks. We noted some incidents had not been notified to the Commission. This is being addressed outside of the inspection process.

Medicines were managed safely and were administered by the nursing staff who had all completed medicine competency assessments.

The principles of the Mental Capacity Act 2005 (MCA) were understood and were being followed. Mental capacity assessments and best interest decisions were recorded in relation to applications for Deprivation of Liberty Safeguards (DoLS), and the use of bed rails and wheelchair lap belts for people who lacked capacity.

People were supported to maintain a healthy diet and referrals had been made to relevant professionals. Records confirmed people were seen by doctors, dieticians, speech and language therapists, and chiropodists.

People told us the staff were kind and caring. We observed warm and compassionate relationships between people and staff. Staff treated people with patience and understanding.

Staff and relatives told us improvements had been made since the last inspection. One relative said, "Things are changed, you can see the improvements have been made. The atmosphere is much better now and the girls are lovely." The regional manager said, "[Registered manager] has really embraced change, they are positive, responsive, reflective and learning about negotiation and compromise. I'm impressed with their attitude and how they are leading the team."

A range of audits and checks were in place which were being used to assess, monitor and drive improvement within the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Relatives and staff told us staffing levels were much better. One relative said, "You don't have to wait if you press the buzzer."

Medicines were managed in a safe way.

Risks were assessed and managed in a timely manner.

Is the service effective?

Requires Improvement 

The service was not always effective.

Improvements had been made to ensure staff received regular supervision. However appraisals had not always been completed when they were due.

Improvements had been made to training and the care specialist was delivering specific training to staff.

The principles of the Mental Capacity Act 2005 (MCA) were being followed.

Is the service caring?

Good 

The service was caring.

We observed warm, compassionate, understanding and caring relationships.

People were supported at their own pace in a relaxed manner.

Information on advocacy services was on display.

Is the service responsive?

Requires Improvement 

The service was not always responsive.

Some care plans lacked information about people's preferences and wishes. Other care plans were detailed and person centred.

Activities were well advertised and people had access to some outdoor spaces.

Complaints were logged and appropriate action taken.

Is the service well-led?

The service was not always well-led.

Notifications required by the Commission were not always submitted.

Improvements had been made to quality assurance systems and processes.

One relative said, "Things are changed, you can see the improvements have been made."

Requires Improvement ●

Chichester Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 19 September 2016 and was unannounced. A further visit was carried out on 21 September 2016 which was announced. The inspection team was made up of one adult social care inspector.

Before the 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 also reviewed the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We contacted the local authority commissioning team, Clinical Commissioning Group, the safeguarding adults team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time speaking with five people living at the service, two relatives and one visiting social care professional. We also spoke with the registered manager, two nurses, three care staff, and two members of ancillary staff. We also spoke with the regional manager and the care specialist.

We reviewed six people's care records, including two people who had recently moved to the home. We reviewed records relating to staff including, human resources records, supervision and training information. We reviewed four people's medicine records, as well as records relating to the management of the service.

We looked around the building and spent time in communal areas such as lounges and dining rooms. We

used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

During the last inspection we found the provider had breached regulations. We observed insufficient numbers of staff to meet people's care and treatment needs at key times of the day. During this inspection we found improvements had been made.

One relative said, "The staffing is much better than it used to be, we don't wait if we use the buzzer." One staff member said, "Staffing was an issue but (manager) has bank staff in place and this has helped. It's much better than it used to be." The registered manager said, "Due to lower occupancy we have two nurses, one senior and six or seven care staff." They explained that teams had been reconfigured and each team had their strengths.

A dependency tool was used to indicate the required staffing levels and since the last inspection this had been updated to reflect people's needs. We observed staff supported people at their own pace, in an unhurried manner and responded to nurse call bells in a timely manner.

Some bank staff had been recruited since the last inspection and the same process was used for safe recruitment. The administrator said, "There's been no permanent recruitment since the last inspection, the procedure is the same application form and attendance at interview. Two references and a disclosure and barring service check (DBS). We have two bank staff who are waiting for references and DBS but nothing else." DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. DBS checks were renewed every three years and we saw these were up to date.

The registered manager completed checks of nurse registrations at the point of recruitment and on a monthly basis. Where foreign nationals were employed checks of eligibility to work in the UK were completed.

Information was on display on safeguarding adults, including information in an easy read format. A safeguarding log was in place and detailed incidents which had been reported to the safeguarding team at the local authority, outcomes were recorded such as medicines review completed or no further action to safeguarding.

We asked relatives if people were safe. One relative said, "Yes [family member] is safe, they had a fall at home and moved as they couldn't care for themselves." They added, "I have no concerns about the staff."

The registered manager said, "The biggest lesson learnt is about care plan reviews and timeliness. Information is analysed and investigated and the information is put on the TRaCa." TRaCa is an electronic system used for auditing purposes. They added, "Another lesson learnt is about the dementia care framework and supporting behaviour management."

Accidents and incidents were completed on an electronic system. We reviewed this information and noted

action had been taken in response to falls, such as attendance at accident and emergency department, referral to the GP and falls team and the use of falls monitors.

Specific assessments of risk had been completed in relation to falls, mobility, choking, skin integrity and nutrition. Associated care plans were in place which detailed information on how to manage and minimise the risk. Risk assessments were also in place for the use of bed rails and wheelchair lap belts. There were regular checks completed of equipment, including bed rails, wheelchairs, hoists and slings.

A fire log book was in place which showed all the appropriate checks were being completed. Fire drills had been completed in July 2016 at various points of the day, although it was noted none had taken place during an afternoon or early evening nor was there a record of the practiced use of emergency evacuation equipment.

People had personal emergency evacuation plans (PEEPs) which detailed the support they would need in the event of an evacuation. We noted one person's had not been completed until 18 days after they moved in. We asked the registered manager about this who said, "It was done but something got spilt on it so it needed to be done again."

A log was in place which acted as a checklist to ensure all appropriate servicing and inspections were completed for fire detection, hoists, legionella and portable appliance testing (PAT).

Premises risk assessments were in place and a new system for health and safety risk assessments was due to be introduced. The registered manager explained they were waiting to attend the training before implementing them.

During the last inspection we found medicines were managed safely and this continued to be the case. Medicine profiles were completed for all but four people, we spoke with the nurse about this who said they would be completed immediately. The profiles included information on the person's diagnosis, allergies and GP contact details. People's preferred method of taking their medicines were recorded, such as one person preferred their medicines from a spoon, one tablet a time, whilst another person preferred to take them all at once from the medicine pot. There was also information on people's specific requirements such as if the person tended to decline their medicine, had difficulties with swallowing or needed thickened fluids. We observed nurses followed people's preferences and requirements.

Where people were prescribed 'as and when required' medicines protocols were in place. These specified the dosage and frequency, the minimum time period between doses, the maximum dose in any 24 hour period, the reason for the medicine and any specifics in relation to how staff should assess if the medicine was needed.

Medicine administration records (MARs) were completed appropriately with the amount of medicine being received or returned being recorded and signed. Medicine administrations were recorded, with the relevant coding used if medicines were not taken by the person; the reverse of the MAR was used to record notes in relation to missed or refused medicines.

Is the service effective?

Our findings

During the last inspection we found the provider had breached regulations. Appropriate action had not been taken to ensure training was in line with the provider's requirements. Staff had not received regular supervision or appraisal to ensure competence was maintained.

During this inspection we found some improvements had been made.

The registered manager said, "Supervisions are six a year." Records showed that staff were receiving regular supervision in line with this target, but improvements were still needed in respect of appraisals. The registered manager provided records which detailed when appraisals were due and when they had been completed. Out of 50 staff 28% of appraisals were overdue, and a further 28% were due before the end of September 2016. The registered manager said, "I planned them for the wrong time of year. The (current) plan is for the senior care staff to do them, I'm going to do theirs first then they can do them for their supervision line." The registered manager and regional manager offered assurances during the inspection that appraisals would be up to date by the end of September 2016. We noted 20% of staff had received an appraisal.

Improvements had been made to training. Training records showed staff completed face to face training and online training, known as e-learning. The registered manager and three care staff needed to update their face to face moving and handling training, but had completed moving and handling theory. 10% of staff needed to complete safeguarding training and mental capacity act training. 30% of staff needed to complete training in equality and diversity and 17% of staff needed to complete fire safety e-learning.

Nursing staff had completed e-learning in Deprivation of Liberty Safeguards. The majority of staff had completed a dementia framework module and a pressure ulcer prevention module. Some staff had also attended training in dysphagia, malnutrition, oral health and end of life care. The care specialist explained they had been offering support to the registered manager following the last inspection and had delivered training where gaps had been identified. Competency assessments had been completed for all nursing staff in relation to medicine administration, as well as e-learning modules and face to face training by a local pharmacy.

We asked the registered manager about induction, they said, "The Care Certificate e-learning module is available. We have two care coaches nominated who have started working with the new bank staff." All staff had completed an induction.

Staff told us they felt supported and had attended appropriate training to support them in their role. One staff member said, "Yes, I have supervision and I've had an appraisal. I feel supported, I'm happy with the support from management." They added, "I'm doing my diploma level three health and social care."

Staff were able to explain mental capacity, commenting that it related to when people were not able to make decisions for themselves so needed other people to offer support and make decisions in their best

interests.

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.

Mental capacity assessments had been completed to support the decision making process in relation to DoLS applications. A log had been kept of all applications and authorisation dates, expiry dates and notifications to the Commission.

Mental capacity assessments and best interest decisions had been recorded in relation to people who lacked capacity and who needed bed rails and wheelchair lap belts.

Some people had lasting power of attorneys in place. The registered manager said, "We always ask for copies and we have some in files." We saw copies were in place for finance and health and welfare. This meant the registered manager had current information about who had been appointed to act on the person's behalf.

Some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions in place. One person's recorded the decision had been initiated whilst they were in hospital and recorded their previous home address. There was no evidence of review when they moved to Chichester Court a few days later. We spoke with the registered manager about this who had spoken to the GP, they said, "The GP has said DNACPRs are person specific and it is only best practice to update the address if they move." Triggers for review should include transfer of the patient to a different location (including transfer within a healthcare establishment) as stated in Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing (previously known as the 'Joint Statement') 3rd edition (1st revision) 2016.

People had access to health care professions and records for people who had recently moved into the home evidenced the need to make referrals to services such as chiropody and opticians. We saw specific information and guidance was in place where people had been referred to Speech and Language Therapy (SALT), the falls team and dieticians.

Diet notification sheets were completed and shared with the kitchen staff. People told us the food was nice and there were options to choose from if they didn't like what was available. One person said, "All we do is eat, there's always plenty, it's lovely." One relative said, "The food is fine, [family member] prefers sweet things, they'd sooner have biscuits than a dinner."

The registered manager said, "About 50% of staff have had dysphagia training (swallowing difficulties) which includes the presentation and preparation of modified diets. The kitchen staff are experimenting with presentation of foods and piping gear. They tried using (food) moulds for pureed food but it didn't work

well." One care staff member said, "The dining experience has improved, it's more of a visual experience for people now." The assistant cook said, "We've been experimenting with pureed food, it looks really nice when it's piped out for people, it's working well. I think it'll increase people's appetite as it's colourful, and looks nice, it definitely helps." They added, "I have confidence in the kitchen staff and we'll get it right. I want to add more variety but we are getting there. I get information from the care staff on people's diet and the diet notification sheets. I have my board I can access at a glance which is updated straight away if anything changes."

Is the service caring?

Our findings

We spoke with people about whether they felt cared for by the staff. One person said, "The girls are lovely." Another told us, "The staff are very kind to us." One relative said, "The staff are helpful, we met [manager] and I'm happy with the care [family member] gets." They added, "The nurses are lovely, they are really good."

A visiting social care worker said, "The staff are lovely, there's lots of challenging behaviour but staff take it in their stride, they are really nice. There's staff continuity now so they know people well. I think the staff understand people's behaviour and deal with them for who they are."

One staff member said, "People are really loved."

Staff treated people with warmth and respect; they were accepting of people's needs and supported them appropriately. We observed staff spent time with people in an unrushed manner. They were gentle, patient and caring and spoke to people respectfully.

Communication was at eye level, with staff bending down to speak with people who were seated. There was a relaxed pace and staff waited for people to respond before proceeding with the next step of the conversation.

When staff were supporting people to go to the dining area for lunch each person was asked individually if they were ready to go through. If they agreed each person was supported by staff as they preferred. One person needed the physical support of a member staff each side of them whilst walking, another person held staff hands and sung songs on their way to the dining room, and another person walked with staff holding their dementia doll.

Pictorial menus were on display in both Riverside and Haven, however on Riverside it only showed one option as being available. We observed the staff asked each person what they would like for lunch, showed them the meals and gave people the time they needed to make a choice. When one person asked for both, the staff said, "That's fine if that's what you want." People were given the time they needed to enjoy their meal, and if they needed support this was readily available.

The registered manager and one care staff member had attended a launch of the provider's dementia care framework which is an 18 week programme designed to enhance the lives of people living with a dementia. The programme aims to increase awareness and understanding of staff, improve the environment and communication and provide an activity and engagement programme for people. The care specialist said, "It's one big injection of person centred care."

The registered manager explained they had moved their office and it now meant there was a small room which could be used as a private meeting space for people and their relatives which didn't infringe on other people if they were using the lounge or activity room.

Various information was on display around the home. This included date and weather boards in the lounge which were used to orientate people. Easy read information on harm and abuse was available as well as a poster for the local authority safeguarding team. There was also information on local advocacy services. We asked if anyone used an advocacy service. The registered manager explained that one person had been referred to the Independent Mental Capacity Advocate service for support with a DoLS application. They said, "Families are very supportive, even families who are abroad email and keep in touch."

Many thank you cards were on display, examples of which stated, 'thank you for the care you showed,' 'kindness, care and compassion,' and 'thank you for the care.'

Is the service responsive?

Our findings

During the last inspection we found breaches of regulations. Care and treatment was not always provided in a safe way. The assessment, planning and delivery of care and treatment did not include arrangements to respond appropriately and in good time to people's needs. There was a failure to do all that was reasonably practicable to mitigate risks as care plans for new admissions had not been completed in a timely manner.

During this inspection we found that, with the exception of one specific care plan in relation to skin integrity, care plans and risk assessments for people newly admitted to the home had been completed in a timely manner.

Pre-admission assessments had been completed which provided detail in relation to people's care needs. Sections of the assessment for recording information in relation to end of life care, social information and personal preferences and specific equipment required were not always completed at the time of the assessment. The registered manager explained they were completed based on risk and the individual information came later.

Some care plans lacked individual information on how people preferred to be supported. One person had a care plan which stated one staff member was to assist them with showers but there was no information on what assistance the person needed. A care plan in relation to continence care stated, 'Continence care is routine however requires monitoring to minimise risk.' The care plan detailed the number of staff needed to support the person and the equipment used but it did not specify what was meant by routine continence care. This meant staff may not fully understand the person's needs.

End of life care plans were in place, however they did not detail people's wishes in relation to the care they wanted to receive, who they would like to be present with them or arrangements or preferences for their funeral.

We noted two care plans which were contradictory. One related to the recording of the persons food and fluid intake and another person's care plan stated they received their medicine covertly, that is, hidden in food or drink without their knowledge. We spoke with the registered manager who said, "They don't have any covert medicine." The nursing staff confirmed this, and MARs corroborated that the person had not received their medicine covertly. There was a note following a medicine review that covert administration was to be considered but the registered manager agreed the care plan was incorrect and stated it would be updated immediately.

The regional manager and registered manager confirmed they were aware that additional work was needed to ensure care plans were person centred and training was due to be rolled out for the senior care staff.

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

Information on how people preferred to take their medicines was recorded on medicine profile sheets which nursing staff checked before administering medicines. The care specialist said they had completed one to one sessions with the nursing staff which looked at care planning. They said, "The clinical care plans are good but fell down in person centred elements. They needed prime examples of person centred care plans." They went on to say that initial care plans were completed based on risk and the personal information with regard to preferences should be added as staff got to know people. The regional manager commented that within a month of moving into Chichester Court care plans should be person centred.

We saw a very detailed care plan in relation to unpredictable and distressed behaviour. The care plan identified potential triggers for the behaviour and informed staff how to comfort and support the person, such as the use of doll therapy, moving to a quieter environment with low stimulation and using therapeutic touch such as hand holding as it was an effective way to communicate with the person.

Another person had a detailed care plan in relation to diabetes management which included information on foot care, hypoglycaemia, blood sugar monitoring and eye screening.

A document titled 'My Choices' was completed for people which detailed their current interests, favourite foods, drinks, significant events, how best to support the person, and their life history. People were able to choose which sections to complete and it was noted if they chose not to share certain things about their past.

A four week activity programme was on display at various points around the home but there was no indicator of which week in the programme we were currently on. An easel display of forthcoming events was in the foyer which advertised a Macmillan coffee morning, a slide show about Elvis, an event for Halloween, fireworks, and an entertainer.

Several enclosed garden and courtyard areas were available for people to use; one included an area which was being developed into a sensory garden. We noted one outside area had uneven paving and was unsafe for people to use. This was due to be renovated following the last inspection but we saw no improvement so spoke with the registered manager who said, "All the work was approved, I'll find out when it's due to start." They confirmed work would commence the next week.

One relative said, "[Family member] gets bored but they won't join in, even though they say they are lonely. Staff are sometimes too busy to have a chat but they do come in when the buzzer's pressed."

We observed staff on Riverside were singing and dancing with people on a regular basis, people were also engaged in playing dominoes, chatting with people and engaging with people with doll therapy and sensory items. Two care staff told us, "We chose to work on this unit and it makes a real difference, we want to introduce specific activities for people, including texture, touch, looking at the corridors and what we can do." They added, "We need activities for people in the later stages of dementia. We have a sensory garden but we need more orientation. We don't work in a task orientated way, people need time and support and their likes and dislikes to be met."

A cinema experience was available for people with the use of a full slide projector and surround sound. The registered manager said, "The idea was put to the resident and relative meeting and no one objected so it was purchased. It's used as a set activity and an ad hoc one to stimulate people or to reduce distress. We have old movie events and it's good for people with sensory needs due to the big screen and the sound."

We spoke with people and relatives about the complaints policy. One person said, "I've no complaints." A

relative said, "No one's gone through the complaints policy but I would speak to someone if I needed to."

A complaints log was in place which recorded one complaint since the last inspection. It was noted that the complaint had been resolved but there was no evidence of the investigation, outcome or action taken. The registered manager said, "It was only recent and I need to put the information in the log." The complaint had been made a few days prior to the inspection.

Feedback from people and relatives was recorded, which were positive in the main however one person's feedback constituted a complaint, which had also been received by the Commission. This had not been recorded in the complaints log, but it had been addressed.

Is the service well-led?

Our findings

During the last inspection we found breaches of regulations. Systems and processes had not been fully established and operated to ensure compliance. There was a failure to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. Measures to reduce or remove risks within a timescale that reflects the level of risk and impact on people using the service were not effective. Records relating to the care and treatment of people had not been completed with undue delay.

During this inspection we found improvements had been made. Processes had been improved to ensure risks were assessed and mitigated in a timely manner. Care records were being completed without delay and measures to reduce risks were in place. We saw some care plans detailed incorrect room numbers. We raised this with the registered manager who said, "It will be from when they moved rooms, we'll get that sorted today." It was also noted that some documentation had missing dates and signatures. These are required to ensure accountability and timeliness of documentation.

Accidents, incidents, deaths and DoLS applications were all recorded on an electronic system. We noted several incidents which had not been notified to the Commission. This is being dealt with outside of the inspection process.

A well-established registered manager was in post. The regional manager said, "[Registered manager] has really embraced change, they are positive, responsive, reflective and learning about negotiation and compromise. I'm impressed with their attitude and how they are leading the team."

One relative said, "Things are changed, you can see the improvements have been made. The atmosphere is much better now and the girls are lovely."

We spoke with the registered manager about changes that had been made following the last inspection. They said, "Care planning is the biggest. The staff team weren't skill mixed so this was addressed in July with the seniors and the teams. Some staff left and new bank staff were recruited. The existing bank staff are covering for maternity leave to ensure consistency." They added, "It's affected the atmosphere and ethos in general, relatives feel it's one team now. Both teams have their strengths and they work as required, it's a big culture shift." They went on to say, "There's more delegation to the nursing staff. They are more aware of MCA and DoLS now, they do the internal capacity assessments and best interest decision for lap belts and bed rails, this is also detailed on the TraCa now."

Four senior care workers had been appointed to support with leadership on the floor, as well as care planning and medicine administration for people receiving residential care. The senior care workers were due to start a training programme to induct them to their role. This programme was also open for the nursing staff to attend if needed.

A range of meetings were in place, including staff meetings, nurse governance meetings and resident and relative meetings and managers meetings. Agenda items included quality of the dining experience, training,

complaints, safeguarding and health and safety.

The registered manager said, "The seniors will help people get up, administer medicines and be available to support at key points. They will have their own case load of three or four residential residents to take the lead with. Care documentation training is in place and they will work through the file."

Each person had a room file and a check list of charts that should be completed such as food and fluid recording, fluid balance, positional changes, sleep charts. This list was used to ensure all the appropriate checks were in place and being completed as they should be.

A range of audits were in place including monthly reports on bedrails, hoist and sling checks and equipment checks. There were monthly checks on pressure equipment, skin integrity records and nutrition assessments and a monthly choking risk assessment analysis.

Audits were completed of the dining experience by the care specialist and feedback provided with regards to the presentation of meals, conversation and observations of support. We observed improvements had been made and the experience was more sociable and relaxed for people with sufficient staff to support them.

An electronic system for other audits was used, known as TRaCa. Various audits were in place such as resident questions, resident admission, right, consent and capacity needs, bed rails, medicines, continence, skin integrity and communication.

As specified in the action plan submitted following the last inspection care record TraCa's were completed within 48 hours of someone moving into the service. This was to ensure areas of high risk had been assessed and care plans completed. We saw this was in place and was effective in identifying any action that needed to be taken. A summary of all other TRaCA's was on the care plan TraCa which gave a percentage score to indicate if action was needed or not. As an additional assurance the regional manager also completed care plan TRaCA's.

Further improvement was planned. The regional manager said, "[Registered manager] is completing the dementia care framework to focus on improving dementia care, it includes the environment, training and raising awareness." A member of the care team had also attended the launch day and was excited and passionate about changes that would be made.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The care and treatment of service users, as recorded in care plans did not always include their preferences and in relation to how they wanted to be supported.
Treatment of disease, disorder or injury	Regulation 9(1)