

Leeming Bar Limited

Leeming Bar Grange Care Home

Inspection report

Leeming Lane
Leeming Bar
Northallerton
North Yorkshire
DL7 9AU

Tel: 01677425594

Website: www.brighterkind.com/leemingbargrange

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

We inspected Leeming Bar Grange Care Home on 19 June and 14 July 2017. The first day of the inspection was unannounced and we told the provider we would be visiting on day two. We last inspected this service in September 2015 and found the provider was meeting all regulations at that point.

Leeming Bar Grange Care Home is a large purpose built property. The service can provide personal care for up to 60 older people, some of whom were living with dementia. At the time of our visit 51 people were living at the service.

The provider is required to ensure a registered manager is in post as part of their registration. A manager was new in post and they had commenced the process to register. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. We saw all incidents of suspected abuse had been reported to the local authority, however the provider had failed to ensure CQC had received notifications of these events. This is being dealt with outside the inspection process.

There were systems in place to monitor and improve the quality of the service provided. We saw there were a range of audits carried out both by the manager and provider. Where issues had been identified; action plans with agreed timescales were in place to help drive improvements. However, the provider audits had not highlighted that statutory notifications had not been sent to us.

Overall we saw people received their medicines on time and as prescribed. Better information to help staff make decisions about when 'as and when required' medicines should be given was needed. The manager had highlighted that pharmacy support was not helping them manage medicines and a new pharmacy supplier was arranged to take over in August 2017. We made a recommendation that the provider ensure all good practice medicines advice was implemented once the new pharmacy supplier was in place.

Risk assessments were in people's care plans for areas such as moving and handling, falls and pressure care so staff knew how to support people to remain safe. Records to monitor people's wellbeing improved significantly between day one and day two of the inspection. This meant staff could analyse quickly when a person required different support or a referral to a health professional. We saw the home worked well with visiting professionals and followed advice received to manage people's wellbeing.

Staff knew people very well; they were able to tell us people's preferences and dislikes. The manager was working with the team to review care plans to include more of this detail.

Staff understood the principles of the Mental Capacity Act 2005 and they worked within them to ensure people were empowered to make their own choices. The manager was working with the team to record more clearly consent and decisions made in people's best interests.

We made a recommendation that the provider use good practice guidance around positive behavioural support to develop their care planning approach.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. The manager told us they would develop the fire drill process.

The manager had implemented robust systems to ensure staff felt supported. Staff told us they felt positive about the changes and felt very well supported by the manager.

People and their relatives felt there was not enough staff at times. The manager felt how staff organised the shift was a factor in this. Additional staff to support people in the evenings was arranged following day one. The manager supported staff in between day one and two of the inspection and we saw the changes had made a positive impact. This meant people had enough staff to meet their needs.

We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Where agency workers were used the provider did not have profiles to confirm their suitability or a photograph to ensure staff could confirm a worker's identity. The manager immediately implemented profiles following the inspection.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive and patient with people. Observation of the staff showed they knew the people very well and could anticipate their needs. People and their relatives told us they were happy and felt very well cared for.

People told us they enjoyed their food and had a choice offered at mealtimes. We saw the mealtime experience was positive. People had their weight monitored to ensure they were receiving enough nutrition and where staff had noted concerns appropriate referrals had been made to professionals.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. We saw there was a plentiful supply of activities.

The provider had a system in place for responding to people's concerns and complaints. People and relatives were regularly asked for their views. People and their relatives said they would talk to the manager or staff if they were unhappy or had any concerns. They told us they felt confident to do this.

A breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 was found during this inspection. This is being dealt with outside the inspection process.

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.

The local authority had been informed of all suspected cases of abuse but the provider had failed to ensure notifications of these events had been reported to the CQC. This is being dealt with outside the inspection process.

Overall medicines were safe and people received them as prescribed. We made a recommendation that the provider ensured they implemented all good practice guidance with their new pharmacy supplier.

We made a recommendation that the provider use good practice guidance to develop their care planning approach to positive behavioural support.

Suitable recruitment checks were carried out to help ensure suitable staff were recruited to work with people who lived at the service.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and appraisal from the manager.

People were supported to make choices in relation to their food and drink.

People were supported to maintain good health and had access to healthcare professionals.

Staff worked to the principles of the Mental Capacity Act 2005 by providing people with choice and respecting their decisions. The manager was working to develop records of consent.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and their relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities of their choice. People were supported and encouraged with their hobbies and interests.

People and their relatives told us they were confident to raise concerns if they needed to. We saw complaints had been dealt with appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The service had a new manager who had applied to become registered. They understood their responsibilities and staff were pleased with the support they had received from them.

The new manager had identified areas which required improvement across the service and had a management action plan in place to address the issues.

The quality assurance systems in place had identified most of the issues identified in this report apart from the provider's failure to report notifiable incidents.

People and their relatives were actively involved in running the service and had regular opportunities to provide feedback.

Leeming Bar Grange 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 checked 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 June and 14 July 2017. On day one the inspection was unannounced and we told the provider we would be visiting on day two. The inspection team consisted of three adult social care inspectors and an expert by experience on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two adult social care inspectors visited on day two.

Before the inspection we reviewed all of the information we held about the service. This included information we received prior to the inspection from a whistle-blower. Whistleblowing is where people can disclose concerns they have about any part of the service where they feel dangerous, illegal or improper activity is happening. We looked at details we had received since the last inspection about safeguarding incidents and statutory notifications. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We sought feedback from the commissioners of the service (the local authority) prior to our visit. The provider also 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 used all of this information to plan our inspection.

At the time of our inspection there were 51 people who used the service. We spent time with eight people and four of their relative's. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. 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.

During the visit and following the inspection we spoke with the manager, deputy manager, director, area manager and nine members of staff including team leaders, senior care workers, care workers, activities worker, the chef and housekeeper. We also spoke with four visiting professionals during and after the inspection.

During and following the inspection we reviewed a range of records. This included seven people's care records, including care planning documentation and medication records. We also looked at four staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

We spoke with the manager about safeguarding adults and the action they would take if they witnessed or suspected abuse. The manager told us all incidents were recorded and the service investigated concerns. Records we saw confirmed this.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had been trained to recognise and understand all types of abuse; records we saw confirmed this.

We saw all incidents had been reported to the local authority when they had occurred but that a statutory notification had not always been received by CQC. Please see the well led section of the report to see how this will be dealt with.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. The manager told us the medicines system was being reviewed because the pharmacy support had not been effective which had led to issues such as medicines not being delivered on occasion and poor records.

Regular audits had been carried out which had identified a new pharmacy supplier was required. This change was due to occur in August 2017. We saw that overall people had received their medicines on time and as prescribed. Storage systems were effective, as was the management of controlled drugs (CD's). CD's are medicines which require stricter legal controls to be applied to prevent them; being misused, being obtained illegally or causing harm.

People told us they were happy with their medicines support. One person told us, "Yes I always get them (medicines)." A relative said, "The times I have been here when it is time for their meds they get them."

We saw protocols were in place for 'as and when required' medicines which people can take when they experience particular symptoms. The protocols did not always provide staff with full information to help them make a decision whether to administer a medicine or not. For example; one protocol said 'take half a tablet each day when required for agitation' but the protocol did not say what agitation meant for that person. This meant staff may administer this medicine and it may not be required or appropriate to administer it.

We discussed the medicines system with the provider and manager and made a recommendation that the provider should review medicines management to ensure all current good practice is incorporated.

We looked at four staff files and saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps

employers make safer recruitment decisions.

The manager told us there had been a high turnover of staff in the past year and that recruitment of new staff was ongoing. This had led to the provider using agencies to supply workers. This ensured enough staff were available to support people. We saw profiles provided by the agency were not available in the home which included confirmation of the agency workers suitability to fulfil the role and a photograph for identification purposes. The manager provided details to confirm these were now in place following the inspection.

We looked at the arrangements in place to ensure staffing levels were safe to meet people's needs. Information gathered about people's dependency was used to determine the number of staff needed to ensure people were safe and their needs were met. We saw the rota reflected the staffing hours the tool had determined were needed.

We received mixed feedback from people, their relatives and staff about whether they felt staffing levels were appropriate. One person told us, "As far as I can tell there is enough staff." A relative said, "Sometimes there isn't (enough staff) at mid-afternoon. I suppose it is quiet then." A member of staff told us, "There is minimal staff and this frustrates me."

We saw that staff were not as effective as they could be because they were disorganised on day one of the inspection and the manager told us they had identified this through their own observations. They told us that staff needed support to be more organised and to understand more clearly their roles and responsibilities. The manager told us on day one that they had a session planned to look at this with staff. Our observations made on day two were that staff had started to implement changes and the shift was better organised.

The manager understood the hours needed to keep people safe and they had made positive changes to ensure staff were deployed effectively to meet people's needs. This included the introduction of a 'twilight' shift where staff were allocated to work early evening when people living with dementia may require more support as their behaviour changes. This is typically known as sundowning. Sundowning can be a symptom of dementia. It is also known as "late-day confusion." This means that a person's confusion and agitation may get worse in the late afternoon and evening.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation was appropriate. The manager had started to review patterns and trends for individuals as they were getting to know the service. This had led to people receiving referrals to professionals for falls advice and the introduction of the 'twilight' shift because the manager had recognised a pattern of increased falls in this period of the day.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as nutrition, pressure care and moving and handling. This enabled staff to have the guidance they needed to help people to remain safe.

Staff were asked to complete records where risk had been identified to monitor a person's health and wellbeing. For example, where a person was at risk of dehydration, fluid intake needed to be monitored. Monitoring progress well ensures staff can refer to professionals if deterioration is noted. The manager had recognised improvements were needed in this area prior to the inspection. On day one we saw records to monitor people and the communication of progress was not robust. The manager explained how they had

planned to approach this and they implemented the changes immediately following day one of the inspection. Records and communication of progress had improved significantly when we visited on day two. This meant staff better understood people's wellbeing and that referrals to professionals were made more quickly when needed.

We saw some people required support as they became anxious or displayed behaviour which challenged staff. Their care plans did not include a description for staff about how to manage the risks associated with this type of behaviour. Staff were not clear about how to intervene in a positive way to both reduce anxiety and protect themselves, the person and other people. We discussed this on day one of the inspection and the manager had arranged with the provider for some enhanced training in this area to support staff.

Checks of the building and equipment were carried out to ensure people's safety. Documentation and certificates showed that relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. Tests of the fire alarm were undertaken frequently to make sure it was in safe working order.

Personal emergency evacuation plans (PEEP's) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken and staff told us they felt confident with the process. We discussed with the manager how practices would be more effective if they were carried out with the minimum staffing levels. This would help them understand fully whether people could be evacuated safely with that number of staff and therefore show whether or not processes were safe. The manager agreed this was something they would implement.

People told us they felt safe living at Leeming Bar Grange Care Home and relatives agreed with this view. One relative said, "My family member can wonder about and there is nothing they can harm themselves with." Another relative felt having the call bell system reassured them staff would respond if their family member needed help. We saw calls bells were answered promptly by staff.

Is the service effective?

Our findings

We spoke with people's relatives who told us they felt staff provided a good quality of care and that staff were well trained. One relative said, "I feel they [staff] get a lot of training. Training has been stepped up recently."

The manager confirmed they had driven the staff team to complete the training needed to improve compliance in line with the provider's expectations. One member of staff told us, "Training is worthwhile and we keep updated with fire safety and moving and handling. We have recently done values training too." We saw from the matrix that training compliance had improved and was being monitored effectively by the manager.

The manager told us staff new to care were undertaking the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected from staff.

A new staff member told us how their induction had involved shadowing experienced staff until they felt confident and competent. A longer term staff member told us, "Staff have a buddy on their first week and get to know people and the routine." This culture of support was embedded throughout the team as other members of staff told us how they supported agency workers by pairing up to ensure they could get to know people and how to care for them. The manager told us their own induction had been successful. They said, "Training for me has been exceptional leadership training about how to have a positive impact, the models to use and how to support the staff team."

The manager explained how additional training had been organised to support staff to improve their knowledge in positive behaviour support, medicines changes and dementia support.

The manager had started to develop dementia support at the service. They had completed a self-assessment and asked relatives, people who lived at the service and key staff in all roles to understand what stage dementia support was at in the service. They planned to develop an action plan and roll out quarterly meetings with everyone to review progress and changes made. This meant over the next year people will receive more focussed dementia support based on good practice. The manager displayed a real passion for this to happen and they had already requested that the provider invest in alterations to the environment to support this.

Staff we spoke with during the inspection told us they felt well supported by the new manager and the structure they had implemented for supervision and appraisal. One member of staff said, "I had supervision about a month ago to help me record on charts and remember to offer drinks. I used to think supervision was a negative, but I think it's a positive to develop and move forward now." Another staff member said, "I feel supported and I have had an appraisal."

We saw the manager had a supervision and appraisal tracker in place to monitor that staff received appropriate support to enable them to fulfil their role. Appraisals for staff who had worked at the service

long term had started to take place.

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 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 saw staff understood the practicalities around how to make 'best interest' decisions for day to day tasks with people. This meant we saw they empowered people to make their own decisions where appropriate and respected a person's decision to refuse support if they chose. Staff explained they would keep trying and offer alternatives to ensure people received the support they needed.

Records were not clear enough to ensure people who had capacity had recorded their consent. Where people did not have capacity relevant MCA assessments were completed and best interest decisions were made. How to record such decisions needed to be developed. This was an area being looked at as care plans were reviewed and re-written by the team.

Staff we spoke with had a good understanding of DoLS. Eight people had been authorised to have their liberty deprived and the service was working with the local authority team to ensure applications were processed for other people.

People and their families were complimentary about the food available and they told us they had a choice of what to eat. Relative's comments included, "My family member eats more variety here than they did at home"; "If they don't like something the kitchen will make something else" ;"My relative never complains, they had soup for lunch and the staff bring biscuits and fruit early afternoon."

The provider had implemented a mealtime experience set of standards which staff had been trained to carry out. This outlined how to prepare the dining room to welcome people, how to serve food respectfully and also how to create a positive and friendly atmosphere. The aim was to promote people to eat well and we saw staff provided a relaxed and calm service. People living with dementia were supported to eat at their own pace and were free to sit when they were ready. We saw people were provided with finger foods if they did not want to eat a main meal. Snacks and drinks were offered throughout the day.

Staff were encouraged to voice their ideas to improve mealtimes and this had led to a dining room being re-located to another space in the home. We saw on day two this was successful and had improved people's experience.

Care workers and the kitchen staff were aware of people's personal needs with regards to nutrition and hydration. They knew who required food prepared in certain ways because of diet restrictions or swallowing difficulties. Staff monitored people's weight to ensure they were receiving enough food. We saw referrals had been made to professionals where appropriate.

People and their relatives told us they were happy with the support they received to manage their health. Relatives told us, "When my family member isn't well staff tell me all I need to know and they chased the GP. I am very happy and blessed that my family member is here" and "When [Name of person] got up one morning they had tremors, staff got the doctor straight away and they came to see them immediately."

People had good access to healthcare professionals for advice and treatment. This included a system called 'Telehealth'. The NHS had provided a lap top which could be used to speak to a nurse online via video link with the person, if advice was needed. The nurse then provided advice or contacted help for the person if required. A staff member told us, "The Telehealth system is handy for me to talk to professionals and for them to see the person. It is a good idea the nurse from the NHS then decides if an ambulance is needed."

A visiting professional told us, "We supported the home with pressure care training and since then they will come and say they have noticed issues. We have a good relationship with the team. I feel if we ask them to do something, it will happen."

Staff record all visits with healthcare professionals on a log in each person's care file. Over time logs were archived and we saw that some information had been lost about when the last appointment for a particular healthcare professional was. For example when a person last saw a dentist which is an infrequent appointment. We discussed with the manager how the system could be changed to prevent this from happening and to ensure therefore that all appointments were up to date.

Is the service caring?

Our findings

People and their relatives told us they were very happy and the staff were caring. One person said, "They [staff] are kind and polite." Relatives said, "They [staff] are very good at explaining what they are doing. They take their time and they do all personal care in peoples rooms" and "Staff always take my relative by the hand and ask if she is alright." One relative explained how finding the right place for their family member was very important to them and they told us, "All the family are very happy with the care here. It's a lovely place."

Visiting professionals told us, "Staff attitude towards residents is good, they smile and you can tell they care" and "Staff are really friendly and I have never had any concerns" and "I think this is good if not better than most homes."

During the inspection we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere and we saw staff interacting with people in a very caring and friendly way. Very warm and meaningful interactions were seen where staff including maintenance and housekeeping staff took time to engage in conversations. We saw people responded by smiling and actively engaging in the conversations. We observed one person being hoisted in a communal area and staff took time to acknowledge with the person what was happening and they displayed a kind approach.

Staff were respectful and patient and worked at a pace the person needed so that they engaged and listened. Observation of the staff showed they knew the people very well and could anticipate their needs. For example staff saw one person walking with purpose through the home; they asked the person if they would like to help with cleaning because they knew this was something the person enjoyed. We saw them dusting along the corridors happy and content following this intervention.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. One person told us, "They [staff] knock on my door." A relative told us how they knew staff were caring when, "My family member needed personal care one day when I came to visit. They were in the lounge and staff took them to their room to attend to their needs, bringing them back with fresh clothes." A member of staff explained, "I make sure when I support a person with care that the door is closed, I ask people their preferences and offer choice." This showed the staff team was committed to delivering a service that had compassion and respect for people.

It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. A person said, "I have a key to my bedroom and I can access the garden myself." The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure

people received care and support in the way they wanted to.

Relatives told us they were free to visit at any time they chose and were always made to feel welcome by staff. One relative said, "We come here and can visit anytime, staff are very welcoming. We bring our children from the family and everyone enjoys them coming."

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection. Staff told us how they encouraged independence on a daily basis. We saw people were supported to mobilise independently and staff made sure people could walk if they were able. One person told us, "The staff support me to do what I can for myself."

At the time of the inspection people who required an advocate had access to one. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

Nobody at the time of this visit was receiving palliative care. Within peoples care plans we saw their preferences and wishes around end of life support were recorded for if this situation arose.

Is the service responsive?

Our findings

People and their relatives told us they were involved in a variety of activities. Relatives told us, "I think there is enough (activities); my family member is always saying they like the activities" and "I would say there is enough (activities), when staff put the music on they always come and get my family member to join in. They enjoy this." Relatives also told us the family events arranged were "Just amazing."

We saw there was an initiative called 'Wishing well'. The provider documentation about this told us the aim was 'to enrich the lives of people in our care, enabling them to feel really valued and special. The experience may be trying something new or re-living a fond memory'. We looked at the records available to see how people at Leeming Bar Grange Care Home had benefited from this initiative. We saw a visit to Middlesbrough football had been arranged for one person because they were a keen fan and that a group of people had visited the seaside for fish and chips to reminisce.

Staff had voiced an idea that an upstairs room could be used to support people to engage in activities they enjoyed. The manager had empowered staff to alter the purpose of the room and we saw on day two that people were enjoying the space to do things they enjoyed such as painting.

Activities had been developed around people's own hobbies and interests, taking into account their past careers. One person who used to be a farmer had been supported to spend time in the outdoors and a person who was a florist was supported to do flower arranging. We saw for one person this had meant they were calmer on day two because they had a meaningful activity space to occupy them. The activities workers told us they got to know people by sitting and discussing their past, and also asking families.

We saw that a group of staff and people had started to plan to develop an allotment in the garden; they were looking to engage the skills of local scouts and an RAF squadron to help them. The newsletter produced by the activities team contained pictures of activities which had happened in June which included a visit from some meerkats, miniature ponies, VE day celebrations and gardening with people.

We saw people were supported to enjoy personal activities such as reading the newspaper or watching the bird feeders in the garden. We saw staff altered the layout of the lounge area so one person could sit and enjoy their favourite view. The impact was that people seemed content, relaxed and happy in their environment. People looked engaged and stimulated.

During our visit we reviewed the care records of seven people. We saw people's needs had been individually assessed and detailed care plans written. The care plans we looked at included some detail of people's personal preferences, likes and dislikes. We spoke with staff who were extremely knowledgeable about the care people received. We discussed how this detailed knowledge could be recorded in the care plans to enable all staff to understand how people like to be supported. The manager had already recognised this and was working with the team to re-write all the care plans and develop the person centred information recorded. We saw care plans had been reviewed regularly and where changes were required they had been made.

The manager had developed a new positive behaviour care plan for one person following the inspection which they shared with us. This included outlining the person's skills and how to empower the person to lead their own support. The care plan identified a routine to promote everyone approaching support in the same way so the person may become more confident with interventions. We saw the outcome was positive and that the person had become to feel more confident and less challenging. Positive behaviour support helps staff understand the reason for people's behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen. Further development of these care plans was needed to ensure they outlined what behaviours staff may see, when and how to intervene.

We recommend that the service seeks advice and guidance from a reputable source about positive behaviour support and care planning.

We looked at the records of complaints received and saw they had been dealt with appropriately in line with the provider's policy. All of the relatives we spoke with said they would not hesitate to raise concerns with the manager if they needed to. Some relatives told us about issues they had raised that although they felt listened to and responded to were not complaints and therefore were not recorded. We discussed with the manager how day to day issues which may not be a formal complaint could be recorded and used to look at patterns and trends of feedback about the service. The manager told us this was something they would look at implementing.

We saw there were numerous compliments received by the service from relatives. One card received said, 'Thank you for your kindness, fun and laughter near the end of my family member's life, you were so loving, kind and thoughtful, and I shall never forget it'.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems help providers to assess the safety and quality of their services. The manager was able to show us numerous checks which had been carried out on a monthly basis by the in-house team to ensure the service was run in the best interest of people. These included checks of health and safety, medicines, infection control and accidents amongst other areas. The manager had a management action plan to monitor the steps they needed to implement to demonstrate and achieve improvements.

The manager told us different people visited the service on behalf of the provider to monitor the quality of the service. We saw audits carried out by the provider in areas such as kitchen service, health and safety, activities, night time audits and care planning. The provider audits had already picked up issues we had noted in the inspection, this showed they were partly effective, apart from the failure to notify CQC of incidents as required by law. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. This is being dealt with outside the inspection process.

A manager was in post and they had started their application to register with us when we inspected. The manager had started in post in March 2017. People who used the service and their relatives spoke positively about them. One relative said, "I would go straight to the manager, she is approachable."

There had been multiple changes in management over the past two years. Staff morale had been low as a result and they were able to tell us what a positive difference the new manager had made to morale. Staff told us, "I have a great manager and I can approach her with anything. Since [Name of manager] started the biggest change is that I know what I am doing when I come into work, we now have files in people's rooms and the staff get on well" and "I know [Name of manager] would welcome me to approach her with ideas" and "[Name of manager] is a positive addition and we are now going in the right direction. Just today she had a chat with me and asked how I was doing; nobody had done that before, she really listens to everything you say. If I need her at any time I know I can call and chat to her."

The new manager had spent time during their induction period, listening and assessing what was needed to improve the service. They had produced an action plan and made the decision to hold a team event where staff could understand what was needed and communicate their own ideas into the process. This event was held after our first day and we saw the benefit to morale, practice and performance when we visited on day two. A member of staff told us, "The team building day was good, we discussed the way the home is going, recruitment and how we are all doing. Everything is slowly getting better and I can see the improvements."

Staff described the manager as a visible presence who worked with people who used the service and staff on a regular basis. A program of staff training, staff meetings, supervision and appraisals supported the continued progress and the manager told us they want to see not only sustained improvement but excellent support for people living with dementia. Staff were clearly on board with this vision and we could see they were energised to help deliver this. A staff survey had been carried out by the provider but the feedback was not a current reflection of the systems in place when we visited. A new survey was planned for the future.

We saw records to confirm people who used the service and their relatives met with staff on a regular basis to share their views and ensure the service was run in their best interest. We saw this had developed the idea of having an allotment and feedback about the food available was listened to. A relative told us, "I find residents meetings very useful. It's good to voice your concerns and hear other peoples concerns. It is also nice to meet other relatives." Another relative said, "Some people voiced they would like a change of rooms. They were listened to and this was accommodated."

A survey had been completed to ask people and their families for feedback. We saw the most frequently mentioned area for improvement was communication and staffing ratios which the manager had started to address. The areas where people felt they had already seen improvement included ease of access to the manager and the service provided by the manager. The survey also saw that people felt the turnover of staff had improved.

We asked people and their families what they felt was good about the service and comments included, "The carers are so friendly" "My relative is safe" and "The enclosed garden and the nice room my relative has."