Barchester Healthcare Homes Limited

Alice Grange

Inspection report

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Ratings

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

Overall summary

Alice Grange is a purpose built care home providing nursing care for up to 85 younger adults and older people. The service provides support to people with a range of needs which include; people living with dementia, those who have a physical disability, and/or people who require palliative end of life care.

There were 67 people living in the service when we inspected on 24 February 2016. This was an unannounced inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to

Summary of findings

ensuring people were consistently supported by sufficient numbers of staff who are effectively deployed and have the knowledge and skills to meet people's needs. We found that there were occasions, for example at meal times where staffing levels were not sufficient to ensure people had a good mealtime experience. In addition that people with complex needs had staff available to support them to spend their day in a meaningful way. You can see what action we told the provider to take at the back of the full version of this report.

Improvements had been made to the leadership of the service. This had led to the overall quality of the service improving. The service's development plan had been effective and was being added to ensure that this continued, was sustained and drove improvement. There was a more positive culture in the service which meant that staff were aware of the values of the service and understood their roles and responsibilities.

People and relatives were complimentary about the care and support provided. Staff respected people's privacy and dignity and interacted with people in a kind and compassionate manner. They were knowledgeable about people's choices, views and preferences and acted on what they said. The atmosphere in the service was friendly and welcoming.

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Robust recruitment checks on staff were carried out. Staff were trained and supported to meet the needs of the people who used the service. They knew how to minimise risks and provide people with safe care. Procedures and processes guided staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. However improvements were needed in the medicines administration records to ensure consistency and that people were protected.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake appropriate referrals had been made for specialist advice and support. People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date regarding the Deprivation of Liberty Safeguards (DoLS).

Care and support was based on the assessed needs of each person. However this information was not always reflected in people's care records to ensure best practice was followed

People's experience of how they spend their days was inconsistent. Whilst there were some areas of good practice with regards to activities and social stimulation there were also several instances where people were left for periods of time with little or no interaction. Improvements were needed to ensure people especially those living with dementia spent their time in meaningful and fulfilled ways

Processes were in place that encouraged feedback from people who used the service, relatives, and visiting professionals. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Staffing level arrangements did not always ensure there were sufficient staff to meet people's care and welfare needs.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

Improvements were needed in the service's management of medicines.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were sufficiently implemented. Referrals had been made where required.

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

People had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People's experience of how they spend their days was inconsistent. Whilst there were some areas of good practice with regards to activities and social stimulation there were also several instances where people were left for periods of time with little or no interaction. Improvements were needed to ensure people especially those living with dementia spent their time in meaningful and fulfilled ways

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon. However improvements were needed to ensure care records provided staff with the guidance to consistently provide personalised care and support to people.

Summary of findings

People knew how to make a complaint and felt that their choices were respected.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture at the service.

People's feedback was valued and acted on. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

The leadership team were proactive and positive when errors or improvements were identified. Continued progress had been made to establish a quality assurance system with identified shortfalls addressed promptly this helped the service to continually improve.

Alice Grange

Detailed findings

Background to this inspection

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

This inspection took place on 24 February 2016 and was unannounced.

The inspection team consisted of three inspectors and a specialist advisor who had knowledge and experience in dementia care.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 10 people who used the service, seven people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to eight people's care. We spoke with the provider's regional manager, the registered manager and 10 members of staff, including care, training, nursing and domestic staff. We also spoke received feedback from three health and social care professionals.

We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service provided.

Requires improvement

Is the service safe?

Our findings

We received mixed feedback about the staffing arrangements in the service. One person said, "I feel absolutely safe here and when I buzz [press call bell], they [staff] usually come quickly." Another person said, "Things have changed a lot over the last six months. There were not so many nurses before and a lot of them were agency staff so continuity of care was a problem. Now there is a more stable team. It has improved a lot." However, other people told us there were not enough staff to meet their needs and described instances where they had to wait for staff to assist them. One person said, "Staff are sometimes thin on the ground." Another person described how the, "Weekends are the worst. Don't seem to be enough people around. I think that they need more staff as the usual ones [regular staff] seem over worked. It can be muddled during the busy times like meal times with everyone running about. I often have to wait for my food and for them [staff] to help me. I don't mind when it is an emergency; that is understandable but it is frustrating when it happens on a regular basis." Another person shared their experience of the service commenting, "I'm not as involved with my care plan as I would like to be. They [staff] don't have the time to be person centred."

We found inconsistencies with levels and deployment of staff. In the units on the ground floor and first floor the delegation and organisation of staff did not always mean people received the support they needed consistently and in a timely way. On the first floor staff cared for people living with dementia. We observed one person repeatedly call out for "Help" from their bedroom which went answered as staff were busy attending to other people's needs. We also saw that some people became anxious and upset when left alone. Staff were unable to provide the level of one to one support needed in these cases because they were having to attend to others needs.

Lack of staff at meal times meant that not everyone had a positive meal time experience. For example we saw staff supporting two people to eat their meal at the same time. They were unable to focus on both people enough to ensure that they were not rushed and were able to use the time to positively engage and enjoy that time. Staff were responsible for holding a mobile phone for external incoming calls while the receptionist was on their lunch break. This task further distracted them from their caring role.

We saw that when people did engage with visiting relatives or staff, they responded in a positive way, smiling and talking. However in between these times people sat for long periods with no stimulation, showed signs of being withdrawn and disengaged with their surroundings.

Staff knew that people needed more support to spend their time in a meaningful way and expressed concern over staffing numbers. One member of staff told us that it could be "Chaotic" at times and that weekends were always an issue when staff phoned in sick. Another member of staff said, "We need more staff there is not enough of us at times; feels like your rushing around all the time." An attempt had been made to improve meal times by bringing in an extra member of staff called a 'tea hostess' to serve food and drinks and wash up during meal times to free staff up to care. However staff and relatives told us this was inconsistent and did not always happen and we saw that it was inconsistent. During the inspection we saw that the 'tea hostess' from the second floor had been brought down to help on the first floor. This left the staff on the second floor to cover that role." A relative told us, "I deliberately come in at the lunch time meal to help. Then I know [person] has eaten."

The management team including the registered manager and provider's regional manager advised us they would look into their systems and processes to address the inconsistencies we found. The staff rota and our observations confirmed the staffing levels in place reflected what we had seen and been told about. .

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they were safe living in the service. One person told us, "I feel very safe here." A relative said that they felt that their relative was safe and how the staff were alert to the risk of them falling and had arranged specialist equipment like a sensor mat to alert them if the person was mobile. They said, "I do feel reassured by this and the checks they do to make sure [person] is safe and secure."

Systems were in place to reduce the risk of harm and potential abuse and had received up to date safeguarding training. They could tell us about their responsibilities to

Requires improvement

Is the service safe?

ensure that people were protected from abuse, knew how to recognise and report any suspicions of abuse and described how they would report their concerns to the appropriate professionals. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training and communication to staff when learning needs had been identified.

People were protected from risks that affected their daily lives. People had individual risk assessments which covered identified risks such as nutrition, medicines, falls and pressure care, with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions such as diabetes and Parkinson's had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Outcomes of risk monitoring informed the care planning arrangements, for example sustained weight loss prompted onward referrals to dietetics services. We saw that people were being supported to move in a safe manner which was in line with their risk assessments. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and reflected people's needs.

Equipment, such as hoists had been serviced so they were fit for purpose and safe to use. The environment was free from obstacles which could cause a risk to people as they moved around the service. Records showed that fire safety checks and fire drills were regularly undertaken which helped to ensure staff and others knew how to reduce the risks to people if there was a fire. Information including guidance and signage were visible in the service to tell people, visitors and staff of the evacuation process in the event of a fire.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or representative of the provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People told us they received their medications when required. One person said, "I have pain killers when I need them. I have my regular tablets which they bring me with a glass of squash." We observed a member of staff administering medicines to people after their lunch so it did not impact on people's enjoyment of their meal. They dispensed the medicines and explained to people before giving them their medicines what they were taking and were supportive and encouraging when needed. Medicines were provided to people as prescribed, for example with food.

Where a person required medication at set times of the day to ensure their health and wellbeing, records showed that this was being given. However we also noted where two people had not been given their day time medicines as prescribed because they were asleep. No actions had been taken to adjust the timing so the person received the day medicines as prescribed. When we raised concerns that a person was regularly recorded as being asleep during a three week period, therefore has not taken their medicines as prescribed, staff said they would consult with the person's doctor over what action to take.

Further improvements were needed in the recording of people's medicines. On the first floor four of the eight people's medicines administration records (MAR) had errors on. This included where staff had not signed to confirm they had given a person their medicines. A check of stock held against the record was accurate which indicated that the medicines had been given but not signed for. Where body maps were used to record the application, removal and location of the transdermal patches, staff had not consistently signed on the body map that it had been removed and replaced. However we did find a recording on the supporting MAR.

These shortfalls should be picked up by the on-coming nurse and acted on immediately; not left for the audits to identify. This would help ensure any potential discrepancies were recognised quickly and could be acted on. For example additional training and support where required.

Whilst regular audits on medicines were carried out the audits were a sample of people's records and therefore may not pick up the inconsistencies we had identified. The registered manager assured us they would review their medication processes and systems in response to our feedback.

Good

Is the service effective?

Our findings

People told us that staff were well trained and competent in meeting their needs. One person said, "[Member of staff] is excellent, really understands how to support and care for me. They know me really well and recognise when I need extra help." Another person said, "They are capable and skilled. They know what needs to be done." We saw that staff training was effective in meeting people's needs. For example staff communicated well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood.

People had different levels of dependency for staff to help and support them and the training they had received reflected this. We saw a member of staff support a person who was anxious and distressed in a consistent and calm manner. They demonstrated their understanding of the person's needs and their reassurance comforted and settled them. On the second floor we saw a member of staff prompt a person and encourage them discreetly as they mobilised independently towards the lift to go outside. The person said, "I am here for respite and hoping once I am back on my feet to go home soon. They [indicated towards the member of staff who was with them] have been so supportive. Keep me going and focused on getting better. I can be my own worst enemy sometimes push myself to hard. I am very independent and find it frustrating when I can't do certain things. They [staff] help me to find a balance, to not overdo it and take a backward step."

Systems were in place to ensure that staff received training including refresher updates, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us they received additional training specifically to meet people's care needs. This included supporting people with diabetes; Parkinson's and end of life care. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in regular team meetings and supervisions with their manager. Through discussion and shared experiences they were supported with their on-going learning and development. A member of staff described their experience of the improvements to the service that the management team had implemented they said, "Everything is better; training is better, [Training person] will chase you. I need it sometimes forget if I am behind" with any training. They added, "I get an email if my training is out of date, for example food safety, then a letter confirming you cannot work after this date" because the training is out of date. They explained how being told they would not be able to work till they had completed their training had a positive impact on staff to "making sure they complete their training."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that relevant applications had been made under DoLS to the relevant supervisory body, where people living in the service did not have capacity to make their own decisions. They told us about examples of this and the actions that they had taken to make sure that people's choices were listened to and respected. They understood when applications should be made and the requirements relating to MCA and DoLS. People were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. Staff had a good understanding of DoLS and MCA. Records confirmed that staff had received this training. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office. Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out.

Good

Is the service effective?

People's relatives, representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food and told us they had plenty to eat and drink. One person said the, "Food is lovely with good sized portions and enough variety." We saw that throughout the day there was an availability of snacks and refreshments. Staff encouraged people to be independent. We did see that the lunch time meal was not a positive experience for everyone as at times staff were rushed or stretched. When staff were not put under pressure we saw that they provided support and assistance in a sensitive and respectful manner.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people's files. Care records reflected that people, and or relatives/ representatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments, medicines reviews and annual health checks. Where the staff had noted concerns about people's health, such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “The majority are lovely, kind and friendly. They can’t do enough for you.” Another person commented, “They [staff] are all very nice and look after me very well.” A third person shared their experience of using the service with us they said, “This is a very nice place, it’s a safe environment and the care staff are very good. It was recommended to me and I am glad I came. The home is spotless and the food is very good. I can come and go as I please. When it gets warmer I will venture into the garden; too cold at the moment. I often see [registered manager] who will pop by to check everything is satisfactory. I have no complaints.”

Feedback from relatives about the staff approach was positive. One relative commented that, “The staff have helped encourage [person] to participate in activities and seems to be enjoying life more. They [person] have become more sociable and have taken an interest in things again. Wonderful to see. [Person] is treated with such care and kindness.” Another relative described when their relative first arrived in the service they said, “Moving in went smoothly but it’s a big change for [them] as it’s not familiar. The staff were all very good.”

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff showed an interest in people’s lives and knew them well. They understood people’s preferred routines, likes and dislikes and what mattered to them. A member of staff told us, “Staff do move around [work on different floors and units] now to support others [colleagues].” They explained that the benefit of moving around, enabled them to get to know people in different areas of the service, Therefore when they were asked to help out they were not a stranger to the person, especially when supporting people with dementia. Another member of staff described how the information in people’s care plans helped them understand how to best meet their needs including people who could not verbally communicate their wishes they said, “There are life histories on file, we talk to families. You can tell what they [people] like by their eyes and smile.”

People told us that they felt staff listened to what they said and their views were taken into account when their care was planned and reviewed. Records seen showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person said, "I like to have my bath in the morning and not in the afternoon or at night. This is what we agreed and it works perfectly.” We saw in this person’s care plan that their bath time preference had been accommodated.

Information about advocacy was available in the service to enable people to have a stronger voice and support them to have as much control as possible over their lives. One person told us, “I have an advocate. We are meeting tomorrow.” Throughout the day we saw that people wherever possible were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People’s choices were respected by the staff and acted on. A relative described how staff continually encouraged (person) to, “Express [themselves] with support. [Person] can make simple decisions from choices offered to [them] but is then unable to retain the information afterwards.”

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, “They [staff] knock on the door first before coming in and asking what I need help with. They don’t assume they know what I want and check before they help me.” A staff member told us that people’s choices were respected and shared examples of people who required support when they were incontinent during the night. They explained how people were regularly checked to ensure they were ok and offered support and encouraged to change where required, but if they refused this was respected.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids and sitting in arm chairs. People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences

Good

Is the service caring?

for how they liked things done. One person said, "On a good day I can wash myself and just need a little bit of help to get dressed. They [staff] are really good at helping me when I need it."

We saw that staff respected people's privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. One person told us, "They [staff] respect my need for privacy when giving me care." This was supported in our observations; when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way.

Care plans provided guidance for staff to ensure that people's privacy and dignity was respected at all times. One person said, "I don't like my [bedroom] door shut. I feel much safer with it open. I can hear the staff coming and going outside. No one comes into my room that shouldn't but closing the door makes me feel isolated. They [staff] respect my decision to have the door open and it doesn't impact on my privacy."

Requires improvement

Is the service responsive?

Our findings

We were concerned about the levels and deployment of staff, to ensure all people were supported to spend their days in a meaningful way. People's experience of how they spend their days was inconsistent. We observed that there were some areas of good practice with regards to activities and social stimulation but there were also several instances where people were left for periods of time with little or no interaction. This was because staff were busy supporting people with their task based needs, including personal care or mobilising. We also saw that the experience for people who were more independent differed from those who needed more support due to deteriorating health. The management team assured us they would look into this and address our concerns.

Some people were able to share with us their experiences. One person said since moving into the service, "I've made new friends here." Another person said, "Plenty to do if you want to join in. No pressure if you don't want to get involved." Another told us, "The activities here are better than where I was before but some are not for me. I get bored here."

We saw a positive and enabling interaction from a member of staff who encouraged a person to join in with a group playing a game. With support the person enjoyed the game and looked pleased to have been involved.

People and their relatives told us that there were regular social and seasonal events that they could participate in and looked forward to. This included musical entertainment, visits from the local children school, the 'patting dog'. One person said, "Children from the local school are coming soon to see us. That's nice as my grandchildren are all grown up and live so far away."

Staff told us that regular safety checks were in place for people who spent their time alone. They tried to spend quality time with people but acknowledged that records did not consistently reflect the engagement and activity provided. Improvements were needed to ensure they could demonstrate how they were reducing the risk of isolation for those who did not leave their bedrooms and those with more complex needs.

There was minimal information to guide staff on how to respond to individual's differing care needs in terms of their interests, social activities, types and stages of dementia.

One relative told us, "It would be good if they had a list of the things which are important to [person] displayed somewhere prominently. I don't know how much all the carers know about [person]."

People were supported to maintain relationships with the people who were important to them and this helped to minimise loneliness.

The majority of people's care records contained information about their physical health, emotional, mental health and social care needs. These needs had been regularly assessed with accompanying care plans developed to meet them. However information about personalised care that supports emotional and psychological needs was limited particularly on the first floor for people living with dementia.

We found inconsistencies in care records. This included missing information about the frequency of repositioning for one person (who was at risk of developing a pressure area) and the lack of an updated care plan after a medical procedure for another person. Without these records staff could not demonstrate that the right care was being provided at the right time. Another example included lack of a pain assessment for a person following an injury. We were concerned because when the person became agitated the reason for this was not explored fully and could have been related to pain. We brought to the attention of one of the management team, who was also the home nurse specialist. They said they would immediately address this. Following our inspection they contacted us to advise that the person's care records had been updated.

Some progress had been made regarding entries in people's daily records which better reflected mood and wellbeing. The registered manager explained how the service was going to be taking part in the provider's dementia pilot and this would address the shortfalls we had found in people's records. They explained that new paperwork was being introduced to replace existing care plans. The new format was more personalised and included prompts and clearer sections to enable staff to record their observations and comments about people's personalised care and wellbeing. Additional support for staff including training and internal communications had been planned as part of the pilot. We will check on the effectiveness of this at future inspections.

Requires improvement

Is the service responsive?

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People's feedback was valued, respected and acted on. This included changes to the menu and the choice of activities provided following suggestions made. Good practice was fed back to the staff through team meetings and in one to one supervisions to maintain consistency. A relative told us, "We have had general meetings with the management which are helpful at telling us about the home and what is going on, but I think it would be better if we had meetings for relatives for the individual floors as people's needs are different especially those with dementia." We fed this back to the registered manager who said they would explore this suggestion and review their existing meeting arrangements.

Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. Through discussion with people, their relatives and staff we saw how compliments, comments, concerns and complaints were documented, acted upon and were used to improve the service. People and their relatives told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns were usually addressed by a member of staff. One person said, "If I did have any complaints they [registered manager] would soon work on it." One person's relative told us how they had reported a concern to staff about the care arrangements in place and had made a suggestion which they felt would benefit their relative. This involved a later start to their day. They told us that staff had listened and acted on their feedback. They said, "Any concerns or issues when I have raised them are taken seriously and accommodated."

We recommend that the service seek advice and guidance from a reputable source about how to support people in meeting their individual needs in relation to spending time in meaningful and fulfilled ways (for example NICE guidelines for Mental wellbeing in over 65s: occupational therapy and physical activity interventions). Particularly those with specialist needs including dementia.

Good

Is the service well-led?

Our findings

The leadership team were proactive and positive when errors or improvements were identified. They were able to demonstrate how lessons were learned and how they helped to ensure that the service continually improved. Although they acknowledged some improvements were still needed, to ensure that new systems, processes and expectations of responsibilities were embedded, we found that this positive change in the culture of the service meant it was being well run."

We found that the service had made continued progress in addressing the shortfalls found at previous inspections particularly in the recruitment of nurses, training of staff and the leadership and management arrangements. The leadership team consisting of the registered manager supported by the clinical lead positions of deputy manager and home nurse specialist had been established, providing consistent governance in the service. It was clear from our observations and discussions that people, their relatives and staff were comfortable and at ease with the new team and were seeing its benefits.

Feedback received from people, relatives and health and social care professionals cited positive staff interaction and improvements to morale and within the atmosphere in the service. One person said, "[Registered manager] is very hands on and visible in the home. They make time for people here and regularly stop by for a chat to see how you're getting on or to see if you need anything." A relative commented, "Overall I am impressed with the [registered] manager they have had a positive impact and are pushing the home in the right direction." Another relative said, "Management are really good. Any issue reported are dealt with." A health and social care professional commented the service had, "Made good progress, under the new manager."

People were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. Relatives were complimentary about the service and told us they felt listened to. One relative said, "The [registered] manager is accommodating and responsive. I have a very good relationship with the management and staff." Another person's relative told us, "On the whole the management team involve me in decisions regarding [person's] health and wellbeing."

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the registered manager and management team were approachable and listened to them. One member of staff said about the registered manager you can, "Go and talk to [them]. Atmosphere much better; best one without a doubt. If you don't have staff happy it impacts on morale." Another member of staff said, "The management are really good. Really supportive and approachable, even when they are busy."

Staff were clear on their roles and responsibilities. They told us they felt supported by the management team and could go and talk to them if they had concerns. They said staff morale had improved although staffing levels did increase the pressure. Staff meetings were held regularly, providing staff with an opportunity for feedback and discussion. Staff told us that changes to people's needs were discussed at the meetings, as well as any issues that had arisen and what actions had been taken. They said that the meetings promoted shared learning and accountability within the staff team.

Quality assurance systems had been improved and were used to identify shortfalls and to drive continuous improvement. These included health and safety checks and audits for infection prevention and control. Environmental risk assessments were in place for the building and these were up to date. Documentation showed that incidents such as falls were analysed and monitored to identify any trends and actions were taken to reduce the risks of them happening again. Whilst we noted that areas needed to improve to ensure the overall quality of the service, the leadership team were aware of these and demonstrated a commitment to address them via the services overall improvement plan.

Good

Is the service well-led?

This plan reflected the ongoing progress with the service. Recruitment of nurses and care staff to provide consistency and quality care for people had been a priority for the management team and records showed the service relied less on agency staff to cover shifts. Emphasis had also been placed to support and skill up staff through supervisions, meetings and training where required. Discussions with staff and records reflected these arrangements. The registered manager told us that the management team had recently introduced unannounced site visits for both day and night shifts so they could assess and monitor the quality of care. This included competency checks on staff and sampling records. Any shortfalls identified from the audits and checks had accompanying actions and timescales to show the measures in place to address them.

The management team provided assurances that the concerns we had identified regarding staffing level arrangements and inconsistencies in records would be swiftly addressed. Following our inspection the registered manager advised us that two televisions on the first floor lounges we noted as not working properly had been immediately replaced so people could watch the programmes they enjoyed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staffing arrangements were not consistent to ensure there was sufficient numbers staff to meet people's care and welfare needs.**