

Roseberry Care Centres GB Limited

Stephenson Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 14 May 2018 and was unannounced. We completed a second day of inspection on 18 May 2018 which was announced.

Following an inspection in October 2017 we found widespread concerns and identified multiple breaches in regulations we inspected against. We rated the location as inadequate overall, placed it in special measures and took urgent enforcement action to impose conditions on the provider's registration. This included not being able to admit anyone new to the service.

We next inspected Stephenson Court on 8 March 2018 and found some improvements had been made but identified continued breaches of a number of regulations we inspected against. The location continued to be rated inadequate, and remained in special measures. The imposed condition to prevent admissions remained in place. The provider had continued to breach Regulations 10, 11, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A new breach of Regulation 15 was identified.

During this inspection we found improvements had been made as documented throughout the report. It is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. The service has been rated requires improvement overall as there are still improvements to be made. Systems and processes needed to be embedded to ensure consistent good practice over time.

Stephenson Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Stephenson Court can accommodate 46 people in one purpose built building. At the time of the inspection 18 people were using the service, some of whom were living with a dementia related condition.

The service did not have a registered manager. The current manager had been in post since 19 April 2018 and had begun the process of applying for a Disclosure and Barring Service check with the Commission so they could apply to be registered. The regional operations manager had applied to the Commission in March 2018 to be registered, however this had not yet been completed. 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.

A home manager and a deputy manager/clinical lead had been appointed. Permanent care staff were being recruited and the use of agency staff had reduced, however night staff were predominantly from an agency. The manager, and staff, reassured us that the agency staff being used were consistent so they knew people's needs well. We have made a recommendation about staffing.

Improvements had been made to the management of medicines and the medicines optimisation team were supporting the home. We found some minor shortfalls in relation to recording.

We found some risks had not been assessed, for example for two people in relation to moving and handling and choking risks. A list of priority needs had been developed to ensure appropriate care plans and risk assessments were in place. We found risks relating to moving and handling had not been assessed for two people and one person's care plan in relation to wound management was not clear. Two people's nutritional needs were unclear. The manager was responsive to these concerns and put steps in place to address them, however, the care plan audit system had not driven the required improvements.

Premises safety checks had been completed and equipment was serviced as required.

The provider had introduced a timeframe for the completion of quality assurance audits and various meetings. The quality assurance system had not yet been fully embedded and the provider had not resolved all the concerns identified at previous inspections. We acknowledged the manager was making changes which were driving improvements.

Systems to monitor and track DoLS assessments and authorisations were in place. Some ongoing improvements were needed with regards to capacity assessments and best interest decisions which the manager was aware of. We have made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service were being embedded and implemented to support this practice.

People were treated in a kind and caring manner by staff. Their dignity was maintained and staff were able to spend time chatting with people. We observed warm relationships were people sought comfort from staff enjoying holding their hands, chatting and offering the occasional hug.

Staff and relatives confirmed they were happy with staffing levels. Staff, and observations, told us they had time to spend with people and that they were able to meet people's needs. Relatives were happy that the use of agency staff had significantly reduced.

Staff said they felt supported and valued by the manager. Supervision meetings were taking place, staff were aware of the expectations that they would complete all required training prior to their next supervision. Training trackers were in place to monitor staff whose training was not yet up to date. Appraisals were planned to be completed once the manager knew staff better.

The environment was being improved and plans were in place to deliver further improvements to support people with a dementia to orient around the building.

There had been no complaints made since the last inspection.

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?

The service was not consistently safe.

Agency staff were still used overnight. The manager worked to ensure the same agency staff were used to ensure consistency.

There were minor recording shortfalls with medicines management.

Risk assessments were documented, however certain risks had not been identified.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Systems were being embedded to ensure the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards were followed.

Improvements had been made to staff support and training.

The environment was being improved to ensure people's needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with dignity and respect

People and visitors said they were happy with the care they received which was from consistent staff.

Communication was effective and, with people's consent, relatives were more involved.

Good ●

Is the service responsive?

The service was not consistently responsive.

Some care plans needed to be updated to ensure information

Requires Improvement ●

was clear and reflected people's current needs.

The provision of activities was continuing to improve.

No complaints had been made since the last inspection.

Is the service well-led?

A new manager had been in post since 19 April 2018.

There was a continued failure to ensure accurate and complete records were in place.

The provider had recently introduced a new quality assurance and meeting schedule.

The manager was implementing and embedding systems to assess, monitor and improve the quality of the service.

Requires Improvement ●

Stephenson Court

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 14 May 2018 and was unannounced. This meant the provider did not know we would be visiting. A further day of inspection took place on 18 May 2018 which was announced.

The inspection team was made up of two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included 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, CCG and the safeguarding adult's team. We contacted the local 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 spoke with four people living at the service and nine relatives. We spoke with the manager, the regional operations manager and the deputy manager, seven care staff including one nurse, the activities co-ordinator and six members of ancillary staff including the administrator, the housekeeper, two kitchen staff, the maintenance person and a laundry assistant. We also spoke with three members of night staff, including an agency nurse, two care staff, one of whom was agency and the estates manager. We also contacted two external health healthcare professionals and the fire service.

We looked at care records for seven people and medicine records for seven people. We reviewed one recruitment file, and looked at supervision and training information for the staff team. We also reviewed records relating to the management of the service.

We looked around the building and spent time in the communal areas. 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 in March 2018 we found continued breaches in regulations and the rating remained inadequate. There were continued concerns about safe care and treatment, particularly the management of medicines, staffing levels and the use of agency staff.

During this inspection we found improvements had been made, however further action was required.

People and relatives told us that people were safe. One relative said, "Definitely safe." We observed people were relaxed in staff presence and actively sought comfort by hand holding and appropriately touching the staff.

Staff, people and relatives told us there were sufficient staff deployed during the day to meet people's needs. Agency staff were still used to cover the night shifts. The manager told us, and rotas confirmed, they always tried to ensure the same agency staff were used for consistency. One relative said, "We're pleased the number of agency staff have reduced." Another relative said, "There's less agency staff now. There was one in the other day who is good and knows people. People need to know the staff and there's more than there was. The staff are very good." A staff member told us, "It's the same agency staff so it's not different people all the time which is helpful."

We spoke with night staff who were mainly agency staff. One agency staff member explained that it was often very busy in the mornings. The manager told us they were aware and were reviewing staffing levels during this busy period.

The manager also explained that they were introducing a senior care worker role to compliment and strengthen the staff team. Some seniors had already been interviewed and the manager was completing pre-employment checks before they commenced in post. Permanent staff were aware of the process and were positive about the changes. A new deputy manager commenced employment on the first day of the inspection. Staff were very positive about their approach and the support they had already offered.

Some staff raised concerns about future staffing levels once they were able to admit new people. The manager and regional operations manager were confident that staffing levels were sufficient to safely support one new person every two weeks and that staff levels would be reviewed regularly to ensure sufficient staff were available.

We recommend staffing levels are kept under review following the lifting of the condition on registration to restrict all new admissions.

During the last inspection we did not find any concerns with recruitment. We looked at one staff member's recruitment and found a Disclosure and Barring Service check (DBS) had been completed. DBS checks provide details of any offences which may prevent the potential staff member from working with vulnerable people. They help providers make safer recruitment decisions. Two written reference had been received for

this person.

We looked at the management of medicines. Improvements had been made since the last inspection however, we found some minor shortfalls. Stephenson Court had been working with the pharmacy technician from the medicines optimisation team. They said, "There have been definite improvements." They explained they would be visiting the home again to check the improvements had been sustained.

We looked at medicine administration records and noted these were generally completed clearly. One person received a medicine which was administered via a patch to their skin. The specialist pharmacy technician had recommended that daily checks were carried out to ensure the patch remained in place. These checks were not being recorded. Another person was prescribed warfarin which is a blood thinning medicine. The medicine administration record relating to this medicine was unclear. The manager told us these areas would be addressed and had identified it within the care and clinical governance meeting as a priority need.

The deputy manager told us, and records confirmed, that they were looking at the medicines ordering and auditing systems. They said, "There are simple things which can be easily addressed." Some medicines were included in a monitored dosage system. A monitored dosage system is a medicine storage device designed to simplify the administration of oral medicines. Other medicines were in their original packaging. The deputy manager had introduced a check of all boxed medicines so staff could easily check whether these medicines had been administered as prescribed.

Where people had been identified as being at risk, risk assessments were in place. They described the actions staff were to take to reduce the possibility of harm. Areas of risk included choking, falls, moving and handling, malnutrition and pressure care. We identified risks however relating to moving and handling and choking for two people which had not been identified or assessed. In addition, we noticed that the use of lap belts on wheelchairs remained inconsistent. We passed this information to the manager who told us they would look into these issues and information within care plans would be updated to reflect people's needs.

Before the October 2017 inspection the local authority had placed Stephenson Court in organisational safeguarding. This meant the local authority were monitoring the whole home. At the time of this inspection the service remained in organisational safeguarding.

Safeguarding procedures were in place. Staff were knowledgeable about what action they would take if abuse was suspected. They told us they had no concerns about practices within the home. The manager had appropriately referred safeguarding concerns to the relevant authorities, including the Commission.

We looked at the safety and suitability of the premises and equipment. We spoke with the estates manager who said, "Everything is up to date." The provider had recently changed fire safety contractors. Fire safety servicing on areas such as the fire alarm system were due and had been completed by day two of the inspection.

Checks were carried out to ensure the building and equipment were safe. Fire induction training was now carried out for all staff by the maintenance man, and plans were in place for all nurses and senior care staff to be assessed as competent fire wardens. Regular fire drills and training were also completed.

Personal emergency evacuation plans (PEEPs) were in place, however, for one person their plan stated that if they were in bed staff were unable to evacuate them so the bedroom door which is a fire door should be closed which would give 30 minutes of protection. We raised this with the fire service who stated that the

expectation is that staff should be able to evacuate people so there are at least two fire doors, that is one hour of protection, between the person and the fire. We discussed this with the manager and they advised that following involvement from an occupational therapist staff were able to support the person into a wheel chair so they could be safely evacuated. They advised the PEEP had been updated to reflect the person's current needs in the event of an evacuation.

There were no malodours in the home however, the décor in some areas was worn and some paintwork was damaged. In addition, some armchairs in the upstairs lounge and the shelving in the sluice room was not fit for purpose. This meant it was difficult to keep the areas clean and they presented a cross contamination risk. The manager said new chairs had already been requested. It was also confirmed following the inspection that the need for new shelving had been raised with the estates team.

Staff told us and our observations confirmed that staff had access to and used personal protective equipment such as gloves and aprons. The laundry was very well maintained and organised. There was a good system in place for infection control. This included the use of different coloured dissolvable bags for wet and soiled clothing. These were placed directly into the washing machine to minimise staff handling and the risk of cross infection. One relative said, "The laundry is excellent, everything is so clean and lovely."

We spoke with the manager about improvements that had been made. They told us, "Staff are taking things on board and responding. I can see a difference. I'm going to deliver some training sessions on distressed responses (behaviour some staff may find challenging). The staff sold (promoted) the home to me, they were friendly, pleasant, down to earth. I can work well with the team."

The manager explained the lessons that had been learnt and the improvements they were making. They said, "[Deputy] is going to be doing regular competency checks, I am reorganising all the files, there'll be a front sheet with all the regular checks a person needs. I'm going to be allocating key workers who will work with relatives. We have sent information to families about personalising bedrooms and developing memory boxes." They went on to say, "Nutritional analyses are going to the kitchen so they understand people's needs. I'm assessing carers competency for prescribed creams. Senior care staff are being appointed. All accidents, incidents, safeguarding concerns complaints will be analysed for themes and trends. We are using the clinical performance indicators to go through things with the nurses."

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns in relation to staffing and safe care and treatment. The characteristics of ratings for 'Good' describe a level of consistency. The provider was monitoring staffing levels and plans were in place to address areas for improvement however, they needed to be embedded into everyday practice. We will check these issues at our next planned comprehensive inspection.

Is the service effective?

Our findings

During the last inspection in March 2018 we found continued breaches in regulation in relation to the need for consent. Staff had not received appropriate support and training, people's needs had not always been effectively assessed. The adaptation, design and decoration of the home did not fully meet people's needs, especially those living with a dementia related condition.

During this inspection we found improvements had been made however further action was required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

A more proactive and robust approach was evident in relation to the management of DoLS applications and authorisations. The manager had ensured the two people who had DoLS which had expired previously had applications in place to the correct local authority. They tracked information on a monthly basis to ensure applications were made and authorisations received. They had re-written their care plan, risk assessments, capacity assessments and best interest decisions so they reflected the current situation, that is, that no DoLS authorisation was in place but people were being deprived of their liberty in their best interests, pending the outcome of the DoLS application.

Other capacity assessments had been completed but had not always been reviewed. We noted that one person's care file contained a DoLS assessment which had not been updated following the Supreme Court judgement in March 2014. This was confusing since this stated the person was not being deprived of their liberty, however, a DoLS authorisation was in place. The manager said, "You cannot review a capacity assessment. You should re-assess capacity assessment and best interest decisions. Good practice is on a six-monthly basis."

The manager had introduced a system to ensure people were involved in decisions around their care. This included a summary of the persons capacity in relation to specific areas of care such as the use of bed rails, medicines management and the use of photographs and opening of mail. It was clear that if the person had capacity they were the sole decision maker unless they chose to include anyone else. If people were assessed as lacking capacity to make any decisions relevant people were invited to comment on the

decision to be made. This information would then be included in the best interest decision making process.

We recommend the principles of the Mental Capacity Act 2005 code of practice and DoLS code of practice should be fully embedded into systems and processes to ensure compliance.

People and relatives told us they considered the staff were well trained. One relative said, "They're well trained." A staff member said, "[Manager] is really supportive with training." The manager had identified which staff needed to complete training because it was either out of date or due for renewal. A training tracker was in place which identified which training each staff member needed to complete. Staff were aware that the expectation was that any required training needed to be completed before their next planned supervision meeting.

Training statistics had improved since the last inspection, with 100% of staff having completed moving and handling, medicine management, induction and first aid. The number of staff having attended training in bed rail management, mental capacity and deprivation of liberty safeguards and safeguarding training had also improved since the last inspection. The overall completion rate for training was at 87.62%, an improvement of 6%.

The manager was also in the process of completing staff competencies for nurses and care staff who were involved in the application of prescribed creams and witnessing of controlled medicines administration. The provider was sourcing companies who would provide training and competency assessments for nurse clinical tasks.

Staff told us they felt well supported by the manager. A staff member said, "[Manager] is really supportive and listens to the staff. We were told about training we needed to do and that supervisions would be taking place. I don't think we'll get away with much! Things are heading in the right direction it just takes time. Most care staff are permanent which is much better." Another staff member said, "I feel supported, I have my supervision on Thursday."

The manager said, "I'm doing supervisions with the staff, a supervision planner is in place. I also have an appraisal planner and appraisals will be booked for July so I can get to know the staff first. It's pointless doing appraisals with staff I don't know." Staff had been sent letters inviting them to introductory meetings and supervisions. The purpose of the meeting was explained, including discussion around the development of Stephenson Court, support and supervision and training needs. It included that the manager felt, 'It is important that I understand how the team are feeling and reassure people that their contribution is valued and their efforts appreciated. I cannot drive the service forward alone; success can only be achieved with a team all pulling in the same direction.'

To support staff to share any concerns a questionnaire was being handed out during supervisions for staff to completed and leave in a questionnaire box. The aim was then to collate the responses and take steps to address any matters of concern.

We looked at how people's nutritional and health care needs were being met. We found information about people's dietary requirements were not always clear. One person's care records stated they needed food to be pureed, another care plan stated their meat should be pureed and a third that they could have soft fruit. Staff had recorded that the person was at high risk of choking. There was no evidence of an assessment by speech and language therapy professionals. Another person's care records detailed that they needed a fork mashable diet and pureed meat due to having swallowing difficulties, however staff said the person had a normal diet. Again, there was no assessment by speech and language therapy. We spoke with the manager

about this, who immediately spoke with the chef and later confirmed to us that referrals had been to the speech and language therapy team to ensure people's needs were appropriately assessed. This meant, whilst appropriate action had been taken to ensure people's nutritional needs were met, this was not always accurately reflected in care documentation.

People's weights were monitored and the manager had introduced the completion of a graph which provided an instant picture of any fluctuations in people's weight so appropriate action could be taken, for instance to refer them to a GP or dietician if needed.

People and relatives were positive about the meals. One relative said, "The food is lovely, I've tasted it myself." Daily dining feedback had been introduced and this was being used to review the menus. Meal times had been changed so people had their main meal at tea time. Some relatives were unsure of how this would work but were prepared to, "Give it a try." The manager explained the change had been made based on evidence that people had more nutrition to see them through to morning if they had a main meal at tea time and were more settled so it promoted better sleep.

One relative said, "I haven't seen any fresh fruit." Another relative said, "I bring this (fresh fruit) in daily as I don't know that [family member] gets any otherwise." One person's care plan stated, 'I want my fruits.' There was a bag of apples in the store cupboard and the chef said, "I've had to throw the bananas away as no one wants them." The manager said and records confirmed that they had spoken with staff about snacks for people and they were going to serve more fresh fruit.

Visual menus were being used so people could make a choice over which meal option they would like. The manager said, "It's much more a positive, social experience for people now." A staff member said, "The meal cards are helping people decide and make decisions which is really good." They added, "Meal times are lovely now, sociable and people enjoy it. It's nice to have full tables rather than people sitting one per table." Another staff member said, "Dining downstairs works well, there's more interaction and engagement and people are choosing their meals."

Relatives told us people had access to healthcare services. One relative said, "They always phone the doctor and let me know if [family member] isn't well." Records were kept of visits from healthcare professionals including doctors, district nurses and dieticians. Improvements had been made to documenting the information. The manager said, "I'm going to do some training on record keeping."

The new manager had also introduced the National Early Warning Score (NEWS). NEWS uses a combination of six physiological measurements such as blood pressure, temperature and pulse which helps provide a standardised approach in the detection and response to clinical deterioration. They were in the process of organising training for staff around NEWS so all staff were aware.

At the last inspection we found the adaptation, design and decoration of the home did not fully meet people's needs, especially those living with a dementia related condition. Relative surveys had also identified that they felt some improvements were needed. A staff member said, "The decorators are in and people were involved in choosing the colours." A relative said, "The décor isn't as good as it could be but they've got the decorators in." During this inspection we found the decorators were on site and were updating the communal areas. People and relatives had been involved in choosing the colours that were being used. The housekeeper showed us one of the bathrooms had been personalised to make it more homely. They said, "We have put a nice picture here, so when they are in the bath they can look at the picture and not the staff notices that were previously there."

We noticed white crockery was used. One person with a dementia related condition and poor sight was given ice cream with tinned fruit in a white bowl. They immediately picked out the red cherry from the bowl. People with a dementia related condition may have difficulties with sight and perception and may have difficulty recognising food on white plates or bowls. Contrasting colours can help people distinguish between foods. We spoke with the manager about this who said they had already identified it as a concern and it would be addressed.

The manager shared with us a plan of what was needed to improve the environment for people. This included signage and the need to paint toilet doors and hand rails to support people to orient around the building. Other improvements included the need for staff photo displays, themed pictures in lounge areas and a comments and suggestions box. Some of the improvement work had been completed prior to the inspection.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns in relation to consent, staff support and training and safe care and treatment. The characteristics of ratings for 'Good' describe a level of consistency in the effectiveness of the care and support people receive. We will check these issues at our next planned comprehensive inspection.

Is the service caring?

Our findings

During the last inspection in March 2018 we found a continued breach in regulation. People were not treated with dignity and respect.

During this inspection we found improvements had been made.

People and relatives were complimentary about the caring nature of the staff. Comments included, "The staff are caring and they look after the residents," "They are patient," "They are caring in nature," and "[Family member] is getting the care that they need." Another relative said, "[Family member] loves it here, they can't do enough for her. She opened out, like a bud, she blossomed. Everyone is fabulous with her." Another said, "Staff are caring and respectful, even the cleaners. It's nice that the cleaners are helping to support people. They wear different uniforms to care so people know and they take their time with people." A relative said, "I would rate the care as good. They've got rid of the problem staff."

We observed that staff were caring and thoughtful. People enjoyed chatting and joking with staff and initiated appropriate physical contact such as hand holding and an occasion hug. Staff were cheerful in their tone and took time to explain to people what they were doing. Staff knew people well and could explain their likes and dislikes to us. We observed care to be unhurried and people were supported in a kind and respectful manner.

Staff spoke about the importance of holding people's needs and wishes in the forefront of everything they did. One staff member said, "The most important thing is the residents – we just want them to have good care." Another staff member said, "We get time to spend with residents now, it makes a real difference. We can sit with them and chat and read their care plans with them." Staff explained how they cared for people as they would care for members of their own family. One staff member said, "We're like one big family here – we look after them like we would do our grans or grandads."

People's privacy and dignity was respected. We observed support being offered discreetly, with care and sensitivity and staff knocked on peoples' doors before entering.

Relatives discussed improvements made since the last inspection in relation to involvement. One relative said, "I've been involved with the care plan. [Manager] came to see us and we discussed resident meetings but I'm not interested in them, I'm only bothered about [family member]." They went on to say, "I'm happy with the care plan. An emergency health care plan is in place so [family member] can stay here rather than hospital and I'm happy with the decision about covert medicines. I would like to see daily records in the room though, I liked to look through it to see what she's eaten and when she's had a bath but I can't now." We raised this with the manager who said he understood and would speak with the family. A review meeting with the family was held the next day.

We spent time with people over the lunch time period and saw staff were attentive to people's needs. They provided discreet and dignified support where necessary and encouraged people to be as independent as

they could with their meal.

The new manager explained that the dining experience had improved so more staff were present to support people. Due to the number of people living at Stephenson Court people were asked if they would like to have meals in the downstairs dining area. This is a larger space than the first floor dining room. If people chose, or needed to have their meals in their rooms staff supported this. People having meals in their rooms were supported on a one to one basis in a kind and unrushed manner. Staff explained what was for lunch and asked if people were ready for their meal.

Self-assessment dignity audits were being completed by the staff so the manager could assess their level of understanding, identify any areas for improvement and put plans in place to address any concerns or gaps in staff knowledge.

Relatives told us communication had improved. One relative said, "They ring if [family member] is unwell or has a fall. The communication is good. We are well informed and kept up to date." We observed positive communication between staff and people, including the use of a gentle, reassuring tone, positive eye contact and speaking with people on their level.

Is the service responsive?

Our findings

During the last inspection in March 2018 we found a continued breach in regulation. Some care plans had improved, however there were inconsistencies in the quality and accuracy of care plans.

During this inspection we found some improvements had been made and further action was ongoing to ensure information was consistent, complete and detailed.

We looked at care records to see if care plans were individual and contained sufficient information to ensure staff were responsive to people's needs. One person's wound care recording was not clear and did not provide an overview of the person's wound care. The manager told us they had already identified this as a concern and it was to be addressed as a priority need.

We looked at another person's care file who we had reviewed during previous inspections. We found similar concerns as found previously in relation to some information being out of date and incorrect. We raised this with the regional operations manager and the new manager. The manager said, "I will audit the file and review it straight away." On day two of the inspection we found significant improvements had been made to the person's care records. The manager had audited the file and had identified where care plans contained information which was not accurate. They had then developed new care plans which were detailed, individual to the person and current. They had also re-assessed the use of bed rails for the person. This assessment had resulted in findings that it was no longer safe for the person to be using them and alternate methods, such as a low bed and possibly a sensor mat would be in the person's best interest. They involved the person's family in this decision and the person as much as they could. The outcome was that the person would no longer use bed rails.

It was recognised that plans were in place to improve the quality of care records. Priority needs had been identified and the manager was working with the nursing staff and the deputy to ensure these needs were reassessed and new care plans developed as a priority. The manager was implementing a robust system for ensuring information was personal, reflected people's needs and was with the involvement of the person, staff and any other relevant parties. However, continued concerns were found in relation to care records which left people vulnerable to the potential for poor care and treatment.

We recommend the service continue to develop systems and processes to ensure personalised care plans are developed which reflect people's current needs and preferences.

The manager said, "I personally haven't audited any yet (care plans, other than the one detailed above). I want them all typed as they are easier to read and update. Any changes to people's needs will lead to an updated care plan and the old one archived. The starting point is that I need to know the person and what they want so we are doing holistic assessments and getting information on managing decisions first." They added, "We have a list of priority needs for care planning which will be addressed first. I want to do them my way and need to set out an example. We are going to have care plan brain storm sessions so everyone can contribute what they know."

The manager was introducing 'holistic assessments' which included information on people's life history, their interests and hobbies, things that annoy or upset them and things which make them feel in control. In addition, it also included things that comforted the person and made them happy. There was also information on people's spiritual needs and the things they would like to feel supported with. This process was only just being implemented however it was explained that once the information was received care plans could be reviewed and rewritten to ensure people's choices and preferences were included so care was personalised and responsive to their individual needs.

Activities continued to take place on the ground floor of the home, with people from the first floor joining in. The manager explained their plan was to, "Have one care assistant seven days a week to lead activities before and after lunch." This would complement the work of the activities co-ordinator. They also said, "I'm introducing a general activities file and write ups for activities so we can see why people are doing the activity, what the evidence base for doing it is and whether people enjoyed it. Risk assessments will also be completed." They explained, "I am using aspects of the Butterfly model of care in that we are using the PAL assessment to get the optimum therapeutic benefit from activities. That is a premise of the Butterfly Model." The Pool Activity Level (PAL assessment) is a means of identifying the level of support that someone with a dementia would require to get therapeutic enjoyment out of something."

On the second day of our inspection a singer visited. People enjoyed singing along and they had various instruments such as maracas and tambourines which they shook enthusiastically. People had access to the outdoors and said they enjoyed sitting in the sunshine. One person told a staff member, "I might catch a suntan on my clock (face)." Staff supported people with sun cream application and wearing hats. It was noted the hats were communal and the manager responded to this by writing to all relatives asking if they would like to bring individual hats in for people during the warmer weather.

The provider had also introduced a 'My activities book.' This included information on things people enjoyed doing as well as an activity record which included what worked and what didn't work. This was yet to be implemented. The manager said, "I want to make sure it's meaningful for people." One relative said, "[Activity coordinator] is smashing." One person indicated to us that they enjoyed music, dancing and old movies.

At the last inspection concerns were raised with inspectors about staffing levels and the use of agency staff. There had been no formal complaints raised since the last inspection. The regional operations manager said, "I feel reassured that relatives are aware of the staffing issues, task allocations are in place so staff know what they are doing and [manager] is on the floor doing observed practice."

A relative said, "We have no complaints, staff can't do enough. The only fault is the décor, the carpets and the chairs, but some work is being done. The care obviously has to come first."

One relative said, "We have no complaints so things must be getting better." They did raise some concerns with us during the inspection which they had not raised them with the management team. We asked if we could discuss them with the manager and were told that was fine. When we spoke with the manager they immediately responded by putting things into action and updating the family about steps they had taken to resolve their concerns.

No one was receiving end of life care at the time of our inspection. Information was limited about people's end of life wishes. The manager had already identified this as an issue and it was being addressed. A record of people who were on the palliative care register was available. GP's have a register of all people with supportive or palliative care needs. This identifies people who may be in their last year of life. We noted

however, that the home's records regarding who was on the palliative care register was not up to date.

We have rated this key question as requires improvement. We recognised that action was being taken to address the previous concerns in relation to safe care and treatment. The characteristics of ratings for 'Good' describe that people's needs are met through the way services are organised and delivered. The manager was implementing systems to improve the way services were organised and deliver to ensure care and treatment was personalised however these systems were not yet embedded into everyday practice. We will check these issues at our next planned comprehensive inspection.

Is the service well-led?

Our findings

During the last inspection in March 2018 we found continued breaches in regulation. The regional support manager had been based at the home since November 2017 and had completed an application to register with the Commission in March 2018. Quality assurance and governance procedures had not been fully implemented so areas needing improving had not always been identified. There was a failure to ensure accurate and complete records in relation to each person living at Stephenson Court.

During this inspection we found some improvements had been made and there were plans in place to ensure further improvements however they had not been fully embedded so further action was required.

A permanent home manager had been recruited and had been in post since 19 April 2018. They had begun the process of obtaining a DBS so they could complete their registered manager application to the Commission. They had made a number of changes during the short time they had been at the home which were driving improvements. They had also developed new systems which were in the process of being introduced. They said, "I'm starting to feel a lot of enthusiasm for the changes coming through from the staff. More staff are coming to talk to me."

A quality assurance audit and meeting schedule had been introduced by the provider in April 2018 which detailed the frequency of required audits, such as walk arounds, medicine administration records, care files, dining experience, medicines and call bells. It was documented that if the monthly audits failed to meet the required standards they should be repeated within two weeks. This meant improvements should be made and monitored in a timely manner. It also detailed the expectations with regards to the frequency of meetings, including those for staff, residents and relatives, care and clinical governance and health and safety.

Care plan audits had been introduced and completed by the regional operations manager since the last inspection however we found inconsistencies in information in some care files. This related to nutritional information and moving and handling concerns. We found one person's care records which had been reviewed at the last inspection still contained incorrect information at this inspection. This was resolved by the manager who instantly audited the care file and re-wrote care plans to ensure they were accurate and up to date.

During the inspection we found continued concerns in relation to the accuracy and completeness of care records, for example, in relation to nutritional needs, assessment of risk and mental capacity assessments and best interest decisions. The provider's governance and quality assurance systems were being used however they had not yet been fully embedded and were therefore not always reliable and effective. Risks had not always been identified or managed. The provider had not yet resolved all the issues identified during previous inspections and these remain a concern.

These concerns were an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to good governance

People, relatives and staff spoke positively about the new manager and the changes they had made. One person's relatives said, "There are positive changes. People are mixing together, there's great communication. [Manager] is very passionate, lovely to see he has the time for us, he listens to us. We can see there's going to be a big difference." They added, "The daily sparkle's been introduced and the pictures of food is a fantastic idea." The Daily Sparkle is a reminiscence newspaper, published 365 days a year, which help activity coordinators plan activities and reminiscence sessions. Another said, "I think [manager] will make changes, they are involving people. I feel I can go to them, I'm not frightened if I had a complaint to raise it. I've seen him floating about on the floor, getting to know people. I think they should. They need to develop a rapport, he knows the staff well."

Staff told us things had improved since the last inspection. One staff member said, "Things are alright at the minute. [Manager] is really good. Improvements have been made, there's more structure and we know what we are doing. Lots of it has come from [manager]. The nurses are taking the lead now but we only have one regular nurse which is the trouble." On day one of the inspection a new deputy manager started who was also a nurse. Another staff member said, "Leadership is the best improvement, we get a say now, there's structure. [Manager] has everything covered, he's on his game and wants to get to know people and wants our thoughts about people."

Another staff member said, "There's been lots of changes, I felt a bit bombarded by it all at the onset but we are getting there and it's for the best." They added, "There's more staff, more permanent staff and less agency so everyone has that level of trust and can build relationships. Everyone is trying hard. [Manager] is approachable and listened to us, supportive and they are spending time with people. The daily huddle is effective, one to one supervisions are planned, he is interested in what's happening. Things will turn around for the better hopefully."

Other comments included, "[Manager] is brilliant, you can communicate with him and you can see that he wants the best for the residents. He wants everything just right. Its his approach. If he can do it, he will do it," "[Manager] is dead canny (nice) and he has a really calming presence. He is really caring and very focused," and "He's made so many changes even in the short time he's been here."

Staff told us morale had improved and they enjoyed working at the home. One staff member said, "It's a fab home, [manager] has been so good. It feels like it did when I started." We observed this positivity was reflected in the care and support which staff provided throughout the day. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

Only one further improvement was mentioned by staff and that was in relation to needing another activity coordinator who would be outgoing and prepared to sing and dance with people. This was being addressed by the manager who was also implementing a system whereby a care worker would be available to support with activities.

A deputy manager/clinical lead had also been appointed and it was their first day on 14 May 2018. The regional support manager had been appointed to the post of regional operations manager. They said, "I'm still here about two and a half to three days a week. I'm still supporting to manage and lead improvements."

Various communication systems had been introduced or strengthened by the manager. One staff member said, "Communication has gone from one to 100, its really improved. An agency nurse told us, "The nurse handing over to me gave me a really good handover, that made me confident. They really took the time."

A documented handover system was in place and daily 'huddle' meetings were carried out for the heads of

departments. This meeting had been strengthened and various other processes fed into it such as the daily walkaround, handover and the Resident of the Day.' The manager also reviewed the handover documentation and completed a walk around daily checking the completed of charts and medicine records. The daily huddle was well documented and included any significant information from the handover and walk arounds. The manager said, "It's more detailed recording now for completion on who has done what and there's a manager's section to complete after speaking with the person." They also explained that if people agreed to their relatives being involved, and if the relative wanted to do so there was a system being introduced whereby the relative would be contacted in a week in advance so they could be part of the discussions. The documentation now included sections to record if risk assessment and care plans had been evaluated and updated, as well as if monitoring charts reflected people's care plans and if medicines had been checked. This meant there was increased accountability and any areas for improvement could be identified and addressed in a timely manner.

The regulatory action plan devised during the last inspection remained in place. The manager explained they did a weekly update on the action plan to ensure the director of operations and compliance was up to date with progress against actions. The regional operations manager also completed a weekly manager's report. A copy of the regulatory action plan was shared with us following the inspection. We saw some of the feedback given during the inspection had been used to further develop the action plan and identify how improvements were to be made.

Relatives meetings continued to be held regularly. Meetings were chaired by the manager and the frequency had reduced at the request of the attendees. One relative said, "[Manager] attended the meeting and asked how we wanted to be included. They responded to concerns about personal care." Another relative said, "I know about the meetings but I don't get involved, I've no concerns and I think its improved."

Staff meetings were held and had been used to improve staff awareness, communication and involvement in all aspects of the service. The manager said, "I think the staff team are getting on board, there's enthusiasm and they are more confident in approaching me, they are sharing activities and ideas."

We have rated this key question as requires improvement. The characteristics of ratings for 'Good' describe that the service should be consistently well-managed and led. The leadership, governance and culture should promote the delivery of high quality, person centred care. It is acknowledged that during the four weeks the manager had been in post they had introduced systems to improve the quality, delivery and recording of care. These systems were not yet embedded into everyday practice. We will check these issues at our next planned comprehensive inspection.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes were not fully established and operated effectively to ensure compliance.
Treatment of disease, disorder or injury	Systems to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity were not fully embedded.
	Accurate, complete and contemporaneous records in respect of each service user were not maintained.
	Regulation 17(1); 17(2)(a); 17(2)(c)