Tamaris Healthcare (England) Limited

Howdon Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 25 September 2018 and the inspector returned on 26 September to conclude the visit. This meant the staff at Howdon Care Centre did not know we would be arriving on the first day.

Howdon Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection 59 people living with physical and mental health related conditions were using the service.

At the last inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, related to safe care and treatment, consent, complaints, staffing and good governance and one breach of the Care Quality Commission (Registration) Regulations 2009 in relation to unreported incidents of suspected neglect. We rated the service inadequate. Following the last inspection, we met with the provider to confirm what they would do and by when to improve the key questions safe, effective, caring, responsive and well-led to at least good. We asked them to complete an action plan and submit weekly updates, which they did. We imposed a condition on the provider's registration to restrict them from admitting any new people into the home until we were satisfied the service was safe. At this inspection, we found improvements had been made at the service which ensured compliance with the fundamental standards.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. We have also removed the restrictive condition on the provider's registration.

A new registered manager was in post since our last inspection. A registered manager is a person who has registered with 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.

At the last inspection we issued the provider with a warning notice for their failure to ensure good governance of the service. The provider indicated in their action plan that the registered manager and staff at the home were now effectively completing daily, weekly and monthly checks on the quality and safety of the service. They told us there was robust oversight by a regional manager, the managing director and the chief operating officer. We found that these checks had consistently taken place since May 2018. The registered manager had identified issues and resolved them promptly. We considered the provider now had thorough oversight of the service.

Record keeping throughout the service had significantly improved. The provider now held a clear and accurate record of the care and treatment people received.

After the last inspection we issued the provider with a fixed penalty notice because they had failed to ensure that all serious incidents were reported to CQC as legally required. We saw this had now been addressed.

Accidents and incidents were recorded on a central system and information about an investigation and an outcome was available to us. The registered manager ensured all incidents were reported where appropriate to the necessary authorities. This improvement meant that the registered manager and provider could carry out proper audits to analyse the information and look for trends which in turn would reduce a repeat occurrence within the service and across the organisation.

People told us they felt safe living at Howdon Care Centre. Family members we spoke with confirmed this. Staff were trained in how to safeguard vulnerable adults and through discussion they demonstrated to us that they were aware of their responsibilities with regards to protecting people from harm. Policies and procedures were in place to support staff with the safe and effective delivery of the service.

Medicines were managed safely. Apart from some minor issues which the clinical lead rectified immediately, we found no problems with the receipt, storage, administration, disposal or recording of people's medicine.

The home was clean and tidy. Domestic staff were on duty and we observed them using best practice in terms of prevention and controlling the spread of infection. The home was nicely decorated and there were plans to replace the flooring. We identified a small number of minor repairs which the maintenance person attended to straight away. The premises were safe and regular checks were completed by internal and external personnel.

Staff continued to be safely recruited and from reviewing people's dependency needs and the staffing levels we considered that there were enough staff employed at the service. The provider had used their disciplinary policy effectively to address the shortfalls in staff conduct following our last inspection.

Staff were now fully supported in their roles. The provider had assured themselves that staff were competent to provide safe care. New and existing staff had been enrolled onto a robust induction programme where necessary. Staff training was up to date. All staff had attended formal one to one supervision sessions and annual appraisals were being carried out and were scheduled in advance.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. Applications had been made on behalf of some people to restrict their freedom for their own safety in line with the MCA. DoLS authorisations had been properly obtained and were monitored to ensure timely renewals took place.

The staff had ensured people or their family members/friends (where appropriate) had consented to the care and treatment they received. We saw that when people lacked the mental capacity to make their own decisions, a best interests meeting was held. The public Facebook page which had not been correctly monitored was suspended until the right consent was obtained and procedures for monitoring it could be properly implemented.

Information about people which was displayed outside of their bedrooms had been re-written. The staff ensured there were no sensitive details included and that the information was relevant to staff and people in terms of getting to know each other better. Consent to have this information displayed was obtained.

People were supported with their nutrition and hydration needs. A hot meal was served at mealtimes and people chose what they would like to eat. Alternatives were available. The kitchen staff were aware of people's dietary needs and staff monitored people's intake as necessary.

Staff treated people with dignity and respect. We saw staff were kind and caring towards people. People and family members spoke highly of the staff and said they were nice and friendly towards them. People enjoyed a positive relationship with staff and it was apparent that they knew each other well.

People received care and treatment which was person-centred. Risk assessments accurately described people's current needs and the specific risks they faced. Care plans gave staff comprehensive information about how people would like to be cared for. We found these documents were consistently and meaningfully evaluated and reviewed.

Complaints were well managed. We saw complaints had been properly managed through the providers complaints process. Complainants had received a full explanation and a timely response.

There continued to be plenty of meaningful and stimulating activities for people to participate in. However, some people were not aware of what was available to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they were safe and family members agreed.

Procedures were in place to address and reduce risks.

Medicines were well managed and the home was clean and well maintained.

Is the service effective?

Good

The service was effective.

People were supported by well trained staff.

Staff encouraged people to achieve positive outcomes.

Nutrition and hydration needs were met and people had good access to external services.

Is the service caring?

Good

The service was caring.

The whole staff team demonstrated caring values.

People and family members told us they were looked after by kind and friendly staff.

People were treated with respect and their privacy and dignity were maintained.

Is the service responsive?

Good

The service was responsive.

Staff delivered person-centred care and people's care records reflected this.

A variety of activities were on offer to meet people's individual choices.

Complaints were low and well managed.

Is the service well-led?

Good

The service was well-led.

There was strong leadership and management in place.

Improvements could be seen across the entire service.

Staff morale was much improved.

Howdon Care Centre

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 was carried out on 25 and 26 September 2018 and was unannounced. The inspection was conducted by an adult social care inspector, a specialist advisor and an expert by experience. A specialist advisor is a person employed by the Care Quality Commission (CQC) to support inspectors during an inspection; they have specialist knowledge in a certain area. The specialist advisor on this team was a qualified nurse. An expert-by-experience is a person who has personal experience of caring for someone who uses health and social care services.

Prior to the inspection we reviewed all the information we held about Howdon Care Centre including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under CQC (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

We did not ask the provider to complete a PIR on this occasion because we were returning to the home to follow up on the previous enforcement action. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Since our last inspection we have closely monitored Howdon Care Centre in partnership with the local authority contracts monitoring and safeguarding adults teams and the local NHS Clinical Commissioning Group (CCG). We have received regular updates from them including the outcomes of their unannounced visits to the service.

During the inspection we spoke with three people who used the service and seven family members to gain their opinion. We spoke with eight members of staff, which included the registered manager, the clinical

lead, a unit manager, care assistants and domestic assistants. Representatives from the provider organisation were also present for parts of the inspection. This included two regional managers and the chief operating officer.

We reviewed a range of care records and records relating to the quality and safety of the service. This included looking at six people's care records, five medicine administration records and the personnel files of three newly recruited staff. We also attended a relative's drop-in forum during the inspection.

After the inspection, we asked the registered manager to send us an updated training matrix and some examples of individuals who had experienced a positive outcome, which they did.

Good

Is the service safe?

Our findings

At our last two inspections of this service we identified a breach of Regulation 12 which related to safe care and treatment. Also after the inspection in April 2018 we identified a breach of Regulation 13 which related to safeguarding people from harm. After the last inspection we imposed an urgent condition on the provider's registration to restrict any new admissions into the home until we were satisfied with the safety of the service. At this inspection we found the necessary improvements had been made.

The provider took immediate action after the last inspection to investigate the concerns we identified. This included the effective use of the provider's disciplinary policy. They retrospectively supplied the Care Quality Commission (CQC), the local authority and the Clinical Commissioning Group (CCG) with as much information as they could about the safeguarding incidents which had occurred but had not been properly investigated or reported. The external agencies were given full explanations and told of what action had been taken to address the shortfalls and ensure people's immediate safety.

We asked people if they felt safe living at Howdon Care Centre. Everyone told us they did and family members confirmed this. People's comments included, "Yes I feel safe it's very safe here. The place is locked and secure" and, "Yes it's canny (nice) and I'm safe here because the staff look after you." A family member added, "His (their relative) things are safe."

Staff were aware of the safeguarding procedures and were confident to speak with senior staff, the registered manager or the regional manager if they had any concerns about the people they cared for. Staff had completed training in safeguarding vulnerable adults and demonstrated an understanding of their responsibilities. Safeguarding incidents were now thoroughly investigated, recorded and reported as necessary.

Staff recognised the individual risks people faced and had taken action to meet people's needs in a safe manner. Risks, such as the risk of falling, malnutrition, incontinence and poor skin integrity had been thoroughly reviewed and were now fully addressed with preventative measures in place. Recognised care monitoring tools such as MUST (to monitor malnutrition) and Waterlow (to monitor pressure damage) were in place and regularly evaluated by the clinical lead nurse, unit manager or senior staff to ensure risks were minimised.

Accidents and incidents were properly recorded. They had been investigated by the registered manager and reported on as required. The registered manager had good oversight of these incidents and carried out a monthly analysis to help identify any trends and monitor people involved in frequent events such as falls. This enabled the staff to take further action such as referring people to their GP or an external falls clinic. The registered manager had identified a specific time of the day when falls were more frequent. To reduce the risk of this, they had increased staffing levels at certain times.

The arrangements for the management of medicines was safe. One person told us, "The staff give me medication if I need it." A family member said, "They have let me know all about his (their relative) medicines

and I believe he gets it at the right time." Systems were in place to ensure that medicines had been ordered, received, stored, administered, recorded and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. We looked at how medicines were monitored and checked by senior staff to make sure they were being handled properly and that systems were safe. We found that senior staff had completed medication audits which were robust and had identified most of the minor issues we found. Where issues were identified there was an action plan in place to address them.

The domestic staff continued to follow best practice guidance in relation to the prevention of and controlling the spread of infection. All staff were observed using personal protective equipment as necessary to prevent cross contamination. We found the home was clean and tidy.

The registered manager carried out regular assessments of people's needs to determine staffing levels. This meant that as people's needs changed, the staffing levels were evaluated and increased if necessary to respond to the demands on the service. Having reviewed the dependency assessments and staffing levels, we considered there was enough staff on duty. We observed staff going about their duties in an unhurried manner. A member of staff said, "Yes, we are busy, but you expect that." There were mixed opinions amongst the people we spoke with. One person said, "The staff look after me well and there seems to be enough of them." Whilst another person told us, "I think they are desperately short staffed. The staff are run ragged, but the staff are very good." A family member commented, "I've noticed some of them (staff) seem to take excessive smoke breaks that leaves the floor short-handed." We fed this back to the registered manager who told us they would address it.

Staff recruitment continued to be safe and followed the provider's recruitment process. Staff were subjected to all the necessary pre-employment vetting checks. The registered manager ensured stringent checks were carried out on senior staff and the qualified nursing staff to ensure they had the skills, knowledge and experience to undertake the tasks they had responsibility for. The provider had tightened up the process for recruiting managers.

The premises were well maintained and decorated. All the legal checks and servicing of equipment had been routinely carried out to ensure they were safe to use. We identified some minor repairs which the maintenance person addressed immediately. We observed work being carried out by external contractors on some ceiling lights was not entirely safe for the people who were still using the same area of the home. We informed the registered manager about this and they dealt with it. We also noted some emergency pull cords had been propped out of place in communal areas. The registered manager informed us that due to our arrival they had not yet carried out a 'daily walk around' check and would conduct this straight away to address the shortfalls.

Good

Is the service effective?

Our findings

At our last two inspections, we identified a breach of Regulation 18 which related to staff training and competence. At this inspection we found the appropriate improvements had been made.

People told us they were looked after by staff who were trained to do the job. People's comments included, "Staff look after me very well here" and, "They seem skilled but I'm not aware of what training they get." One family member told us, "Yes they seem to be (skilled and trained) and they all seem to be lovely."

All new staff and some existing staff were undertaking or had completed a robust induction programme, known as the Care Certificate. This was to equip them with the skills and knowledge required of care workers. Those staff who had completed it had been assessed as competent in 15 nationally recognised standards by a qualified assessor and signed off by the registered manager.

Staff training had been addressed. Staff were supported by the registered manager to complete training in key topics which were relevant to their role. The registered manager had sought out additional training which would benefit staff and help them care for people with specific health conditions such as dementia, diabetes and dysphagia. Some on-line refresher courses were used to remind staff of best practice and current guidance. There were still some staff who required training and this was planned to take place.

The registered manager had ensured all staff had attended a formal one to one supervision with a senior member of staff. Staff were now properly supported by their line managers, the registered manager and provider representatives. Supervisions were structured and covered key themes such as infection control, person-centred care, communication and record keeping. Many annual appraisals had been conducted and there was a plan in place to schedule each appraisal in future on the anniversary of the staff's start date. Through their supervisions and appraisals staff had been able to formally identify and plan for their learning and development needs.

Regular competency checks were carried out with staff. In particular, medicine competency checks were all completed with the senior staff and nurses who were responsible for the administration of medicines. We saw that all staff were fully trained and assessed as competent to support people safely with their medicines.

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 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 had a strong understanding of the mental capacity act and the associated principles. They had ensured people who used the service had their mental capacity reviewed and assessments were evaluated and updated. Decisions which had been made in people's best interests were fully documented with the name and role of the staff, professionals and family members involved. A family member told us, "We have had lots of meetings, consent has always been sought."

People received care and treatment which was lawful. DoLS applications were now always carried out in a timely manner. The registered manager had full oversight of this and used a tracker to monitor when renewals were due.

At our last inspection consent had not been appropriately sought regarding some decisions which had been made by staff. A public Facebook page which was set up to share photos of events with family members had been suspended. This was because the page was available to any member of the public to view and the people in the photographs had not always given their consent to their photograph being shown on the internet. The registered manager told us the page was suspended until it could be set up properly with the correct privacy settings, proper consent obtained and a monitoring procedure implemented.

Information about people which was on display in communal areas outside of people's bedrooms had been re-written. The purpose of the information was to encourage people to get to know each other and remind staff of people's life history to generate conversation. At the last inspection, we found these 'profiles' contained too much sensitive information which risked people's privacy and exposed them to risks of financial abuse and identity theft. A provider representative told us that all staff, including the chief operating officer had been involved in re-writing the profiles to make them relevant and personal without revealing sensitive details. The appropriate consent had been sought to display this information in a communal area.

Staff ensured people's nutrition and hydration needs were met. Some people had their food and fluid intake formally monitored because they were at risk of malnutrition or dehydration. We saw the food and fluid charts used were completed properly by staff and evaluated by senior staff on a regular basis. Where concern about a person's intake was noted, senior staff had reported this to a GP or dietician and followed the advice given.

People achieved positive outcomes. The registered manager gave us multiple examples. One person did not get out of bed until after lunch and was losing weight even though they were taking prescribed food supplements. Staff encouraged the person to try and get up for breakfast and involved them in a best interests' decision with a family member. The person was now gaining weight and the food supplements had been reduced with a plan in place to stop them altogether.

People chose what they wanted to eat from a set menu. There was always a hot meal on offer and alternatives were available. We observed the dining experience on both days of our inspection. We saw people enjoyed a healthy and well-balanced home cooked meal. One person told us, "Nine out of 10 times I like it (the meal). I usually choose an omelette if I don't like the meal. I know it's hard for them to please everyone with a hot meal. We get a hot meal at lunchtime and maybe something with chips or a lighter meal at tea time." Staff were attentive during mealtimes and assisted those people who needed it with dignity and discretion. The staff talkative and they shared a joke with people which made the experience pleasant and sociable.

Special diets were catered for and the kitchen staff were aware of people's dietary needs such as soft food, allergies or intolerances. We saw at the end of meal service; the cook came into a dining room to ask people

if they had enjoyed the food. Everyone said they did. One person told us, "You always get enough to eat and drink." Family members agreed with this.

The registered manager continued to implement best practice guidance around a dementia friendly environment and there were plans in place to refresh and update areas of the home. New flooring was on order for parts of the home and an upgrading plan was in progress. The garden area had recently been rejuvenated and people had enjoyed getting involved with painting items and potting plants.

People continued to have ample access to external healthcare professionals to monitor their ongoing well-being and treat acute conditions. For one person we saw that advice had been sought from a physiotherapist and occupational therapist about the most appropriate equipment, to ensure the person received safe care. In addition, advice had been sought from a physiotherapist about appropriate exercises for the person and we saw instructions within the person's care records for staff to follow.

Good

Is the service caring?

Our findings

The provider had put a lot of time and effort into addressing the shortfalls at the service. The provider representatives and registered manager displayed caring values at the many monitoring meetings they attended. They demonstrated a clear passion for the service and were committed to supporting the staff to deliver a wholly caring service for people. A family member told us, "I come every day, I see how hard they (staff) work, they really love people. They do everything they can to make it home."

We observed staff were kind, caring and friendly. People said, "They are a good bunch of people here"; "They are always helpful" and, "I think the staff are lovely." A family member added, "The staff are great and are always willing to help." However, there was a perception amongst people and family members that the service was short staffed. People told us, "I find the staff are too busy to spend time and chat with you, which I think is a big shame" and, "They don't really have much time (to chat) because they are very busy." Two family members said, "The staff are too busy to interact properly with the people here" and, "They are far too busy to spend quality time. I think they are run off their feet." We told the registered manager about this feedback and they said it would be addressed.

The staff continued to protect and promote privacy and dignity and they fully respected the people they cared for and their visitors. People told us, "The staff talk to me with respect and if there is time we can have a bit of banter"; "The staff always knock on the door if it is closed, I keep it open most of the time"; "The staff look after my privacy and dignity" and, "They don't talk down to you." Family members added, "Yes I think they treat my mam with respect and dignity" and, "I think his (their relative) dignity and privacy are respected."

Staff encouraged people to be independent. People told us, "I am as independent as I can be, but my condition restricts me and the staff understand that" and, "I feel independent here." A family member added, "Yes I think they help to keep her (their relative) as independent as possible."

People and their family members were involved in care planning. They told us that they had provided information for staff to build personalised care plans and were kept informed about changes which affected them. Comments from people included, "I understand my medical treatment" and, "I like them because they don't keep stuff (information) from you." A family member told us, "I do feel informed and the staff do communicate with me." Staff clearly knew people and their visitors well and the personal profiles outside bedrooms helped staff get to know people better and generated conversation.

Communication care plans were in place for each individual person. We saw specific information for staff to follow in relation to how they engaged with people. This approach meant staff provided responsive care, recognising that people living with communication needs could still be involved in decision making and interaction. For example, in one person's records it stated, "If asked a question, allow [person] time to respond, may have a muddled sequence of words, usually corrects themselves, sometimes chooses not to talk, care staff to prompt and encourage conversation". In another person's records it stated, "[Person] will respond at times, use closed questions, [person] uses non-verbal signs such as smiling to consent.

Anticipate needs based on previous likes and dislikes and by liaising with their friend."

Information, advice and guidance was accessible to everyone and continued to be displayed around the home to benefit people who use health and social care services. People were given a 'service user guide' which told them what they should expect from the service. The provider could produce accessible information to meet people's needs such as large print, easy read and interpretation in line with national standards.

People's care records continued to be stored securely. Staff maintained people's confidentiality and spoke discreetly to people when appropriate.

The service continued to liaise with people's advocates. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, to ensure that their rights are upheld.

Good

Is the service responsive?

Our findings

At our last inspection we identified a breach of Regulation 16 which related to managing complaints. At this inspection, we found improvements had been made.

There had been one formal complaint made about the service since the registered manager came into post. Another complaint had been dealt with promptly and the complainant had asked that it was not formalised. We saw both had been recorded and responded to properly by the registered manager.

The registered manager had followed the provider's complaints policy and a copy of the investigations and outcome were available to us. We were assured that the registered manager had operated the complaints system correctly and would do so in future to identify, receive, address, record and respond to complaints properly and in a timely manner.

People told us, "I can complain to the staff if need be, I've never really had to. I've had minor problems resolved easily" and, "I've never had any complaints. I would complain to the staff." A family member told us, "Things have improved over the last two months, they were very slow to react to complaints. I considered moving him (their relative) out until things changed recently."

The family members we spoke with told us staff continued to be responsive to people's needs and made timely referrals to external professionals as and when required.

All the care plans we looked at were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. Some examples were: "[Person] likes to have hair short, likes a moustache, enjoys showers when they feel up to it" and, "[Person] enjoys showers, chooses own clothing."

People's needs and support plans were reviewed and updated at least once a month to ensure they reflected people's current needs and preferences. We saw people, family members and staff had attended regular review meetings.

Handover meetings continued to take place throughout the day as the staff teams changed shifts. We saw the records were now completed to a good standard and provided clear guidance for the staff as to what they needed to check, monitor and record about people. The notes made were detailed and relevant to people's current needs.

A 'Flash Meeting' took place most days with the heads of each department such as nursing, care, activities, catering and domestic/maintenance. We saw in the notes that issues were discussed and the senior staff were reminded about certain issues. These meetings were used as a brief verbal handover to reiterate the more detailed handover notes.

The 'Resident of the Day' review was now well established. We looked at a random selection. On 4 August

2018, 10 people's records had been reviewed through this system by all departments to ensure the appropriate records were in place and they reflected current needs and wishes. The information recorded was a good guide for staff and encouraged them to make comprehensive records about the aspects of care reviewed. This included, vital observations, pain, risks, weight, care monitoring tools and when all support plans were last evaluated and formally reviewed by nursing or senior care staff. Any issues identified or updates that were required were brought to the attention of a senior member of staff or the registered manager for action.

End of life care plans were in place for people with terminal and life limiting illnesses which meant information was available to inform staff of the person's wishes at this important time and to ensure their final wishes were respected. Emergency healthcare plans were also in place where people had shared their wishes and preferences. Where appropriate, records included 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). The registered manager had organised for the local NHS palliative care team to visit the home and deliver face-to-face training to the staff. 15 care staff had completed this and further dates were booked in advance.

Two activities coordinators were in post and the registered manager told us there were plans to employ a third. We saw they interacted well with people and were engaging throughout our inspection as activities took place. A plan of events and activities was on display in the main entrance corridor and throughout the home. We saw a variety of meaningful and stimulating activities continued to be provided to people including those who were cared for in bed. This included, day trips, group activities and one to one sessions which reflected the hobbies and interests of people who lived at the home.

Two people we spoke with were not very positive about the social aspects of living in a care home. One person said, "I feel very isolated, so much I could scream. There are no activities that suit me and there's no-one I can have a conversation with." Two family members added, "My [relative] very rarely goes out, there doesn't seem to be anything organised. She went out about two month ago for ice-cream. There is not much in the way of trips" and, "My [relative] is more bored than lonely, there is not much for him to do." We informed the registered manager of this and they told us that people were accompanied out on trips approximately three times per week (depending on the weather) and the activities coordinators always tried to take different people. They told us they would look into this further to ensure all people had been given the opportunity to go out.

Good

Is the service well-led?

Our findings

In April 2018, we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which included good governance and one breach of the Care Quality Commission (Registration) Regulations 2009 in relation to unreported incidents of suspected neglect. We placed the home into Special Measures. At a meeting held after the inspection, the provider told us what immediate action they would take to ensure compliance was promptly achieved. The provider implemented a comprehensive action plan and there was a period of close monitoring by a team of external professionals from the local authority, Clinical Commissioning Group (CCG) and the Care Quality Commission (CQC).

After the last inspection we issued a warning notice to the provider in respect of the continued breach of Regulation 17 entitled, Good governance. At this inspection we found the provider and new registered manager had successfully improved the service and people were no longer at risk of serious harm. Therefore, we decided that the condition we imposed on the provider's registration to restrict any new admissions into the home could be removed and we took the home out of Special Measures.

We issued the provider with a fixed penalty notice for the sum of £1250 in relation to the multiple incidents of suspected neglect which the previous care manager nor the provider had informed us of. The provider accepted this action and paid the fine promptly. They retrospectively sent us the information we required and investigated as many of the incidents as they could to ensure people were safe.

There was a new registered manager in post. They were well established in the organisation having worked for the provider since 2012 in a variety of roles including two previous care home management positions. The registered manager was also a registered mental health nurse. There was a new clinical lead (general) nurse employed to manage the nursing units and a unit leader had been appointed to manage the residential unit.

We noted there was a distinct change in the atmosphere at the service, particularly in relation to staff morale. A member of staff told us, "This home has been through a whole transformation since you (the inspector) were last here." Other comments from staff included, "I've only been here two months, but I really love it. The manager is a lovely person, she is very approachable and conscientious"; "I feel I have fitted in here straight away, everybody helps, it's all about teamwork really"; "I like it here because it has a nice atmosphere and there seems to be a good team"; "I've been here two years and I love it. The new manager has changed a lot of things. I feel part of a team now"; "There has been a lot of big improvements made recently, this place has been a lot happier over the last two months" and, "I have no complaints about the way things are now."

We spoke with some of the same family members whom we spoke with at the last inspection to gather their opinion on the changes. One family member said, "Yes I know the manager, I find her nice and she is approachable. Lots of things have changed over the last few month, I hope things carry on this way." Another family member told us, "[Registered manager] is a breath of fresh air. [Regional manager] is spot on." They added, "[Registered manager] is taking a real interest in making the home better and nicer. It's

good to see. [Registered manager] makes it her business to walk around and meet people, she speaks to everyone and joins in. I can come and her door is always open, sometimes I just stop by her office for a chat."

There were effective audits and checks on the quality and safety of the service in place. Staff completed daily, weekly and monthly checks on all aspects of the service such as, medicines, health and safety, infection control and dining. The registered manager had clear oversight of the home and this was now properly monitored by the providers representatives. For example, the regional manager, the managing director and the chief operating officer had also conducted 'walk around' checks, 'resident experience' audits and looked closely at record keeping. The checks were thorough and had consistently taken place since May 2018. Where issues had been identified, they had been promptly resolved. The registered manager analysed the information to look for trends which in turn would reduce the risk of a repeat occurrence within the service and across the organisation.

The registered manager ensured that the provider had a clear and accurate record of the care and treatment people received. Record keeping across the entire service had significantly improved. The registered manager kept meticulous records and had enthused the staff to do the same with care plans, risk assessments, incident reports, handover records and audits. This enabled staff to provide person-centred care which met people's needs and kept them safe from harm.

The provider had agreed to work with the CCG's nursing home transformation team. A representative from the CCG had visited the home in August 2018 and conducted an audit, spoke with staff and people. They found that significant improvements had already been made but suggested some minor improvements which the registered manager had addressed. The staff continued to work in partnership with external agencies to continually improve the service.

There was plenty of engagement with people who used the service and their family members. The registered manager has set up a regular 'relatives open drop-in sessions' which we attended on the second day of inspection. Six family members attended this with the registered manager, the regional manager and the residential unit leader. We heard lots of positive feedback from those relatives, about the service their loved ones received. There was an opportunity for them to ask questions and raise issues which the staff promptly addressed. 'Resident and Relatives' meetings had also been held both during the day and at night.

Staff meetings had also taken place. We saw items such as, health and safety, record keeping, training, activities and menus were discussed at care staff meetings. Staff were given opportunity to be involved with the running of the service and share their ideas. Other staff meetings had also taken place, such as the heads of each department attending a health and safety meeting and a clinical governance meeting attended by the registered manager, nurses, the residential unit manager, senior care assistants and care home assistant practitioners (CHAPs). We saw they had discussed medicines, recruitment, quality of life surveys, dependency needs, audits, incidents, complaints and Deprivation of Liberty Safeguards (DoLS).

The provider operated a live survey system called 'Quality of Life' across the organisation. This could be used by people and any visitors to the home. It involved the completion of a short survey on an electronic system. A report of the results could be obtained at any time by the registered manager and the provider's representatives also had access to the system. This meant they could monitor for trends throughout the organisation and pick up on common themes at each service. We found that overall the results for Howdon Care Centre were positive.