

Bedstone Limited

The Hockeredge

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 was an unannounced inspection that took place on 31 October and 1 November 2016.

The service provides accommodation with nursing and personal care for up to 50 people, some of whom may be living with mental health and dementia related conditions. Bedrooms are on the ground and first floor and are all single occupancy. There is a lift to the first and second floors. There are communal lounges, a dining room and activity areas on the ground floor. There is a garden to the rear of the property. There were 34 people living at the service when we inspected.

People were living with a range of care and nursing needs, many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more independent and needed less support from staff.

We last inspected this service in April 2016. We found significant shortfalls and the service was rated inadequate and placed into special measures. The provider had not ensured that care and treatment was being provided in a safe way. People were not receiving appropriate care and treatment to meet their health care needs. Staff had not ensured the proper and safe management of medicines. Care plans lacked detail and at times were contradictory. Care plans were not consistently updated when people's needs changed. People's assessed needs were not always regularly reviewed and properly assessed before they moved into the service. Staff were not suitably competent and skilled to manage risks to people safely. People were not protected from abuse, harm and improper treatment. Staff had not received appropriate support, training, professional development and supervision, as was necessary to enable them to carry out the duties they were employed to perform. The provider had not ensured that the systems and processes that were in operation to assess, monitor and improve the quality and safety of the service were consistently applied. The provider failed to maintain accurate and complete records in respect of each person.

We took enforcement action and required the provider to make improvements. This service had been placed 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. The provider sent us regular information and records about actions taken to make improvements following our inspection. At this inspection we found that improvements had been made in many areas. There were still areas where improvements were required.

The service had a newly appointed registered manager who was available on the days of the inspection. 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. The registered manager was supported by a clinical lead whom had recently been appointed.

The provider had recently installed a new computer system where all people's information was being

transferred to. Staff said that the system would be effective when it was 'up and running' properly but they were having a few initial problems with how the information was stored and generated. They were sorting these out but at the time of the inspection some records on the system were inaccurate and not consistent. The registered manager said that progress was slower than they hoped because of these initial 'teething' problems.

People's records relating to the care and support they needed were not always accurate or completed. The registered manager and staff team were aware of this and were working to make sure all records were updated and in place. This was a work in progress.

Risks to people had been identified and recorded but guidance was not always in place to make sure risks were kept to a minimum. Staff knew people well and were able to explain what action they would take to make sure risks to people were mitigated. Regular environmental safety checks were completed to make sure 'The Hockeredge' was a safe place to live and work.

Each person had a care plan that was designed to inform staff about how people preferred to be supported and cared for, but there were some issues with the new electronic system. Some information in the care plans was not accurately recorded and was contradictory. The registered manager and staff were aware of this and said that the new computer system was generating inaccurate information. Despite the reduced effectiveness of the care plan, staff were able to tell us how they cared for and supported people consistently. People, their relatives and specialists who visited the service confirmed that people were getting the care and support that they needed.

Improvements had been made in managing people's medicines and errors had been significantly reduced. However there were still shortfalls in how some medicines were recorded.

People were protected from the risk of abuse. Staff had received safeguarding training. They were aware of how to recognise and report safeguarding concerns. There was one occasion when an incident that was a safeguarding issue had not been reported to the local authority safeguarding team. The registered manager said that this was an oversight on their behalf and had they reported all other incidents. All other safeguarding concerns had been reported. Staff knew about whistle blowing and were confident they could raise any concerns with the registered manager, provider or outside agencies if needed.

People were supported effectively with their health care needs. Staff had taken the necessary action when people's health deteriorated. People were getting the care, support and treatment they needed when they needed it. Staff recognised signs and symptoms of ill health and doctors and other professionals were contacted. Staff acted appropriately and in a timely way to make sure people were safe and getting the care and treatment that they needed.

People were offered a choice of food and drink which they enjoyed. The food looked appetising. Staff encouraged and supported people to eat a healthy and nutritious diet.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. People had DoLS in place and staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and DoLS. They supported people to make their own choices when possible and best interest meetings had been held

Staff encouraged people to be involved and feel included in the day to day routines of the service. People were offered varied activities and participated in social activities of their choice. Staff knew people and their support needs well. Staff were discreet and sensitive when supporting people with their personal care needs. Staff were caring, kind and respected people's privacy and dignity. There were positive and caring interactions between the staff and people and people were comfortable and at ease with the staff.

There were enough staff to meet people's needs and they had received appropriate training and supervision to help them carry out their roles effectively. Recruitment processes had been followed to ensure staff were suitable for their role. All staff had received regular one to one meetings with a senior member of the staff team. The registered nurses practises were monitored and they also received clinical supervision from an external clinical professional.

Staff had completed induction training when they started to work at the service. Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. There were staff meetings, so staff could discuss any issues and share new ideas with their colleagues, to improve people's care and lives.

The provider had a complaints policy and process. Complaints were managed effectively and responded to appropriately, in a timely manner and in line with the policy. People and their relatives told us they would speak with the registered manager or staff if they had a concern and they would be listened to.

The registered manager had taken appropriate steps to ensure they had oversight and scrutiny to monitor and support the service. The registered manager led the staff team and promoted a positive culture which was transparent, inclusive and open. The registered manager had vision and ideas to improve the service, which had a positive impact on people, staff and the quality of service provided. Staff were clear about their roles and were positive about the registered manager. Staff were proud of the improvements that had been achieved. Audits and checks were in place and had been effective in identifying shortfalls or areas for improvement. The registered manager had sought formal and informal feedback from people, relatives, staff and other stakeholders. The analysis of this feedback was used to improve the service.

As this service is no longer rated as inadequate, it will be taken out of special measures. Although we acknowledge that this is an improving service, there are still areas which need to be addressed to ensure people's health, safety and well-being is protected. We identified a number of continued breaches of Regulations. We will continue to monitor The Hockeredge to check that improvements continue and are sustained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm.

Medicines were not managed as safely as they could be.

People were protected against the risk of abuse and improper treatment.

There were enough staff on duty to meet people's needs. Staff were recruited safely.

Is the service effective?

Requires Improvement ●

The service was effective.

Staff had received the training they needed to meet the needs of people. Staff were supervised and checked to make sure they were carrying out their roles effectively and safely.

People received appropriate support to meet their health care needs.

Staff understood the importance of gaining consent and giving people choice. Staff followed the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

New staff received an induction and all staff received training to enable them to support people effectively.

People were provided with a range of nutritious foods and drinks which they enjoyed.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and were considerate of their dignity, and were observed engaging with people in a kind and gentle way.

People received personalised support that met their needs.

People were encouraged to be independent where possible and were given choices about their care and support.

Is the service responsive?

The service was not consistently responsive

Some people's care plans were not accurate and completed. Staff had a good understanding of people's needs and preferences.

People were relaxed in the company of each other and staff.

People were offered varied activities to meet their individual needs and interests.

Complaints were managed effectively and were responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Records were not suitably detailed or accurately maintained. The systems for monitoring the quality of care provided had identified the shortfalls.

The provider had taken appropriate steps to ensure there was oversight and scrutiny to monitor and support the service.

People and staff were positive about the new leadership at the service. Staff told us that they now felt supported by the registered manager and provider.

Roles and responsibilities within the service were clear and the clinical staff were effective and competent.

Requires Improvement ●

The Hockeredge

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 31 October and 1 November 2016 and was unannounced. The inspection was carried out by three inspectors and a pharmacy inspector.

Before our inspection we reviewed the information we held about the service including previous inspection reports. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR) which we also reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had also sent us regular action plans following the last inspection.

During our inspection we met or spoke with most of the people using the service. We also spoke with three relatives, five members of care staff, the clinical lead, registered nurses, the registered manager and operations director. We spoke with three visiting professionals and an activity person who visited the service regularly.

We observed the lunch time meal and observed how staff spoke and interacted with people. Some people were not able to explain their experiences of living at the service to us due to their dementia. We therefore used the Short Observational Framework for Inspection (SOFI) which is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we observed how the staff spoke to and engaged with people and their visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities.

We reviewed seven care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of

the service was managed.

We last inspected on 27 and 28 April 2016 when there were breaches of several regulations.

Is the service safe?

Our findings

At our last inspection of April 2016 the provider had failed to make sure that risks to people, staff and others had been managed to protect people from harm and ensure their safety, and had failed to make sure that care and treatment was provided in a safe way. We started to take enforcement action against the provider. The provider sent us an action plan telling us how they were going to improve.

At this inspection overall we found improvements had been made in keeping people safe. People told us that they felt safe and that they had confidence in the staff. One person said, "The staff know me well. I have trouble with my eyes and they keep me safe," A relative said, "I totally trust the staff and know that they will look after (my relative). I know they are in a safe place. I have no concerns at all". A visiting professional told us, "The staff now recognise potential risks before anything happens and take action".

Staff had completed risk assessments for each person. The risks that had been identified were transferred into the care plan. The guidance needed to mitigate these risks and say what action staff were to take if the risk occurred was not always in place.

Some people were living with diabetes and needed their blood sugar to be monitored. Records showed that people's blood sugar was monitored before they had their diabetic medicine. People's blood sugar levels had been stable. However, there was no guidance for staff to tell them how to recognise if people's blood sugar levels were too high or too low. There was no management plan about how to manage changes in the person's blood sugar and what action staff needed take. Staff were able to tell us how they would recognise signs when a person's condition was becoming unstable and what they would do.

One person's mental health care plan stated that there was a risk they might have behaviours that could be challenging when being assisted with personal care. There was no plan to manage the person's behaviour to make sure risks were reduced and that there was a consistent approach from staff on how to manage behaviour. During the inspection there was an incident when the person did exhibit a behaviour that was difficult to manage. The staff involved were patient, calm, reassuring and worked together to make sure the person got the support they needed in the safest way. The person became calm and allowed the staff to support them.

Some people smoked and this had been identified in their care plans. The risks involved with people smoking were not identified or how to support people to keep them safe. The health concerns linked with smoking were not identified for people who smoked. The safety of people using the service could not be fully assured, as there was no clear guidance for staff to support people consistently. Staff explained the procedures that were in place to make sure people were safe. People smoked outside the building and they had agreed that their cigarettes and lighters would be looked after by staff.

Although improvements had been made, some risks had not been properly assessed and minimised to make sure people were as safe as possible. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks were reduced as there was guidance in place for staff to follow to mitigate risks. One person had an in-dwelling catheter (this is an in-dwelling drainage tube for urine. It is a tube that is passed into the bladder when people cannot urinate properly). It was recorded in the care plan that the person had a catheter and there was guidance on how to provide care and what signs and symptoms might be present if the person was developing an infection. There were no recorded infections and the catheter had been renewed at the required intervals.

During our last inspection, there were concerns that people's skin and pressure areas were not being managed consistently. There were no people with pressure sores at this inspection. Staff had completed assessments for each person and when at risk, equipment to help reduce the risk had been provided. We observed that the equipment was in place and that it was being checked daily.

The provider had employed new clinical staff and care staff since the last inspection. At this inspection staff were suitably competent and skilled. They acted appropriately and in a timely way to make sure people received the care, support and treatment they needed. During the inspection a trained member of staff contacted a person's GP after identifying that their foot was swollen. The GP requested a change in medicine and this was organised immediately by staff. Staff acted promptly if people had any accidents like falls. Emergency services were contacted when necessary. Accidents and incidents were documented by staff and reviewed by the registered manager. Following accidents or incidents, reviews and assessments took place to help keep people safe.

At the last inspection the provider had not identified environmental risks which had led to a person sustaining a serious injury. Action had been taken to make sure people and staff lived and worked in a safe place. Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. If shortfalls or issues were identified then they were rectified.

Each person had a personal evacuation plan which set out their specific physical and communication needs to ensure they could be safely evacuated from the service in an emergency. A folder containing essential information about people's individual needs, including health conditions and medicines, was easily accessible for staff to pass on to health professionals in an emergency. The provider had a business continuity plan in the event of a major incident, such as, a gas leak or flooding. Emergency contingency arrangements were in place for people to be moved, if needed, to other services owned by the provider to keep people in a safe environment. Fire exits were clearly marked and regular fire drills were completed and recorded.

At our last inspection of April 2016 the provider had not ensured the proper and safe management of medicines. At this inspection improvements had been made but some shortfalls were identified.

Clinical staff used a computerised system (EMAR) for the recording and monitoring of medicines. Staff said that it was an effective system and that errors when administering medicines had reduced. The clinical lead and registered nurses were responsible for handling medicines and competency assessments for medicines administration had been completed for staff.

Repeat prescriptions were ordered from the GP and were dispensed by a community pharmacy in a monitored dosage system (MDS) or in their original containers. Medicines were delivered to the service and there was a process to obtain medicines out of hours if needed.

Staff checked that quantities and descriptions of medicines matched what was ordered against the EMAR

system on delivery; all checks were witnessed. However, the actual quantities of medicines did not always match the quantities on the EMAR system. Staff said they were still learning the EMAR system's capabilities and were aware that discrepancies could occur if staff were not using it correctly. There was no formal training in place but the service was providing shadowing opportunities for new staff members to learn the system.

Staff told us that the system had helped to reduce drug administration errors by alerting staff to missed or delayed doses. EMAR prompted staff to record a reason why a medicine had not been given. Reports of missed or delayed doses could then be produced for audit by clinical staff.

Medicines were stored safely and securely; keys were held by the senior nurse or clinical lead. Liquid medicines were all labelled with the dates that they were opened. There were no expired medicines and unwanted medicines were disposed of safely. Fridge and room temperature records were maintained and medicines were stored appropriately within the recommended temperature ranges. However, there were some days when temperature readings had not been taken but there was no evidence that medicines had been stored out of the recommended temperature range.

Some medicines required special storage and closer monitoring and these were handled and stored in line with legal requirements. Allergies were recorded for all people and medicines had clear directions how they should be taken.

We observed people being given their medicines. Medicines were always recorded, after they were administered, on the EMAR system using a laptop on the trolley. No one was self-administering their own medicines. Staff were caring and took time to encourage each person to take their medicines. However, there were 36 people requiring afternoon medicines administered by only one member of staff. This meant that the medicines round took over an hour and there was a risk that medicines were not always given at the correct time.

Some medicines were prescribed on a 'when required' basis. Guidelines on when these medicines could be given had been written so that people were given them consistently and safely.

There were some people who had their medicines covertly (this was when people were given their medicines in a disguised form by administering it in food or drink). Appropriate assessments and best interest meetings had been carried out and signed by clinical staff, including evidence of family involvement in decisions. Advice had been received from the pharmacy regarding crushing of tablets and concealing in food and this was documented in care plans.

A process was in place to record medicines errors and near misses. However, none had been reported. The new registered manager and new clinical lead were aware that staff needed to ensure errors were reported and investigated effectively. Staff were aware of medicines safety alerts and were informed by the community pharmacy if any action was required by the service.

The arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep people safe. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to confidently describe the different forms of abuse and how they may take place. There were clear policies and procedures in place for safeguarding adults from harm and abuse. These gave staff information about preventing abuse, recognising signs of abuse and how to report it. Training about

safeguarding was up-to-date and staff knew how to raise any concerns about people in their care. On the whole records showed that incidents where people may have been harmed or at risk of harm, had been raised with the local authority safeguarding team. However, there was one historic incident which should have been discussed with the local authority safeguarding team but it had not. When this was pointed out to the registered manager they said they agreed that this should have raised and this had been an oversight on their behalf. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

Systems were in place to ensure that people's finances were protected. There were clear systems in place to record and receipt any monies spent which were regularly audited.

The provider had a recruitment policy and disciplinary processes which were followed. Recruitment checks were completed to make sure staff were honest, trustworthy and reliable and safe to work with people. Information had been requested about staff's employment history. Any gaps in people's employment history were discussed and recorded at interview. Written references were obtained and verified and included the most recent employer. Prospective staff completed a health questionnaire and provided photographic ID and proof of identity in line with guidance. Each person had a contract and a job description. Disclosure and Barring Service (DBS) criminal records checks had been completed for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Nurse Personal Identification Numbers (PIN) were checked to make sure nurses were registered with the Nursing and Midwifery Council (NMC). These were regularly checked to make sure the PIN was kept in date. Nurses understood the importance of the revalidation process. (This was a new process that nurses in the UK need to follow to maintain their registration with the NMC). One nurse had recently been supported by the clinical lead to obtain their revalidation.

The registered manager used a dependency assessment tool to determine the number of staff needed to provide people's care and support. Staffing levels were regularly monitored and assessed by the registered manager to ensure there were enough staff, with the right skills, on each shift to meet people's needs and keep them safe. When people were supported on a one to one basis, for example to attend appointments, this was taken into account when the staff rotas were planned. There were arrangements to cover unexpected shortfalls, such as sickness. The registered manager used an agency when additional nurses were needed.

There were enough staff on duty to meet people's needs and keep them safe. The duty rotas showed there were consistent numbers of staff throughout the day and night. The registered manager told us, "I am confident about the skills mix of staff on each shift". During the inspection staff were not rushed and had time to spend with people. The registered manager deployed care staff to work in pairs to ensure that regular checks were completed and that, when people needed support, there were always enough staff available. Staff told us this worked well. Catering, housekeeping and maintenance staff were employed by the provider so staff could concentrate on providing care and support. The registered manager and clinical lead were contactable by phone or email when they were not at the service. If there was an emergency and the registered manager and clinical lead were not available then the staff had the contact details of the directors of the service who would give support and guidance.

Is the service effective?

Our findings

At the last inspection people were not receiving appropriate care and treatment to meet their health care needs. There had been concerns that nurses were not recognising changes to people's health and welfare. Visiting professionals had been concerned that they were not being contacted for advice when people's needs changed or deteriorated, including end of life care. There were concerns that when specialists were contacted, the instructions were not always followed by staff. At this inspection improvements had been made.

Visiting professionals said, "There have been improvements at the Hockeredge. Staff are taking prompt action when people are unwell or their needs change" and "The qualified staff are more skilled. They ring up for advice and take things on board".

Relatives said, "The staff always ring me and let me know what is happening. When (my relative) was unwell they took immediate action. I can trust them".

People who were able told us that the staff looked after them well and that they saw the doctor when they needed to. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible.

Each person had a nutrition assessment in their care plan and their weight was monitored to ensure they remained healthy. A relative said, "My relative lost some weight, but staff sorted it out and they have put weight back on. I am very happy with the care they get". Referrals were made to the doctor or dietician if people were losing weight or they had concerns about people's diets. If concerns had been identified then food and fluid charts were implemented so that staff could monitor people's dietary needs to assess what further action may be required to maintain a healthy weight. Supplement drinks had been prescribed and the staff recorded people's fluid and dietary intake to make sure they were eating and drinking enough to remain as healthy as possible. However, when people's fluid intake was being monitored the plan did not identify a daily target of the amount of fluid needed and staff were not adding up the amount people drank daily to make sure they were receiving an adequate amount of fluid to remain hydrated and healthy. The clinical lead said that they would address this.

We recommend that procedures be implemented to identify if people are not drinking enough and that staff take the appropriate action.

If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists as they needed to see them. When a person's health had deteriorated, staff had responded. When a person had become unwell, staff had examined the person, taken health checks and decided to contact the emergency services. The person was taken to hospital and returned the next day. During the inspection, staff had identified that a person's mental health had deteriorated, following a reduction in their medicines. The nurse contacted the specialist to come and review the person to make sure they were receiving the medicines that they needed to keep them well. There were no people

receiving end of life care but staff were undertaking special training for when this was needed.

At the last inspection in April 2016 the provider did not ensure staff had the appropriate support, training, professional development and supervision to enable them to carry out their roles. At this inspection people received effective care and support from staff who were trained and supported in their roles.

When staff began working at The Hockeredge they completed an induction. The registered manager had identified that the induction process was an area for improvement. They told us they were in the process of developing a new role specific induction, using Skills for Care resources for guidance. Skills for Care provide practical tools and help adult social care organisations to recruit, develop and lead their workforce. New staff were working towards the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. New staff shadowed experienced colleagues to get to know people, their routines and preferences. Staff competency was monitored to make sure they were able to meet people's needs effectively.

Staff completed training to keep them up to date with current best practice. A record of the training undertaken was kept up to date and refresher training was booked as needed. Some training was completed online and other training, such as using special moving and handling equipment was face to face. Training courses were relevant to people's needs and included understanding dementia and behaviours that may challenge others. Staff were encouraged to complete additional training to aid their personal development. For example, staff were supported to complete vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

Staff told us they felt supported by the registered manager and clinical lead. Regular one to one supervision meetings gave staff the opportunity to discuss their learning and development and any support they needed. The registered manager told us, "We have spent time empowering the team leaders. Now they are steering the teams. We have gone through a period of confidence building and really increased their confidence".

Nurses received clinical supervision from an external clinical professional. The purpose of clinical supervision was to provide a safe environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus was on supporting staff in their personal and professional development and reflecting on their practice. The clinical professional checked and recorded nurse's competency in areas, such as, medicines management.

Nurses were encouraged to attend conferences, such as dementia and infection control, and completed additional training relevant to their roles. Recent specialist training included Enhanced Care and the 'Sage and Thyme' model workshops. Sage and Thyme promotes effective communication in clinical practice.

Staff communicated effectively with people and each other. A half hour handover with the nurses and team leaders was completed between shifts. The registered manager and clinical lead also attended. Information about changes in people's needs was then communicated to the staff to make sure they were up to date.

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 make a particular decision, any made on their behalf must be in their best interests and as least restrictive

as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments were completed and meetings with relevant people had been held to ensure specific decisions were made in people's best interest. Most staff had received training on MCA since our last inspection, with further training planned.

We checked whether the service was working within the principles of the MCA. There were people who had a DoLS authorisation in place and other applications had been made to the local authority. The conditions on authorisations to deprive a person of their liberty were being met. Authorisation had been sought from the local authority and the support plans clearly showed that the assessments and decisions had been made properly. Plans were in place to support people in the least restrictive way. Staff told us that they supported people to make their decisions by giving them time to understand the situation. Staff were aware of the relevant requirements of the MCA. The staff understood the importance of asking people for their consent before they provided care and support. Staff were aware that some decisions made on behalf of people who lacked capacity should only be made once a best interests meeting had been held.

A visiting professional who assessed people's mental capacity and DoLS applications said that the staff were aware of the issues surrounding DoLS and MCA. They said the staff were receptive to any recommendations and conditions and staff were well organised and always made sure relatives were invited to attend meetings.

People said, "The food is lovely, I have plenty to eat" and "I always have a choice of meals".
Relatives said, "The food always looks really appetising and there is plenty of it" and "They always offer me drinks and I can join my relative for a meal at any time".

The lunch time meal was relaxed and was a social occasion. The menu was displayed, and was written in a format that was easy for people to understand. People had a choice about what and where they ate. There was a choice of two dishes and people were supported each day to choose their preference. People who did not like the choices were offered an alternative. Softened or fortified foods were provided where necessary. The meals were well presented with ample portions. Staff were sensitive and discreet when they supported people to eat. They supported people to eat at their own pace and enjoy the meal. Staff sat with people and chatted to them and positively encouraged them to eat. Eating aids, such as adapted plates and cutlery were provided to people who needed them. This helped them to eat independently, also promoting their dignity.

The first day of the inspection was Halloween. The cook had prepared a special Halloween supper and had prepared themed cakes and soups and other appetising food. People were looking forward to this.

Some people had coffee/tea making facilities and fridges in their rooms so they could be more autonomous and independent. They were able to buy their own drinks and snacks if they wanted to.

Is the service caring?

Our findings

Relatives said, "Staff always respect (my relative's) wishes when they don't want something. They never just walk past. The staff always stop to speak and check that everything is alright." and "The staff are always very welcoming. If there are any problems they always get sorted out." and "It was hard for my relative to settle at other places but they have improved since they have been here."

A relative told us that the staff cared and supported their relative and their family all the time. They said the staff always tried to involve and encourage their relative to partake in activities but if they wanted to be left alone then this was respected.

A visiting professional told us, "The management and staff are very caring and respectful. They support people to be as independent as possible".

Staff knew people well. If people were unable to communicate using speech staff were able to recognise signs through behaviours and body language, if people were upset or unhappy.

Staff were discreet and sensitive when supporting people with their personal care needs and protected their dignity. Staff knocked on people's doors and waited before they entered and talked to people in a discreet way regarding personal care needs. People were not rushed and staff made sure they were given the time they needed.

Staff were kind and respectful towards people and people received the care they needed when they needed it. There was a member of staff in each lounge interacting with people throughout the inspection. When people needed support, staff were attentive and when people requested help staff responded quickly. If people were upset and needed comfort the staff went to them and found out what they needed and gave them reassurance. When people wanted to speak with staff members this was done privately so other people would not be able to hear. Staff spoke to people quietly and gently and held their hand until they felt better.

People and their relatives had been included in the care planning process. One visitor told us that they had been involved in planning their relative's care and that staff kept them well informed about any changes. People could decide where they wanted to spend their time and what they wanted to do. Some people preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. One person called for a staff member to help them to the lounge. The member of staff immediately gave a kind response and went to help them. Staff supported people to express their views and people were offered choices and were supported to be independent whenever possible.

People were treated with dignity and respect. When staff were speaking with people they knelt down so they

could give eye contact. Staff used calm reassuring voices when speaking to people. People were asked regularly if they would like a cup of tea or something to eat. We observed one person being supported from a chair to their wheelchair. Initially the person was upset. The staff immediately stopped what they were doing and reassured the person. They sat with the person until they were ready to move.

Staff were attentive and anticipated people's needs, for example at lunch time staff were offering people more drinks and more food. Staff supported people who needed help with their meal and encouraged people to do as much as they could for themselves. People were called by the name they preferred and there was a high level of engagement between staff and people throughout the day.

On the first morning of the inspection there was a calm atmosphere and we observed interactions with staff giving people time to respond, showing consideration and treating people with dignity. In the afternoon there were activities taking place in the main lounge area, it was noisy and active. Some people found this a bit too much and they were able to go to quieter communal areas or their bedrooms.

People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to.

Some people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They would sometimes support people to speak for themselves and sometimes speak on their behalf.

All records were stored securely and safely. Records held on computers were password protected.

Is the service responsive?

Our findings

At our last inspection in April 2016, we found that people's needs were not always properly assessed and people's needs were not regularly reviewed. The provider had not met and completed their action plan following our inspection of July 2015. At this inspection, we found that improvements had been made but there were areas that required further improvement.

Visiting professionals told us that the staff responded to people's changing needs and took the necessary action to make sure people were receiving the treatment that they needed. They said there was still some work to do but the service was moving in the right direction.

Relatives said, "When (my relative's) medicines needed changing they recognised this and sorted it out very quickly." and "(My relative) has been in a few places and this is the best. Staff have got to know them very well and know what to do if they are becoming upset or unhappy. It's a relief not to have to worry any more".

The provider had installed a new computerised care plan system. The staff were in the process of transferring all the information about people onto the new system. There had been some 'teething problems'. Some information about people had been put in the wrong place on the system and it was difficult to follow. The registered manager and clinical lead had identified these problems and were working on ways to resolve the issues.

People were encouraged to participate in the planning of their care. The staff had completed a personal profile for each person. This included information about the person's past lifestyle, likes and dislikes, personal care needs, physical and mental wellbeing.

Some of this personal information had been entered incorrectly on to the system, so it did not give a full picture on how to deliver the care, support and treatment people needed. Parts of the care plans were contradictory and there was a risk that people would not receive the support they needed. For example, one person had been assessed as not having any visual impairment, but they required eye drops to be administered for Glaucoma, an eye condition that can cause poor vision. Another person had been identified as having behaviours that could be challenging. The care plan did not give information about how the behaviours may present, triggers that caused the behaviour and what action the staff needed to take. There was a risk that the person may not receive consistent support and intervention from the staff.

At our last inspection, there had been concerns that staff were not responding to people's changing and deteriorating health needs. At this inspection improvements had been made. We observed nursing staff contacting a person's GP after identifying that their foot was swollen. The GP requested a change in medicine and this was organised immediately by staff. The records showed that staff had identified and referred people to specialists when needed but the care plans did not always contain up to date guidance when people's care needs changed.

The provider had not made sure that care and support met the needs of individuals. Care plans lacked detail and at times were contradictory. Care plans did not consistently reflect the individual needs of people. This is a Continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the last inspection the management had responded to people's changing needs.. People who need higher levels of care had been moved to one area of the building. This was done after consultation with people, their relatives and care management. More staff had been deployed to this area to make sure people were getting the consistent level of support, care and treatment that they needed. A relative told us that this arrangement was working very well. They said before their relative was moved the new room was redecorated and refurbished.

At our last inspection, we found that people were left for long periods sitting in the communal areas and not engaging in any activity. The noise level in the main lounge was very loud. People had problems making themselves heard or were not able to hear the television. This had improved, there was less noise and people could hear the music or television. During our inspection, people were asked if they would like to have hand massage therapy, which they appeared to enjoy. A member of staff was present in the lounge at all times. They spent their time responding to requests from people, offering drinks and chatting with people.

On one of the days of the inspection an outside singer performed. Staff and people sang and danced together and appeared to enjoy the singing. People were able to move freely between the communal areas if they wished or spend time in their rooms. Staff supported people, when required, to walk safely around the service and into the garden. People appeared comfortable with staff, chatting and laughing with them. The cook had organised a Halloween party for the evening and there were Halloween decorations throughout the communal areas.

People were supported to go out. The service had a minibus which people regularly went out in to visit places of interests or go out for meals. One person said, "I went to church yesterday in a taxi with (a member of staff). I go regularly". People were encouraged to spend time with their relatives and relatives could visit the service whenever they wanted to. One relative said, "Everyone is doing more now. It's really good to see people enjoying themselves".

At the last inspection in April 2016 the provider's complaints policy had not been followed. Complaints had not been responded to or investigated in a timely way. At this inspection the provider's complaints policy and process had been followed. A log of complaints received had been implemented and responses were made in line with the provider's policy.

The registered manager had introduced a 'You said – We did' system so people and their relatives could see what action had been taken. For example, people had raised concerns about bells constantly ringing. The registered manager investigated this and discovered that it was often the door bell and not people needing support. They changed the sound of the doorbell so bells could be differentiated. Another example was, people had commented that there was overstimulation in a lounge when televisions and radios were on at the same time. The registered manager ensured that staff placed only one on at a time.

People and their relatives were encouraged to feedback to the registered manager and share their experiences. Monthly residents and relatives meetings were held. Records of these meetings included any action needed and the actions were reviewed to make sure they had been completed. Minutes of the meetings were posted or emailed to each person's first point of contact along with a copy of the monthly

newsletter.

The registered manager told us, "Staff know they can come and talk to me. They know action will be taken. Staff come in and say they are not happy or they are concerned about something". During the inspection staff regularly approached the registered manager and clinical lead for advice and guidance.

Regular staff meetings were held to give staff the opportunity to discuss the service and voice their opinions. Minutes of the meetings included any actions that were needed and were shared with staff who were unable to attend the meetings.

Is the service well-led?

Our findings

We found improvements during this inspection, but there were still areas which needed to be fully addressed to ensure people's health, safety and well-being. These issues had been highlighted in the report of our last inspection of April 2016.

At the previous inspection the service had no registered manager in post. The service had a new registered manager who had been in post since June 2016. They had been registered with Care Quality Commission (CQC) in September 2016. The registered manager was supported by a newly appointed clinical lead. New registered nurses and new members of the care staff team had also been employed.

Staff said, "It feels that there is now real teamwork, and the new staff have fitted in really well. This has helped to improve the home and people are getting a better quality of life".

Since the last inspection staff felt that they had more support and guidance from the management team. They said the service had improved. Staff said, "The new registered manager is very good. They are really supportive. They don't spend all the time in the office. They come out and check what's happening and they ask how we are getting on.", "It is more relaxed, I look forward to coming to work in a happy atmosphere." and "The new manager is interested and keen to get things right. It's much calmer now".

Relatives said "The new manager is on the ball. They know what they are doing" and "Things have got a lot better over the past few months. Even the atmosphere has changed. People and staff seem happier".

A regular visitor to the service said, "Everything is better. The way everything is organised has improved. The new manager has made a difference. The environment has improved as well. There is more light and people move around more easily".

Further work was needed to improve records including care plans. Electronic care plans and records were not accurately completed and staff were not fully familiar with the processes. Staff were not consistent in their recording of people's needs and this had resulted in information not always being recorded in the most appropriate section and inaccurate information being generated.

Records such as food and fluid monitoring charts were not always completed accurately. Other records such as people's health needs and behavioural needs had not been fully captured or completed on the system. Some of the plans in place to manage these needs were not accurate. This meant that people could be at risk of not receiving care and support appropriate to their needs. The management and staff were aware of this and were working on sorting out the issues.

The provider had not ensured accurate and complete records in respect of each person were maintained. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty. Staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to maintain as much choice and independence as possible.

People, their relatives and staff said that the registered manager and the clinical lead were available to give guidance and support. They said they could approach them at any time and they would listen and act promptly on their concerns. We observed the registered manager interacting with staff and people throughout the visit. All these interactions were positive and demonstrated that people and their relatives were listened to and their views and concerns were acted on.

Staff were clear about their roles and responsibilities. They told us how they worked as a team to provide the service. There were clear lines of accountability, from the registered manager, clinical lead, nurse's head and care staff. The registered manager and clinical lead were motivated and passionate about providing good quality care. They focused on continuous improvement and keeping up their practice to ensure people received the care they needed.

Before August 2016 accidents and incidents were recorded but there was no analysis to look for trends and patterns that would reduce the risk of reoccurrence. The registered manager had identified this as a shortfall. These were now being recorded electronically and reports were produced so that the appropriate action could be taken when patterns emerged. Staff said that the number of behavioural incidences and falls had reduced and records showed this was the case. .

At the last inspection in April 2016 the provider had not ensured the processes to assess, monitor and improve the quality and safety of the service were consistently completed. Audits had not highlighted the shortfalls we found during the inspection.

At this inspection the systems in place to monitor the quality of the service were being followed. The registered manager had oversight of all the audits completed at the service. Regular checks were carried out on key areas, such as, moving and handling equipment, the environment and medicines management. Audits were recorded, analysed and a summary of findings with actions was produced and acted on.

A new rolling twelve month programme of additional audits had been introduced which were based on the CQC key lines of enquiry– answering the questions is it Safe, Effective, Caring, Responsive and Well-Led. This included completing health and safety and environmental reports and meeting with the estates manager to discuss any actions needed. When staff found a maintenance issue they recorded it in a log and the maintenance staff signed and dated when the issues had been actioned and resolved. The plan also included the registered manager carrying out mock CQC inspections to maintain oversight of the quality of service and to identify any areas for improvement.

The registered manager and clinical lead had signed up for the Gold Standard Framework Accredited Care Homes programme. This is a nationally recognised accreditation and the service is assessed against 20 standards of best practice relating to end of life care. .

People, relatives, health professionals and staff were asked for their views about the service through quality assurance surveys. The registered manager reviewed and analysed the results to establish if any action was needed to improve the quality of the service provided.

Staff understood their roles and responsibilities and what was expected of them. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. On the whole the registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. The provider had displayed the CQC rating from the last inspection in April 2016 on their website. A copy of the report summary and ratings was in the entrance porch.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although improvements had been made, some risks had not been properly assessed and minimised to make sure people were as safe as possible.</p> <p>The arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep people safe.</p> <p>The provider had not made sure that care and support met the needs of individuals. Care plans lacked detail and at times were contradictory. Care plans did not consistently reflect the individual needs of people.</p> <p>These are a continued breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured accurate and complete records in respect of each person were maintained.</p> <p>This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

