Bupa Care Homes (CFChomes) Limited

# Thatcham Court Care Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 27 and 28 April 2017. The inspection was unannounced on the first day and announced on the second. The previous comprehensive inspection of the service was in May 2016. At that inspection we found the service was in breach of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A requirement notice was issued with respect to the breach of Regulation 12 (Safe care and treatment). The registered provider sent us an action plan in June 2016 outlining the improvements they were going to make in order to meet the requirements of the regulation.

The inspection of 27 and 28 April 2017 was a comprehensive inspection to follow up and ensure the requirement notice for Regulation 12 (Safe care and treatment) had been met and to make a judgement about the overall compliance of the service. We found the service had made the necessary improvements to meet the requirements of the regulations.

Thatcham Court Care Home provides accommodation for up to 60 people who may be living with dementia and need personal and nursing care. The service was purpose built as a care home and provides accommodation over three floors. There is a well maintained garden which provides safe outdoor space for people to enjoy.

At the time of the inspection there were 50 people living at the service. The manager had applied to register with the Care Quality Commission to manage the service and was registered on 5 May 2017 following 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.

People living at Thatcham Court Care Home received safe care from staff who knew them well. There were sufficient staff with the appropriate skills and knowledge to support people in a safe and effective manner. People were protected from the risk of abuse by staff who were knowledgeable with regard to safeguarding people and understood their responsibilities. People's medicines were managed safely and they received their medicines at the required times. Risks relating to people and the environment were assessed and managed. Staff knew how to respond to emergencies, they had received updated fire safety training and taken part in practice fire drills.

Staff felt supported and they praised the manager for the support she provided. They received appropriate training to acquire the skills necessary for their role and they refreshed their knowledge regularly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Where people were unable to make decisions for themselves staff met with relatives and other professionals to make decisions

in their best interests. When people's freedom had been restricted for their own safety appropriate authorisations were in place under the Deprivation of Liberty Safeguards. People had a choice of food and drink which they enjoyed. When necessary their nutrition was monitored to help ensure their well-being. People received appropriate health care support from health and social care professionals who were contacted promptly when necessary.

People were treated with kindness and compassion. They were respected and had their privacy and dignity maintained by staff who understood these values. Visitors were welcomed at the service. There were no restrictions on visiting times and people were encouraged to maintain relationships important to them. People and staff interacted positively with each other, choices were offered and explanations provided when staff assisted people with daily living activities. There was a relaxed and friendly atmosphere and we observed people laughing and smiling with staff as they went about their daily business.

People and when appropriate their relatives had been involved in planning the support and care they required. Care plans were reviewed regularly, however, relevant information was not always updated and therefore there was a risk that appropriate care may not be received. There were mixed responses from relatives regarding the responsiveness of the service in meeting their family member's needs. Where concerns had been raised the manager had arranged to meet with families to discuss and address them. Other relatives were positive and felt their family member's needs were responded to well. A wide range of activities were available for people. Extremely positive feedback was received about the variety and choice of activities available which people clearly enjoyed. People and their relatives were aware of how to raise complaints if necessary.

There was an open and friendly atmosphere in the service. People, their relatives and staff spoke highly of the manager. The manager had a clear vision to improve the service and they were held in high regard by the staff team who valued their leadership. Regular checks and audits were carried out to monitor the quality of the service and the results used to plan and instigate change for the better. People's views were sought and they were asked for feedback on their experience of the service. This was used to drive improvement and the manager had a detailed plan outlining the future developments she intended to implement.

## 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

Staff had received appropriate fire safety training and were knowledgeable about how to deal with emergencies.

People were protected by staff who were trained and understood their responsibilities to identify and report any abuse or concerns.

Safe recruitment procedures and checks were carried out to help ensure suitable staff were employed. There were sufficient staff to provide safe care to people.

Medicines were managed and administered safely.

### Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported in their role. Staff received induction and on-going training to provide them with the skills required.

People's right to make decisions was protected in accordance with relevant legislation.

People had their health and nutritional needs met effectively.

### Is the service caring?

Good

The service was caring.

People told us they were happy. Staff interacted with people in a positive and supportive manner.

People were treated with kindness and staff demonstrated a caring attitude toward people and their families.

People were shown respect and their privacy was protected.

### Is the service responsive?

Requires Improvement

The service was not always responsive.

Assessments and care plans provided the information staff needed to support and meet people's needs. However, records were not always updated or detailed enough to reflect current information which may impact on people receiving appropriate care to meet their needs.

A full programme of activities was in place which people told us they enjoyed immensely. One to one activities were provided for those people who remained in their rooms.

Complaints were responded to in line with the provider's policy and feedback was sought from people, visitors and staff. Feedback was used to address concerns and look for ways to develop the service.

## Is the service well-led?

Good

The service was well-led.

There was a welcoming, open and positive culture in the service.

There was a manager who had a clear vision and plan for improvements to the service. The manager had high expectations and staff were aware of these.

Staff spoke very positively about the manager, their respect for her and the positive changes she had brought in the short time she had been managing the service.

# Thatcham Court Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 27 and 28 April 2017 and was unannounced on the first day and announced on the second. The inspection was carried out by two inspectors and an Expert by Experience on the first day and two inspectors on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law. We contacted the safeguarding and the quality and performance teams at the local authority and requested feedback from other professionals with knowledge of the service.

During the inspection we spoke with 25 people who use the service, six relatives and two visitors. We also spoke with 21 members of staff including the manager, two registered nurses, two team leaders, three senior care workers, four care workers, two activity staff, the area trainer, the chef, a housekeeper, an administrator, the maintenance worker, a laundry assistant and a pharmacy delivery driver. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the lunch time activity on all three floors of the service and observed people taking part in group and individual activities. We reviewed seven people's care plans and six staff files including recruitment records. We also looked at staff duty rotas, quality assurance surveys, audits and a selection of other documents relating to the management of the service.

Good

# Is the service safe?

## Our findings

At the inspection of 4 and 6 May 2016 the provider was not meeting the requirements of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received fire safety awareness training to be competent in the action to take in the event of a fire.

A requirement notice was issued with respect to the breach of Regulation 12. The provider sent us an action plan in June 2016 describing the actions they were going to take to meet the requirements of the regulation. At this inspection we found there had been improvements and the provider was meeting the requirements of the regulation. Staff had received up to date training in fire safety and the use of fire extinguishers. Additionally, more specific training for staff acting as the 'Fire Person In-Charge' had been booked and was due to take place the week following the inspection. Staff were able to tell us the actions they needed to take if there was a fire and told us they had been involved in practical fire drills. Fire drills were recorded and any issues that arose during the drills were addressed through discussion or further training.

Fire safety equipment was tested in accordance with requirements to ensure it remained in good working order. Each person living at the service had an individual personal emergency evacuation plan. This contained important information, such as how many staff would be required to assist the person to leave the premises if necessary. The provider had a contingency and business continuity plan detailing actions to be taken by staff in the event of foreseeable emergencies.

People were safe at Thatcham Court Care Home. When people and their relatives were asked about feeling safe they made comments such as, "I love it here. Everyone is friendly. Nobody is horrible." "I like it here." "People are warm and good here." "The staff run to check her. For me this means that [Name] is kept safe." and "We feel [Name] is safe because he knows the staff and they know his ways."

Risks to individuals were assessed, these included risks relating to falls, skin integrity and malnutrition. Actions to manage and reduce any identified risks were incorporated into the person's care plan. These were reviewed monthly or when there was a change in the person's condition. Work was underway to improve the quality of the care plans and the guidance available to staff to minimise and manage risks. We saw examples that included helping one person to reduce their anxiety. This detailed what may cause the anxiety, how it may be displayed and a number of actions staff could take to help support the person through this. The manager and the senior staff told us there was an ongoing programme to review and bring all care plans up to this standard.

People were protected against the risk of abuse by staff who had received training in safeguarding people. Staff told us this training was refreshed regularly. Staff were knowledgeable and gave examples of the different types of abuse and the signs they looked for which may indicate it. They knew their responsibility to report and record any concerns promptly and told us they would not hesitate to report a concern. One member of staff told us they would, "Go straight to the home manager and if necessary inform higher authorities." Staff told us they were confident that appropriate action would be taken by senior staff if there were any safeguarding issues. Records confirmed that when safeguarding concerns had been raised they

had been dealt with appropriately and reported to the relevant authorities.

Staff were aware of the provider's whistleblowing policy. One staff member said, "I've never had to use it but I definitely would if I needed to. There's a number at the nurse's station we can use to report anything if need be." Another said, "People come first, I'm not afraid to speak up." Other staff told us poor practice was not tolerated and they had confidence in the manager to deal effectively with any poor practice.

Risks associated with the building and the environment were also assessed. They included those related to fire, the use and maintenance of equipment, food hygiene and infection control. The service employed a maintenance worker who monitored many of the risks associated with the environment. They carried out routine checks and recorded them in accordance with requirements. Standard remedial work was reported directly to the maintenance worker via a log book on each floor which was checked daily. Staff told us the work was normally carried out promptly. Contracts were in place with companies who supply suitably qualified contractors to maintain specialist equipment. These included equipment such as passenger lifts, hoists for moving people and all gas and electrical appliances.

There were sufficient staff to care for people safely. People's dependency was assessed and staffing levels determined by the needs of people using the service. People and relatives told us they felt there were enough staff to care for their needs but on occasion the numbers did fall due to staff sickness which could not be covered. One relative commented, "Sometimes there is not enough staff, which is usually due to sickness and they cannot get agency in. We understand that and appreciate staff explaining this." The manager told us there had been times prior to a recent recruitment drive when this had been the case. However, they had successfully recruited to a level where agency care workers were no longer necessary. Recruitment of qualified nurses had not been as successful and combined with a decision to increase the number of nurses on duty meant agency nurses were still being employed to ensure adequate cover.

Staff acknowledged that having a full team of care staff had made a difference. They told us how they had previously been worn down by covering for staff shortages but since the manager had taken up post and staffing had improved they were happy to cover for colleagues when necessary. The manager had worked hard to improve recruitment and recognised the previous shortages had led to staff morale declining. They also informed us of a programme of change with regard to staffing which involved the deputy manager's role being restructured. This meant there would be two deputy managers with specific responsibilities in the future. We reviewed the duty rotas for the four weeks prior to the inspection and noted staffing levels had been maintained.

Safe recruitment procedures were followed and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were sought from past employers with regard to an applicant's previous performance and behaviour in their employment. A full employment history was obtained from each applicant and any gaps in employment had been explained. Appropriate checks were made in relation to professional registration such as personal identification numbers (PIN) for nurses. An employment profile was obtained for all agency staff and included relevant checks carried out on their suitability.

Accidents and incidents were reported and recorded. They were investigated and appropriate action was taken to learn from them and prevent similar incidents recurring. Monthly audits were used to identify any emerging trends. For example, falls were closely monitored in relation to where they occurred and at what time of day. These were reviewed and discussed at the weekly clinical meetings so that appropriate actions could be taken to try to reduce falls.

All medicines were managed either by registered nurses who followed the Nursing and Midwifery Council guidance or senior care workers who had received relevant training and had their skills assessed. Each floor had a clinical room which was kept locked when not in use. The temperature of these rooms was checked and monitored to ensure medicines were stored correctly. Medicines were stored in trollies secured to the wall, locked fridges or locked cabinets. A monitored dosage system (MDS) was used for administration of most prescribed medicines which were ordered on a 28 day cycle. MDS is a system where medicines are provided in blister packs prepared by a pharmacist. Denaturing kits were available for the destruction of medicines that were no longer required. Disposal of medicines was recorded appropriately.

Some people required medicines to be given 'as required'. Where this was the case, protocols had been written to guide staff as to when and for what reason these medicines should be given. These protocols were reviewed regularly and staff were familiar with signs that may indicate a person needed the medicine even if they were unable to ask for it themselves. For example, body language that may indicate a person was in pain. Other people had their medicines administered covertly and in each case, a best interests decision had been made following an assessment of their mental capacity.

Medicines were audited regularly. A 'Post Medicine Round Review' was conducted after each medicine round and identified issues that could be addressed immediately such as missing signatures or shortage of medicines. In addition weekly and monthly audits were carried out to ensure all issues were identified and best practice maintained.

Good

# Is the service effective?

## Our findings

We observed lunch time activities on all three floors of the service. On two floors this was seen to be a pleasant and social time for people. Although it was a very busy time, staff engaged well with people while they had their meals, assisting them when necessary. However, we noted that rather than sitting with people to assist them they would stoop down beside them and then move on to help someone else. Additionally, on the other floor, we observed it was extremely busy with staff providing meals to nine people in their rooms, three people in the dining room and others who preferred to sit in the lounge. During this time a person became distressed and required the assistance of two staff. Due to the number of people being assisted with their food all at the same time and staff needing to support a distressed person there was very little interaction observed between staff and people.

We saw that people in the dining room received their meals at different times with one person finishing their lunch while their adjacent neighbour was still waiting. We were told that the activities personnel assisted with lunch times on the unit to try to help reduce the waiting time for people. We discussed this experience with the manager and suggested that perhaps two sittings may be more appropriate. People who were on a soft diet could then be assisted first and it would help to lessen the load and frenetic scramble to get everyone's meals to them. The manager acted promptly to this suggestion and we found that by the second day of the inspection this had already been implemented.

People told us they enjoyed their food. Comments included, "We love the food here, it's nice and hot. I also like the snacks." "Lunch was lovely I had Coq au Vin, what a funny name." "The wine was good at lunch time and the apple crumble and custard." "The food is good, I can't wait for lunch." People also told us they could eat wherever they wished, one said, "I am having my breakfast here (in the lounge) which I like." Another person was supported to eat alone and a care worker told us, "This resident prefers to eat on his own and so we help him to do this."

The chef paid great attention to serving nutritious and attractive food for people. For example, they piped soft food into the shape of the actual item such as carrots or steak so that people could recognise what they were eating. A relative commented, "[Name] needs soft food and they pipe it to look like chips (for example), which encourages him to eat." Menus were designed after discussion with people and individual preferences were catered for. Options were always available and there was a full snacks menu provided for people who either didn't want to eat the choices of the main meal choices or wanted something additional or at a different time. One relative commented their family member was offered "little and often as she does not have a big appetite."

People's weight was monitored and a recognised tool used to monitor if people were at risk of malnutrition. Staff discussed changes in weight at the clinical review meetings and decided on appropriate actions to take. When necessary people were referred to specialist health professionals such as dietitians and speech and language therapists for advice on maintaining adequate nutrition. We saw advice was followed, for example thickener was used for a person's drinks where they had problems with swallowing. Others received dietary supplements when their weight had decreased.

Staff had received an induction when they began working at the service and then completed training in line with the care certificate throughout which their competency was assessed. New staff also spent time with more experienced staff shadowing them. During the inspection we observed new staff being supported and mentored.

Staff felt the training they received equipped them to do their work effectively. Training included a mix of eLearning, face to face classroom teaching and practical sessions. Topics included moving and handling, infection control, the Mental Capacity Act, dementia awareness and fire safety. This training was refreshed in line with the provider's training policy. The area trainer monitored staff training alongside the manager and commented, "There have been recent improvements in the management of this home and their training compliance is now very good. They are doing a fabulous job." They added that the new manager was particularly supportive to staff and willing to work co-operatively.

A registered nurse told us they were given opportunities to take part in continuous professional development activities. These were necessary to retain their registration with the Nursing and Midwifery Council. All staff received training relevant to their role and relating to the people who use the service. For example, a course called 'Person First, Dementia Second' was attended by all staff in order to provide an insight into how to support people living with dementia. Staff valued the training opportunities and told us they had the opportunity to attain a recognised qualification in health and social care. At the time of the inspection 12 had achieved qualifications and 13 were working toward them.

Staff told us they met with their line manager for individual supervision meetings and we saw the manager kept a tracker to ensure they took place regularly. Staff also commented that since the new manager took charge they felt able to approach her at any time to seek support and did not have to wait for a planned meeting. Staff felt they received the guidance they needed. One commented, "I am 100% supported. We are glad [Name of manager] is back she will do anything for you, we can go to her at anytime. We are getting up there (meaning improvements were being made)." A variety of meetings were held for different staff groups providing opportunity for staff to express their views as well as discuss ways to improve practice. These included weekly clinical meetings, ten at ten meetings and staff meetings.

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.

Training had been provided for staff in understanding the MCA and DoLS. They were knowledgeable about their role in protecting people's rights to make decisions. We observed staff sought people's consent before doing anything for them or with them. People were offered choices and staff would either phrase options in different ways to try and support people's understanding or physically show them different options. Mental capacity assessments had been carried out when appropriate. Were people did not have the capacity to make a decision, a best interests meeting had been held and the decision recorded in line with the MCA.

The manager and the senior staff had a good understanding of the requirements of DoLS and made referrals to the supervisory body when necessary. Where authorisations had been granted these were reviewed as

necessary and all applications were tracked and followed up to ensure an appropriate assessment was completed as swiftly as possible.

People saw healthcare professionals when they required. For example, they were able to see their GP for new and ongoing medical conditions. Referrals were made to other professionals when necessary such as mental health nurses and occupational therapists. During the inspection we spoke to a healthcare professional who complimented the staff team and told us they were "willing to be open minded" and "happy to phone for advice". They also spoke highly of the manager who welcomed their input and was willing to listen and try new approaches in order to "get things right".

The manager had begun to look at the environment and make changes to adapt it to the needs of people living there. For example, they had begun to paint the doors to people's rooms in bright colours to define them and help people find their door. Signs depicting the use of rooms were displayed and people had memory boxes outside their bedrooms containing special items which helped people identify their room.

Areas of interest had been created on each floor such as 'Kay's Korner' which contained a post box, a sign for a shop and a mirror in a telephone box frame. A mobile shop was held here at regular times for people to enjoy. In another area there was an old pram which we were told was used by a person to push their baby (doll) around in. Staff informed us this helped people with their memories from the past. Other interesting items were fixed to walls such as 'fiddleboards' containing plugs and sockets, latches and bolts designed to engage people as they passed by. A particular favourite was the fairy garden with a display of miniature fairies and twinkling lights for people to look at and interact with. There was a programme of ongoing improvement for the environment which people had been involved in making suggestions for. We were told replacement flooring for the whole service was expected the week after the inspection.

Good

# Is the service caring?

## Our findings

People told us, "I'm happy here." "I'm happy, it's not home but they are all so kind." "I like it here because they come and chat with me." and "(There is) no rushing and they have come and chatted to me." "Brilliant, really kind but I can't remember all their names." A relative commented "Everyone is caring, the reception, the housekeeping, all the staff. When a staff came back from leave [name's] eyes lit up to see her back looking after him."

Staff responded to people and attended to their needs promptly. People said they were not rushed. The atmosphere in the service was friendly and we observed people and staff interacting positively with each other throughout the inspection. We saw examples of staff approaching people in order to check they were alright or to strike up a conversation about their day or an activity. Staff knew people well and could give clear explanations of their care needs. For example, one person could become distressed in crowds or noisy places, staff explained they sometimes needed support to find a quiet place or move away from noises. We saw staff support this person to reduce their anxiety. However, the staff also acknowledged they had a number of new members of the staff team and it would take time for everyone to get up to date with understanding people's needs. During the inspection we saw experienced staff guiding new staff and explaining people's needs to them.

People were seen laughing and smiling and staff members knew how to approach people to engage them. There were many instances of staff spontaneously having a laugh and joke with people or starting a conversation about something the person liked or was interested in. We also observed staff comforting people when they became upset. One such example involved a person who began crying. A member of staff sat next to them and asked what was wrong mentioning a number of things to help the person identify what may be upsetting them. They spent time just being with the person once they had established there was nothing physically wrong which needed attention. After some time the person began doing an activity and their mood lightened.

Staff respected people's privacy and dignity. A staff member described how they went about doing this and said, "I always ask and explain what I'm going to do and I continue to check throughout whatever I'm doing. We close the doors when giving personal care and never go in a room without knocking." During the inspection we observed staff speaking discreetly to people and giving people space if they wanted to be alone. A small notice was displayed on rooms when people were receiving personal care to ensure they were not interrupted. However, one relative did express some concerns about their family member's dignity. We raised this with the manager who planned to meet with the relative and look into this further.

It was clear staff had spent time finding out about people's past history and interests. They knew about jobs people had done and hobbies they enjoyed. Cultural and religious needs were also considered and respected. Church services were held regularly and we observed people participating in a service during the inspection. We saw people enjoyed this service which was led by a volunteer from the church. An activity staff and three care staff assisted people to join in using large print hymn and song sheets. One said, "It's lovely to see [Name] singing. He has a lovely baritone voice. He hardly speaks at all, but he loves singing"

Staff also informed us they hoped to form a choir with people who live at the service as "they all love singing".

People were involved in planning and reviewing their care as much as they were able or wanted to be. When appropriate relatives were involved and they were kept informed of their family member's care. One told us, "Yes we are involved in her care, you can talk to any of the staff." and another said, "We are involved in his care plan. (When) we were worried about his weight, they spoke to us and showed us how they were addressing it in his care plan."

People had the opportunity to discuss their wishes in relation to how they would like to be cared for at the end of their life. Their wishes were recorded, for example where they wished to be looked after and who they wanted to be contacted. Where do not attempt cardiopulmonary resuscitation instructions were in place they had been discussed with people, families and staff and signed by the GP.

Requires Improvement

# Is the service responsive?

## Our findings

People's needs were assessed before they moved into the service. Information from this assessment was then used to formulate a care plan which was reviewed each month or when a person's condition changed. However, we found that information was not always updated to reflect the most current situation relating to a person. For example, one person was having their skin integrity monitored very closely and a pressure relieving mattress and cushion had been implemented together with a four hourly re-positioning chart. We saw from the chart that there were consistent entries during the night time period but that there were significant omissions during the morning, afternoon and evening period. The chart had been implemented three days previously but not all staff spoken with were aware of this change or requirement and those that were thought it only concerned the night time period because the person in question was able to re-position independently during the day. We observed the person in the lounge who indicated to us that they were not comfortable and had a sore bottom but clearly could not re-position without assistance. On hearing the person disclose their discomfort a staff member retrieved the pressure relieving cushion and placed it on the chair for the person to sit on.

When we reviewed this person's notes we saw that the relevant care plan had not been updated. The nurse in charge was unable to provide an explanation as to why the care plan did not reflect the person's current needs or why there was confusion amongst the staff team. While senior staff on the unit assured us that this person's skin condition had improved the inaccuracy of records and lack of communication with and between relevant staff could adversely impact on the person's recovery.

Another person told us that they had only received a bath once and a shower once since their admission. We spoke with this person's relative who confirmed that this was correct and they had been living in the service for three months. The relative also told us that they visited daily as they were not confident that their relative's basic needs were always being met, such as washing, changing bed linen and assistance with nutrition. We noted that documentation did not make it clear what personal care had been provided. The relative had met with senior staff on the unit numerous times but they did not feel that improvements had been made.

Two other relatives provided some concerning feedback about practices relating to meeting their family member's needs. These related to the period covering the last year prior to the current manager taking up post. It was acknowledged that it would take time to regain trust and to feel confident again about their family members care. We discussed the above examples with the manager who was aware of the issues and concerns. They had meetings arranged with some relatives and said they would arrange additional meetings where necessary. Additionally, the manager planned to speak with staff in order to address the concerns we raised and make improvements. Following the inspection we were sent detailed meeting notes which addressed the concerns raised.

Other relatives were positive about the way their family member's needs were responded to and said staff knew their needs well. One commented, "[Name] has been here for two years and it is the best place." Another told us the care their family member received was "exceptional" and a third said, "Yes staff know her

needs." Then gave us an example of how staff responded to their family member.

Staff told us communication of information had improved since the new manager had been at the service. Handover meetings now entailed the senior carer walking around with the incoming staff team and speaking about each individual person to pass on relevant information. Nurses had a separate clinical handover meeting. Staff told us they felt more confident that they had up to date information since this practice had been introduced. As well as these handover meetings, each morning a meeting was held between managers, heads of department and senior staff. This was referred to as the '10 at 10' meeting. Information was exchanged relating to people, the service, visitors and other important events taking place that day.

Staff told us families played a very important part and were involved as much as they and the people using the service wanted them to be. We observed staff speaking with relatives and responding to questions about people using the service. While not all relatives felt they had been listened to, the manager had taken steps to address this by arranging to meet with them to address concerns. Other relatives were very complimentary about the involvement they had and told us, "We have no concerns, but we know we can talk to anyone if we did have a problem." and "We go to the relatives meetings and feel that we are listened to."

A full and varied activity programme was available for people and there were many positive comments made with regard to activities. "The singing reminds me of good times. We have rabbits and we can walk in the garden. Little children come and visit." "I like the clapping and waving my arms with the music. It is good exercise." and "Today's singing is good." There were two staff employed specifically to organise and provide activities. Care staff provided assistance with activities and it was clear there was great enthusiasm about the different things that went on in the service. One of the activity staff explained how they were always looking for new ideas and spent time discussing options with people and their relatives.

The activity programme was displayed throughout the service so people were aware of what was taking place each day. The programme included, yoga, visits from PAT dogs, Leap frog ceramics, quizzes, trips to a nature reserve and a pub lunch which was eagerly anticipated on day one of the inspection. On day two it was evident how people had enjoyed this activity and photographs were shared and displayed showing the delight on people's faces soon after their return. As well as these organised activities there were opportunities for staff to spend time with people in activity pods which were situated on each floor. They contained items such as a typewriter, baking trays and musical instruments. One floor had a replica of a pub which people enjoyed visiting and one person who used to be a pub landlord continued to be able to 'pull a pint'.

Activity staff recognised the risk of people becoming socially isolated if they either chose to remain in their room or needed to because of frailty. In order to try to prevent this happening, time was spent each day providing one to one activity for people. Hand massage, manicures, chatting and looking at books were among the activities offered as well as making use of personal DVD players so that people could watch a film of their choice when they wished. The service was keen to be inclusive of the local community and initiatives such as a dementia café had been started. We were told this had been so popular that a larger room was needed for the next meeting. The local church were regular visitors and a particular favourite among the people living at Thatcham Court were the visits from toddlers. Staff reported that people so enjoyed this that there were smiles for "the rest of the day". A recent introduction to the activity programme was the Wednesday 'Breakfast Club'. Staff from all departments took the time to sit and eat breakfast with the people living in the service, sharing time for a chat and a catch up with each other. We heard people talking to staff about this during the inspection and it had clearly become an important part of their lives.

People and staff took a keen interest in sharing their experiences, photographs of all kinds of events were displayed throughout the building. This provided talking points for people to share with their visitors and demonstrated the enjoyment people took from what they got involved with. Additionally, there were dressing up days, one person said, "I like it when people get dressed up." We saw preparation for the forthcoming fairy day with people decorating fairy wings to be worn on the day.

Feedback was sought from people using the service. A resident's committee had been formed and regular monthly meetings were held, dates for which were displayed throughout the service. Other initiatives to gather people's views included a 'Customer Feedback Board'. We saw that people had commented on the flooring in some areas of the service and this had been responded to with new flooring about to be fitted throughout.

Good

# Is the service well-led?

## Our findings

The manager had applied to the Care Quality Commission (CQC) to manage the service and was waiting for her registration certificate be issued. Following the inspection the manager's registration was completed on 5 May 2017.

The service had undergone a period of time without a registered manager during which interim managers had been responsible for the service. The new manager had been in post for approximately eight weeks. However, she was known to a number of the staff team as she had previously been the deputy manager before leaving to manage another of the provider's services. The feedback we received about her leadership was extremely positive. Comments included, "I'm glad [Name] is back. We are now getting up there, there's still work to do but she has a clear vision and a brilliant plan for improvement." "The staff are working so hard now, you can see the differences and it's having an effect on everyone. The staff and service users are happier, it's all falling into place." "It helps that [Name] is here, she understands and can see it from every angle. Staff respect her a lot." "(It is) important to work with the team, give them the skills, get them on board, It's like the team is back." "She is just brilliant, there are already huge changes for the better since she started." and "The whole place is like one big team again."

Relatives had also welcomed the manager back, one commenting, "[Name] has made good changes since she has become manager. We knew her when she worked here before. There was a blip before she came back but now it is good. Her door is always open." Another said, "It has been so much better since [Name] has come back as manager."

We found the culture in the service to be open. The manager had clear expectations and standards which staff were aware of. She was in the process of moving her office to a position in the centre of the service where she felt she would have closer contact with people and staff. She told us this was so she was more accessible and it would enable her to observe and monitor practice as well as see and be there for people.

People and staff had been asked to provide their views on the service by completing survey questionnaires. In the survey completed in December 2016 the majority of responses were positive with 85% being satisfied or extremely satisfied with the service and 77% feeling happy and contented. However, areas for improvement had been noted such as changes to communal spaces, being treated as individuals and improvement in activities. From our observations we were assured that actions to improve had been taken. For example, decorating had begun, activity pods had been created and the programme of activities had been extended with increased working hours for activity staff. Additionally, 95% of staff had completed 'Person First, Dementia Second' training in order to assist them to recognise how to treat people more as individuals.

The registered manager worked with the staff to maintain links with the local community. There were good relations with local schools and church. Outings to local garden centres, pubs and nature reserves provided opportunities for people to be involved in the community. Additionally, the new dementia café invited the local community into the service which the manager told us they viewed as being "very important".

The manager and the senior staff completed a series of audits and quality assurance checks to monitor the quality of the service. These included infection control, health and safety, medicines and care plan audits. The manager was working proactively to make improvements and had drawn up an extensive action plan which was being followed. We noted that some actions had been completed and signed off in the time she had been managing the service. Examples included, commencement of the decoration of the service, pictures had been bought for communal areas and lounges. A pub area, a tea shop area and activity pods had been created and were in action. Recruitment had taken place and staffing levels had been increased. The manager was boosting staff morale by spending time with staff to understand their concerns and anxieties then taking measures to address these. Fun days and dress up days as well as an overdue Christmas party had also been organised to help build staff morale. It was clear these initiatives had had an impact from the positive comments received from people, relatives and staff. The manager recognised there was still work to complete but commented that she felt the staff team were fully supportive of making the improvements she planned.