Indigo Care Services Limited

Norfolk House

Inspection report

39-41 Sea Road
Westgate-on-Sea
Kent
CT8 8QW

Tel: 01843831667
Website: www.orchardcarehomes.com

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was carried out on 30 May 2017 and was unannounced.

Norfolk House provides accommodation and personal care for up to 30 older people. The service is a large converted property. Accommodation is arranged over three floors and a lift is available to assist people to get to the upper floors. The top floor was not being used at the time of our inspection. There were 22 people living at the service at the time of our inspection.

A manager was working at the service and had applied to the Care Quality Commission (CQC) to be the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the care and has the legal responsibility for meeting the requirements of the law. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an unannounced comprehensive inspection of Norfolk House in October 2016, the service was rated 'inadequate'. There were breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 and we asked the provider to take action to make improvements. We issued requirement notices relating to the staffing levels, safeguarding people and protecting them from harm, supporting people to make choices and have freedoms, managing medicines, following health care professionals advice, record accuracy and checking and improving the quality of the service. The provider sent us an action plan. We undertook this inspection to check that they had followed their plan and to confirm that they now met legal requirements. Improvements had been made and the breaches met. However, there were still areas for improvement.

People, their relatives and health care professionals told us that the service had improved since our last inspection. We found this was correct and action had been taken to address the shortfalls we found at the last inspection. The manager and operations manager agreed that further improvements were required to the service and they had plans in place to make continual improvements. One person told us, "It is like a hotel here, the staff are all lovely without exception. It is like family and we are taken care of brilliantly".

The provider and manager had increased oversight of the service and the effectiveness of checks and audits had improved. The majority of the shortfalls in the service that we found at the last inspection had been addressed. Staff now received the support they required to provide people with the care they needed. They knew about their roles and responsibilities and were held accountable. Staff morale had increased and staff worked well together as a team.

Previously safeguarding risks had not been identified and referred to the Kent local authority safeguarding team for their consideration or investigation. Staff knew how to identify concerns and were confident the manager would take action to protect people. Staff had reported any concerns they had to the manager and

these had been acted on.

Action had been taken since our last inspection to make sure risks to people were identified, assessed and reviewed. Guidance had been provided to staff about how to keep people safe while maintaining their independence, including the use of pressure relieving equipment. Staff acted on advice from health care professionals to keep people as well as possible. People had been supported to have regular health checks such as eye tests.

Assessments of people's needs had been completed accurately following our last inspection. Detailed guidance was now available to staff about how to meet people's needs.

Action had been taken to make sure people received their medicines in the way they preferred to keep them comfortable. Medicines were recorded accurately but not always stored safely.

Following our last inspection the local Fire and Rescue Service had visited the service to provide advice, which had been acted on. Staff were now competent to evacuate people in an emergency and had guidance to refer to if needed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Applications had been made to the supervisory body for a DoLS authorisation when people were restricted. No one was the subject of an authorisation at the time of our inspection and people were not restricted

Staff had completed training in the principles of the Mental Capacity Act 2005 (MCA) since our last inspection and put these into practice. Staff knew what day to day decisions people were able to make and supported them to do this. Decisions made in people's best interests had been recorded to demonstrate how the decision had been made and by whom.

At our last inspection people told us they would like more to do. At this inspection we found that action had been taken to support people to participate in more activities but further improvements were required. Staff now had time to spend time with people in communal areas and those who chose to be in their bedrooms.

Accurate records were now maintained about the care and support people received. Action had been taken to make sure people's personal information was kept safe.

People and their representatives remained confident to raise concerns and complaints they had about the service. At this inspection we found that action had been taken to resolve people's complaints to their satisfaction and use them to continually improve the service.

People and their relatives were asked for their views about the quality of the service and their suggestions were acted on.

People's needs continued to be considered when deciding how many staff were required on each shift. Action had been taken since our last inspection to make sure sufficient staff were deployed to meet people's needs at all times.

Safe recruitment procedures were followed for all new staff. All the required checks had been completed including obtaining a full employment history with dates of employment. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment

decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff now met regularly with a manager to discuss their role and practice and told us they felt supported. Staff had completed the training they needed to provide safe and effective care to people, including refreshers following our last inspection.

At our last inspection although people and their relatives told us that staff were kind and caring, we found that people were not always treated with respect. At this inspection we found action had been taken to address this and people were treated with respect and given as much privacy as they wanted. Staff offered people assistance discreetly without being intrusive.

People told us they liked the food at the service. Meals were balanced and included fruit and vegetables.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. The manager understood when CQC should be notified of some significant events and we had received notifications are required.

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

We have made recommendations about activities for people living with dementia and staff recruitment.

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 safe but further improvements were needed.

Risks to people had been identified and staff supported people to be as safe as possible.

Detailed guidance and training had been provided to staff about how to keep people safe in an emergency.

Medicines were not all stored safely.

There were enough staff who knew people well, to provide the support people needed.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people. However, improvements were needed to obtain the correct information.

Is the service effective?

Requires Improvement

The service was effective but further improvements were needed.

Staff met regularly with a manager to discuss their role, practice or any concerns they had. Staff had completed the training they needed to meet people's needs.

The advice of health care professionals was followed. People were supported to have regular health checks.

Staff supported people to make day to day decisions. Records relating to mental capacity could be improved.

Some people thought the food could be improved.

Is the service caring?

Good

The service was caring.

People said that staff were kind and caring to them. Staff spent time with people and they were not lonely.

People were treated with respect. Staff gave people as much privacy as they wanted.

People's confidential information was kept securely.

Staff knew people's likes, dislikes and preferences. This helped staff get to know people and how they preferred their care provided.

Is the service responsive?

Requires Improvement

The service was responsive but further improvements were needed.

Assessments of people's needs had been completed. Guidance was provided to staff about how to meet most people's needs.

The activities people took part in had improved, however activities for people living with dementia had not been considered.

People and their relatives told us they were confident to raise any concerns they had with the staff.

Is the service well-led?

Requires Improvement

The service was well-led but further improvements were needed.

A manager was leading the service and had applied to be registered by the Care Quality Commission. Notifications had been submitted to CQC in line with guidance.

Staff were clear about their responsibilities and were held accountable.

Regular and effective audits were completed. Action was taken when shortfalls were identified.

Records about the care people received were accurate.

Norfolk House

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 30 May 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience in older persons care. 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 we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications we had received from the service. Notifications are information we receive from the service when significant events happen, like a serious injury. We spoke to a local authority commissioner, a clinical nurse specialist for older people in care homes, a GP and a frailty matron.

During our inspection we spoke with fifteen people living at the service, four people's relatives and friends, three health professionals, the manager, the operations manager and staff. We visited some people's bedrooms with their permission; we looked at care records and associated risk assessments for three people. We looked at management records including staff recruitment, training and support records, health and safety checks for the building, and staff meeting minutes. We observed the care and support people received.

Some people were unable to tell us about their experience of care at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at medicines records and observed people receiving their medicines.

This last inspected Norfolk House in October 2016 and rated the service Inadequate.

Requires Improvement

Is the service safe?

Our findings

At our last inspection people told us they did not always feel safe at the service. At this inspection people told us they now felt safe. Their comments included, "I am safe here" and "My call bell is always close to hand so if I am in trouble I can get help quickly".

At our last inspection we found people's medicines were not always managed safely. Some people had not received their medicine at the right time because night staff were not trained to administer medicine. Action had been taken and people now received their medicines at the correct time.

Medicines were not stored at the correct temperature. The temperature in the medicines storage room was consistently recorded at 26°C. Some medicines stored in the room needed to be stored below 25°C so they would remain effective and safe to use. This had been identified and a new air conditioning unit had been ordered to reduce the room temperature. Following the inspection the provider confirmed the air conditioning unit has been install and the temperature in the room had reduced considerably.

Other medicines were stored in a fridge, the maximum and minimum temperature of the fridge was monitored. The fridge temperature ranged from 1°C to 10°C which is outside the normal range of 2°C to 8°C recommended by the Royal Pharmaceutical Society of Great Britain. This was a new fridge and action was taken during our inspection to check that the fridge was operating correctly. The manager agreed this was an area for improvement.

Previously medicines stored in people's bedrooms had not been stored securely and were a risk to other people who may have access to them. At the time of this inspection no one had chosen to store their medicines in their bedroom. People were supported to store their medicines if they wanted to. Guidance was now provided to staff about where to apply prescribed creams to keep people's skin as healthy as possible.

Some people were prescribed medicines 'when required', such as pain relief and inhalers to help them breathe more easily. Guidance was provided to staff about each medicine including the signs that they needed it. Regular checks were carried out on medicines and records to make sure they were correct. We observed people receiving their medicines. This was done in a caring and respectful way and staff stayed with people to ensure they took the medicines safely.

At our last inspection we found that staffing numbers fell below the number the previous manager had assessed were needed. Staff were rushed and people had to wait for the care they needed.

At this inspection people told us, "I like to take things in my own time and staff do not rush me", "I don't ever get rushed, there is time for everything. At my stage of life the last thing I want is to be told to hurry up, they [the staff] are calm and caring all time" and "I can use my bell during the night. It makes me feel safe and secure is knowing that someone will always come to my aid should I need it any time of day or night". Staff told us there were always enough staff on duty to provide the care people needed when they wanted it. They

told us they were not rushed. We observed staff spending time chatting to people and responding to their requests quickly.

The provider had recruitment and disciplinary policies and procedures which were followed by the manager. Checks had been completed on new staff to make sure they were honest, trustworthy and reliable, including police background checks. Information had been obtained about staff's conduct in their last employment and their employment history, including gaps in employment. The provider's policy did not require candidate's to provide information about their health to make sure they were fit to perform their role, as required. Action had been taken to improve staff's performance where it fell below the required standard.

We recommend that the provider review their recruitment procedures in line with Schedule 3 and regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) 2014, to ensure they know staff are fit to perform the role they are employed to carry out.

The manager and staff were aware of safeguarding procedures. At our last inspection we found that concerns about abuse had not always been dealt with properly. At this inspection we found that staff knew the signs of possible abuse and were confident that that the manager would act to keep people safe. Staff had whistle blown to the manager and the CQC when they had concerns about their colleagues' practice. These had been acted on to keep people as safe as possible.

Previously we found that risks to people had not been consistently identified, assessed and reviewed. We asked the provider to take action. At this inspection we found that risks had been assessed and action taken to reduce risks to people. Guidance was now available to staff about how to keep people safe.

Risks to peoples' skin health, such as the development of pressure ulcers had been assessed accurately. People used pressure relieving equipment such as special cushions and mattresses to help keep their skin healthy. Checks were completed each day to make sure equipment was used correctly. A visiting health care professional told us equipment was provided quickly when people needed it. No one at the service had developed a pressure sore since our last inspection.

People were weighed at least monthly and the risks of them becoming malnourished had been identified. Care had been planned, with health care professionals when necessary, to support people to eat and drink enough. We observed people at risk of losing weight enjoying high calorie meals along with snacks and drinks between meals to reduce the risk of them losing more weight.

One person was at risk of developing infections. Staff knew the signs that the person may be developing an infection and the action they were required to take. Guidance was available for them to refer to. A stock of the person's medicines was held at the service and was administered by staff when they observed the signs of an infection.

Any accidents were recorded and monitored by the management team so they could identify any patterns or trends and take action to prevent further incidents. They had identified that several people had fallen in the lounge when staff were not present. Action had been taken and we observed staff working together as a team to ensure that there was always at least one member of staff in the lounge to support people.

At our last inspection we found that the risks of people smoking in the building had not been assessed and mitigated. At this inspection we found that people had been involved in planning how to manage risky activities, such as smoking, and no one smoked in the building.

The fire safety processes had been reviewed and action had been taken since our last inspection to keep people safe in an emergency. A new fire system had been installed and staff had taken part in fire drills. Staff had been trained and regularly practiced using the evacuation equipment, including being moved in the equipment. They told us this had given them to confidence to use the equipment and reassure people who may be worried or anxious. People's personal emergency evacuation plans (PEEPs) now included guidance to staff about how to move people to keep them safe in the event of a fire. The provider had chosen to stop using the top floor of the building as it did not have an external fire escape.

Requires Improvement

Is the service effective?

Our findings

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.

At our last inspection we found that people's capacity to make specific decisions had not been assessed and staff were not working in accordance with the MCA. At this inspection we found that staff had completed refresher training in MCA and followed the principles. However, guidance was not available to staff in people's care records about how to support people to make day to day decisions. This did not impact on people and we observed staff offering people choices in ways they understood, such as giving people a limited number of choices and showing them items to choose between.

People's capacity to make complex decisions had not been assessed. One person had bedrails on their bed to reduce the risk of them falling out. The person's capacity to make the decision had not been assessed and agreement had been given for the use of the bed rails by a relative rather than by the person. Other capacity assessments did not record the decision that needed to be made and records of best interest decisions did not state what decision had been made. The manager agreed this was an area for improvement.

No one was the subject of a DoLS authorisation at the time of our inspection. Applications had been made to the local authority for some people and they were waiting for assessments. The manager knew who was waiting for an assessment and when the application had been submitted. Staff made sure restrictions to people's liberty were minimised.

One person told us, "I can come and go as I please to and from my room. Some people go out on their own". We observed one person going out with staff to do some shopping. At our last inspection the person had complained that they were not supported to go out. They were now supported to go out each week as they wanted. The person was pleased about this. Another person commented, "We do or can get involved as much as we are able but decisions have to be made whether we agree or not, of course they try to make sure we are all happy with them"

People had different views about the food at the service, however most people with spoke with thought the food was good. Their comments included, "The food is nothing to write home about", "It is usually the same on the menu just re-jigged about a bit", "The food is delicious, not a criticism to be had" and "I am very well fed, all day I am asked if I would like a drink. We can have a cooked breakfast any day of the week from eggs

and bacon to porridge or just jam and toast. After breakfast we are served a drink and biscuit mid-morning, then a cooked lunch then we have tea and cake or biscuit in the afternoon before a hot cooked tea or sandwiches before bed". We observed that meals were appetising and people were offered alternatives if they did not like what was served.

Menus were varied and meals and snacks were balanced, with fruit and vegetables. Menus included pictures so people could see what the choices were. All meals were homemade. Catering staff knew about changes in people's likes, dislikes and needs. Staff were aware of people's allergies and food intolerances. Meals were prepared to support people to stay as healthy as possible. People who were at risk of losing weight were offered drinks and meals fortified with extra calories and referred to specialist health professionals, such as dieticians, when needed.

Snacks and drinks were available to people whenever they wanted them. We observed people helping themselves to snacks and drinks including fruit and chocolates. Staff encouraged people to eat and drink regularly and prepared hot drinks at their request.

At our last inspection we found that care had not been provided to keep people as healthy as possible. We asked the provider to take action. At this inspection we found that action had been taken promptly to help people stay well. People told us, "I am going to the doctors today; they [staff] do look after me and make sure I am alright", "One of the staff will come with me to my hospital appointment and make sure I am looked after. I don't have to go on my own" and "The staff help me keep appointments for my [health condition] but the worry is taken away a bit by the girls [staff] worrying for me". Visiting health care professionals told us they were contacted appropriately when people's health needs changed and staff followed the guidance they provided.

Detailed guidance had been provided to staff about how to support people who were living with diabetes including guidance about the signs staff may see if someone's blood sugar levels dropped and the action to take to support the person. Sugary drinks and snacks were available as well as prescribed products.

People were supported to access regular health checks, including eye and dental checks to make sure any changes in their needs were identified. People were supported to attend health care appointments by their family or staff. This was to offer the people reassurance and support them to tell their health care professional about their health and medicines. A chiropodist visited some people regularly.

Staff had received the training they needed to complete their roles. Staff completed an induction to get to know people, their preferences and routines. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. The registered manager met with new staff regularly throughout their probation to make sure they had the support they needed.

Staff had either completed or were working towards recognised adult social care vocational qualifications. Training was arranged to support staff to meet people's specific needs, including diabetes. Staff had completed moving and handling training and we observed staff supporting people to move safely, at their own pace. One person told us they felt safe when staff used the hoist to move them.

At our last inspection we found that staff had not met regularly with a manager on a one to one basis to discuss their role. At this inspection staff told us they felt supported by the management team and were able to discuss any concerns they had with them. Staff received regular one to one supervisions to discuss their practice and an annual appraisal which included discussing plans for their future development.

Good

Is the service caring?

Our findings

People and their relatives told us the staff at Norfolk House staff were kind, caring and had time to spend with them. Their comments included, "There is always someone to have a chat with, the girls always pop their head around the door to check I'm not dead and have a bit of a natter", "We are cared for warmly, fed ready to pop and nursed when need be, I can't complain about a single thing" and "The staff are friendly beyond what I could hope for and caring as if we are their own family almost brings a tear to my eye thinking about how kind they are with me I wouldn't be anywhere else now". A relative had noted on a care homes website, 'This care home has made major improvements in every aspect. It is now a first class establishment who demonstrates excellent care holistically and with kindness. I have every confidence in the staff and the care they deliver'.

At our last inspection we found that some people were isolated and lonely at times. At this inspection people told us they had the privacy they wanted and were not lonely or isolated. One person told us, "I did feel a bit lonely when I moved here but they [staff] were very quick to make me feel at home and now I am quite content and get along splendidly".

Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. Staff offered people assistance discreetly and were not intrusive. One person told us, "I like a bit of privacy so I just close my door and they know to knock and leave me until I answer".

Previously we found that people were not always treated with respect and did not always receive their clothes back from the laundry. People's clothes were now returned to them. Staff members challenged each other if they felt people were not being treated with respect. We observed one member of agency staff calling across the lounge to a person. A permanent staff member reminded the agency staff member to go to the person when they spoke to them.

People were now given choices and information in ways they understood. For example, people chose biscuits from a clear biscuit jar and staff showed other people a choice of snacks by taking the snack trolley to them.

At our last inspection people's information had not always been stored to maintain their confidentiality. People's personal information was now held securely. Where there was a risk that this may not happen, the manager had taken prompt action, including reminding staff about the provider's social media policy.

Staff used people's preferred names and people were relaxed in the company of staff. Staff knew about people's preferences, likes, dislikes and interests. People and their families had shared information about their life history with staff to help staff get to know them. One person told us, "The chef is lovely she always comes in for a chat and asks what I thought of the lunch, that was my job in my younger days so we like to chat about it and see what I think".

Staff offered people reassurance when they were upset or worried. One person told us, "The staff are wonderful, I don't get lonely or go without as there is always someone who notices if I am a bit down or a bit tearful and will do their hardest to cheer me up".

People continued to be involved in planning the redecoration of their bedroom. People had brought personal items into the service, such as pictures and ornaments to decorate their bedroom. One person told us, "My relative brought in some of my own belongings to make it more like home".

At our last inspection we found that staff did not know what each person was able to do for themselves and how much support they needed from staff. At this inspection we found that staff supported people to remain as independent as they wanted to be. One person told us, "The girls [staff] always ask if I'd like help but I like to try to stay independent as much as possible otherwise what have I got left?"

People who needed support to share their views were supported by their families, solicitor or their care manager. The management team knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People's religious and cultural needs and preferences were recorded and respected. Staff supported people to attend places of worship so people could follow their beliefs. Religious services were also conducted at the service by visiting clergy. People maintained their friendships and relationships and told us their loved ones were able to visit whenever they wanted to and there were no restrictions. During the inspection visitors were welcomed by staff. A relative commented, 'I am always made very welcome by all staff and management. The atmosphere is always happy with all the staff ensuring every resident is happy, clean and well fed'.

Many 'thank you' cards had been received by the manager and these were shared with the staff. Recent comments included, 'I am so grateful to you all. You are all so kind to [my loved one] and it is obvious to me that they are comfy and content there with you all', 'Thank you all so much for the love and attention you gave [our loved one]' and 'A big thank you for all the care and effort that you put into making [my loved one's] birthday so special. For all the decorations, cards from staff and residents and the lovely cake and buffet you provided'.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection we found that assessments had not been fully completed and staff could not meet some people's needs. We asked the provider to take action. Some people had moved to other, more suitable services and the assessment procedure had been improved.

The manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the manager make sure staff could provide the care and support the person wanted.
Previously we found that further assessments of one person's needs had not been completed and no guidance had been provided to staff about how to meet their needs. At this inspection we found detailed guidance had not been provided to staff about the care and support one person, who had moved into the service shortly before our inspection, needed. This had not impacted on the person as they were able to tell staff about their preferences and care needs. A care plan was written with the person during our inspection. The admission process had been changed and new admissions were planned to ensure staff had time to write a care plan with the person and their representative before or immediately after they began using the service.

People and their relatives were involved in planning their care. People and their relatives had been invited to take part in care plan reviews. Some people had chosen to do this and others had not. One person told us, "I do have a care plan and we do discuss what care I need but I honestly think they are best placed to deal with it and trust them with my care". Another person's relative told us, "I could be involved with [my relative's] care plan but I just don't feel the need to be, they are very well looked after and if I am worried I can talk to the staff but have not needed to".

People's care plans had been reviewed and rewritten since our last inspection to make sure they were up to date and contained information about people's care preferences. This information supported staff to provide consistent care in the way people preferred. Plans were in place to continue to develop people's care plans so they included more detailed information. People told us, "I do get help for my personal care, I try to do as much as I can by myself but it is not easy so there is always someone to assist when I require them to do so" and "The staff all know us as individuals and without fail take the time to talk and know what we require".

Agency staff told us they did not have time to refer to people's care plans and continued to rely on people and other staff to tell them how people liked their care provided. The same agency staff regularly worked at the service and knew people's needs and preferences well. The provider had recognised this shortfall and had plans in place to write brief care plans to provide all staff with important information about people's needs and preferences.
People's personal choices were now included in their care plans to help staff provide their support in the ways they liked. At our last inspection one person told us staff had not arranged for their weekly magazine to be delivered as they had requested and they relied on other people to purchase it for them. Staff now

supported the person to go out each week to purchase the magazine themselves. The person was very pleased about this.

At our last inspection people had different opinions about the activities provided at the service. Some people enjoyed them and other people did not. Action had been taken to involve people in planning activities, however we observed that not everyone was involved. For example, when the activities coordinator arrived they turned off the television programme some people were watching without checking if people were watching it. They put a musical DVD on and some people told us they enjoyed it very much. Other people appeared not to enjoy it. One person told us, "There is not a lot to do".

The activities coordinator spent time doing activities in the lounge. We observed that they did not give some people a choice of what they would like to do. For example, they said to one person, "I have your knitting here if you want to do it" and left the knitting on the person's lap. The person did not respond and did not do any knitting. They were not offered other activities they may enjoy. Another person was not offered an activity and fell asleep. Another person told us, "I like a good old reminisce and that's just what we have been doing this morning with these nice picture books".

Activities had not been designed to engage people living with dementia and these people did not take part in many of the activities on offer, such as reading and quizzes. One person took part in domestic tasks such as laying and clearing tables. Other people were not offered the opportunity to take part in domestic tasks.

We would recommend that the provider seek advice from a reputable source on activities for people living with dementia.

A process was in place to receive and respond to complaints. Action had been taken and this was now consistently followed. Before our last inspection people and their relatives told us complaints they had made had not been listened to and resolved to their satisfaction. At this inspection we found that complaints had been investigated and used to improve the service. One person commented, "If I want to speak to those in charge I will make sure I speak to those in charge that is never a problem, we do have a voice here". People's relatives told us, "I have never needed to complain for [my relative] but I wouldn't hesitate to if I should need to. The manager is very approachable" and "The manager's door is always open but I have no need to complain, my relative is very happy and well looked after. They did have a few problems here but that is all sorted now and we are very happy with our relative's care".

Requires Improvement

Is the service well-led?

Our findings

At our last inspection the registered manager had left and a new manager had started working at the service. At this inspection we found that the previous manager had left and the deputy manager had been appointed to manage the home. They had been managing for approximately six months and had applied to the Care Quality Commission (CQC) to be the registered manager. They were supported by an operations manager and a new deputy manager.

Previously staff told us they did not feel appreciated and were demotivated. They were unclear about their roles and responsibilities. Staff told us at this inspection that they were motivated and worked well together as a team. They were now clear about their roles and responsibilities and were allocated tasks at the beginning of each shift. These were recorded so senior care staff and managers could check that delegated tasks had been completed. We observed that this process was effective and staff worked well together to provide the care people needed. One staff member told us they were no longer felt stressed and looked forward to going to work again.

Staff had not previously been held accountable for the service they provided. At this inspection we found that staff were held accountable by the management team and their peers. Staff had whistle blown to the manager when they had concerns about their peer's practice. Action had been taken to develop staffs skills to prevent these shortfalls occurring again. All the staff we spoke with told us they felt supported by the management team.

At our last inspection we found that the provider had not shared their expectations about the quality of the service with staff. At this inspection we found that the provider's philosophy of care had been shared with staff and their core values included dignity, privacy, independence and choice. We observed staff working to these values during the inspection. For example, we observed people were offered privacy when they used the bathroom and staff waited outside to provide support when people needed it.

People and their families were asked for their views and opinions about the quality of service. People said, "We don't really have very good meetings but they do ask our opinions on things", "We have a residents meeting and in fact there is one today but there are not many of us who can make enough sense to contribute so I try my hardest" and "Oh yes we make suggestions about what we would like to see changed or put on the menu or what outings we would like there to be".

A quality assurance survey was sent to people and their relatives and some responses had been received. The feedback received was collated to look for patterns and trends and feedback was provided to people and their relatives about any action taken to improve the service. For example, a recent survey identified that people and their relatives did not know who the keyworkers were. A letter was sent to people's relatives to let them know who their loved one's keyworker was. A photo of each person's keyworker was displayed in their room to remind them. A relative had noted on their response, 'Since a new management team has taken over the residents and staff are treated with utmost respect. A very big thumbs up to all the team – keep up the good work'.

Resident's meetings were held each month. When people made suggestions to improve the service these were acted on. For example, in February 2017 people had suggested the use of 'talking books'. Records of the March meeting confirmed these had been purchased and were being used. Relatives had not been invited to these meetings and the manager had recognised this was an area for improvement and had arranged a 'residents and relatives meeting' in June 2017. When people had not been able to attend the meeting, or chosen not to, the activities co-ordinator spoke with them individually to make sure they were involved.

Staff had previously not had regular opportunities to share their views about the quality of the service and make suggestions about changes and developments. Staff told us suggestions they had made in the past had not been listened to and they had stopped making suggestions. They told us the new manager had asked them for information about people's care and listened to what they had to say. Staff were confident the new manager would listen to and consider any suggestions they made as they had done this when they managed the service previously. Regular staff meetings were held to make sure staff were up to date with any upcoming changes.

Audits were carried out to monitor the quality of the care. A senior manager had visited often and asked staff for their feedback. Staff said they had felt confident to share their concerns with the senior manager and that action was taken when needed.

Checks had been completed on all areas of the service to make sure that it was of a good standard. Checks included medicines management and infection control audits. When a shortfall was identified action was taken to address this. For example, it had been noted that records relating to people's 'when required' medicines were not completed fully by all staff and further training had been given to ensure consistency. We found that records were detailed and specific.

The manager had challenged staff practice to make sure people received a good standard of care. Staff practice was checked at different times of the day, including at night by the manager who made observations and gave feedback. Regular quality monitoring audits had been carried and an action plan had been completed following the audits to address the identified shortfalls.

The manager and provider had completed many of the improvements they had planned following our last inspection. These included improvements to the building décor, staff training and induction and the day to day management of the service. Plans were put in place and action had been taken to improve other areas of the service such as the management of risks and involving people in planning their care. The provider had previously decided not to admit new people until things had improved. New people were now being admitted to the service.

Records in respect of each person's care and support had been kept. Records were mostly accurate and complete. Records now contained the information staff and visiting health care professionals needed to assess, review and plan people's care, such as how much they weighed and any loses or gains. However, further improvements were required in areas such as mental capacity act assessments.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken. Since our last inspection we have been notified of significant events that had happened at the service.