

Finbrook Limited

# Beechwood Lodge

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an unannounced inspection, which took place on 11 and 12 February 2016. We had previously inspected this service in May 2015. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to failure to manage medicines safely. This resulted in us making one requirement action. Following the inspection in May 2015 the provider wrote to us to tell us the action they intended to take to ensure the regulation was met.

At this inspection we found that improvements had been made. However, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines such as eye drops and creams were not always dated on opening. This is necessary to ensure medicines remain effective. There was one month when there was no record of audits to ensure that people who used the service were receiving their medicines. There were not robust recruitment procedures in place and staff did not always receive the induction, training and support they needed to carry out their roles effectively.

You can see what action we have told the provider to take at the back of the full version of the report.

Beechwood Lodge is a purpose built service, which is registered to accommodate up to 64 people who have personal care needs. The service is divided into four units on two floors. At the time of our inspection there were 62 people living at Beechwood Lodge.

Systems for recruitment of staff were not always safe. In two staff files we found gaps in staff previous employment history had been identified, but there was not a written explanation of the reason, as required by law. This meant people were at risk of being cared for by unsuitable staff. Staff felt supported but we found three instances of newly employed staff not being given the formal induction needed to carry out their roles effectively, although the manager told us they had shadowed an experienced member of staff for two weeks.

People received their medicines as prescribed. Since our last inspection improvements had been made in the way medicines were managed. We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. We found that protocols were in place to guide staff on administration of "as required" medicines.

People told us they felt safe at Beechwood Lodge. Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

The service did not have a registered manager. The current manager was in the process of applying to the Care Quality Commission (CQC) to become registered. A service cannot be judged as good in well-led if there is no manager registered with the CQC. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been in post since December 2015.

During our inspection, we observed that call bells and requests for assistance were answered promptly and there were sufficient staff to meet people's needs. Staffing levels had recently been increased. Despite this increase in staffing provision some people we spoke with thought that at times there were not enough staff available to support people promptly. The service did not have a formal system in place for assessing staffing levels.

People told us the staff were caring, kind and that they were well cared for. During the inspection we found the manager and staff to be caring and responsive to people and to know people well.

People's rights and choices were respected. We found the provider was meeting the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). These provider legal safeguards for people who may be unable to make their own decisions.

People who used the service told us food was good. We saw systems were in place to monitor people's nutritional needs. People had access to a range of health care professional to ensure their health needs were met.

Care plans and risk assessments were detailed and contained good information about the care and support people required. A keyworker system had been introduced to improve involvement and communication with people and their relatives.

We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. The home was spacious, well decorated and bright. Furnishings were modern and in very good condition. Equipment was appropriately maintained and systems were in place to ensure health and safety checks were completed. There were procedures in place to guide staff in the event of an emergency that could affect the provision of care, such as loss of gas, electricity, heating or breakdown of essential equipment. Procedures were in place to prevent and control the spread of infection.

The service had employed an activities coordinator and a range of activities had recently been introduced to the home which people enjoyed.

The manager had introduced a system for gathering and acting upon people's views and suggestions about the service and how it could be improved. Systems had recently been put in place for assessing, monitoring and reviewing the service.

People spoke positively about the manager and the improvements that had been made since the Manager had started at the home. Staff were very positive about the manager and told us they liked working at the home and said the manager was approachable and supportive.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Recruitment processes were not sufficiently robust to protect people from the risk of being cared for by unsuitable staff.

Although our observations during the inspection showed there were enough staff available to meet people's needs, some people told us this was not always the case. The service did not have a formal process for identifying the level of staffing needed.

People received their medicines as prescribed. Medicines such as eye drops and creams were not always dated on opening. Checks to ensure that people who used the service were receiving their medicines were being undertaken and recorded, however there was no record for one month.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff felt supported in their roles but had not all received the induction training and supervisions they required to ensure they were able to carry out their roles effectively.

People's rights and choices were being respected. The provider was meeting the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People had access to a range of health care professionals to ensure their health needs were met.

### Is the service caring?

**Good** ●

The service was caring.

People told us the staff and manager were caring and kind.

Managers and staff knew people who used the service well and had good knowledge of their needs, likes and dislikes.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans and risk assessments contained good information about the care and support people required.

A keyworker system had been introduced to improve involvement and communication with people and their relatives.

There was a system in place for recording, investigating and acting upon complaints about the service.

A range of activities had recently been introduced.

### **Is the service well-led?**

The service was not always well-led.

The service did not have a registered manager. The current manager was in the process of applying to the Care Quality Commission (CQC) to become registered. A service cannot be judged as good in this domain if there is no manager registered with the CQC.

There was a system for gathering and acting upon people's views and suggestions about the service and how it could be improved. There were systems in place for assessing, monitoring and reviewing the service

People spoke positively about the manager and the improvements since the manager had started at the home. Staff told us they liked working at the home and said the manager was approachable and supportive.

**Requires Improvement** 

# Beechwood Lodge

## **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 the 11 & 12 February 2016 and was unannounced.

The inspection team consisted of two adult social care inspectors.

Prior to our inspection we looked at information we received via the Care Quality Commission 'share your experience' forms and notifications we had received about the service. A notification is information about important events which the provider is required to send us by law. We contacted the local authority safeguarding and commissioning team and Rochdale Health watch. They raised no concerns about the service.

During our inspection we spoke with five people who used the service, nine relatives, a district nurse and a community matron. We also spoke with the manager, area manager, five care workers, a deputy manager, the activities co-ordinator, a domestic, the chef and the care taker.

As some people were not able to tell us about their experiences, 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 to us.

We carried out observations in public areas of the service. We looked at six care records and twelve medication records. We also looked at a range of records relating to how the service was managed including; four staff personnel files, staff training records, duty rotas, policies and procedures, quality assurance audits and other records about how the service was managed.

# Is the service safe?

## Our findings

During our last inspection we found the service was not always safe. People were not protected against the risk of unsafe care and treatment, as the management and recording of people's prescribed medicines was not always accurate and complete. This was a breach of Regulation 12 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. A requirement notice was made. During this inspection we found improvements had been made.

We looked to see if people received their medicines safely. We found that people were receiving their medicines as prescribed. We looked at the medicines administration records (MAR) of twelve people. We found that all records were fully completed to confirm people had received their medicines as prescribed.

We saw medicines management policies and procedures were in place to guide staff on the storage and administration of medicines. These gave guidance to staff on ordering and disposing of medicines, administering and managing errors and action to take if someone refused to take their medicines. We found that protocols were in place to guide staff on administration of "as required" medicines.

We found that of ten staff giving medicines, eight staff had received formal training in medicines administration, two new staff had not. The two staff told us they had received training in their previous homes. Records we saw showed that all ten staff administering medicines had completed medicines competency assessments which included observation by senior staff and a detailed assessment of their knowledge of the theory and practise of medicines administration to ensure they were able to administer medicines safely. On the second day of inspection the registered manager told us training on medicines administration with a pharmacist was planned for the following week for all staff who administered medicines. The registered manager has confirmed to us that the training has now taken place.

We found that medicines, including controlled drugs were stored securely and only authorised and suitably qualified people had access to them. A record was kept of medicines returned to the pharmacy. We saw that medicines fridge temperatures were taken daily to ensure that medicines were being stored correctly.

We saw that audits of medicines and MAR sheets were undertaken by senior staff, but we found there was no record of an audit in December 2015. We were told by the manager that this had been an oversight by the person responsible. This meant audits were not being completed monthly as indicated in the service policy. During our last inspection, we found that packets of medicines were not always dated when they were opened. During this inspection we found medicines such as eye drops and creams were not always dated when opened. This is necessary to ensure medicines remain effective. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Failure to provide safe care and treatment. We found the provider did not ensure the proper and safe management of medicines.

People we spoke with told us they felt safe at Beechwood Lodge. A relative told us, "[Service user] seems happy and says everything is ok."

We found that the system for recruitment of staff was not always safe. We saw policies and procedures on staff recruitment, equal opportunities, sickness and disciplinary matters were in place. We looked at four staff personnel files. The staff files we looked at contained application forms, two written references and copies of identification documents. We saw that a record was kept of disclosure and barring service checks (DBS) the provider had made. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. It helps protect people from being cared for by unsuitable staff. However we found that the application forms in two of the files we looked at did not detail a full employment history, including a written explanation for any employment gaps. This was a breach of Regulation 19 (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. During our inspection the registered manager told us that forms had now been given to the staff to enable any gaps in employment to be recorded and explained.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. Training records showed that staff had received training in safeguarding. Staff we spoke with were aware of the signs of abuse, what they would do if they suspected abuse and who they would report it to. Staff we spoke with told us they were confident they would be listened to and that the manager would deal with any issues they raised.

We saw that the service had a whistleblowing policy. This told staff how they would be supported if they reported poor practice or other issues of concern. Staff we spoke with were aware of the policy.

Before our inspection we had received concerns about staffing levels at the home. During our inspection people we spoke with gave us mixed views about staffing levels. People told us that staffing had improved during the last two months. One person we spoke with said, "Staffing is a lot better." One staff member told us, "We have time to support people now"

The manager and area manager told us that staffing levels had been increased in December 2015 in response to concerns people had raised. There were now twelve care staff during the day and six care staff at night. We were also told that housekeeping staff now served breakfast before their domestic duties started, which allowed care staff to support people with getting up and eating breakfast. We looked at the last three months rotas and saw that staffing levels had been increased and were consistent with what we had been told. During our inspection we observed that call bells were answered promptly, staff responded in a timely manner to people's requests for support and there were sufficient staff to meet people's needs.

Three relatives we spoke with told us they were still concerned that on occasions there were not enough staff on Willow unit during the early evening to support people and help them to bed. We were told the night staff came on at 8 pm and there were then fewer staff available, particularly if staff were not available because of sickness or leave as staff would be moved from Willow unit to cover. Meeting minutes we looked at showed this had been raised at a residents meeting in December 2015. The manager and area manager told us they would look at how extra cover could be provided in these circumstances. We asked the manager and area manager how staffing levels in the home were determined. They told us they were based on need, but were not able to show us any dependency tool used to assist in the calculation of staffing requirements. We recommend the service explore a formal process for identifying the level of staffing needed to ensure staffing levels are based on an accurate and current assessment of the service user's needs.

Records we looked at showed that risk assessments were in place for the general environment. The care



records we looked at showed that risks to people's health and well-being had been identified these included; falls, weight loss, the risk of developing pressure ulcers and manual handling.

We looked around the home and found the communal areas, toilets and bedrooms were clean and free from offensive odours. The home was spacious, well decorated and bright. Furnishings were modern and in very good condition. The registered manager told us all bedrooms had an en suite shower and toilet. The bedrooms we looked at were spacious and contained lots of personal belongings and photographs. Each had a fridge that the person could use to store their own food and drink. One person who used the service told us they had been worried about the safety of their personal belongings when they were not in their bedroom. They had asked for a key to their bedroom door so that they could lock the door when they were out. They told us the registered manager had organised a key for them the next day. They said, "I am happy now, I feel my things are safe."

We saw that the service had an infection control policy and procedure. This provided guidance for staff on how to prevent the spread of infection including; effective hand washing and use of personal protective equipment (PPE) such as disposable gloves and aprons. Staff we spoke with told us PPE was always available and used. We saw that staff wore appropriate PPE when carrying out personal care tasks.

We saw that the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how any incidents should be recorded. Records we looked at showed us accidents and incidents had been recorded and a deputy manager reviewed them regularly look at action taken and identify lessons that could be learned.

Records we looked at showed there was a system in place for carrying out health and safety checks and that equipment in the home was appropriately serviced and maintained. We saw that a log book was used by staff to report any repairs that were needed and that records were kept of what action had been taken when the work had been completed.

Six weeks before our visit there had been extensive flooding in the Rochdale area which caused power to be lost for a number of hours at the home and the surrounding area. Prior to our visit we had received concerns about how the service had dealt with the situation. During our visit we received mixed views from people we spoke with about how the service had managed the loss of electricity. One relative we spoke with felt it had been dealt with well and people had, "Pulled together," another relative told us there had been a, "Lack of planning and coordination."

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. We found the service had reviewed and updated its contingency plan since the recent incident. The plan informed managers and staff what to do in the event of such an emergency or incident and included; loss of gas, electricity, water, telephones, heating, breakdown of essential equipment, catering disruption, damage to the building and severe weather. We saw that the plan contained forms for staff to complete to record what action they had taken and when.

We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPS) had been completed. We found that regular fire safety checks were carried out on fire alarms, emergency lighting, smoke detectors and fire extinguishers and any issues found and action taken were recorded. We saw that fire drills were carried out regularly. We saw that the fire risk assessment stated it should be reviewed in October 2015. We were told that it had been reviewed during a recent visit from the company who undertake fire safety checks and nothing had changed. The service was waiting for a copy of the risk assessment that reflected the date of the company's visit.

## Is the service effective?

### Our findings

During our inspection we looked to see if staff had received the support, supervision, induction and training they needed to carry out their roles effectively.

We found that since the new manager had started to work for the organisation, in December 2015, they had held two managers meetings and two seniors meetings. A staff meeting had been held in January 2016. We were told by the manager that staff should receive formal supervision every three months and that this had not happened as there had not been a manager in place. We were told by the manager that there had been no staff appraisals since our last inspection. The manager showed us a new system they had introduced which was due to start in March 2016 to ensure supervision and appraisals happened. Staff we spoke with told us they felt supported and were able to speak with the manager if they needed to. We were told "I can speak to [manager] even little things," another said "I feel confident, I am able to go to [manager] for advice and guidance." One said of managers, "They are good really supportive."

The manager told us that new staff shadowed an experienced member of staff for two weeks and received an induction which included policies and procedure and essential training. We looked at four staff files and found that three had details of their induction. One staff file did not contain any information about the person's induction or training since starting with the service. We confirmed in our discussions that they had not received either.

We found that two other recently employed staff had not received a formal induction or essential training when they started with the service. During our inspection we found that two staff administering medicines had completed assessments of their competency to administer medicines and had received no formal medicines administration training whilst working for the service. Training records we looked at showed that not all staff had received training in MCA or first aid.

Induction, training and supervision are essential to ensuring staff are able to carry out their roles effectively and safely. This meant there was a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Care staff had not had all the induction necessary to enable them to carry out their duties effectively.

The manager showed us that the service planned to improve the induction for newly employed staff by enrolling them on the 'Care Standards Certificate'. This was a twelve week induction, which included information about the individual staff member's role. It also included policies and procedures and all mandatory training courses and to complete a work book to demonstrate their knowledge and understanding. Records we looked at showed that three staff had now enrolled on this certificate and we saw that refresher courses in mandatory training had been requested for 16 staff.

The training records showed that most staff had received training in fire awareness, supporting people with challenging behaviour, safeguarding, dementia awareness, mental capacity, food hygiene, safe handling of medicines, moving and handling, infection control, pressure area care and nutrition.

The manager told us senior staff gave a handover at the change of each shift. These were used to update

staff about any changes in people's needs and allocate tasks for the shift. During the inspection we observed a handover; it was detailed and included information about people's changing needs and important events. The handover information was written down so that staff who were off duty could read it when they were next on shift.

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. When they lack mental capacity to make 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 when it is in their best interests and legally authorised. The application procedures for this 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. We found the service was working within the principles of the MCA.

People's care records contained evidence that the service had identified whether the person could consent to their care and was following correct procedures when applying for DoLS authorisation. At the time of our inspection an authorisation for DoLS was in place for 17 people who used the service. Conditions on authorisations to deprive a person of their liberty were being met. These authorisations ensured that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The manager told us that applications for DoLS had been made for another three people who used the service. Prior to our inspection we looked at our records and found that the service had notified CQC of the authorisations, as they are required to do. Records we looked at showed us staff had received training in MCA and DoLS. The registered manager and staff we spoke with demonstrated an understanding of MCA and DoLS

We looked to see if people were provided with a choice of suitable and nutritious food. We found the kitchen was clean and tidy. It had received a 5 star rating from the national food hygiene rating scheme in January 2015. We looked at the supplies of food and saw there was a good selection of fresh, frozen, dried and tinned foods available. The chef had a file of people's likes and dislikes. This did not contain information about people who had recently started to live at the home, we were told this information would be updated as soon as possible. The chef was aware of people's special dietary needs such as pureed or sugar free diet.

People we spoke with told us they enjoyed the food. People told us the food had improved recently. One relative told us "The salad was not very good, it has improved," another said "I have visited over lunch and it seems to be a good range of food. They have Sunday lunch and also a salmon salad." We saw the menu was a four week rolling menu and offered a full cooked breakfast in the morning and choice of hot main meal at lunch and light evening meal. One person we spoke with said they would like more choice to be available for evening meal.

We observed the lunch time meal on one unit and breakfast on another and found they were unhurried social occasions. Tables were set and a menu with pictures was available for people to choose from. We saw staff provided appropriate support where required and people were encouraged to eat their meals independently where possible. We saw that where one person was asleep a meal was saved for them; we were told this would be reheated when they wanted it. We saw that people chose where they ate their meals. Most choosing to eat at the dining tables, some people ate sat in arm chairs with small tables, one person chose to eat their meal in their bedroom. We saw that drinks and snacks were available in each unit throughout the day.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. Where needed people were weighed regularly and records kept of the amount they ate and drank.

Records we looked at showed that people had access to a range of health care professionals including; GP, district nurses, speech and language therapist, community matron, dietician, dentist and chiropodist. A person we spoke with said, "I asked for a chiropodist to see her [relative] and it was sorted out for next chiropodists visit."

The manager told us that the week before our inspection a community matron had started to visit. This was planned for every Monday. This was to allow immediate treatment of illnesses and reduce hospital admissions. They were also training staff to identify the signs of infection and to promote good skin care. We were told a GP attended the home once per week. A district nurse also visited daily; they administered treatment as needed and checked that repositioning charts and weight monitoring for people at risk of pressure sores were completed.

We spoke with two visiting health care professionals they were positive about the service and the staff. One said, "The home is very receptive. Staff seem willing to learn." Another said, "Staff follow the advice given and let me know if they are concerned."

# Is the service caring?

## Our findings

All the people we spoke with during the inspection told us staff were kind and caring. People told us, "I can't say enough about them, they are very kind", "They seem very nice" and it's a nice atmosphere". Relatives told us "Staff seem very caring. A lot of staff are young and have a good laugh with the residents. The atmosphere is good." and "My [relative] is very happy, it's like a family." Another told us, "The staff are friendly, they don't patronise [residents]" and "My [relative] is happy that's what matters"

During the inspection we spent time observing how staff interacted with people who used the service. We found staff were caring, kind and responsive. We saw positive interactions between staff and people who used the service. Staff took time to sit and talk with people and listened to what people wanted what they wanted. We saw staff encouraging people to join in exercises and activities.

One person told us, "They let me know what's happening, they let me choose," another said, "I like to keep myself to myself, they respect that." We observed staff seeking peoples consent before care was provided. We saw staff knocked on doors before entering people's bedrooms and explained what they were going to do before providing support.

All the staff and the manager spoke affectionately about people who used the service. They knew people well and had a good knowledge of people's needs, their likes and dislikes. We were told that the Chef makes a birthday cake for everyone's birthday. A Victoria sponge is made for people who lived in the other units so they also have some cake.

Relatives we spoke with said they were made to feel welcome. We were told, "You feel welcome, you can make a cup of tea or coffee and can order food" and "I am always made to feel welcome." Another said, "Generally it's a nice place to come." The manager told us they had a protected lunch time in one of the units. This meant that relatives were asked not to visit during this time. The manager told us this was to allow people to eat meals without the distraction of visitors. The manger told us that if a person who used the service asked for their relatives to visit during this time this would be arranged.

Care records we looked at showed that some people had discussed their wishes about how they wanted to be cared for at the end of their lives. We saw that, where appropriate relatives, had been involved.

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

## Is the service responsive?

### Our findings

Relatives we spoke with said, "Staff know my [relatives] needs. They're really good." Another said, "Staff know my [relatives] needs – I was involved in talking with the manager and staff about his needs." Another said "Its better but it's still not right"

The manager told us that before someone started to live at the home they were visited by the manager. An assessment of their individual needs and the support they required was completed. This helped the manager decide if the home would be suitable for the person and if the service could provide the support they required. All the care records we looked at contained detailed pre admission assessments that identified peoples likes and dislikes, the support they required and also identified any risks to the person health and wellbeing. One staff member we spoke with said, "Pre assessments give you a good idea of the support people need." One relative we spoke with said of the assessment; "They asked me about food and everything [relatives] likes and dislikes. It was a good introduction"

We saw that the pre admission assessment was used to develop care plans and risk assessments. Four of the care records we saw contained detailed care plans and risk assessments that contained sufficient information to guide staff on how to provide the support people needed. On the first day of our inspection we found two care records of people who had recently started to live at the home did not include care plans or risk assessments. We were told these were being developed. On the second day of our inspection we saw that one of the files had been updated and contained detailed care plans and risk assessments. The manager told us that from the following week all care plans were going to be audited to ensure they contained all the necessary information and that this would then be completed monthly. We were shown the care plan audit form which was very detailed and included a list of all information that should be in the care records.

We found that care records were reviewed regularly and any changes were noted and plans updated if needed. This ensured they reflected people's needs. Although care records we looked at had been reviewed and updated on a regular basis, we found people who used the service or, where appropriate their family members, had not always been involved in reviewing the care plans. We discussed this with the manager. They told us they had introduced a key worker system that had started the week before our inspection. Named staff were responsible for monitoring the care provided for a named resident every month. We saw this included details of how the person who used the service, or where appropriate the relatives, had been involved. A poster with the name and picture of the person's keyworker was in each of the bedrooms we saw.

One relative said, "I have not always been told what is happening or kept up to date but I have seen some improvements." Another relative said, "They rang me when the GP came." The manager told us that the keyworker system would also give relatives a named person they could go to for information.

Prior to our inspection we had received concerns that the home did not offer enough activities to keep people occupied and stimulated. During our inspection we found that the service had recently appointed an

activities co-ordinator. People we spoke with told us, "They are doing more activities now," Another said, "My [relative] doesn't join in but likes watching."

We spoke with the activity co-ordinator about the activities provided for people who used the service. They said they had increased the variety and amount of activity on offer. We were shown the activity planner which detailed daily activities for the coming month. These included; chair exercises, nail care, indoor bowls, bingo, making bird feeders, sherry morning, movies, jewellery making, reminiscence, singing, flower arranging, games, painting and a quiz.

During our inspection an entertainer visited and people joined in the sing-along enthusiastically. We were shown pictures of a recent musical which had been performed in the home by a theatre company. We saw that an entertainer and another theatre company had been booked for the coming months. We were told that some residents had recently been on a trip to Blackpool to see the lights and the Tower ballroom. A relative we spoke with said their family member had enjoyed this. We saw that a trip to Portland basin had been arranged for April 2016. We also found that the activity coordinator had purchased specific equipment and activities that were used to encourage people living with dementia to join in. We saw the activity coordinator recorded information after each activity and noted whether people had enjoyed it or not and recorded any changes that they would make.

Staff told us, "There are more activities now than there used to be. The activities co-ordinator also plays games with people and does flower arranging as well as organising singers or trips out." One staff member told us they had time to go through reminiscence books with people. These contained pictures of people and events that had occurred when the people were younger and are used to prompt people to remember and talk past times.

We saw that a Church service was offered within the home on Sundays and a communion service was held every Wednesday. The home had a hairdressing salon and a hairdresser visited three times each week. We were told this had recently been increased from twice per week as it was very popular with people who used the service. People we spoke with told us they looked forward to going to the hairdressers.

The manager told us the home had links with a local school. Each week a teacher and children from the local school came and did activities with some residents. People we spoke with told us they liked the children visiting. We saw that some residents had attended the schools Christmas play. During our inspection we saw two high school students who were doing volunteer work as part of their Duke of Edinburgh award.

We looked at how the service dealt with complaints. Two people we spoke with told us they were dissatisfied with the way complaints they had raised previously had been dealt with by the new manager and the service. They considered that none of their complaints had resulted in improvements until recently. Other relatives we spoke with told us the service's response to complaints had improved since the new manager had started at the home. One relative said that, "I mentioned to staff that some clothes had gone missing. Staff checked up and found them." Records we saw showed the registered manager investigated and responded to complaints and that action taken was recorded. The manager told us a relatives meeting had been held since they had started to work at the home. They said this gave relatives the opportunity to discuss any issues they had or ideas for improving the service. We saw that a relatives meeting had been arranged for March 2016.



## Is the service well-led?

### Our findings

A person who used the service told us, "It's getting a better [manager] is trying to sort it." Another said, "[Manager] does listen and is trying to sort things out."

The service is required to have a registered manager in place. At the time of our inspection the service did not have a registered manager. The current manager was in the process of applying to the Care Quality Commission (CQC) to become registered. A service cannot be judged as good in well-led if there is no manager registered with the CQC. We were told that an application for the current manager to register with the Care Quality Commission (CQC) had been made. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were positive about the manager and the improvements that had been made. They said, "[Manager] is a delight," "[Manager] is making a difference," and "[Manager] is a good one," another said "[Manager] will do anything, we love her." A relative said the manager was, "Very approachable, you can bring things up." Another said, "[Manager] is making a difference."

All staff we spoke with were very positive about the manager and the service. They said the manager was, "Supportive," "lovely," and "Very approachable." One said the manager was "Bubbly, [manager] has lifted the atmosphere. She's a god send." We were told "The changes the new manager has done are for the better – we're allocated to a unit and know who we will work with. The rotas are working better."

Staff we spoke with liked working at the home. One said "Communication is better between the team, we are building good relationships" another said "I have confidence in [manager], I feel able to ask for [manager] for guidance and advice" another told us, "I absolutely love it, it's the best home I have ever worked in." Another said "Staff and managers are welcoming and happy to show you the ropes."

We found there was a system of quality audits in place. The manager told us there were a number of weekly, monthly and quarterly checks and audits. We found these included; health and safety, food safety, care plans, risk assessments, daily records. Records we saw showed that any issues were highlighted and any action taken was documented.

We saw that service had produced a newsletter. This was on display in the reception area. It contained pictures of newly employed staff and people who had started to live at the home and details of future trips, events and activities on offer. It also had photographs of recent events including the Christmas party.

We asked the manager how they gathered people's views about the service. We were told that since they started to work at the home resident meetings were now held monthly. Records showed that residents meetings had been held in December 2015 and January 2016. We saw the January 2016 meeting included giving people information about what had been done to address concerns they had raised in December



2015. The manager told us a relatives meeting was planned for March 2016.

The service had completed a resident's and family's survey to gather people's concerns, ideas and suggestions for improving the service. We saw that 17 questionnaires had been returned. We found that one person had made suggestions for how the questionnaire could be improved. We were shown the questionnaire that will be used for the next survey; we saw it incorporated the person's ideas. We also saw that a person had said that people should be able to make suggestions and comments anonymously. The manager told us they were now using a suggestions box which was placed in the reception area so that people could do this.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of accidents, incidents, safeguarding allegations and DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

It is a requirement that CQC inspection ratings are displayed. The provider had displayed the CQC rating and report from the last inspection in the entrance hall.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Medicines were not being managed effectively.  |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The safety of people who used the service was placed at risk as the recruitment system was not robust enough to protect them from being cared for by unsuitable staff. |
| Regulated activity   | Regulation   |
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Care staff had not had all the induction and supervision necessary to enable them to carry out their duties effectively.  |