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Northleach Court Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 25 and 26 April 2017.

Northleach Court Care Home provides accommodation and personal care for up to 40 people. On the day we visited 31 people were living there. The home accommodates people living with dementia and provides nursing care and end of life care. The home is a converted 'listed' building and has a passenger lift to reach the two floors where people are accommodated. There was a registered manager. 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.

There were three breaches of legal requirements at the last inspection in August 2016. Following this inspection the provider sent us an action plan detailing how they would address the shortfalls that had been identified. At our comprehensive inspection on 25 and 26 April 2017 the provider had mostly followed their action plan with regard to the risks associated with using incorrect equipment for hoisting, unsafe infection control procedures, unsafe management of medicines, insufficient staff and incomplete care plans.

People's dietary requirements were met. However people who required food thickened fluids were not adequately provided for to ensure there was no risk to their health. There was a choice of meals and people were assisted with their meals when required. People and one relative told us they liked the meals provided.

Recruitment procedures were not as robust as they could have been when there was missing information to help ensure suitable staff were recruited. We have made a recommendation that the service consider current legislation on the safe recruitment of staff.

There had been improvements in additional staff provided since the previous inspection. People needs were usually met by sufficient staff but further improvements may be required to always ensure staff are available for people. We made a recommendation about always ensuring there are sufficient staff to promote people's health and wellbeing.

Peoples care plans did not provide sufficient detail. There was insufficient guidance to support people living with dementia. Some care plans had improved since our last visit in August 2016 but guidance for staff regarding people's individual needs when they were living with dementia was not detailed enough. We have made a recommendation the care plans for people be more personalised.

We checked whether the home was meeting the legal requirements of the Mental Capacity Act 2005. People's mental capacity was assessed and best interest records were recorded to ensure people were protected when they were unable to make some decisions.

People's medicines were managed safely to ensure treatment was effective. Medicine administration records we saw were completed accurately with no gaps in recording. Medicines were audited on a monthly basis with findings recorded and action taken.

People were treated with compassion and kindness but more individual engagement with people would improve their wellbeing. People and their relatives told us the staff were kind and caring. People were safeguarded from abuse as staff were trained to recognise potential abuse and to report any abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. People and their relatives told us they felt the service was safe.

People took part in more activities and the new activity organiser had made some improvements in people's individual engagement. There was a weekly plan of organised activities people could join in with for example; ball games, playing percussion instruments, quoits, skittles, cookery, visits by the therapy dog, nail pampering and reminiscence.

Regular resident/relative and staff meetings took place and enabled everyone to have their say about how the home was run. Relatives told us the registered manager was approachable and listened to any concerns they had. Complaints raised had been investigated and responded to appropriately. Improvements to the service had been made as a result of the findings of the complaints; these included a bath audit, staff meetings, night visits by management and monitoring of the recording of meals.

Quality assurance procedures could be improved to ensure the shortfalls we found were addressed. The registered manager was approachable with relatives, staff and people.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Recruitment procedures operated by the registered manager and provider did not always ensure staff were of good character.

People needs were usually met by sufficient staff. We have made a recommendation for the service to review this for people living with dementia.

Areas of risk were identified and risk assessments were in place. Risk assessments were clear and well recorded. People were protected against the risks of harm and injury as accidents and incidents were closely monitored and action was taken to minimise any further risks.

People were safeguarded as staff were trained to recognise potential abuse and to report any abuse. People's medicines were managed safely to ensure treatment was effective.

Requires Improvement 

Is the service effective?

This service was not always effective.

People's dietary requirements were adequately met. However people who required food thickened fluids were not adequately provided for to ensure there was no risk to their health.

People made most decisions and choices about their care when possible. Legal supporters were not always included in reviews where people who lacked mental capacity to make decisions.

Staff training was up to date. Individual supervision meetings were completed regularly to monitor staff progress and plan training.

People had access to social and healthcare professionals and their health and welfare was monitored by them.

Requires Improvement 

Is the service caring?

The service was caring.

Good 

People were treated with compassion and kindness but more engagement with people would improve their wellbeing.

People privacy was respected during personal care.

Is the service responsive?

The service was not consistently responsive.

Peoples care plans did not provide sufficient detail to ensure people's health and welfare needs were always met.

People took part in more activities and the activity organiser had made improvements in people's engagement.

Complaints were investigated and responded to appropriately.

Requires Improvement



Is the service well-led?

The service was not as well led as it should be.

Quality assurance could be improved to ensure the care plans and recruitment records were complete.

The registered manager was approachable with relatives, staff and people.

Regular resident/relative and staff meetings enabled everyone to have their say about how the home was run.

Requires Improvement



Northleach Court Care Home with Nursing

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 25 and 26 April 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and a specialist adviser in dementia care.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We did not ask for a Provider Information Return (PIR) this time. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, clinical lead nurse, five care staff, a chef, the maintenance person, the housekeeper, a domestic assistant, a laundry assistant and the quality manager. We spoke with seven people who use the service and three relatives. We spoke with three visiting social and healthcare professionals. We looked at information in six people's care records, five staff recruitment records, people's medicine records, staff training information, the duty rosters and quality assurance and management records.

Is the service safe?

Our findings

Recruitment procedures were not as robust as they could have been. People were not fully protected from receiving care and support from unsuitable staff because robust recruitment procedures were not being applied. For example, four staff had previously been employed by other organisations providing care and support to people. The registered manager had not carried out checks on the conduct of these members of staff during their previous employment or verified their reasons for leaving their previous employment which involved providing care and support to people.

One staff member had previously worked in hospitals and care homes. A reference had been sought from an organisation supplying staff to the NHS. This organisation had responded they were not in a position to give a reference and had suggested that the applicant is contacted for more suitable referees. Another reference had been received from a hospital where the applicant had worked as a volunteer. However the date of the reference was eight months before the person applied for the post at Northleach Court.

Application forms did not include an area for applicants to indicate their reasons for leaving previous employment. During our visit the registered manager discussed the issue with the provider's head office and told us this would now be added to future application forms. We recommend that the service consider current legislation on the safe recruitment of staff.

Disclosure and barring service (DBS) checks had been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Where there was information on an applicant's DBS a risk assessment was completed in relation to their suitability to work with people using the service.

At our comprehensive inspection on 10 and 16 August 2016 the registered person had not ensured people were protected against the risks associated with using incorrect equipment for hoisting, unsafe infection control procedures and the unsafe management of medicines. These concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider gave us an action plan which outlined the actions they would take. At this inspection, we found that the provider and registered manager had taken appropriate action.

People were assisted with their moving and handling needs safely. Areas of risk were identified and risk assessments were in place. A staff meeting in September 2016 had discussed people's moving and handling needs and the use of the correct techniques and equipment. The mobility and evacuation report detailed each person's equipment which included the hoist and sling sizes and what equipment to use in an emergency. Since our last inspection new hoist slings were in place and there was information in individual care plans for staff to follow. People's care plans contained risk assessments for areas such as moving and handling, falls and skin condition and these assessments had been reviewed monthly. Where risks had been identified the care plans contained clear guidance for staff on how to reduce the risk of harm to people.

One person was unable to move from the bed to the chair independently and the moving and handling

guidance for staff was clear. It detailed the type of hoist and sling size that should be used to safely assist the person. Another example was one person had been assessed as being at risk of falling from their bed and their care plan detailed what staff should do to reduce the risk of harm by using a profile bed in low position against the wall and a 'crash mat' beside the bed should they roll out. We observed staff using the hoists. People were not anxious and staff reassured them all the time. Two staff assisted the people hoisted. One member of staff said they felt confident to move people safely.

We found the home to be clean and free from offensive odours. Hoist slings were laundered weekly or when soiled which was mainly completed at night. Most staff had completed infection control training. The registered manager told us only new staff had not completed the training however this training was planned. The housekeeper had records for cleaning staff to record when daily cleaning schedules were completed. The housekeeper completed a daily walk around to identify areas for additional cleaning such as carpet cleaning. Spot check audits of the cleanliness of the home had been completed. A domestic cleaner told us the new cleaning schedules for all areas were an improvement and meant "things don't get missed." They also told us there were enough cleaners to complete the tasks. Two visiting healthcare professionals told us they had visited recently and there were no offensive odours. One relative told us the person's bedroom was always clean.

People's medicines were mostly stored securely. We found most topical creams were kept in locked drawers in people's rooms. However we found two rooms where drawers containing topical creams were unlocked. We discussed this with the registered manager who agreed to look into this. Medicines were stored at the correct temperature with daily monitoring of storage temperatures. Where temperatures were found to be too high, appropriate action was taken and recorded to return storage temperatures to within the correct limits. Medicines such as liquids, eye drops and topical creams were dated when opened to indicate when they would need to be disposed of.

Individual protocols were in place to guide staff in giving medicines prescribed "as required" such as for pain relief and to control seizures. Medicine administration records (MAR) were completed accurately with no gaps in recording. Handwritten directions for giving people their medicines had been signed and checked for accuracy by a second member of staff. Medicines were audited on a monthly basis with findings recorded and action taken. Since our previous inspection audits included counting medicines and recording this on the MAR.

At our comprehensive inspection on 10 and 16 August 2016 the registered person had not ensured people who use services were protected against the risks associated with insufficient staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection on 25 and 26 April 2017 this requirement was mostly met. Since the last inspection an activity organiser had been recruited for five days a week and there were twilight staff in the evenings when some people living with dementia became anxious and night staff were helping other people to bed. Part time administration staff had also been provided to assist the registered manager and clinical manager. The registered manager told us they used a dependency tool to assess each person's care needs on admission and this did not always correspond to the funding level provided by the Continuing Health Care and Social Services which meant there was a shortfall the service sometimes had to fund.

We looked at the staff rotas when 31 people were accommodated and the staff numbers corresponded to what we had been informed was required by the registered manager. Staff said they did not feel there were enough staff on duty to meet people's needs. One staff member said, "There are not enough staff to make sure people get baths and showers" and another said "Most days we don't have enough staff. It's very hard

work. If we had more staff we could spend longer with people and do things better." The same staff member added they managed to assist people with personal care, baths and showers. One staff member told us dependency levels are not considered and the registered manager does not listen to staff. Another staff member told us they were short staffed when staff took their breaks during the day and improved deployment of staff may help. The call bells were continually ringing and the registered manager told us this was staff accessing rooms where there were sensory mats.

One person using the service said "They (the staff) don't always help me to have a proper wash and shave, sometimes it's just a flannel on my face and hands. I never feel properly clean." Despite their comments, the person appeared clean and well kempt, although they had not shaved. A relative told us the person had not had a bath or shower for several weeks since their admission to the home. We shared this information with the registered manager and they told us the person had declined a bath or shower. We checked one of the bathing records completed by one of the staff teams in the morning where a record was kept when people had a bath or shower and most people had a bed bath (wash in bed). The nurse on duty each day signed they had checked the check list of staff tasks and the care staff daily records. The registered manager told us they would complete a monthly audit to assess when people were bathed or showered. The registered manager told us there had been no concerns raised about staff shortages. Most days two agency care staff were used who knew the people well and the service was recruiting for additional care staff as two had left in the last six months. We recommend the service considers advice and guidance from a reputable source with regard to providing dementia care to ensure there are sufficient staff at all times to promote people's health and wellbeing.

People and relatives told us they felt the service was safe. One person told us "I feel safe". Another person told us the staff came almost immediately when they rang the call bell for assistance. One relative told us, "I think he is safe here." In each person's bedroom was guidance about safeguarding adults, what to do and whom to contact.

People were protected against the risks of potential abuse. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They explained what they would do to safeguard people by reporting any incidents to the manager or the local authority safeguarding team. There were clear policies and procedures for safeguarding people which included 'whistle blowing'. Whistle blowing is a term used when staff report an allegation of abuse by another staff member.

Incidents and accidents were well recorded and audited monthly. Trends were identified and action taken when required. People involved in accidents and incidents were supported to stay safe and action was taken to prevent further injury or harm. Any unexplained bruises were investigated and possible causes recorded. The registered manager looked at preventative measures after each accident and whether the actions taken would prevent further occurrences.

The maintenance person maintained the health and safety log monthly where checks to the environment were completed including fire safety. We looked at completed records of safety checks, for example, fire bells, call bells and hoists. Legionella disease checks of the water systems had been completed six monthly. We saw the certificate where fire safety and emergency lighting equipment had been serviced by an outside company in October 2016. The service quality manager completed regular fire drill training with the staff during some monthly visits of the service which were recorded in the fire log. Hoists and slings were serviced and had passed inspection by an outside company on 24/3/2017.

The house keeper and the registered manager completed environment checks and some improvements

needed had been highlighted. The window frames were being systematically repaired or replaced and carpets where needed were being replaced. There was no overall improvement plan to identify all the areas that required changes. The maintenance person told us there was emails between them and the maintenance manager regarding quotations for the work required but no overall plan. At the last inspection we noted several areas for improvement to include peeling paint on dining room doors and black dirty walls outside where people sit. The registered manager told us environmental work was ongoing.

Is the service effective?

Our findings

People had a choice of meals and their dietary needs were met. However people who required food thickened fluids were not adequately provided for to ensure there was no risk to their health. When people had been assessed as being at risk of dehydration or malnutrition their care plans provided some guidance for staff on how they should support people, however this guidance was not always detailed. For example, one person had been assessed as being at risk of choking. The plan detailed the position the person should be in when eating and drinking and that staff should prompt them to open their mouth, but the guidance in relation to food and fluid only informed staff "pureed diet and thickened fluids". The plan did not detail how many scoops of thickener should be added and did not specify the required texture of the pureed food. The same issue was noted in another person's care plan where it had been documented "soft diet with syrup thickened fluids". When we asked staff how many scoops they added to people's drinks and how they knew how much to add, they gave varying responses. For example, one said "I add 1.5 to 2 scoops" and another said "I know it's 2 scoops." This meant there was a risk that people were not always having their drinks thickened to the correct consistency.

We found one person was not given thickened fluids who had been seen by the Speech and Language Team (SALT) for thickeners to be prescribed. The GP had prescribed them on 19 April 2017 and the person still had not been given the fluid thickeners, as the tin was unopened, on 24 April 2017. There had been no handover to staff that the person was to have thickened fluids. We discussed this with the registered manager and the chef and this was addressed immediately.

We found two people had containers of thickening powder in their bedrooms that could be accessed by other people which meant there was a risk of the powder being taken. In addition, the containers were not labelled with instructions. Safety guidance and alerts had not been followed in relation to thickening powder which staff added to people's drinks in order to prevent choking. NHS England issued an alert during February 2016 which stated that "Appropriate storage and administration of thickening powder needs to be embedded within the wider context of protocols, bedside documentation, training programmes and access to expert advice required to safely manage all aspects of the care of individuals with dysphagia. Individualised risk assessment and care planning is required to ensure that vulnerable people are identified and protected."

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When people had lost weight their care plans recorded GP advice had been sought and supplementary food drinks were prescribed. The chef told us the meals were not prepared on the premises only heated. Soft diets and pureed diets came ready provided and the pureed diets were shaped to represent the food on the plate. The chef told us currently all thickened drinks were syrup consistency which was one scoop per 100mls. People's prescribed fluid thickeners were also kept on the drinks trolley with a list of who had their drinks thickened and by how many scoops per 100mls. A variety of food was provided and people told us they liked the food. People were supported to eat and drink and were regularly weighed. The care plans

detailed people's preferences in relation to food and drink and also guided staff on how to improve people's meal experiences. For example, in one plan staff were guided to "Serve meals attractively to stimulate the appetite" and "Enjoys a hot cup of tea". The chef showed us the weekly nutrition sheet where people's diet and any food allergies were recorded. Special diets were catered for to include vegetarian and high fibre. The food safety certificate was rated by the local council in 2016 as four, five was the highest score. The chef told us at the previous inspection the recommendations had been completed.

One person told us, "I like eating in my room" and "the food is nice." We observed a mealtime and people were offered choices of food at lunchtime by looking at a sample of the meal and verbal description when required. One person told us, "I usually choose what to eat." The food was presented well and staff assisted people in a calm and unhurried way. Some people were talking to each other and one relative stayed to talk to one person while the person had their meal. There was a wait for pudding to be served and some people left before it was served as they may not have wanted to wait so long. Staff encouraged the people who had left to return to eat their pudding. One relative told us they ate the food with the person and it was really good. Another relative told us there was always plenty of water to drink. Snack boxes were available in the lounge area and people had crisps, chocolates and drinks to choose from.

People's health and social care needs were met by visiting professionals and the outcomes were recorded. A local GP visited weekly and people had been referred to health and social care professionals when required. Records were kept of when professionals visited and the outcome. We spoke with two social care professionals and one healthcare professional when we visited the home. All three were complimentary about the way staff supported people and followed their suggestions. One professional said, "Very thorough assessment of people and they wait for equipment before people are admitted." A healthcare professional told us staff introduced them to people correctly and followed their instructions.

Staff had completed training on the Mental Capacity Act 2005 (MCA). The 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's mental capacity assessments and 'best interest' records had been completed where required. However, we looked at the care plan for one person who had been assessed as being able to make simple decisions but not complex ones and who had no next of kin. They had recently been appointed an Independent Mental capacity Advocate (IMCA). IMCA's are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. The person had a Do Not Resuscitate (DNR) order in place which had been signed 10/11/2014 and it did not appear that an IMCA had been involved in this decision making process. Despite records showing that in February 2017 the newly appointed IMCA had queried the lack of involvement in the DNR decision, there was nothing documented to indicate that staff had carried this forward or discussed a review of the DNR with the GP. We discussed this with the registered manager and they said they would address this with the GP.

The manager had identified people who they believed were being deprived of their liberty. They had made DoLS applications to the supervisory body. We checked whether the service was working within the principles of the MCA to complete Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We could see that standard authorisations were sought when the previous authorisations were about to expire. We identified that several people required a DoLS application and the registered manager completed these immediately after the inspection. Most people had a DoLS application completed and a

care plan which outlined their need for care and treatment in their best interests where they were living with dementia.

Consent to care was sought in line with legislation and guidance. Care plans contained mental capacity assessments and where people lacked capacity best interest decisions had been made and clearly documented. We observed that staff asked people's consent prior to assisting them. For example, we heard staff asking "Would you like to come through for lunch?", "Would you like to sit here?" and "Can I get you anything?"

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff had completed a range of training to include, health and safety, moving and handling, infection control, food hygiene, dementia care and fire safety. The registered manager told us staff training was planned and completed when required. One staff member told us their training was up to date and they had completed an NVQ level two in health and social care in 2016. They explained the registered manager completed a list of when staff training was due and they had to complete the training, usually on a computer. The staff member told us they had completed dementia care training. The training information sent to us recorded four staff had updated their dementia care training in November 2016. Staff had completed or were enrolled on training according to the staff training chart we looked at. Staff individual supervision meetings had been completed every two months this year. We saw two staff supervision records for one nurse. The documentation for accidents and the last CQC inspection were discussed. An action was for the nurse to hold a nurses meeting about the CQC report. We looked at the minutes of the meeting and various aspects were discussed in detail and improvements highlighted, for example in medicine management.

The registered manager told us two annual appraisals had been completed but some new staff were not due for appraisal yet. One member of staff told us the new staff were always supernumerary when they were completing their induction training and learning from experienced staff.

Is the service caring?

Our findings

People had mainly positive relationships with staff. We observed some positive engagement between people and staff but not all staff engaged with people in the same way. For example, on one occasion in a communal area there were three members of staff. Several people were sat, not speaking or participating in any activities. Only one member of staff sat and spoke with people, asking them how they were, complimenting them and asking how their weekend had been. On other occasions we saw staff knew people well and had a relaxed and friendly manner with them. People responded well to staff. When people called out for any reason, the staff were quick to respond. One person told us, "Staff are kind and helpful, nobody is bad here."

People's privacy and dignity was generally maintained. Small signs were in place on people's bedroom doors so staff could inform other people when personal care was taking place and they shouldn't enter the room. Generally people looked clean and well dressed. We observed staff offered people aprons to wear prior to eating to protect their clothes. One care plan recorded that if the person's clothes had food spilt on them staff should ensure the person changed into something clean.

Staff supported people with kindness and compassion. One relative told us, "The staff deserve a medal", "they are wonderful" and "kind." One person staying for respite care told us, "The staff are kind I would tell my daughter it they weren't." The person said staff sometimes asked them to "sit down" but they liked to walk about. Another person told us, "I am well looked after" and "staff are kind."

People, relatives and health and social care professionals told us the staff were caring. One healthcare professional told us people had not told them anything which concerned them when they had visited. They also told us staff were very helpful, kind and caring towards people and especially with people there on short stay respite care. One social care professional told us the staff interacted with people in a friendly way. They also told us relatives described the registered manager as a "caring person." One relative visiting their mother who had been there a week said, "She was eating well although sometimes had to wait for care" and described staff as "very caring."

People's bedrooms were personalised with their own belongings. Many bedrooms had people's own possessions and pictures to make it their own. Information on bedroom doors helped people recognise their own room. There was information in the entrance to the home for people and their relatives which included the latest CQC inspection report.

Is the service responsive?

Our findings

At our comprehensive inspection on 10 and 16 August 2016 the registered person had not ensured people were protected against the risks associated with incomplete care plans. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They gave us an action plan which outlined the action they would take.

At our comprehensive inspection on 25 and 26 April 2017 improvements had been made, however further action was required to ensure there was sufficient detail for staff to follow to meet people's needs. New care plans were being developed to work towards a more person centred approach. One person was diagnosed with a disease where the position of a limb had led to a pressure sore. However there was no detail in the care plan in relation to this disease despite the wide variety of symptoms that the person might experience. The care plan for this person had recently been rewritten in the provider's new format, however the plan lacked detailed information for staff to follow, in particular about their nutritional needs which had not been identified.

Another person was an insulin dependent diabetic. The care plan contained some details about their diabetes and guided staff to prevent any complications. The symptoms to look out for should the person become unwell were not listed to alert staff. It was unclear how care staff could identify any deterioration in the person's diabetes to alert the nurse in charge. There were concerns when the person sometimes refused their medicine and the records told staff how they could persuade the person and this usually worked. We discussed this with the registered manager and she told us the symptoms were recorded and staff knew what to look for. The nurse always informed the GP when they were unable to give the medicine but this action was not in the care plan. The GP was managing the person's diabetes and visited the service fortnightly. The same person sometimes challenged staff with their behaviours but the care plan did not identify any triggers for these episodes to enable staff to take preventative measures as advised in the plan.

The care plans did not contain information for care staff on how to provide person centred care for people living with dementia, for example there was minimal information in relation to stimulation therapy to improve or sustain mental abilities. One person's communication plan advised staff to speak in a calm and relaxed manner as they were unable to express their needs. Staff were also advised to leave the person's radio on all day in their room to keep them relaxed and prevent isolation. There was no other detail recorded on how staff could engage the person. The new activity organiser had plans to complete more information about people from their families which would help the care plans to have more detailed information about communicating with people.

One care plan we looked at contained details of the person's life history before moving to the service, but others did not. The registered manager told us the relatives were asked to complete life histories about people and this was work in progress. Staff knew some details about people's lives and were able to describe people's care needs. Staff told us people's preferences for example, "I know (person's name) likes classical music" and "I think (person's name) used to be a farmer." We saw information on people's bedroom doors about the things they liked. We recommend the service consider guidance from a reputable

to ensure people living with dementia have a person centred care plan.

The activity organiser had been at the home for six months and knew people's activity preferences well. They had completed a National Vocational Qualification level three in health and social care and were experienced with people living with dementia. They also told us they went to each person's bedroom every day to say hello. They kept an individual record of the activities people had joined in with, the date of the activity and what the person's response was. People who remained in their bedroom usually had at least two individual sessions with the activity organiser, for example reading to people and completing board games.

There was a weekly plan of organised activities people could join in with for example; ball games, playing percussion instruments, skittles, cookery, visits by the therapy dog, nail pampering and reminiscence. Three notice boards around the home had craft, colouring in work and photographs of people displayed. Simple activities were planned at the weekend when there was no activity organiser and care staff usually completed activities. There was no record of what people did at the weekend. The activity organiser attended activity coordinator meetings to exchange ideas and learn about new activities. They were enthusiastic about improving engagement with people and informing care staff which activities people individually benefitted from. Additional resources to provide a more dementia friendly environment for people living with dementia would enhance their experience.

One healthcare professional visiting the home told us the staff followed the instruction they wrote in the care plan and supported people to complete specific exercises. The registered manager told us families were sometimes involved in the care plan monthly reviews.

People had their position changed in accordance with their needs in order to prevent skin breakdown. Charts had been completed in full. When pressure relieving aids had been recommended we saw these were being used correctly. One staff member told us there were some people who had unexplained bruises. We discussed this with the registered manager and one person's bruises on their hands had occurred before they were admitted to the home. We asked them to find out the circumstances to avoid reoccurrence. The registered manager later described what had happened which was the person's own activity and may not be avoidable.

There were arrangements to respond to concerns and complaints. Eleven complaints had been received from 19 April 2016 up to the date of our visit. Complaints had been investigated and responded to appropriately. Improvements to the service had been made as a result of the findings of complaints; these included a bath audit, staff meetings, night visits by management and monitoring of the recording of meals. Information about how to make a complaint was available at the care home. An annual audit of complaints was completed.

Is the service well-led?

Our findings

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. The monthly visit record completed by the provider's service quality managers had clear detailed information covering different areas each month and what action the registered manager must take. We looked at examples for January, February and March 2017 where some areas identified for action still remained incomplete for example with regard to improving person centred care plans but this was progressing. There was no record of when the individual items for each action had been completed. There was clear evidence where good practice was noted during these visits, for example 'The manager undertakes audits as to the safety of the environment and equipment and they were completed monthly in line with the company policy. The registered manager completed several audits for example, four care plans were audited monthly. The results were not always actioned and we found improvements were still needed in relation to people's diabetes, dementia and health care plans. The care plan audits had therefore not always been effective in driving improvements in the service. Further improvements were needed to ensure the provider's quality assurance systems were effective in identifying shortfalls promptly so that action could be taken to address any risks. For example, the registered manager and provider's quality assurance systems had not identified that recruitment procedures and people's choking guidance required improvements.

The quality service manager had recorded that the registered manager clearly had a good rapport with people, staff and visitors. It was noted staff and relatives had confidence in the registered manager and said they were approachable and supportive. We looked at some of the feedback forms and quality questionnaires completed by nine visitors and two health and social care professionals since our last inspection.. Their comments included the following "The staff are very helpful and caring often under very stressful condition", "It is a lovely home and families and friends are always welcome", "They [the staff] seem very attentive to their patients. They are very efficient in the care of everyone" and "The manager is approachable and helpful, Staff treat my mother with respect and dignity." Health and social care professionals had said the home was "Clean, tidy and well organised. Residents seem happy and their needs are being met" and "The staff have always been very helpful on all visits." A social care professional told us they were able to raise concerns with the registered manager and the staff had done what they had suggested.

We also had a copy of a relative's feedback to a dementia care specialist. The relative had emailed the professional to tell them how much they praised the staff at Northleach Court for being caring and playing a huge part in the lives of the family when the person had end of life care. An email to the registered manager from a relative said, "Thank you so much for your understanding and for your clear support of me. It matters a lot right now." One person on respite short stay told us they had been given a feedback form to complete about the home.

Peoples, relatives and supporters were able to comment at meetings. Minutes of a recent meeting for people and their relatives in March 2017 indicated people made comments about how they would celebrate Easter with a party. The activity organiser held the meeting and people said they wanted an Easter bonnet

competition, one person said didn't want to take part. The activity organiser explained they would have someone to play the piano and one person said "We can dance." Gardening was also discussed and the purchase of seeds and compost was planned.

Regular staff and managers meetings were held to help improve the service. Several topics were covered at a meeting held in September 2016 which included moving and handling and infection control. People's personal care and wellbeing were a priority and staff were advised where improvements could be made. For example 'Freshen people up after meals with the wipes available in the dining room' and 'Ensure residents have a duvet at night as it's starting to get colder'. Another staff meeting held in February 2017 highlighted where staff could improve their practice with regard to bathing and offering people a bath or shower daily and infection control procedures with regard to ensuring mattresses were cleaned when people were incontinent and staff availability at their break times to ensure only two staff had a break at one time.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs People who use services were not protected against the risks associated with choking.