

Four Seasons 2000 Limited

Copper Beeches

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 

Overall summary

The inspection was carried out on 16 and 21 July 2015. Our inspection was unannounced. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service people received.

At our previous inspection on 12 and 16 December 2014, we found breaches of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and two breaches of the Health and Social Care Act 2008 (Registration) Regulations 2009. These correspond with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which came into force on 1

April 2015. We took enforcement action and required the provider to make improvements. We issued three warning notices in relation to people's health and welfare, assessing and monitoring the quality of the service and staffing numbers. We found a further seven breaches of regulations. We asked the provider to take action in relation to safeguarding people from abuse, infection control, availability and suitability of equipment, complaints, supporting staff, notifications of deaths and notifications of other incidents.

Summary of findings

The provider sent us an updated action plan on 26 May 2015 with timescales showing how and when the regulations would be met.

At this inspection, we found that improvements had been made but the provider had not completed all the actions they needed to take to meet the regulations. In particular, they had not fully met the requirements of the warning notice we issued at our last inspection in relation to staffing numbers. As a result, they continued breaching regulations relating to fundamental standards of care.

Copper Beeches is a care home providing accommodation, personal care and nursing care for up to 36 older people who may be living with dementia. At the time of this inspection there were 31 people living at the Home. Accommodation is provided over two floors. A lift was available to take people between floors.

Copper Beeches did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run. However, the provider had appointed a peripatetic manager to cover the home. Peripatetic managers are experienced managers with the skills and experience to step in to manage homes for short periods.

At this inspection we found that the manager and provider had taken action to address the breaches from the previous inspection, although there were still some areas needing improvement.

The manager had not ensured that they employed enough care staff to meet people's assessed needs. The provider had a dedicated system in place to assess people's needs and the required staffing levels. However, our findings at this inspection indicated that the system in use was not always effective. Staff were not always available in the right numbers to meet people's needs.

People were not always effectively supported to eat and drink enough to maintain their health and wellbeing. Quality audits were not always effective in picking up staffing issues or the gaps in records.

People felt safe. Staff had received training about protecting people from abuse and showed a good

understanding of what their roles and responsibilities were in preventing abuse. The manager responded quickly to safeguarding concerns and learnt from these to prevent them happening again.

The manager and care staff assessed people's needs and planned people's care. General and individual risks were assessed, recorded and reviewed.

Incidents and accidents were recorded and checked by the manager to see what steps could be taken to prevent these happening again. The risk was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should emergencies happen, people's care needs would continue to be met. The premises and equipment in the home had been well maintained.

People had access to qualified nursing staff who monitored their general health, for example by testing blood pressure. Also, people had regular access to their GP to ensure their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the home.

There were policies and a procedure in place for the safe administration of medicines. Nursing staff followed these policies and had been trained to administer medicines safely.

Staff received training that related to the needs of the people they were caring for and nurses were supported to develop their professional skills maintaining their registration with the NMC.

People and their relatives described staff that were welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

Summary of findings

If people complained they were listened to and the manager made changes or suggested solutions that people were happy with.

People felt that the home had improved. They told us that managers were approachable and listened to their views. The manager of the home, nurses and other senior managers were experienced and provided good

leadership. They ensured that they followed their action plans to improve the quality of the home. This was reflected in the changes they had already made within the home.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

Summary of findings

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 home was not always safe.

There continued to be a risk to people's wellbeing and safety as there were not enough staff deployed at all times to meet their needs.

The provider checked nurse's registrations and used safe recruitment procedures and risks were assessed.

Staff knew what they should do to identify and raise safeguarding concerns. The manager acted on safeguarding concerns and notified the appropriate agencies.

Medicines were managed and administered safely by nursing staff. The premises and equipment were maintained to protect people from the risk of infection and harm and minimise the risk of accidents.

Requires improvement



Is the service effective?

The home was not always effective.

Records were not maintained to protect people at risk from dehydration or malnutrition. Staff did not always understand how to protect people's health and wellbeing.

The manager had acted to fully implement adequate staff training, appraisal and supervision to develop staff and meet people's needs. Training plans were complete and equipped staff with all of the skills they required.

The principals of the Mental Capacity Act 2005 were understood by the manager to ensure decisions were made in people's best interest.

Requires improvement



Is the service caring?

The home was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account. Staff understood how to deliver care with dignity and respect.

The manager and staff maintained people's confidentiality.

Good



Is the service responsive?

The home was responsive.

People were provided with care based on effective assessments of their needs and the development of a full care plan about them.

Good



Summary of findings

Care plans were kept updated and reviewed by the manager so that staff understood people's most up to date needs.

People were encouraged to raise any issues they were unhappy about and the manager listened to people's concerns. Complaints were resolved to people's satisfaction.

Is the service well-led?

The home was not always well led.

Staff were being supported by the manager to deliver a good quality home based on people's needs. Audits were completed to help ensure risks were identified, but these were not always effective.

The quality of records about the care and support people received had been improved but staff had not always fully recorded the care and support people had received to protect people's safety.

The manager had prioritised people's safety and wellbeing since our last inspection and was working towards fully delivering the stated aims of the home.

The manager had demonstrated that they had the skills and experience to address the significant concerns we found at our inspection in December 2014.

Requires improvement



Copper Beeches

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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 16 and 21 July 2015 and was unannounced. This was a focussed inspection to follow up on actions we had asked the provider to take to improve the service people received. The inspection team consisted of two inspectors and an expert by experience. The expert by experience was a person who understood how this type of home worked.

This inspection was carried out to check if the provider had made improvements to the home since our inspection in

December 2014. Prior to the inspection we looked at previous inspection reports and notifications of important events that had taken place at the home that the provider had a legal duty to tell us about. We took account of the action plan and progress report the manager sent to us in May 2015.

We talked with six people and seven relatives. We also spoke with seven care staff and the activities coordinator. We talked with the manager and the deputy manager who were in day to day charge of the home and the area manager.

We spent time looking at records, which included; policies and procedures, complaints, incident and accident monitoring systems and quality audit systems. We looked at eight people's care files, five staff record files, the staff training programme, the staff rota and medicine records.

Is the service safe?

Our findings

At our previous inspection in December 2014 we identified breaches of Regulation 11 (1) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The Care Quality Commission had not been notified of events that had occurred within the home as required by law and the local authority had not been notified. Records of incidents and accidents were not consistently transferred to the provider's Datix computerised system and posed a risk that incidents may not be reported to CQC or the local authority safeguarding team appropriately. People were not being safeguarded from abuse. We identified breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The home to be visibly clean, but unpleasant odours, including the smell of urine. Other concerns related to the management of infection control in the laundry areas. Systems were not in place to ensure that standards of cleanliness and hygiene were maintained.

We identified breaches of Regulation 16 (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 15 (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People who needed specialist seating could not use lounges as specialist seating was not provided in the lounge areas. Suitable equipment was not available that met the needs of people who used the service. We identified breaches of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 18(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing levels did not allow for people to be properly monitored protecting their health, safety and welfare. There were gaps in the knowledge of senior staff who did not understand people's needs in relation to delivering care and the numbers of staff required. There were not always enough staff to meet people's needs.

We asked the provider to take action to make improvements. The provider sent us an action plan, with timescales by which the regulations would be met.

At this inspection, we found the provider had made improvements. However, people's safety was still compromised in some areas.

Relatives felt that their loved ones were safe with the staff. One said, "Oh yes she is safe here". Others described how staff were attentive to people and we observed staff walking with people who were unstable on their feet. However, staffing levels remained an issue for people, their relatives and for two staff. Their comments included, 'They need more staff, they are always busy doing things, busy all the time and most of the people here are old and need lots of care'.

At this inspection the numbers of people who lived in the home with higher care needs had reduced. Three bedrooms on the first floor were empty and ready for refurbishment. Staffing levels had been maintained at a higher level than we found at our last inspection. Staff told us and the staff rota confirmed that during the day there were six care staff supervised by two nurses and at night there were four care staff supervised by two nurses. At this inspection no agency staff had been deployed during the day but two were booked for the night shift. The manager told us that agency staff worked alongside and were supervised by a permanent staff member. This reduced the risk of people receiving care from staff who were not familiar with their needs.

The provider used a computerised system to calculate how many staff they would need per person based on a dependency needs assessment undertaken by nursing staff. We spoke to the manager about this. They showed us the system used to work out staffing levels based on people's dependency, but we were unable to ascertain from this if the system took full account of people's needs when they had more developed dementia.

There were eight people who needed two staff to assist them when they received personal care or staff needed to use equipment to assist them to move people from bed to chair. There were three care staff and one nurse deployed on each floor during our inspection. Fourteen people lived on the ground floor. We observed that people living with dementia required more staff time for explanations or support. People were left alone in their rooms for long periods without any meaningful staff contact. We also observed that some people's calls for assistance were not answered for some considerable time. Staff told us that the computerised system used by the provider did not take this

Is the service safe?

into account. We observed that at times, there were no spare staff to monitor people in the lounges who were living with dementia or may be at risks of falls. This meant that staff were not always on hand to intervene before incidents happened or take preventative measures to prevent people at risks from falling.

There was not enough staff deployed to keep people safe. During the inspection we observed five people sitting in the first floor lounge. One person wore a protective hard hat as they risked injuring themselves should they fall. We observed this person trying to stand up out of their chair twice over a ten minute period when there were no staff present. This had the potential to cause the person harm as they were at risk of falling.

We also noted that during the lunch time meal service, a person who needed support to eat their meal had to wait until a member of staff had supported another person, by which time their meal had been cooling down. Other people who were served their meal in their bedrooms did not get the support they required to eat their meal in a timely way. For example, we observed staff taking a person cared for in bed their meal, the person did not touch this for thirty minutes, by which time the meal would have been cold. Staff were not deployed in sufficient numbers to go back to check on this person. This meant that there was continuing risks to people's health, safety and welfare.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that people's care needs had been reassessed and care plans had been updated. There were no people living in the home that required two staff to supervise them when they walked. More chairs had been provided in the downstairs lounges. These chairs would enable people with poor mobility to sit in comfort and safety and enable them to sit or stand without undue risk. Hoisting equipment was available for staff to use when people who could not walk needed moving from their wheelchair to sit in one of the lounge chairs.

At this inspection the sluice room on the first floor had been decommissioned ready for refurbishment. Areas of tiling missing had been replaced so that surfaces were washable and the laundry area had been reorganised and

tidied. Carpeted areas had been cleaned, but those with persistent odours had been replaced with hard washable flooring. The new flooring maintained the homely feel of communal areas.

Infection control and cleanliness was now well managed. Cleaning routines were well documented and these were checked by the head of the domestic team within the home. The manager audited the quality of the cleaning taking place and had ensured that systems were in place to limit the risk of infection within the home. Sluice rooms had appropriate storage for soiled items; they were clean and well organised.

The conservatory area had been cleared since our last inspection and was not used to store equipment. Chairs had been placed into the conservatory for people to use if they chose too. Heating was available in the conservatory, but we were unable to test its effectiveness as the heating had been turned off for the summer.

At this inspection individual incidents and accidents were fully recorded by staff. The manager had looked at the records and investigated each incident to see if they could be avoided in the future. Responses included referrals to external health and social care professionals including those with specialist knowledge of dementia and increasing staff observations of people. We followed the process through from the initial incident report, to the manager's investigation and to the computerised Datix entry. Where necessary the manager had notified CQC and the local safeguarding authority. Reviewing and reporting incidents reduced risk and protected people from potential harm.

The provider had a medicines policy which was followed by nursing and other staff and reflected current best practice. This set out the procedure of how staff should administer medicines safely. The registered nurses continued to administer and manage medicines safely. This included competency test updates and safe systems for reports of medicines errors should they happen. The manager had ensured that they had followed the recommendation we had made at our last inspection about published guidance around the safe disposal of medicines. At this inspection we found that the 'Destruction Of Old Medicines' or DOOM kit was operated correctly.

Is the service safe?

The manager and the maintenance team continued to ensure safety checks, including the servicing of gas appliances, equipment and appliances were undertaken. Fire drills and tests had continued and these were fully recorded.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles

within the home. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. Nursing staff told us their registration with the Nursing and Midwifery Council were checked and we saw these were recorded. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Is the service effective?

Our findings

At our previous inspection in December 2014 we identified breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People with behaviours that may harm themselves or others were not protected by appropriate strategies. We identified breaches of Regulation 23 1 (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 18 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Nursing staff had not been adequately supported to understand people's needs and staff had not been receiving appropriate supervisions and appraisal. We identified breaches of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 14 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had not always been protected from the risk of poor hydration and nutrition through adequate monitoring and support to eat and drink enough.

We asked the provider to take action to make improvements. The provider sent us an action plan, with timescales by which the regulations would be met.

At this inspection, we found the provider had made improvements, but more work was required in some areas.

At this inspection we were unable to check all of the information from our last report relating to the strategies for managing people with behaviours that may harm themselves or others because the people affected by these no longer lived at the home. However, we found the manager had made improvements to the effectiveness of the home. There were still some areas that needed improvement.

At this inspection people were complimentary about the competence of the staff. One person said, "The staff are good, they called the paramedics for me, but I was okay, this is a beautiful place". Relatives said, "I think that it is quite good here and the staff are very good and I have got no complaints" and the "Manager is quite good and professional".

People's care plans contained a nutritional risk assessment to alert staff if they needed particular support to eat and

drink. Food and fluid charts were maintained for people who were identified as being at risk from poor nutrition and hydration. People were offered drinks and snacks frequently. One person sat at the breakfast table with porridge, a cup of tea and savoury snacks to encourage eating and drinking. We saw several people with snacks. Another person was eating chocolates, had a drink, toast and marmalade. People were offered food supplements as prescribed by a health care professional to help them maintain their weight.

However, not all people had been weighed as frequently as was indicated in their care plan, meaning that they were at risk of weight loss or gain which would go unnoticed. Also, care plans evidenced that fluid intakes were not always added up each day to give a total figure. It was not clear from people's records what actions had been taken when fluid intake targets for people were not met. One person's records showed that their fluid target had not been met for five consecutive days. This put this person at risk of poor health from not eating and drinking enough.

When staff supported people to eat, they did this well, speaking with people, asking them if they liked the food. Staff gave people time to eat at their own pace. People's comments about the food were mixed, but the food we saw looked well-presented and appetising. Comments included, "The food is nice". Many of the people we observed ate all of their food. However, some people who took lunch in their bedrooms did not eat well. We observed that people were not offered sufficient staff time to encourage them to eat and drink. For example, three people ate less than half of their meal and one person did not touch their food at all. Staff were mostly based in the dining area's providing support to people who ate their meals there. Staff did not have opportunities to spend time with people in their bedrooms, encouraging them to eat. Where people were able to eat independently they did not have use of plate guards to help them manage the food from their plates onto the fork or spoon. This caused them to struggle to eat the food when it was still hot and they were not supported by staff.

At this inspection people received care from staff who were trained to meet their needs. All staff had their own personal print-out of the training they had received and training that they were due to undertake. Nursing staff told us that their training had been updated. Training records showed that nurses had updated their training in palliative care, which

Is the service effective?

included emergency responses to choking. Dementia awareness training had taken place to give staff a better understanding of the needs of the people they were supporting.

Mental Capacity Act 2005 training had been incorporated into the training plans for the home. Records showed that staff had attended training in the MCA. Staff had a good understanding of their responsibilities in relation to the Mental Capacity Act. We saw that assessments of people's mental capacity were undertaken in relation to specific issues, for example, their consent to receive the flu vaccination. This protected people's rights and best interest.

Other training had been provided for staff around managing people who had behaviours that may harm themselves or others. An occupational therapist commented, "Staff managed a person's care well and that the staff were highly skilled at dealing with the person, who often exhibited behaviour that could be challenging". Staff told us that they were enabled to manage people's behaviours well, and could use distraction techniques. We observed staff doing this to calm people who had become anxious.

Staff had received three supervisions since our last inspection and these were focused on training, protecting people from abuse and staff development. The manager had implemented their plans for staff annual appraisals and staff told us that they had attended or were completing the pre appraisal work required. One member of staff said, "I've just had my appraisal, it was good, better than the way it used to be". Appraisals gave staff the opportunity to discuss their learning and development for the coming year and assess their work over the past year.

The manager continued to provide new staff with an induction when they started working at the home. Staff inductions were signed off by the manager to ensure staff had reached the appropriate standard expected of them.

The manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged GP appointments when people were unwell and involved other health professionals. There was a folder of upcoming hospital/other appointments that people needed. The nurse's in charge reviewed these regularly to ensure that arrangements were made so that people were able to attend appointments.

Is the service caring?

Our findings

At our previous inspection in December 2014 we identified that some areas of improvement were needed. For example, people were unable to plan their routines easily as they did not have access to clocks in their bedrooms.

At this inspection we found that people's bedrooms were personalised and clean. The manager had ensured that people could see large faced clocks in their bedrooms to assist people to plan their day's activities.

People who could tell us their experiences were complimentary about the way staff delivered care to them. People told us they could make choices about their day to day routines, for example, when they get up and when they go to bed. Relatives had found the staff caring and that they communicated with them well. One person said, "It is OK and the care is nice and they (staff) are nice people". Another said, "First class care, all the girls are kind".

Relatives told us about staff chatting and talking to them, letting them know what was happening. They told us about staff telephoning them if anything happened and about being involved in their family member's care plan development. They were able to give staff information about people's lives before they had dementia. This assisted staff to understand who people were.

We observed staff delivering care in a kind and compassionate way. Staff needed to know people living with dementia well so that they could understand people's choices. For example, we observed a member of staff giving a person choice about their breakfast. They recognised that the person with dementia smiled to make the choice they wanted. Nurses spoke with people about the medicines they were being given calmly to encourage people. They explained to people if the tablets needed to be swallowed and warned people if the medicines were chewy.

People's life histories and likes and dislikes had been recorded in their care plans. They had books called 'My choices'. These gave people the opportunity to tell staff about their lives and their preferences. People told us they could make their minds up about things. For example, whether they bathed or showered or where they wanted to eat or sit in the home on a daily basis. At lunch time people chose where they wanted to sit and eat, with others choosing to eat in their bedrooms. We asked some people in their bedrooms if they would prefer to be in the lounge

areas, but they told us they had chosen and wanted to stay in their own rooms. Staff told us that they respected the choices people made. Information about advocacy services had been given to people who needed it.

We observed staff speaking to people with a soft tone, they did not rush people. Staff made sure that people who were cared for in bed could reach their nurse call bell and drinks. We observed staff walked with people who were unsteady on their feet; staff were reassuring them and showing them to the toilet. People who became disorientated and were not sure where or what they had intended to do were assisted by staff. For example, one person was walking in one of the hallways and a member of staff spoke to them, asking them where they were going. In this case the person wanted breakfast so the member of staff assisted them to the dining area. This showed that staff adopted a caring approach and maintained people's dignity.

Staff knocked on people's doors before entering their rooms. They closed bedroom doors before giving care to protect privacy. Staff made efforts to preserve people's dignity when being moved on the hoist in the lounge. People told us that staff were respecting their privacy and dignity. Staff we spoke with understood their responsibilities for preserving privacy and dignity and could describe the steps they would take to do this.

Care plans contained information about people's independence. Staff encouraged people to do things for themselves when possible. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with.

What people thought about their care was incorporated into their care plans, which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the home to suit their needs. This approach gave people choice. For example, people could choose the gender of the staff who supported them with personal care. People could choose to have photographs of themselves on their doors or just their name. Other signage was used in the home to assist people to identify toilets and bathrooms. This helped people find places they needed as they moved around the home.

Is the service caring?

People and their relatives had been asked about their views and experiences of using the home. Volunteers supported people who did not have family to visit them. This assisted people to express their views and not to become isolated.

Is the service responsive?

Our findings

At our previous inspection in December 2014 we identified breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 9 (3) (a) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments of need and the delivery of care were not always recorded and records about care did not always correspond because information was not transferred between care plan files. We identified breaches of Regulation 19 (1) (2) (a) (b) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Appropriate steps had not been taken to ensure that an effective system was in place to receive, handle and respond to complaints.

We asked the provider to take action to make improvements. The provider sent us an action plan, with timescales by which the regulations would be met.

At this inspection, we found the provider had made improvements.

New care plans had been introduced since our last inspection. Care plans were comprehensive and thorough, with detailed information about people's care and nursing needs and how staff should support people. Nursing staff took the lead on completion of care plans and they told us that care plans were easier to follow. People's needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the home an assessment of their needs had been completed to confirm that the nursing care was suited to the person's needs. After people moved in they and their relatives, where appropriate, were involved in discussing and planning the care and support they received. This was recorded in people's care plans.

Care plans were person-centred. There was a 'life before you knew me/life history' section which was completed in all cases. People told us staff talked with them about their care plans. Care plans focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. People cared for in bed had their positions changed and

recorded so that the risk of pressure areas developing was reduced. One relative told us that their father has been cared for in bed for ten months and that he had not suffered from any pressure ulcers.

Relatives they had been involved with their loved ones care planning. Records showed that relatives were consulted about people's needs and when necessary they had been asked their views about decisions that needed to be made about people's best interest. For example, when people needed to make decisions about resuscitation in emergencies.

Staff responded to people's changing needs. For example, we saw that staff had carried out neurological observations for a person following a recent fall. We also saw that the frequency with which another person was repositioned was reduced because the person found the process distressing.

Meetings were attended by people and their relatives where they could express their views about the home. This influenced decisions made about the home by the manager or the provider. Also, people were asked their views at care plan reviews and by questionnaires. This ensured that people could feed back their experiences of care to the manager.

Relatives were kept up to date with any changes to their family member's needs. Changes in people's needs were recorded and the care plans had been updated. The care people received met their assessed needs.

People had opportunities to take part in activities. Staff told us that things had changed since our last inspection; there was now a greater emphasis on staff spending more time with people. We observed a member of staff sitting with one person reading the stories in the daily paper to them. Relatives told us that their request for one to one support to enable people to go out of the home had taken place. For example, one person had been out for walks and we observed others in the garden outside spaces.

An activities programme was displayed on each floor. There were a mix of one to one activities taking place and group sessions. On the day of the inspection people were involved in playing cards and there was a singing session which drew people in and others became involved. Group activities included an art session with eight people getting involved in this.

Is the service responsive?

Care plans were reviewed monthly and this was recorded. We saw that staff had implemented weight management plans based on advice from a dietician. We cross checked this against the care plans and found they were kept under review. This had resulted in the persons weight increasing and the dietician was able to reduce their involvement in the person care. Staff continued to monitor the person's weight and knew that they needed to refer to the dietician if they had any concerns. Other people had been unwell and had taken courses of antibiotics. Their progress to recovery was monitored by staff and if necessary further advice had been sought from their GP. This ensured that people's health was protected.

Changes in people's needs had been responded to appropriately and care was personalised. Referrals had been made when people had been assessed for specific equipment, which was in place. We noted that some people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. These had been supplied after an assessment carried out by a district nurse. Hospital outpatient and discharge letters were in people's care plans. These gave guidance to staff and ensured continuity of care.

There was a policy about dealing with complaints that the staff and manager followed. This ensured that complaints

were responded to. The manager was very open with people making sure that they were satisfied. They took time to speak to people. Staff were aware of the complaints policy and could describe what they would do if a person or relative complained. Information about making complaints was given to people when they moved into the home.

We observed the manager meeting with a relative who had a concern about some incorrect information they had been given by a nurse in charge. We heard the manager provide an apology and an explanation as to why this happened. They also explained to the relative what they had done to prevent this happening again. This demonstrated an open and listening culture within the management team.

There was also 'Complaints information' displayed in the home for people to see. There was lots of information for people to read about the home and any events planned. The manager ensured that complaints were responded to and they discussed these with other people in the organisation if needed. There was a mechanism for people higher up in the organisation who were not based at the home to get involved to try and resolve complaints. People were offered meetings with the manager to try and resolve complaints and these were recorded.

Is the service well-led?

Our findings

At our previous inspection in December 2014 we identified breaches of Regulation 16 (3) of the Health and Social Care Act 2008 (Registration) Regulations 2010, which correspond to Regulation 16 of the Health and Social Care Act 2008 (Registration) Regulations 2014. Notifications about deaths had not always been sent to CQC. We identified breaches of Regulation 18 (2) (a) (e) of the Health and Social Care Act 2008 (Registration) Regulations 2010, which correspond to Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2014. Notifications about other incidents had not always been sent to CQC.

We identified breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which correspond to Regulation 17 (1) (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems were not in place to regularly assess and monitor the quality of the service provided to identify and manage risks and to respond to people's complaints and feedback about their experiences of the service. Audits of the home had not detailed the actions taken to address identified shortfalls. The systems in place to monitor the quality of the home and gaining feedback about people's experiences of the Home to improve quality had not been happening.

We asked the provider to take action to make improvements. The provider sent us an action plan, with timescales by which the regulations would be met.

At this inspection, we found the provider had made improvements, but more work was required in some areas.

The manager and provider had made improvements since our last inspection. However, quality audits in the home were not picking up the issues we found about staffing levels and gaps in care plan records.

A relative said, "The two new ones (manager and deputy manager) are very nice and very approachable and they listen to what you say and they react".

At our last inspection on December 2014 we found that there was no registered manager in post and communication between the different managers and staff was not effective. At this inspection there was no registered manager in post, however, a manager had been appointed who would be applying for registration.

At this inspection staff told us that team working was getting better. One member of staff said, "We now have a lot of team meetings, it's better to discuss issues we have". Staff enjoyed their jobs they felt part of a team. They were positive about the management team in the home. They spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the home. They told us that the nurses and manager were approachable, which gave them the confidence to raise issues they may have if needed. Nurses confirmed they had a good understanding of their roles within the home. They had separate nurses meetings and they were mentored by the very experienced deputy manager who was also a qualified nurse.

The managers from outside of the home came into review the quality and performance of the home's staff. They checked that risk assessments, care plans and other systems in the home were reviewed and up to date. All of the risks assessments in the care plans we viewed had been reviewed by the manager and were up to date. Care plans had been replaced with more effective systems. All of the areas of risk in the home were covered. Staff told us that the computerised 'Datix' system was now working well with trends being monitored in areas such as falls, people's health and people's health. We viewed the action plans from the audits that had taken place and saw that actions had been signed off as completed.

Audits within the home were regular and responsive. The manager carried out daily health and safety check walk rounds in the home and these were recorded. However, we noted that staffing levels and the effective deployment of staff were still an issue which had not been picked up by the provider's quality audit systems.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed by the manager. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses.

The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

Is the service well-led?

Notifications about incidents, safeguarding issues and deaths within the home were being reported to CQC as required by law and to the local authority when appropriate. Responses to incidents to keep people safe had included increased monitoring of people at risk. Our discussions with the manager and the deputy manager confirmed that they understood their responsibilities to report notifiable events and take appropriate action where necessary.

The improvements made to the environment had increased the food hygiene rating for the home which had moved to the highest score of 5 stars since our last inspection. This provided evidence that the current management team were committed to following through on their planned improvements for the home. Other improvements had included the implementation of allergy advice and information as required by the Food Act 2014. This provided people with more protection from the risks associated with food allergies and food hygiene. Staff had received training about this.

Quality audit information had been collated and fed back to people. People, their relatives and health and social care professionals were asked for their feedback more formally by questionnaire. A report showing the outcome of a satisfaction surveys held between April 2015 and July 2015 was available to people. This showed a constant improvement in people's satisfaction and was recognition of the work the manager had been doing to improve the home.

The manager had taken people's feedback into account in their home improvement plans. They were working to improve the quality of activities within the home and to make changes to the home layout to improve people's experiences. This demonstrated that home quality and improvement was a key driver for the leaders and staff within the home.

The aims and objectives of the home were set out and the manager of the home was able to follow these. For example, they had a clear understanding of what the home could provide to people in the way of care and meeting their dementia needs.

The leadership culture in the home promoted person centred values. Staff described their desire to "Treat people

as if they were our relatives". Middle managers, such as Nurses and senior care staff were well informed about their roles and they described in detail how they provided the support to new staff.

Staff roles were clearly defined with nursing staff leading teams of carers. Care staff told us that if there was any uncertainty they could ask nurses questions about the care they needed to deliver. In turn nurses were provided with clinical supervision by the manager. Nurses told us that they were given the opportunity to maintain their registrations with the NMC through additional training. These covered areas of practice and new developments in the nursing profession. Records showed that the manager encouraged learning for nurses, they attended all of the training themselves so that they could provide guidance and check competence with the nursing staff. This showed that the deputy manager monitored the quality of nursing care and also checked to ensure nurses remained registered with their professional body. Also demonstrating their own requirements to remain up to date and on the professional register.

Staff told us they would challenge their colleagues and discuss issues about their work practice to improve their performance and discuss this with a manager. Managers had been carrying out unannounced spot checks both for day and night staff and their visits were recorded. Spot checks enabled managers to check staff performance and provided opportunities for staff to discuss issues with managers whilst they were working. Information about whistle blowing was displayed in staff areas and staff told us they understood how to raise concerns and follow the whistle-blowing policy. The policies protected staff who wanted to raise concerns about practice within the home.

There were a range of policies and procedures governing how the home needed to be run. The manager followed these in reporting incidents and events internally and to outside agencies. They were kept up to date with new developments in social care. The aims and objectives of the home were clearly set out; they fostered accountability, respect and honesty. The manager of the home was able to promote these values with the staff. New staff received a hand book which gave them information about what was expected of them within the homes values.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient numbers of staff were not deployed to cover both emergency and the routine work of the home.