

Mr Amin Lakhani

Glen Heathers

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



Overall summary

We carried out an unannounced comprehensive inspection of this home on 24, 25 March and 2 April 2015. Multiple breaches of the legal requirements were found in relation to the safeguarding of people, the requirement to notify CQC of incidents, failures to ensure adequate numbers of staff who were appropriately supported and trained, and a lack of robust quality assurance

We issued warning notices requiring the registered provider to be compliant by 4 June 2015 for breaches in the standards of care and welfare for people who used

the service, the unsafe management of medicines, the manner in which people were treated and a failure to ensure consent was gained and where appropriate the Mental Capacity Act 2005 was applied correctly.

A condition was placed on the registration of the provider for this home restricting them from allowing any further admissions to the home without CQC's prior permission.

We undertook a focused inspection on the 30 June 2015 to check the provider had taken action to meet the legal requirements in relation to the warning notices served. We found that they were meeting requirements in relation to person centred care, need for consent, safeguarding service users from abuse and improper

Summary of findings

treatment and the requirement to notify CQC of incidents. However, they had failed to make sufficient improvements to the manner in which people were treated and in providing safe care and treatment. CQC served two further warning notices requiring the provider to become compliant with these regulations by 14 August 2015.

This unannounced comprehensive inspection took place on 16 and 18 November 2015.

Glen Heathers is a registered care home and provides accommodation, support and care, including nursing care, for up to 53 people, some of whom live with dementia. The home is separated into three wings across two floors, with access to communal areas. At the time of inspection there were 29 people living in the home.

A registered manager was not in place at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited a person to undertake this role who commenced in August 2015 and they had submitted an application to become the registered manager.

At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that sufficient improvement has been made to take the provider out of special measures.

Improvements had been made to the assessment and management of risks associated with people's care. Care plans provided clear information and staff adhered to these. The management of medicines had improved, though attention to detail in some records was needed. Although staffing levels had decreased since our previous inspections, observations and feedback reflected there were sufficient staff to meet the care needs of people.

Areas of the home were not always clean and well maintained. The home supported people living with dementia but the environment was not always conducive to the needs of people living with this condition. We have made a recommendation about this.

Staff understood their role and responsibilities in protecting people who may be at risk. They knew how to recognise signs of abuse and how to report these.

Recruitment practices were safe and meant people could be confident they were being supported by staff appropriate to do so. Supervisions and training had improved although further embedding of the supervision structure was required.

Observations showed staff sought people's consent before providing care. Staff understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had improved. Mental Capacity Assessments had been undertaken where needed and best interest consultations had taken place, although these were not always clearly recorded. People were not being deprived of their liberty unlawfully. The home supported people to access other health care professionals when this was needed. They supported people to maintain an adequate nutritional intake although records kept of this were not always clear and accurate.

People were now being treated with dignity and respect. Staff demonstrated a caring approach towards people and promoted their privacy. People were consulted about their care and treatment. Care plans were more personalised, mostly reflective of people's needs and adhered to by staff. Staff knew people well and responded promptly to a change in their needs but the records held were not always accurate and up to date.

Systems showed people, their relatives and staff's feedback was sought and acted upon. The manager worked "hands on" with people and alongside staff. They operated an open door policy and were described as 'approachable'. The manager was aware of the need to make further improvements to the auditing process of care plans.

We found a number of breaches 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 service was not always safe.

Areas of the home were not always clean and well maintained.

Staff understood safeguarding and their role in this.

Improvements had been to the management of risks for people and the management of medicines.

Staff recruitment practices were safe and although staffing levels had decreased, there were sufficient staff to meet the needs of people at the time of our inspection.

Requires improvement



Is the service effective?

The service was not always effective.

The environment was not always conducive to the needs of people with dementia and some areas were poorly maintained.

Improvements to the training and supervision of staff had been made but this required further embedding. Staff sought people's consent before providing care and demonstrated an understanding of the Mental Capacity Act 2005.

People were supported to access health professionals when needed.

Nutritional needs were supported although records were not always clear.

Requires improvement



Is the service caring?

The service was caring.

Staff demonstrated respect for people and were kind and caring in their approach. Staff understood the need to ensure people were given choices and their privacy was maintained.

Good



Is the service responsive?

The service was not always responsive.

People were supported by staff who knew them well and responded to their changing needs. People and their relatives had been involved in the development of care plans, but these were not always accurate and up to date. Care plans were mostly followed by staff.

People had no complaints but knew how to raise these and felt confident they would be listened to. The provider had a complaints policy and records showed when concerns were raised these were investigated.

Requires improvement



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

The service did not have a registered manager, although an application had been submitted to the Commission.

Systems were in place to gain feedback and this was acted on. Audits identified areas of improvement and action was taken. Records of people's care and treatment were not always accurate. The manager was aware of the need to further develop the care plan audits.

People and staff felt the manager was approachable and operated an open door policy. They understood their roles and the vision of the home.

Glen Heathers

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 16 and 18 November 2015 and was unannounced. The inspection team consisted of two inspectors, a specialist advisor in nursing care, a pharmacy inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of supporting older people

Prior to the inspection we reviewed previous inspection reports and information we held about the service

including notifications. A notification is information about important events which the service is required to tell us about by law. This Information helped us to identify and address potential areas of concern.

During the inspection we spoke to four people living at the home and five relatives. To help us understand the experience of people who could not talk with us we spent time observing interactions between staff and people who lived in the home. We also spoke to the manager, the general manager, eleven staff including registered nurses, carers and ancillary staff. We spoke to a visiting health care professional.

We looked at the care records for 10 people and the medicines administration records for 29 people. We looked in detail at recruitment records for nine staff and reviewed all the records for supervisions and appraisals. We reviewed the staff training plan and the staff duty rota for the past four weeks. We also looked at a range of records relating to the management of the service such as accidents, complaints, quality audits and policies and procedures. In addition we received feedback from one other external social care professional.

Is the service safe?

Our findings

People told us they felt safe and relatives agreed with this. They described how staff knew people well and how they needed to be supported. They felt there were enough staff available to meet people's needs and expressed no concerns. A visiting professional told us "The staff do listen and it is clear to me that they follow our advice. I would say that now, compared with a few months ago, people living at the home are safe".

At the inspection in March 2015 we found the service was not safe. The assessment and management of risks associated with people's care and doing all that was practicably possible to reduce risks was not effective. The management of medicines was unsafe. This was a breach of regulation 9 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served warning notices for these regulations requiring the provider to take action to address the concerns. In June 2015 when we inspected to follow up on the warning notices, we found the assessment of risk had improved, however staff were not adhering to plans of care and people were put at risk as a result. Although the management of medicines had improved we continued to have concerns about the safety of this. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we served a further warning notice, requiring the provider to make further improvements.

At this inspection we found the management of risks had improved. Staff demonstrated a good knowledge of how they managed risks for people. One member of staff described one person who was at risk from falling out of bed. They explained that a low bed had been provided for them and a mattress on the floor. Another member of staff said, "One person who was in a wheelchair almost fell when getting into (their) chair so I told my manager and now we have to use a stand aid". Where a risk of falls for a person was known, care records contained plans which described the risk and how this was to be managed by staff. Where people's mobility was reduced and they required the use of equipment to mobilise, plans contained information

about how to use the equipment safely. We saw moving and handling equipment being used by staff throughout our visit. This was done safely and with clear explanations and reassurances given to the person.

Risks of choking were documented clearly in people's care records with the action staff should take to reduce the risks and the action they should take if the risks presented. Staff were able to describe the action they would take which confirmed what was written in the care plans.

Observations demonstrated staff followed these care records when supporting people. For one person we saw they had a compromised swallowing ability but refused to have the fluid thickener that the Speech and Language Therapist (SALT) had prescribed. This created a degree of risk for the person in addition to the fact they also liked to eat an item which was also a choking risk. However, the person had the capacity to choose and this was their choice. A clear plan was in place outlining the risks and the person's choices. Staff were aware of the increased risk.

For another person the risks of skin damage were clearly documented in the care records with instructions for staff about the frequency they should support the person to reposition. Records showed staff followed this plan.

At our previous inspections in May and June 2015 we found appropriate arrangements for safely handling medicines were not in place. A warning notice was served and the provider sent us an action plan telling us how they would make the necessary improvements. During this visit we found the action plan had been followed and we saw significant improvements.

People's medicines were managed safely. Medicines were stored safely and there was a system for ordering, receipt and disposal of medicines in place. The temperature of the rooms where medicines were stored was recorded daily and was within the recommended range. There was a separate refrigerator for medicines needing cold storage. Records were available to show that the temperature range was being recorded daily. However, only the actual temperature was recorded, instead of the minimum and maximum, but all records showed that it was within the recommended range. There were suitable arrangements for the storage and recording of controlled drugs.

The pharmacy provided printed medicines administration record (MAR) charts for staff to complete when they had given people their medicines. We looked at all the MAR

Is the service safe?

charts in use at the time of the inspection and those from the previous month for 29 people. There were no gaps in the records and they were completed appropriately. However, we found three examples of handwritten charts where there was only one signature of the person who had completed the chart, so we could not determine if they had been checked. Although medicines were managed safely, at times records were not accurate or complete. Changes to medicines had not always been documented and the last date of administration was not consistently recorded when a medicine was only given every three months. There were systems in place to guide care staff on how to apply creams and other external items and records of when these were applied to people. The opening dates of liquid medicines and eye drops were recorded to ensure that these were discarded within the required time range.

There were non-prescription medicines kept in the home, for occasional use; these had been approved by the GP for individual people and were recorded when used.

At our inspection in March 2015 staffing levels were not sufficient to meet the needs of people living at the home. This was a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection the staffing levels had reduced from seven to six care staff during the day supported by two registered nurses. The number of people living at the home had also reduced by 12 people. People felt staff responded promptly to their requests for support and had no concerns that there were not enough staff on duty to meet their needs. A tool was in place to assess the staffing levels and we were advised this was monitored weekly by the senior management team. Some redeployment of staff and reorganisation of the lunchtime routine had taken place since our last inspection. The changes allowed people to be supported at a pace they needed, by enough staff. Observations reflected there were sufficient staff to meet the care needs of people.

We looked at ways in which the home protected people from the risk of infection, and how they controlled infection if there was an outbreak. We noted that whilst some areas of the home such as the floors of bathrooms were stained they were clean. We asked cleaning staff about the stains and they said they were impossible to remove with general

cleaning. However, there were stains on all of the toilets and baths which, although mostly associated with limescale, could harbour bacteria which might put people at risk.

Other areas of the home were unclean. For example, the linen cupboards floors had heavy layers of dust on the carpet and there were tissues, gloves and papers on the floor. We asked two members of cleaning staff if they opened the cupboards and cleaned inside them and they told us they didn't, and had not been asked to clean inside the cupboards. One bathroom stored a screen which was heavily stained. A cupboard on the wall when opened showed that the shelves were unclean and the floor had lifted at the edges. A second bathroom did not have a bin for paper towel disposal and there was a dirty washing bowl on the floor. In addition on day one of our visit we saw that a toilet on the ground floor had a sign stating it was out of use. The door was not locked meaning people could enter this. On day two this notice remained on the unlocked door and we smelt and saw it had been used. As the toilet was not working and the door was unlocked people could access this facility and it could put them at risk of infection as we understood the toilet flush was broken.

Much of the building was in a bad state of repair. Along the upstairs corridor there was a hole in the wall. The ceiling was cracked in places and the walls were marked. Areas of the carpet had been taped down as they had split. Bathroom flooring and some baths were stained. In one communal area of the home that supported people with dementia was a chair with no cushioned base. This had not been removed or repaired.

The failure to ensure all areas of the home were clean and adequately maintained was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in infection control and cleaning staff were able to tell us how they promoted this. Staff wore gloves and/or aprons when giving personal care to people. There were plenty of gloves and aprons available around the home, such as in bathrooms and toilets. Hand sanitisers were placed throughout the building and at the entrance to the building. At mealtimes staff wore blue aprons and we saw staff wash their hands before giving people food and drink. In the staff toilets there were effective hand washing notices and we saw hand washing

Is the service safe?

guidelines within the home's infection control policies. The provider's infection control policy included details needed to protect people from the risk of infection, such as hand hygiene, personal protective equipment and immunisation of staff and people. We noted that the influenza vaccine had been discussed at the recent resident and relative meetings.

At the inspection in March 2015 the provider was not reporting safeguarding matters appropriately. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. In June 2015 we inspected and found improvements had been made and the provider was meeting the requirements of the regulation. At this inspection we found the provider had sustained these improvements.

People were supported by staff who had a good understanding of the types of abuse which they may observe and how to report this. They felt confident any concerns they raised would be dealt with appropriately by

the manager and knew how to escalate any concerns they may have to the local authority or the Care Quality Commission. Records showed all care staff had completed training and there were no current issues. The manager was aware of their responsibilities to manage and report any safeguard concerns to the local authority. The manager and general manager told us they had no current safeguarding issues. We saw the last one raised with the home had been investigated and acted upon.

We looked at the recruitment records of newly appointed staff. Recruitment records for staff included proof of identity, two references and an application form. Disclosure and Barring Service (DBS) checks were in place for all staff. These help employers make safer recruitment decisions to minimise the risk of unsuitable people working with people who use care and support services. On occasions where staff had commenced work prior to all checks being returned, risk assessments had been undertaken and staff worked under full supervision until full DBS checks were returned.

Is the service effective?

Our findings

People and relatives were satisfied with the service being provided. They felt confident that the staff were knowledgeable of people's needs and skilled to undertake the role. However, one person raised concerns about language barriers at times with agency workers.

At the inspection in March 2015 we found the service was not effective. The registered person had failed to ensure staff were appropriately supported through effective supervision and training. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

At this inspection we saw improvements had been made although the manager and general manager were aware this area still required improvement. The manager confirmed that appraisals had not taken place with staff but they planned to do this within the next few months. Registered nurses had received supervision since our last inspection, seven of 15 day staff and two of seven night staff. Whilst these had received one supervision session, follow up sessions had not taken place. The manager, who commenced their role in August 2015, told us they did not have a supervision schedule yet, but had plans to implement a structure to ensure effective supervision sessions could take place for all staff. They said they would supervise the registered nurses (RN), the RN's would supervise the senior care staff and the senior care staff would supervise the care staff. They did not know when this would be implemented. All staff said they received management support. One member of staff told us, "If I've got a problem they deal with it". Another said, "The manager is always in the dining room observing us and giving advice but in a nice way".

At our inspection in March 2015 staff had not received training which would support them to deliver care based on best practice. Although there remained gaps in some staff training, we saw improvements had been made since our last inspection. The manager confirmed they had commenced a level 5 management qualification and had also completed the care certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily

working life. They said all new staff completed the care certificate and they were looking at whether staff who had been in post for some time would also benefit from completing this.

At our last inspection no registered nurses had completed care planning training, and care plans created by nursing staff lacked clear guidance and did not fully reflect people's needs. At this inspection there were two permanent nurses and two bank nurses. Two had completed training on care planning and we saw improvements to the care plans. The service supports people who live with dementia and at our last inspection no registered nurses and a minimal number of care staff had completed any training about dementia. At this inspection the registered nurses and 16 of 22 care staff had received training. The service had run a Dementia Friends session with staff. The Dementia Friends programme is run by the Alzheimer's Society's and is an initiative to change people's perceptions of dementia. Following this session a member of staff had been responsible for creating a poster information sheet which was on display in the home.

People living with dementia often have difficulties with communication and this can lead to them displaying behaviours which may place them and others at risk. We saw that some people who lived at Glen Heathers could display these behaviours. However, training in managing these behaviours had only taken place for four staff. No registered nurses and 18 care staff had not received this training. Care plans were in place, however they lacked information about proactive strategies to support people. These are strategies used to make sure a person has everything they need in a way they need it, to prevent behaviours which need intervention from occurring. Challenging behaviour training was scheduled throughout the year but no plan was in place to identify when staff would be completing this. The manager told us supervisions would be used to identify this.

At the inspection in March 2015 staff knowledge of the Mental Capacity Act 2005 was poor and the principles of this were not applied to practice. We served a warning notice requiring the provider to take action. In June 2015 we inspected to follow up this warning notice and found improvements had been made and the provider was meeting the requirements of the regulation. At this inspection we found the provider had sustained these improvements.

Is the service effective?

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). We discussed the Mental Capacity Act (MCA) 2005 and DoLS with the manager and staff. This Act provides a legal framework for protecting people who are unable to make decisions for themselves and to ensure any decisions made are in their best interest. DoLS is a part of this legislation and ensures that people can only be legally deprived of their freedom of movement when it has been authorised as being in their best interests and the least restrictive option.

Ten of 25 care staff had not completed training on the MCA and DoLS. This training was scheduled throughout the year but no plan was in place to identify when staff would be completing this. The manager told us supervisions would be used to identify this. Staff understanding of how to support people to make decisions for themselves was good and staff understanding of the MCA had increased since our last inspections. One member of staff said "I've got a rhyme in my head to remember it" and added "everyone is deemed to have (mental) capacity" before explaining the main principles of the MCA. A newer member of staff couldn't explain the terminology but gave good examples of how they supported people such as "if someone didn't want to get up one day I'd leave them but you can't leave someone like that forever so it's about trying to encourage them and getting help from the family". This meant that whilst staff could not always explain the terms used legally, they demonstrated a good awareness of how they sought people's permission before delivering care.

Care plans detailed how staff should support people to make choices. For example, for one person a care plan stated "Please offer [the person] a cloth protector but it is [their] choice to use one. If [they] does not please assist [them] to change [their] clothes after [their] meal and ensure [they] had the opportunity to wash [their] face and hands". We saw staff providing this support. Throughout our visit we observed staff asking for people's permission before they provided support. For example, they checked if the person wanted help with their meals before providing this.

Records showed that mental capacity assessments had been carried out where appropriate and best interest decisions recorded. The manager described how people's representatives had been involved and relatives told us of their involvement in people's care, however, best interest records did not always clearly record who had been

consulted and what their views were. Where required DoLS applications to the supervisory body had been made. Where these had been authorised a copy was kept within the persons care records and staff were aware of these.

People were supported to eat and drink as required. Everyone spoken with said they enjoyed the food and drinks offered and there was always a choice. People chose from a planned menu but were able to request something else if they wanted to. Care plans were also in place to guide staff about the level of support people needed. For example, if they were on a soft diet, required thickened fluids and their weight monitoring. Kitchen staff told us they were informed of the people who may require fortified and high calorie diets and they ensured this was delivered.

We observed lunch over both days of our inspection. Staff offered support to people throughout, ensured they knew what the meal consisted of and checked they were satisfied with the meals. Information was readily available to ensure their needs were met. For example, one person who was at risk from malnutrition had high calorie drinks in their room and we saw a note to tell staff the flavour the person did not like, to ensure they did not give this. Food was kept hot in a trolley which had been brought up in the lift and given to people when they were ready for it or when the staff had finished helping others to eat and drink. This meant that food was served at the correct temperature and people did not feel rushed.

Staff used a Malnutrition Universal Screening Tool (MUST) which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. However, we could not always see how this information was used to guide the plan of care for individuals. For example, we saw two people had significant weight loss in the last few months. However, care plans did not reflect the weight loss or possible reasons. They did not record any planned action by staff. Food and fluids monitoring had not been commenced and there was no record of any referrals for other professional input. Staff explained how they felt the weight loss of one person may be due to a medicine they were taking, however there was no clear evidence this was the cause. They were also able to explain how they informed the GP for the other person.

The failure to ensure clear, accurate records of people's care and treatment was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Staff told us how they would monitor people who were at risk of malnutrition. They told us how they monitored their intake and how they would increase the frequency of checking their weight. All of the staff gave good examples of how they tried to ensure that people had enough to eat and drink. One member of staff told us "I try to encourage little and often. I try to increase dairy products and anything with lots of protein". Another member of staff said, "The SALT (Speech and Language therapy) team are available if there's a problem". They told us they would refer problems to the registered nurse.

People had access to a range of healthcare professionals including community nurses, dentists, GP, dieticians, physiotherapists and Speech and Language Therapists. Where needed the staff requested the GP to make referrals to other teams for support. People told us they were supported to see the GP if needed.

The home supported people living with dementia, however the environment was not always conducive to their needs.

For example, one area where support was provided was a conservatory style extension. The roof was corrugated plastic. At the time of our inspection a constant drip from the building above could be heard loudly on this roof. At times when it rained we were told this room was very noisy. Visual aids including the use of colours, to support people with dementia to recognise the functionality of rooms and equipment were not in place. At times the names of room doors were not always an accurate description, for example one bathroom was labelled "toilet". In the downstairs bathroom an old privacy screen was positioned around the sink. This would have to be moved out of the way for staff and people to wash their hands after going to the toilet. This meant that it was difficult for people to maintain their independence with hand washing after using the toilet.

We recommend that the service explores and implements relevant guidance on how to make environments used by people with dementia more 'dementia friendly'.

Is the service caring?

Our findings

People were happy with the care and support they received. They said staff were kind, caring and understood their needs. One person said “They are lovely, very nice.” A second described the staff as “Fantastic”. A relative told us “They [staff] are excellent.” “They do everything and they are lovely. They know all the family and greet us by name.” People confirmed staff always asked them how they were, what they wanted and checked with them that they were happy with the care they were getting. They said they were always given choice and felt listened to.

At the inspection in March 2015 we found the service was not caring. People were not treated with dignity or respect by staff. Staff did not always ensure people’s privacy. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded with regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We served a warning notice for this regulation requiring the provider to take action to address the concerns. In June 2015 when we inspected to follow up on the warning notices, we found sufficient improvements had not been made and at times staff continued to demonstrate a lack of respect for people’s privacy and dignity. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014 and we served a further warning notice, requiring the provider to make further improvements.

At this inspection we found improvements had been made and people were treated with dignity and respect by staff. Staff responded quickly to people when they asked for assistance. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that people would understand. Staff explained what they were doing and why. They used people’s preferred form of address and got down to the same level as people and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them.

People were treated with kindness, compassion and dignity. For example we observed a member of staff trying to wake up a person who was to have lunch in their room. They couldn’t rouse them so they ensured that their call bell was in reach and took the meal back to the heated trolley to keep warm. We saw them go back a bit later, when the person was awake. They positioned the person

so that they could eat comfortably and safely and treated the person with dignity as they gave them their lunch, ensuring that the person had finished each mouthful before giving the next, and asking if they’d like a drink. Other observations showed staff ensured at lunchtime that people had time to eat at their own pace, they offered choices about where people wanted to sit, what they wanted to drink and if they wanted support from staff.

Staff demonstrated a good understanding of the need to respect people’s dignity and privacy.

Staff gave examples of how they ensured people’s dignity and privacy, such as putting a note on the outside of a person’s door to ensure others knew not to enter. One member of staff said, “If I’m working in a double room, I always put the screen around”. Another member of staff said, “We’ve got kimono things to protect people instead of using towels. We always ask people if they want them though, we never just assume”. When people required support with personal care we saw staff providing this discreetly in a private area. However, we did note that one person used a commode in their room with the door wide open. Staff said the person chose to have the commode in their room and they used it independently. They said they encouraged them to close the door. We saw staff were reminded of the need to do this in the staff handover.

Staff understood confidentiality and the need to maintain this. They told us that details about people should not be discussed outside the home.

A suggestion and ideas box was available in the entrance to the home for people and their relatives to use. We saw one person had requested to see more beetroot on the menu with salads. Kitchen staff confirmed this had happened.

The newly appointed manager told us that resident meetings were now taking place. They described how people had chosen to rename areas of the house and saw that these names were being used by staff. People told us how resident meetings had recently been introduced and said if they had any concerns they could raise them at the meeting. People confirmed they felt listened to. They told us where they were able they spoke to people about their care plans. Where people may not always be able to contribute to these, they used a “this is me” document that they asked families to complete so they could base care on people’s preferences. People and relatives confirmed that staff spoke to them about their likes, dislikes and how they

Is the service caring?

wanted to be supported and that they were involved in making decisions about their care. One relative told us “Pretty much every time we come in, the nurses come and speak to us.”

Is the service responsive?

Our findings

People and their relatives spoke positively about the service. They expressed their satisfaction and had no concerns. They said the staff knew people well and responded to their needs. Relatives described how they had been involved in making sure their relative's care was as they would have wanted it. A visiting professional told us "I would say this home has improved exponentially during the past few months. The staff are responsive and really listen to our advice".

At the inspection in March 2015 the provider was not ensuring people had been involved in the planning of their care and care plans had not been personalised. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponded to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In June 2015 we inspected and found improvements had been made and the provider was meeting the requirements of the regulation but further embedding of the improvements was needed to ensure consistency and sustainability. At this inspection we found the provider had sustained these improvements.

At the March 2015 inspection we found that areas of need identified during a pre-admission assessment had not been planned for. No further admissions to the home had taken place since this inspection so we could not establish if any improvements had been made to the pre admission assessment process.

Relatives advised they had been consulted about their relatives care where this was appropriate. People told us staff spent time talking to them about what they needed. Most staff seemed to know people well and when we spoke to staff about specific needs for people they were able to describe these and the action they would take to meet such needs. However, one person's care plan stated that this person should have a low stimulus environment. Loud music was playing in the communal room on the second morning of our visit and we observed a member of staff turn this down as this seemed to agitate the person. A second member of staff turned the music back up again. This meant that not all staff followed the person's plan of

care. In addition the person's care plan stated that when unfamiliar people were in the home they should be introduced to the person but the CQC inspector in the room was not introduced.

Care plans contained information about people's likes, dislikes, preferences and the support they required. For example, one person's care plan regarding their urinary catheter contained clear information about the care of the catheter and the signs staff should look for if the person developed an infection. The person had a fluid chart in their room with a target fluid intake and recording of the output in their catheter drainage bag.

During our inspections we do not directly observe intimate personal care, however we listened to one member of staff while giving personal care to this person. We noted that they followed their plan of care which stated that staff should give praise and encouragement to the person whilst they receive personal care. In addition we noted that the person had started to become anxious afterwards and their care plan stated that they were to be reassured when this happened. The member of staff crouched down to reassure the person, talking to them quietly. This meant that the care was personalised and centred on them as an individual.

We saw evidence that the home responded well to people's changing needs. One person's records indicated they had fallen on numerous occasions. We saw that additional external expertise had been sought for this person. We observed this person walk freely, on their own with the use of a walking frame, under staff supervision. They were quite steady and showed no sign of anxiety. We spoke with a carer about this who told us they had been walking more steadily recently. The external professional told us about this person, "This person was hardly mobile at all and I am delighted that [they] can get around so well today. I have seen how the staff support them to increase their mobility and I have to say this had worked really well. The staff do listen and it is clear to me that they follow our advice."

Whilst we observed this we noted the care records did not reflect an accurate picture of this person's current needs and support. They were unclear and provided inconsistent information about the person's mobility needs. For example, one plan stated the person was less mobile and

Is the service responsive?

required the support of two care staff, another plan stated they were “no longer mobilising” and a third stated they were able to walk short distances. This meant the staff may have been unclear about the support the person required.

The failure to ensure clear, accurate records of people’s care and treatment was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke to us about how they provided care which was responsive to people’s needs. One member of staff said they were always allowed time to sit and read people’s care plans. Staff described a new communication book which supported them to communicate as a team and all staff confirmed that they received handover. Staff told us handovers helped them to keep up to date with any changes in people’s needs and the support they required. We observed handover from morning to afternoon shift. Staff interacted during the handover and clarified what care was to be given to people. For example, one person had a chest infection and was in bed that day and staff

were asked to encourage the person to drink more. The Registered Nurse explained that the physiotherapist had been to see one person to assess appropriate moving and handling equipment for them and the nurse explained that two carers were needed to move this person. This helped to ensure that personalised care was responsive to people’s needs.

People and their relatives had no complaints, however they knew how to raise a complaint if they needed to. Staff described how they would support people who had a comment or complaint to make. One member of staff told us that no one had complained to them but they would sit and listen then go to the nurse or the manager. They added that if they were still unhappy they would report it to CQC. The provider had a complaints policy on display and they held a log of complaints received. There had been three complaints since our last inspection. Records were held showing how these had been dealt with and confirmed that the complainant was satisfied with the outcome.

Is the service well-led?

Our findings

People, their relatives and staff spoke positively about the new manager who they described as “hands on”, approachable and supportive.

At the inspection in March 2015 we found the service was not well led. The registered person had failed to ensure systems of good governance were effective in ensuring a quality service was being provided to people. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw changes had been made to some of the quality assurance systems used in the home. Extensive support from the provider’s senior management team had been provided to the service and staff since our inspection in March 2015.

The provider’s senior management team had undertaken numerous audits of the service and the newly appointed manager was undertaking audits. We saw the last general audit was undertaken in August 2015. This looked at areas such as medicines, a sample of care plans, complaints and safeguarding, staffing and observations of staff practice. A full report was completed which outlined areas which required improvement and these were then dated when completed. Audits were undertaken looking at the response time to call bells. This was an area we were concerned about during our inspection in March 2015. The most recent audit recognised an improvement in staff response times to these. It had been identified during these audits that response times were slower during handovers and staff had been instructed to leave handovers to ensure they responded to people’s calls for support. The audit in September 2015 recognised this had improved response times and during our inspection we did not see any concerns about staff response times.

The provider had advised they were introducing dignity champions within the service. Staff were in the process of receiving training to support them in this role. A dignity audit had been undertaken in October 2015. This looked at various aspects of the service including the environment, privacy, respect, personal care and communication. Following this an action plan had been developed outlining

areas that required further work, for example it had noted any areas missing on a sampled care plan. The plan had then been dated to indicate when this had been completed.

At our last inspection in March 2015 we saw that whilst surveys had been completed to gather people’s feedback, we were not confident that areas of concern had been acknowledged and plans implemented to address these. No further surveys had been completed with people since this inspection but resident meetings had commenced and people spoke positively about these.

At this inspection we saw a change in the meal times had taken place. Records showed people had been involved in these discussions and a trial had commenced. The trial had been reviewed with residents who agreed the new approach was working well. It was agreed with people to continue with the changes made. This showed people were consulted in changes in the service.

We saw records of a resident meeting. The meeting included subjects such as Christmas entertainment, the possibility of having a mini mobile shop and asking residents if they had stories to share about their past. One member of staff told us that some Christmas entertainment has now been organised, which meant that people were actively involved in developing the service. A relative’s meeting has been carried out on 9 September 2015 and four relatives had attended. Subjects discussed included flu vaccinations for people, a new system for people leaving the building and the Christmas party. Actions had been followed up and signed off. An analysis of feedback from visiting professionals had been undertaken in July 2015 and positive comments included “home is well run and safe”, “staff are aware of resident needs”.

Records relating to people’s care were not always up-to-date and accurate. For example, 16 people were prescribed ‘when required’ medicines; there was no information with either their MAR sheets or within their care records about how or when these medicines were to be given. The manager showed us they had removed all records regarding ‘as required’ medicines as they were planning on rewriting these to ensure they were more personalised. As they had all been removed this meant there was a lack of information available to staff about these medicines. For one person a medicine prescribed had been altered but this change had not been reflected in their care plan and for a second person there was no record

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to show when a medicine that was to be given every three months was last given. Staff knew when this was due but this was not recorded. Best interests consultations were not clearly recorded. For example, these said “family aware” but did not detail who had been involved and their views.

The care plans were both computerised and paper based. Registered nurses could access the computerised records but care staff only had access to paper records. At times the paper records varied from the computerised records. For example, one person’s care plans stated they were at risk of choking but there was a difference between the computerised care plan which stated on 14 November 2015 “There had been no change in the care plan with 1-2 scoops of Thick and Easy”. However, the most recent paper care plan dated 12 September 2015 stated “SALT – to have a puree diet and one scoop of thickener in the person’s fluids”, meaning the information available to care staff was not always accurate and up to date

The manager and regional manager had told us that there were always differences between the computerised and paper records. However, because of the importance of the paper records to staff there is a potential risk of impact to the people living at the home when records do not provide the same information. The manager told us they had plans to further develop audits such as care plans to ensure the audits looked at these in more detail.

The failure to ensure clear, accurate records of people’s care and treatment was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not have a registered manager at the time of our inspection. A new manager had been appointed and commenced their role in the home in August 2015. They had made an application to become registered with the Commission. People spoke positively of the manager; one

person told us “The manager [name] is new. I think he’s very good.” A relative told us the manager had made lots of changes and improvements. They added that the manager was very pleasant.

All staff said there had been huge improvements since our previous inspections. One member of staff told us “There have been massive improvements. We get a lot of support from management. If there are any problems it’s sorted”. Another member of staff told us that “things like checks on the residents and completing fluid and diet charts have all improved”. A third member of staff told us staffing had really improved. The trained staff we spoke with confirmed that there had been a big improvement since the last inspection. One registered nurse told us that there were now windows in the clinical room and a temperature control to the room. They added that there was a communication book for nurses to use which had improved communication immensely. All staff told us it was very easy to talk to the management team.

One told us, “[the manager] is very approachable and fair. He will muck in and help”. Staff told us that there was a clear vision for the home. One said, “We want a good reputation. We are working so hard and listening to everybody, relatives and residents”. Another member of staff said, “We want what’s best for the clients”. Staff said, without exception, that the home was well led. One said, “It’s nice to see a manager who actually cares and spends time talking to the clients”. Another told us morale had been down before but they felt much more respected now. A third said “I feel I can talk to him about anything”. We also saw the records of a staff meeting. The meeting included topics such as call bell response times, training and Deprivation of Liberty Safeguards. We noted that staff had been praised for their continued efforts to raise standards of care within the home. These demonstrated staff were asked for their ideas and motivated to contribute to the running of the home. This supported staff to feel valued and respected and motivated to provide high quality care to people.

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

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured clear, accurate and contemporaneous records about peoples care and treatment. Regulation 17(1)(2)(c)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered person had not ensured the home was clean and adequately maintained.

Regulation 15 (1)(a)(e)(2)