

Embrace (England) Limited

Thornbury Care Centre

Inspection report

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Date of inspection visit: 17 and 21 November 2014
Date of publication: 02/02/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 17 and 21 November 2014 and was unannounced. This means the provider did not know we were coming.

Thornbury Care Centre was last inspected in June 2014 and was found to have breached five regulations. During this inspection we found the provider had made progress with the action they had committed to undertake. They were no longer in breach of four of these regulations. However, we found they were continuing to breach one regulation as staff were still not receiving regular one to

one supervision. We have issued a warning notice for this continuing breach. You can see what action we told the provider to take at the back of the full version of the report.

Thornbury Care Centre is registered to provide nursing or personal care for up to 44 people. At the time of our inspection there were 33 people living at the home, some of whom were living with dementia. The home did not have a registered manager. A new manager had been

Summary of findings

appointed and had been in post for eleven weeks at the time of our inspection. The new manager had applied to be registered with the Care Quality Commission and was awaiting the outcome of this application.

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.

Staff were not receiving regular one to one supervision in line with the provider's supervision policy and the assurances given in their action plan following the last inspection. We viewed the supervision records for all of the staff. We found 14 staff had not been receiving regular supervision. This was a continuing breach of the regulations. Most staff had recently had an appraisal and they had completed training to help them fulfil their caring role.

The quality of medicine administration records (MARs) had improved since our last inspection. Although we still found some gaps in MARs they related to 'when required' medicines which were only administered when people needed them. We also found daily MARs checks and weekly and monthly medicines audits were not completed consistently. However this had not adversely impacted on people's safety or the quality of medicines records.

Staff had a good understanding of safeguarding and whistle blowing and knew when to report concerns. The provider undertook regular reviews of staffing levels to check there were enough staff to meet people's needs. People did not raise any concerns with us about staffing levels. They told us they had their needs addressed quickly. There were also checks in place to ensure staff were recruited safely.

The home was clean with no unpleasant odours. However, it was in need of refurbishment. The provider had already developed a plan to re-decorate the entire home and at the time of our inspection the home was part way through this programme. There were checks in place to ensure the safety and security of the home and equipment. However, the 'nurse call system' full annual service was overdue. The provider also had an

emergency evacuation procedure and contingency plans to deal with emergency situations. Incidents and accidents were logged and this information was analysed to identify trends and patterns.

People and family members gave us positive feedback about the staff and told us they were "very good." One person said, "The staff here are very dedicated, they are marvellous. They provide everything we want. They are lovely."

Most people received the support they needed to meet their nutritional needs and in a timely manner. During the lunchtime however, we observed two people were not supported to maintain their dignity. We saw staff did not follow the provider's guidelines to support people with making choices about what they wanted to eat. We also saw menus did not accurately reflect the meals available for people. Most people told us the food was good. One family member told us they were unhappy with the quality and variety of the pureed food their relative was served. We found people had comprehensive and detailed 'eating and drinking' support plans.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). The provider had acted in accordance with the regulations. They were in the process of submitting DoLS applications to the local authority about depriving people of their liberty so that they get the care and treatment they need, where there is no less restrictive way of achieving this. We found staff did not have a good understanding of MCA. We viewed the care records for four people and found MCA assessments were in place and had been reviewed recently. People were asked to give their permission before receiving care and staff respected their decision. One staff member said, "I wouldn't just go in and say come on." People had specific care plans to support staff with communicating with them.

Some people who used the service displayed behaviours that challenged the service. Staff had a good understanding of particular strategies to help them support and manage each person's behaviours that challenged the service. These included distracting the person, taking them away from the situation, offering a cup of tea and having quiet time on their own. One staff member said, "Everybody is different." We found people

Summary of findings

had 'concerning behaviour' support plans where appropriate which detailed the most effective strategies to support them when they were displaying behaviours that challenged the service.

People had been referred to health professionals where required. This included speech and language therapists, dietitians, GPs and specialist nurses.

People and family members gave us positive feedback about the care. One person said, "The staff are very good to me all the time. You speak as you find. They are very nice staff. I have no complaints." Another person said, "Everything I want is here. It is very good care." One family member said, "[My relative] had care in another place before here, and the care here is great. The home is convenient and we are satisfied with the care [my relative] receives. I am kept in the picture and fully informed of all aspects of [my relative's] care." Another family member said, "I am satisfied. The care here is great."

Staff had a good understanding of how to treat people with dignity and respect and promoting their independence. We observed staff were kind, considerate and caring towards the people they cared for.

We saw each person had an 'activity support plan' which gave guidance to staff about the person's preferred activities. People told us they could choose to take part in

activities, such as bingo and armchair exercises. However, not all activities offered would be meaningful for people living with dementia. The home was developing links with the local community.

People had their needs assessed and this information was used to develop care plans. Care records contained information about people's 'life histories' and their preferences. Care plans were reviewed regularly. However records did not contain meaningful information about what had been discussed during the review.

People and family members told us they were aware of their right to complain. One person said, "I have no complaints." Another person said, "I can't grumble at all." Another person said, "If I have any complaint, I know I just need to talk to the one in charge and everything is taken care of." One family member said, "I cannot grumble at all. The staff are very helpful."

Staff gave us positive feedback about the new manager and said she was supportive and approachable.

The provider had a system of checks and audits as part of its quality assurance programme to assess the quality of care provided. We found that because of a number of changes to the management team over recent months, these had not been effective in driving forward sustained improvement.

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. We found the quality of medicines records had improved since our last inspection. However, daily MARs checks and weekly and monthly medicines audits were not completed consistently.

Staff had a good understanding of safeguarding and whistle blowing and knew when to report concerns. People did not raise any concerns with us about staffing levels and they told us they had their needs addressed quickly. There were also checks in place to ensure staff were recruited safely.

The home was clean with no unpleasant odours. The home was part way through a re-decoration programme and there were checks in place to ensure the safety and security of the home and equipment.

Requires Improvement



Is the service effective?

The service was not always effective. We found staff were not receiving regular one to one supervision. Staff had recently had an appraisal and they had completed training to help them fulfil their caring role.

People and family members gave us positive feedback about the staff and told us they were “very good.” One person said, “The staff here are very dedicated, they are marvellous. They provide everything we want. They are lovely.”

Most people received the support they needed in a timely manner to meet their nutritional needs. One family member told us they were unhappy with the quality and variety of the pureed food their relative was served.

The provider acted in line with the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). People were asked to give their permission before receiving care and staff respected their decision. Staff had a good understanding of managing behaviours that challenged the service. People had been referred to health professionals where required.

Requires Improvement



Is the service caring?

Most aspects of the service were caring. However, we saw some people did not receive the support they needed in a timely manner. People and family members gave us positive feedback about the care. Their comments included, “The staff are very good to me all the time. You speak as you find. They are very nice staff. I have no complaints”, “Everything I want is here. It is very good care”, and, “I am satisfied. The care here is great.”

Staff had a good understanding of how to treat people with dignity and respect, promoting their independence and maintaining confidentiality. We observed staff were kind, considerate and caring towards the people they cared for.

People had access to information about advocacy services.

Requires Improvement



Summary of findings

Is the service responsive?

The service was not always responsive. There was an activities programme; however the activities available were not always meaningful for people living with dementia.

People had their needs assessed when they were admitted to the home. This information was used to develop people's care plans. Although we saw care plans were reviewed regularly, the review records did not detail what had been discussed during the review.

Opportunities for people and family members to be more involved were being developed. Meetings had recently been introduced and a survey was undertaken in October 2014. People knew how to make a complaint if they were unhappy with their care.

Requires Improvement



Is the service well-led?

The service was not always well led. The home did not have a registered manager but a new manager had recently been appointed. The new manager had applied to register with the Care Quality Commission. Staff said the new manager was supportive and approachable.

Staff told us and records confirmed, that regular staff meetings were now being held. Staff told us they were encouraged to give feedback during the meetings.

The provider had a system of checks and audits as part of its quality assurance programme to assess the quality of care provided. However, these had not been successful in driving forward sustained improvements to the service as until recently there had not been a settled management team in post.

Requires Improvement



Thornbury Care Centre

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 17 and 21 November 2014 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser and an expert-by-experience both with experience of dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We reviewed the information included in the PIR along with other information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service.

We spoke with ten people who used the service and four family members. We also spoke with the new manager, one senior care assistant and two care assistants. We observed how staff interacted with people and looked at a range of care records. These included care records for four of the 33 people who used the service, 33 people's medicines records and recruitment records for five staff.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

Is the service safe?

Our findings

When we inspected this service in June 2014, we were concerned medicines administration records (MARs) were inaccurate and incomplete. In particular, we found gaps in the MARs for 13 people, where staff had not signed to confirm medicines had been given. We also found checks of medicines records had not been done consistently. We asked the provider to send us an action plan to tell us how they would make improvements and become compliant with the regulations. The provider told us they would carry out daily checks on the quality of MARs and weekly and monthly medicines audits. The provider also told us they would review the protocols for 'when required' medicines to ensure staff had up to date guidance on when to give these medicines to people. They gave assurances in their action plan they would meet the requirements of the regulations by 6 August 2014.

During this inspection we found the provider had made progress with the actions they had committed to undertake. We viewed the medication administration records (MARs) for all of the people who used the service. We found staff had signed people's MARs to confirm that all prescribed medicines had been administered. We found there were gaps in MARs for six people where staff had not signed or added a code to confirm whether medicines had been given or not. However, these related to 'when required' medicines which were only administered to people when they needed them rather than a set time each day. This meant medicines records were accurate and supported the safe administration of medicines.

The systems in place to ensure people received their medicines when they needed them had not been followed consistently. For example, a daily check of people's MARs to ensure they were completed accurately and there were no omissions had not been completed after every medicine round but had been done most days. We viewed the records for previous weekly and monthly medicines audits. We saw these had also not been undertaken consistently. However, this lack of consistency had not adversely affected the overall quality of people's medicines records as this had improved since our last inspection.

We saw from viewing records that where people had 'as required' medicines a protocol was in place for all but one person. However for most people the protocol was incomplete. In particular, some records did not have a start

date recorded whilst for others there was no review date or the information about medicines was out of date. For example, one person had an 'as required' protocol in their records for a medicine they no longer took. This meant staff did not have access to accurate information to assist them to administer people's medicines as needed.

We found other records in relation to medicines were usually completed appropriately. However, we found the weekly stock check of medicines liable to misuse (controlled drugs) had not been completed for the week prior to our inspection. Medicines were usually administered by trained staff. We found one staff member who was administering medicines had not had their competency assessed. We saw medicines were stored securely in locked treatment rooms. Overall we found the provider had made improvements to the quality of people's medicines records. However, further time was required to show sustained improvement in people's records.

Staff had a good understanding of safeguarding and knew when to report concerns. They were able to readily describe various types of abuse and gave us examples of potential warning signs. For example, a person becoming quiet and withdrawn and unexplained marks and bruising. We viewed the safeguarding log and found previous concerns had been logged and the outcome from the safeguarding process recorded. Staff were also aware of the provider's whistle blowing procedure. The staff we spoke with told us they hadn't previously needed to use the procedure. However, they all said any concerns they had would be taken seriously and dealt with. One staff member said, "People are safe."

We found the provider undertook routine assessments to help protect from a range of potential risks, such as poor nutrition, skin damage and falls. We also found that where a specific risk had been identified an assessment had been completed which identified controls aimed at managing the risk. For example, one person was at risk because they regularly 'wandered around the unit.' The assessment considered the benefits to the person, such as maintaining their freedom and helping the person to remain calm, whilst also considering the risk of the person falling. We saw control measures had been put in place to help to reduce the risk of the person falling. These included staff to be vigilant and observant to the person's whereabouts.

The home was clean with no unpleasant odours. However, we observed the home was in need of refurbishment. We

Is the service safe?

saw the décor on the first floor was sparse and was not homely or welcoming. Some family members we spoke with told us the environment needed improving. One family member said, “The upstairs environment needs a lot of attention and should be better than it is”, and, “Something needs to be done.” Family members also said, “The staff are prepared to go the extra mile for the folks in here but now the management need to play their part and improve the environment upstairs.” The manager provided us with a copy of the home’s re-decoration programme. This was a phased programme which prioritised those areas requiring the most urgent attention. For example, lounges and dining rooms were identified as a priority. At the time of our inspection the home was part way through the programme.

We found there were checks in place to ensure the safety and security of the home and equipment. For example, there were regular checks of fire alarms, fire equipment, gas and electricity safety checks and other health and safety checks. Most of these checks were up to date at the time of our inspection. However, the ‘nurse call system’ full annual service was overdue, as the most recent record of a service was October 2013. There was an emergency evacuation procedure which included an individual assessment of each person’s evacuation needs. The home also had a contingency plan in place which identified other homes that could accommodate people should the home become unusable following an emergency. This meant the provider had developed plans to keep people safe in an emergency.

There were enough staff to meet people’s needs. People and their family members did not raise any concerns with us about staffing levels. People told us they had their needs addressed quickly. Throughout the day of our inspection we saw staff were always on hand to check on people’s safety. For example, people were always supervised in the lounge areas. Staff gave us mixed views about staffing levels. Staff told us there were usually enough staff to meet

people’s needs. However, one staff member told us on busy days some people may have to wait a little bit particularly as some people required two carers. Another staff member said, “Staffing has been good, there are enough staff.” Another staff member said the home “should employ one extra member of staff on the night shift on the first floor dementia care unit”.

We found the manager regularly reviewed staffing levels which included assessing people’s dependency levels. We found from reviewing previous reviews of staffing levels that where a need for increased staffing had been identified the number of care assistants had been increased. For example, the number of staff on duty had been increased recently due to a person being admitted for respite. Staff we spoke with confirmed staffing levels were increased to cover these situations. Staff told us existing staff or bank staff usually covered unexpected staff absences.

The provider had systems in place to check new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records for five recently recruited staff and found the provider had requested and received references including one from their most recent employment. A disclosure and barring service (DBS) check, previously known as criminal records bureau (CRB) checks, had been carried out before confirming any staff appointments. These checks were carried out to ensure people did not have any criminal convictions that may prevent them from working with vulnerable people.

The provider had systems to log incidents and accidents that happened at the service. We found the information logged was analysed to identify trends and patterns and ensure action had been taken to keep people safe. For example, the latest analysis had identified that two people had experienced six falls each in the previous month. We saw that both people had been referred to their GP and a referral had also been made to the ‘falls team’ for additional support and guidance.

Is the service effective?

Our findings

When we inspected this service in June 2014, we were concerned staff did not have the opportunity to have a one to one supervision with their manager. We asked the provider to send us an action plan to tell us how they would make improvements and become compliant with the regulations. The provider told us 'all staff will receive bi monthly one to one supervisions from their identified Mentor.' They gave assurances in their action plan they would meet the requirements of the regulations by 14 October 2014.

During this inspection we found the provider was continuing to breach the regulations as they had not made sufficient progress with the actions they had committed to undertake. We viewed the provider's 'Supervision of Staff Policy' which stated 'supervision should be carried out in a one-to-one interview and take place at regular intervals. The 'Supervision of Staff Policy' also stated 'frequency of supervision sessions may vary, but generally there are two aspects to cover – the person and the work/process. Guidelines are for the work or process centred review to take place at least every 4 – 6 weeks. A person centred review should take place at least every 6 months.' We viewed the supervision records for all staff who worked at the home. The manager told us these were the most up to date records available. We found supervisions were not being undertaken in line with this policy. For example, we found three staff had not had a one to one supervision since they started their employment. For one staff member this was in September 2013. We also found another six staff had not had a one to one supervision since January 2014. Supervision is important so staff have an opportunity to discuss the support, training and development they need to fulfil their caring role. This meant the provider had not met the assurances given in their action plan to ensure staff received regular supervision.

This was a continuing breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We found most staff had received an appraisal in November 2014. Staff said the provider was pro-active and supportive of staff undertaking training to help them fulfil their caring role. Staff gave us examples of training they had recently completed including dementia awareness and challenging behaviour training. One experienced staff

member told us they felt fully supported, although this was in the absence of formal clinical support taking place. They also told us they felt equipped to carry out their role as they felt the training was adequate. Another member of staff said they felt fully supported by the new manager although they would like to see the clinical supervision strategy fully implemented in the service.

People and family members gave us positive feedback about the staff and told us they were "very good." One person said, "The staff here are very dedicated, they are marvellous. They provide everything we want. They are lovely."

When we inspected the service in June 2014, we were also concerned people did not have a pleasant dining experience during lunch. In particular people had to wait an unacceptable amount of time before receiving their food; some people did not receive the assistance they required to meet their nutritional needs whilst maintaining their dignity and food and fluid charts were not completed in a timely manner. The provider told us in their action plan they would review the dining experience and agree actions to improve the service. They also told us they would support people to attend the dining room no longer than 5 minutes before the meal service commenced; menus would be revised and presented on tables in written and picture format and complete food and fluid records 'after each intervention.'

During this inspection we found the provider had made progress with the actions they had agreed to undertake. We observed a lunch-time in both the ground and first floor dining rooms. We saw in the ground floor dining room most people were independent with eating and drinking. Some people had chosen to have their lunch in their room. Where people required support we saw they received the support they needed to meet their nutritional needs. People were given the choice of fruit juices as well as tea or coffee at the end of the meal.

We saw that most people using the first floor dining room received their meals quickly. The 'European Care Group Best Practice Guidelines: Improving the Dining Experience' dated May 2013 stated 'a pictorial menu should be made available' and 'for people who find making a choice from a menu difficult, they should be presented with choice of dishes on offer.' We saw each table had a pictorial menu on it. However, these were not used to support people with making choices. The pictorial menu also did not accurately

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reflect the meal choices available to people. For example, the menu stated the choices were pork steak with cauliflower or lasagne and chips. However, the actual meal being served was pork casserole with broccoli or ham salad. We observed people were asked verbally to make their choice and some people found this difficult. We saw staff did not follow the company policy to assist these people with making their choice. For instance, nobody was offered a choice from plated up meals to help them decide what they wanted to eat.

Most people told us the food was good. They said the food was “first class.” One person said, “I always do enjoy my dinner.” Another person said, “They give me the kind of food I like.” However, one family member told us they were unhappy with the quality and variety of the pureed food their relative was served. They said they had raised their concerns with the new manager and were awaiting a response.

We found people had comprehensive and detailed ‘eating and drinking’ support plans. These included details of the person’s likes and dislikes with clear instructions for staff about what food and drinks should be offered. Staff described the action they took when a person was identified as “at risk” of poor nutrition. This included implementing ‘food and fluid charts’, checking people’s weights regularly and giving food supplements. Staff said some people had been referred to a speech and language therapist for specialist advice and guidance about their ability to swallow food safely. We saw evidence of this in people’s care records. We viewed people’s ‘food and fluid balance’ charts and found they were completed in a timely manner. However, we also found they were not always fully completed. For example, some charts did not record people’s expected daily fluid intake. This meant it was not always possible to easily check people had reached their expected fluid intake for the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure decisions are made in their ‘best interests.’ It also ensures unlawful restrictions are not placed on people in care homes and hospitals. Staff did not have a good understanding of the Mental Capacity Act 2005 (MCA) including the Deprivation

of Liberty safeguards (DoLS). The manager told us optional e-learning was available for staff. The staff we spoke with said they had completed the e-learning. However, when we spoke with them about MCA they said they were not sure what MCA was and when it would apply to a person. One staff member said, “No training, I am not sure when it applies.” We found one person had a DoLS authorisation in place. The manager was aware of the Supreme Court judgement which had widened the scope of DoLS. The manager told us five DoLS applications had been submitted. She said a further two applications were being submitted each week in agreement with the local authority. We viewed four people’s care records and found MCA assessments were in place and had been reviewed recently.

Staff told us most people were able to communicate verbally. They described the strategies they used to help people with making decisions. For example, staff said for one person they needed to speak slowly and give them time to answer. For other people staff said they used pictures and large print to help with the person’s understanding. We saw that people had specific communication care plans to guide staff as to the most effective method of communicating with people. Staff told us they always asked a person for permission before delivering any care. For example, asking them if they would like to get ready. Staff said they would respect the person’s decision. They said they would “pop back” later to check whether the person had changed their mind and document any refusals in people’s care records. One staff member said, “I wouldn’t just go in and say come on.”

Some people who used the service displayed behaviours that challenged the service. Staff had a good understanding of particular strategies to help them support and manage each person’s behaviours that challenged the service. These included distracting the person, taking them away from the situation, offering a cup of tea and having quiet time on their own. One staff member said, “Everybody is different.” We found people had ‘concerning behaviour’ support plans where appropriate which detailed the most effective strategies to support them when they were displaying behaviours that challenged the service.

People we spoke with told us they were supported to meet their health care needs. They said if they were feeling

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unwell their GP was called. We saw many examples in people's care records of referrals to health professionals when required. This included speech and language therapists, dietitians, GPs and specialist nurses.

Is the service caring?

Our findings

When we inspected this service in June 2014, we were concerned staff did not follow the agreed procedure when transferring a person from their wheel chair into a chair in the lounge. We asked the provider to send us an action plan to tell us how they would make improvements and become compliant with the regulations. The provider told us moving and handling support for each person would be identified in their care plan and staff would provide support in line with the assessment. They gave assurances in their action plan they would meet the requirements of the regulations by 14 October 2014.

During this inspection we found the provider had assessed each person's needs in relation to 'moving around.' This provided staff with information about the support people needed with moving and handling and any specialist equipment they needed. Throughout our inspection we observed a number of examples of staff undertaking moving and handling. Staff were always kind and considerate. For example, we saw staff supporting one person to transfer from a chair into their wheelchair using specialist equipment. We saw that two staff supported the person and they were caring whilst re-assuring the person they were safe.

People told us they received good care. Family members also confirmed their relative received good care. One person said, "The staff are very good to me all the time. You speak as you find. They are very nice staff. I have no complaints." Another person said, "Everything I want is here. It is very good care." One family member said, "[My relative] had care in another place before here, and the care here is great. The home is convenient and we are satisfied with the care [my relative] receives. I am kept in the picture and fully informed of all aspects of [my relative's] care." Another family member said, "I am satisfied. The care here is great."

We observed staff interacted with people in a professional and appropriate manner. We carried out a specific observation in the lounge on the dementia floor using SOFI. During the 40 minutes of our observation we found most people received one to one interaction from staff which was relevant and specific to the person. For example, staff chatted with people about things that were personal to them, such as family, friends and previous pets. We saw staff were attentive, caring and considerate towards the

people in their care. For example, one staff member realised that a person did not have their glasses on. The staff member immediately went to get the glasses and returned with them quickly.

Staff responded to people's needs in a timely manner. People told us that when they needed assistance from staff they only had to press their "call button" and staff responded quickly. One person said, "I only have to ask for something and the staff see that I get it." Another person said, "The staff here are so good to us. You only have to ask and you get it." We observed one person press their "call button" and a staff member came to see the person within one minute.

The manager told us people had access to information about advocacy and how to contact an advocate. She said all of the people who used the service had a representative which was usually a relative.

People we spoke with told us staff treated them well. One person said, "The staff are so helpful. They are all so good. They have a lot of patience." Staff we spoke with demonstrated a good understanding of the importance of maintaining people's dignity and respect. They gave us practical examples of how they delivered care whilst maintaining dignity. For example, making sure the person's door was closed when delivering personal care, checking with the person they were okay and explaining what they were doing. The manager told us dignity and respect were part of the initial induction that new staff completed. The manager had clear expectations of staff. For example, giving people choices and knocking people's doors before entering their rooms. She carried out observations to ensure these were achieved.

However we found during our lunchtime observation that two people were not supported to maintain their dignity. For example, one person's care plan recommended the person should have soft food and sauces and gravy should be avoided if possible as they preferred finger food cut into small pieces. We observed that the person was given pork in sauce and as such found it difficult to eat without causing a mess. We saw another person was using the handle of their spoon to eat their meal. We saw throughout our observation staff did not prompt or encourage the person to turn their spoon around. This meant the person would have found it easier to eat their lunch.

Is the service caring?

Staff told us how they aimed to promote people's independence. They said they would ask people what they could do for themselves. For example, if a person could wash themselves they would give them the 'flannel' and encourage them to have a go.

Visitors were allowed to visit at any time although meal times were protected. Family members were still allowed to come in as they wanted. For example, some family members provided support to their relative with eating and drinking during the meal-time.

Staff were aware of the provider's policies and procedures relating to confidentiality. They told us about the provider's

expectations which included not talking about work related issues outside of work, closing the door when speaking in the office and locking away confidential personal information.

We spoke with staff about the care they delivered to people and we particularly asked them to tell us what the service did best. They commented, "The care staff are great. They try their best to do everything they can", "Comfortable home, nice environment, we care here for them [people]", and, "providing care."

Is the service responsive?

Our findings

When we inspected this service in June 2014, we were concerned people were sat for long periods of time with little interaction from staff. We asked the provider to send us an action plan to tell us how they would make improvements and become compliant with the regulations. The provider told us people's preferences would be supported in line with their care plans. They also told us social activities and social life support would be reviewed for each person and an agreed plan developed in line with their preferences and needs. They gave assurances in their action plan they would meet the requirements of the regulations by 14 October 2014.

During this inspection we found the provider had made progress with the actions they had agreed to undertake. We saw each person had an 'activity support plan.' This gave guidance to staff about the person's preferred activities. For example, for one person staff had recorded they 'benefitted from one to one interaction when in the mood.' We observed during our inspection there was a lack of spontaneous or planned activities and interventions taking place. The manager told us this was because the activities co-ordinator was on annual leave during the week our inspection took place. However, there was no evidence any other staff member had been tasked with providing or co-ordinating activities in their absence.

People told us they could choose to take part in activities. For example, they said they enjoyed the bingo and armchair exercises. They also told us a 'club evening' was held every Friday with drinks. We saw some people spent a lot of time in their individual rooms. The people we spoke with said it was their own choice as they preferred to be in their rooms, "doing their own thing." We discussed the activities on offer with staff. The home was developing links with the local community. For example, we found a local church held a weekly meeting at the home and a hairdresser visited the home each week.

We found not all activities offered would be meaningful for people living with dementia such as bingo sessions. There was little evidence in the care plans and daily written records of specific one to one or appropriate group activities being offered specifically for people living with dementia. The manager told us the home had specialist

materials available but she was reluctant to allow staff to use it until they had been trained properly. This meant further improvements were needed to ensure people living with dementia were meaningfully engaged.

We saw from viewing people's care records they had their needs assessed when they were admitted into the home. Part of the initial assessment was to gather personal information about each person. Care records we viewed contained detailed information about people's life histories including their preferences. For example, each person had a 'This is me' profile which detailed personal information about them, such as eating and drinking likes and dislikes, preferred activities and communication. Care records included other important information about people. For instance, details about important people in their life and their previous employment. This meant staff had access to information to help them better understand people's needs.

The information gathered during the initial assessment was used to develop detailed care plans. Care plans had a planned outcome for people to work towards and described the support required to achieve the outcome. Care plans had been reviewed consistently. However, the quality of the review record was inconsistent and was not meaningful. For example, sometimes staff had only recorded a name and date. On some occasions more information about the review had been recorded but the same information was often repeated month after month. For instance, for one person staff had recorded 'fully supported with all aspects of personal care' for each review of their personal care support plan. We saw from viewing people's care records staff responded to changes in people's needs. For example, one person had been referred to their GP and the 'falls team' as they had experienced regular falls. Staff said they could look in people's care plans to find out about their preferences. This also included information about their "past history."

People and family members told us they were aware of their right to make any complaints known to the manager. People said they only needed to talk to the staff about any needs and it was dealt with quickly. One person said, "I have no complaints." Another person said, "I can't grumble at all." Another person said, "If I have any complaint, I know I just need to talk to the one in charge and everything is taken care of." One family member said, "I cannot grumble at all. The staff are very helpful."

Is the service responsive?

The provider had a complaints procedure for people to access if they were unhappy with any aspect of their care. The procedure was available in different formats to help with people's understanding. For instance, the procedure was available in 'easy read' and pictorial formats. We saw from viewing the complaint log there had been one complaint received this year. We found this had been resolved and the outcome of the investigation recorded.

The provider was developing opportunities for family members to give their views about their relative's care. The new manager had arranged an initial meeting with family members to introduce herself. The provider had recently

undertaken a 'relative's survey.' We viewed the returned questionnaires from the survey. We found ten family members had responded and most of their feedback was positive. However, we found some family members felt improvements were needed in relation to staffing, the environment and activities for people living with advanced dementia. The manager had developed a newsletter which was available to all of the people who used the service. We viewed the most recent newsletter which provided details of events planned in the forthcoming weeks. For example, three school choirs, a Christmas fete, reminiscence, pies and peas, a coffee morning and a movie afternoon.

Is the service well-led?

Our findings

When we inspected the service in June 2014, we found audits had not been successful in identifying shortfalls in the quality of people's care records. We asked the provider to send us an action plan to tell us how they would make improvements and become compliant with the regulation. The provider told us the company quality assurance system would be followed and a full quality audit carried out. The provider also told us support plans would be audited every three months and actions identified would be completed in one week. They gave assurances in their action plan they would meet the requirements of the regulations by 14 October 2014.

At this visit we found the provider had made progress with the actions they had agreed to undertake. The provider had a system of checks and audits as part of its quality assurance programme to assess the quality of care provided. We found these were being completed on a regular basis in line with the provider's expectations. For example, checks included a registered manager's monthly 'quality checklist' which included audits of the kitchen, infection control, meal-times and dementia. The manager submitted regular reports to head office which included information about people's weight loss, hospital admissions, referrals to dietitians and food and fluid monitoring. However, we found because of a number of changes to the management team over recent months these had not been effective in driving forward improvements. For instance, issues and concerns that had been identified during previous audits had not been signed off as complete or carried forward into subsequent audits.

Two family members we spoke with said they had no concerns regarding the care and attention their [relative] was receiving from the staff. However, they said they were concerned about the management of the home on a daily basis. The family members said in the four years their relative had been in the home there had been eight managers. They also said each manager had brought numerous changes to the way the home was run and that "it was very disconcerting to the residents and visitors."

The regional manager undertook a monthly audit. We viewed the most recent audit available dated October 2014. We saw actions had been identified during the audit including reviewing and updating all care plans, completing staff supervision and setting up 'resident's meetings.' The tool used to record the regional manager's audit had a section to provide an update on previous issues or concerns. We found no update had been recorded as the regional manager was new in post and this had been their first audit as regional manager.

The home did not have a registered manager. The new manager had applied to CQC to register as the manager and was awaiting the outcome of this application. The manager told us they had an 'open door' policy. Staff confirmed this was the case and said they could approach the manager anytime. One staff member said, "She [the manager] is lovely. If I have any concerns I can go and see her." Another staff member said, "The new manager is good, approachable. If I have any questions I can go to her." Another staff member said, I can discuss things with [name of manager] and [name of deputy]. They would support me the best way they could. They are both approachable."

One family member said "there was a very happy and friendly atmosphere" in the home. Family members said they found the new manager helpful. One family member said, "She is very approachable." Another family member said, "I am kept in the picture regarding my mother's care."

The provider had specific values it expected staff to work to. The manager told us staff were aware of the values and worked to them. However, we found these were not embedded into care delivery at the home. We asked staff about these values when we spoke with them. None of them knew about these values or could tell us what they were. Staff commented, "Don't know", "I am not aware", and, "I am not 100% sure."

We saw from viewing meeting minutes that regular staff meetings were held. These were used as an opportunity to raise staff awareness of care practice. For example, at a recent meeting staff were reminded of best practice in hand washing. Staff confirmed they were encouraged to give their views during staff meetings.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The provider did not have suitable arrangements in place to ensure staff were appropriately supported to enable them to deliver care and treatment to people because they were not receiving regular supervision. Regulation 23 (1) (a).

The enforcement action we took:

We have issued a warning notice to the provider.