Care UK Community Partnerships Limited

Heather View

Inspection Report

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Summary of findings

Overall summary

Heather View is a large purpose built modern home which can provide nursing and care for up to 74 older people. At the time of this inspection there were 49 people using the service. There are three floors where staff provide care for people with different needs.

People and their relatives told us they found the staff were very kind and met their needs well. One person said, "I'm very happy, they're wonderful, I'd rather be home of course, but they are keen to look after you."

The manager had been in post since February 2014 and they had submitted their application to register with the Care Quality Commission (CQC) at the time of this inspection. This application is in the process of being considered prior to the manager's registration being confirmed. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

The provider and the manager had effective systems in place which ensured peoples' safety. These included assessing the risks associated with people's needs and ensuring that staff took action to minimise these risks.

The staff had a good understanding of people's individual needs and this included the requirements related to people's mental capacity under the Mental Capacity Act 2005 and protecting people from unnecessary restrictions to their movement and liberty. The staff and manager had a system in place which they had used in practice if people had required referral to the appropriate authorities for best interest decisions under the deprivation of liberty safeguards.

We found that people received their prescribed medicines on time by staff trained to manage their medicines safely.

People told us that they could express their views about their care. There were regular relatives' meetings and the new manager had started to introduce residents' meetings. We asked people if they would be happy or comfortable to raise any issues, they said, "Definitely."; "I would tell my daughter, she's on the Committee." and "I would if I could think of something to moan about." One other person made positive comments about the effectiveness of the new manager including, "There is an open door policy."

During the day we observed staff continually asked people if their care was suitable and if there was anything else they could do for them. The care plans we saw demonstrated that some people or their relatives had been involved in their assessments and care reviews but it was not always clear if everyone who had been assessed as having the capacity to contribute had been involved.

People and their relatives all commented on how kind and caring the staff were. Our observations confirmed that the staff displayed a caring attitude towards people and their relatives. We saw examples of staff compassion including staff getting down to people's level to speak with them, showing people appropriate affection and touch and speaking kindly to ensure people had everything they needed. The staff we spoke with were enthusiastic about the care they provided. One member of staff said, "I love the residents here." Another member of staff said, "It is a real privilege working with the residents here in a safe environment."

People and their relatives told us that the staff knew their individual needs really well. Four relatives all said that they never had to prompt the staff to contact other health care professionals. One relative said, "We never have to ask, the staff pick up on everything." We found that people's care and nursing needs were recorded in detail and effectively communicated to the whole staff team. Where we did identify gaps in the information available to staff the manager was aware of these and had a detailed plan to continue to improve the care planning process.

People and their relatives commented that the service could improve if there were more activities tailored to people's interests. We found that although there was a variety of group activities and some individual activity on offer there was a need to develop the availability of useful daily occupation.

People, their relatives and the staff we spoke to all made positive comments about the new registered manager

Summary of findings

and the improvements they had made to the service. We found that the manager and the provider provided effective leadership to the staff and had taken the required action to improve the service and meet the needs of people since the previous inspection which took place in August 2013.

People told us there were enough staff to meet their physical needs but not to always be available to spend time with them and talk. The relatives we spoke with agreed with this view. One relative said; “No, I don’t think they have adequate staff or enough time to sit and chat especially those with no visitors”. We found that new staff had been recruited since March 2014 and the use of agency staff had decreased. Staff told us that although they were sometimes rushed they were able to meet people’s physical needs and find some time to spend with people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

The service was safe because systems were in place to ensure staff received relevant training to understand how to keep people safe and to report issues of concern.

We found that people had their needs assessed and any associated risks had been identified and recorded. The staff demonstrated that they took appropriate actions to minimise the risks to people whilst not restricting their movement unnecessarily. We found there was a need to increase the guidance that was available to the staff regarding how to effectively support people when their behaviour challenged others and the service. The staff understood their responsibilities to report accidents and incidents and these had been recorded and reviewed to identify any lessons which could be learnt.

We found that since the last inspection in August 2013 the arrangements for managing medicines had improved. The medicines management was frequently audited and the audit results showed that the errors had reduced. The staff had been trained to safely administer medicines and these actions had improved the protection for people related to the management of their medicines.

People had been referred as appropriate for best interest decisions if they had been assessed as lacking the capacity to make their own decisions. We did find that people's capacity to make decisions had not always been recorded clearly. The staff had been trained to respond appropriately to safeguarding concerns.

We found that staff had received appropriate training for their roles. The manager had introduced a comprehensive record of training to ensure that staff maintained their skills and received regular updated courses. The trained nurses had completed a range of relevant training including catheter care and wound care. We saw these had been used in practice especially in one instance when a detailed wound care assessment was in use. Staff at all levels had or were due to take part in dementia awareness training. The staff we spoke to were able to describe the needs of people with dementia and the issues that affected their care.

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Are services effective?

The service was effective in ensuring that people's needs were assessed and their preferences informed the way they were supported. The service ensured people had access to the right equipment and to appropriate health care to support their needs.

People were consulted regarding the effectiveness of their care but their involvement in the care planning process and reviews had not always been recorded. From talking to people who use the service and their relatives we found that staff always informed relatives about people's care and health and they had been fully involved in giving their views regarding the effectiveness of the care.

People had their health care needs met and the staff referred to other health care professionals as appropriate and followed their guidance.

Improvements have been made since the last inspection in August 2013 to the way the pressure relieving mattresses are monitored and the way people's fluid and food intake was recorded and monitored.

The records we saw demonstrated that the staff had the skills and knowledge and training they needed to carry out their roles. The staff said they had access to a range of mandatory and specialist training and they felt competent to meet people's needs.

People's had been consulted about their food preferences and these were catered for. The records showed that where people had been assessed as being at risk, action had been taken to ensure they received enough food and drink and their weight had been monitored to ensure their health was maintained.

Are services caring?

We found staff to be caring. They demonstrated a good knowledge of individual people's needs and knew them and their relatives well. They were alert to the needs of people and ready to intervene if needed. Staff interactions with people in the home were seen to be warm and respectful.

We observed warm and compassionate interactions between staff, people and their relatives. For example we heard staff offering people choices throughout the day about what they ate and drank and what clothes they chose to wear. We also heard staff talking to people and relatives about other family members and when they were due to visit. The staff used appropriate and caring touch when they approached and spoke to people. We saw that when people who were living with dementia displayed any distress staff immediately offered them comfort and support and talked with them or held their hand until they appeared calmer.

Summary of findings

Relatives and friends were welcomed to the service at all times and they said they were always kept informed about the welfare of their family member.

We found that people's dignity and privacy were always respected and people were treated with respect. Staff were seen to knock on people's doors before entering and to ensure they met people's need to remain dignified by ensuring they were supported to remain well groomed.

Are services responsive to people's needs?

People and their relatives were consulted about important decisions but records showing the level of their involvement were not clear. People with dementia did not always have enough to do during the day.

We found that the assessment and care planning process was detailed and included the views of people's relatives. It was not always demonstrated in the records that people using the service had been involved in planning their own care. However, throughout the inspection we heard the staff consulting people regarding their wishes. This included the staff asking people what they wanted to wear, what they preferred to drink and eat and whether they wished to take part in activities. The assessment and care planning process had improved since the last inspection and where we found gaps in the information available to staff regarding people's needs the manager was aware of these and had a detailed plan for ensuring the records continued to improve. This involved frequent monitoring and training the staff to maintain accurate and up to date records.

People and their relatives said they felt that, although there were group activities on offer, there was not always enough to keep people occupied and interested. They said the service could be improved with more small group or individual activity tailored to suit people's needs. We did see that a residents' activity forum had recently taken place for residents of Chelwood and minutes of the forum showed that people had been consulted to see what they liked doing and what they did not enjoy. Ideas had been discussed resulting in a list of suggestions for trips out and 'in-home' activities. Meetings were planned to be held every three months on each floor.

The people using the service and their relatives commented that sometimes the staff seemed stretched and too busy to spend time with them. The staff told us they agreed with this view when other staff went 'off sick' at short notice but they added that they did have some time to spend with people, once they had completed their

personal care duties. The manager and staff gave examples of daily activity especially for people with dementia. They told us that people were involved in laying tables for meals, washing up and gardening.

We found that although there was a variety of activity and many communal facilities this is an aspect of the service that could be reconsidered and improved.

Where people or their relatives had expressed their views regarding their wishes at the end of life these had been recorded. The staff had been trained to support people during their end of life care.

Are services well-led?

People who use the service, their relatives and the staff have benefited from a more stable management structure since the manager started in February 2014. The manager supported by the provider organisation has improved the leadership and delivery of care at the service.

People said the new manager was approachable and had made positive changes to the service.

We found that the assessing and monitoring of the quality of the service had improved since the last inspection. The provider's representative visited the home at least once a month and from their reports we could see they had spent time seeking people's views as well as monitoring the effectiveness and safety of the service.

The manager had increased the frequency of staff supervision and staff meetings which meant that staff had opportunities to share good practice and discuss their training needs and performance.

There was a clear management structure that all levels of staff were aware of and used to effectively report any complaints, safeguarding concerns, accidents and incidents and these had been reviewed and appropriate actions taken to protect people.

The manager had recruited new staff and reduced the amount of agency staff the service used. They had also met frequently with the senior team to discuss the staffing needs of each area of the service and supplied extra staff to support people who had been assessed as requiring additional staff. Although it was clear from discussions that these staff reviews were taking place the manager could improve the service by documenting their decisions regarding staff levels.

Summary of findings

What people who use the service and those that matter to them say

We spoke with 10 people who used the service, six relatives and a volunteer at the home. People we spoke with were positive regarding the care they received and the kindness of the staff. Comments included, "I am very happy the staff are wonderful.", "The staff are really very kind and helpful." Another person said, "They look after me really well." One relative said, "It's so lovely here I feel like I live here."

People and their relatives felt that sometimes the staff were too busy to spend time with them. Their comments included, "Depends on how busy they are really, generally speaking I don't wait too long". A relative replied, "X can't ring his bell; it's difficult to have enough staff to deal with two people at a time". When asked if staff spent time with them a resident said, "They haven't time, they're not fully staffed, and they only have a few minutes." A relative said, "No, I don't think they have adequate staff or enough time to sit and chat especially those with no visitors". The manager informed us that the recruitment of new staff and the reduction in the use of agency staff should alleviate these issues. We observed times throughout the day when staff did spend time with people, chatting and encouraging them to interact.

The volunteer who visited the home at least weekly told us that they had observed the staff caring for people and that they thought the staff were kind. They added that the people who they spoke with always praised the staff for their caring attitude.

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Detailed findings

Background to this inspection

The team for this inspection on the 15 April 2014 included a lead inspector and a second inspector. An expert by experience was part of the team. Their experience meant they were able to speak with people who used the service including people with dementia and gather evidence of people's day to day experience of living at this home.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

As part of the planning for this inspection we reviewed the information we held regarding this service including what people had told us about the care. We reviewed the previous report following the last inspection in August 2013 and information the provider had sent to the commission including any notifiable events, incidents or serious accidents. We reviewed the plan which the provider submitted following the last inspection to check whether action had been taken to make the required improvements to the service.

During the inspection we spoke to the manager, the clinical lead nurse, a representative from the provider's organisation and qualified nurses and care staff. We spoke with 10 people who used the service, five of their relatives and a volunteer We spent time observing the care during tea and coffee time and at lunch time and spent time on all three of the floors of the home observing care and speaking with people. We looked at a wide range of records and documents and related these to the care that was being provided.

We found that the required actions had been taken and this along with the effectiveness of the new manager had improved the quality and safety of the service for people who lived at the home.

Are services safe?

Our findings

There were effective systems in place which ensured people's safety. These included assessing the risks associated with people's care and ensuring that staff took action to minimise these risks. We found that the staff knew people well enough to take the appropriate actions to keep people safe. For example one person we saw required a walking frame to safely move and this need was included in the care plan. The staff we spoke to were aware that this person should use a frame to minimise the risk of them falling. We then observed staff reminding this person to use their frame and they then went to get the frame for them to use.

We saw that individual personalised risk information had been developed and recorded and showed evidence of regular review and update. The staff were able to accurately identify the risks to people and during observation we saw that the staff ensured one person identified as being at risk of falling was encouraged to use their walking frame to minimise this risk. We did note on one of the eight care records we viewed that a risk assessment did not accurately reflect the person's needs relating to the use of bed rails at night. The risk to people associated with inaccurate recording is that staff who may have access to incorrect information may deliver inappropriate care.

We saw that people's behaviour was clearly documented in their support plan risk assessments. However, strategies for managing behaviour were not always recorded and this could lead to inconsistent responses from staff. Staff felt communication between them was good and that there was a high awareness amongst staff of those residents who did not get on with each other. They gave the example of when they saw people who did not get on coming into in close proximity they intervened by using distraction or diversions to reduce the likelihood of incidents occurring.

In discussion staff demonstrated an understanding of their reporting responsibilities with regard to incidents and accidents. When we viewed electronic care records we saw that incidents and accidents were recorded there. We found through the review of incident and accident records that the registered manager and the providers had regularly reviewed these and had taken any actions to prevent further incidents and improve people's safety.

At the time of the inspection nobody had been referred recently to the local authority under the Deprivation of Liberty Safeguards and no applications were pending. This system is used as part of the safeguards under the Mental Capacity Act 2005 when people are unable to make decisions in their own best interests. The staff told us they had received training that incorporated an awareness of these safeguards and the training records we saw confirmed this. The manager told us about one example where a best interest decision had been sought using the procedure and this demonstrated that the guidance had been correctly used when it had been previously required.

Staff told us, and the records demonstrated that they had received updated training in protecting vulnerable people from abuse also known as safeguarding. The care assistants we spoke with were aware of the need to raise any safeguarding or mental capacity concerns with their team leaders and to record incidents. The trained staff we spoke to were also aware of their responsibilities to protect people, record and report any safeguarding concerns. We saw evidence that the providers and the registered manager had previously used the safeguarding guidance to raise safeguarding alerts to the appropriate authorities. This meant that people could be assured that the staff had been trained to recognise abuse and to take the appropriate actions to protect people.

We saw from the records we reviewed that where possible staff assumed people had the mental capacity to make decisions for themselves until they became aware this was not the case. Staff said that often initial assessments of capacity had relied on relatives giving their view of their family member's abilities which was not always accurate. Staff gave an example of someone who was recently admitted and recorded as able to self-administer their own medicines. Staff observations had indicated medicines were not being taken correctly and this placed the person at risk. So as not to remove all involvement by the person, they had spoken with them about their concerns and agreed that staff would retain the medicines for the person, who would administer their medicines under staff supervision. At the time of inspection this arrangement was working well.

Staff said that medicines management had improved since the previous inspection in August 2013 and that two designated staff now came in for a few hours each week to safely receive deliveries of medicines and record these. This

Are services safe?

meant that the manager could be assured that this procedure was carried out safely for the protection of people who used the service. There were regular audits of the procedures for medicines. These audits were reviewed and demonstrated that changes had been made to medicines procedures as a result of their findings. The records we saw showed that the staff had access to guidance in regard to when and how to administer 'as required' (PRN) medicines. We observed part of a medicines round and found that all the required checks were carried out prior to people being given their medicines. The staff who administered medicines had been trained to do so safely. This meant that the medicine procedures had been made safer for people who used this service.

Are services effective?

(for example, treatment is effective)

Our findings

The service effectively met people's needs because people and their relatives could generally express their views about the care and the staff had the relevant training and support for their roles and responsibilities.

Records showed that people received a pre-admission assessment visit by one of the clinically qualified senior staff prior to their admission to the home. An assessment of their needs was completed that involved the person and their relatives. We viewed five examples of pre-admission assessments, and saw that there had been improvements since the previous inspection in the amount of detail gathered about people in the more recent admissions undertaken. However, only one of the five assessments viewed was signed and dated by the assessor and we brought this to the attention of the manager. These assessments meant that people could be assured that the staff could meet their needs prior to them moving to the service.

The previous inspection found that there were people whose needs could not fully be met by the staff in the particular area of the home where they were cared for at the time. We found that people's needs had been reassessed. As a result one person had moved to an area of the home where their needs could be met by qualified nursing staff. One other person had been reassessed as requiring one to one staff during the day and we observed that this was taking place.

We saw risk assessments and care plan records relating to eight people who used the service. These all contained details about people's care and health needs. They included personalised details such as when people preferred their care to take place and how they liked their care delivered.

The care plans had been reviewed and updated although it was not clear from the care plans how much involvement people had in these reviews. The staff we spoke with said they always asked people if their care suited their needs but this was not recorded. We did observe the staff talking to people about their care and offering them choices. There was evidence through documented discussions and signatures that relatives had been involved in care planning and reviews.

The care plans gave the staff the guidance they required to deliver appropriate care and the staff we spoke with were able to describe the care each person needed. The staff we spoke with told us that the key worker system enabled them to really get to know people; their likes, dislikes, and to ensure the care was effective and all their requirements were met. The staff also said they were able to liaise with family members regularly regarding people's progress. If there were any changes to care needs then the key worker would inform senior staff. Any changes would go in their care plan and this would be cascaded to staff. A notice was displayed in each bedroom indicating the named key worker and a description of their role.

The care records included a daily report on the care that people had received and any changes to their health or wellbeing. We could see from the records that people had been referred to appropriate health care professionals including nutritionists, tissue viability nurses and GPs. In one example a person had been seen by a tissue viability nurse and there was a plan of care regarding their wound in place. The staff had followed the recommended guidance and regular monitoring of the wound was recorded which demonstrated that healing was taking place.

At the last inspection we found that two pressure relieving mattresses were not set correctly and these settings had not been monitored. During this inspection we saw a record that the mattress pressures were being monitored daily and the staff had been retrained to safely manage this equipment which reduced the risk of people developing pressure sores.

People who were assessed as being at risk of malnutrition or dehydration had fluid and food charts in place. We saw from a sample of these that they were being accurately maintained and reviewed. We could see from the records that action had been taken when people had not had the adequate amount of food or drink or when their weight had reduced. This meant that the clinical lead nurse could assure people and their relatives that people were receiving the food and drink they required to maintain their health.

At the last inspection we found that not all staff had the relevant training to care for people appropriately and that training records had not been accurately maintained. During this inspection we found the manager had taken action which ensured that staff at all levels had the appropriate training to meet people's needs. We also saw

Are services effective?

(for example, treatment is effective)

that a comprehensive training record was being maintained and the manager was using this to plan training and ensure all staff regularly updated their skills. The training records demonstrated that trained nurses had taken part in further courses related to their roles including catheter care and wound care. Care staff and nursing staff had taken part in dementia awareness training and further courses had been booked. The staff told us that they felt competent to care for people and meet their needs. We found from the records, speaking to people and observations that the staff were meeting people's needs and they had an understanding of their needs and health.

Staff we spoke with told us that they felt well supported by the manager and the senior staff team. Since the last inspection the manager had increased the number and frequency of staff supervisions and annual appraisals. The records we saw confirmed this, although the majority of staff were yet to take part in an appraisal plans were in place to complete these. The staff told us that they could always seek advice and support and when they started to work at the home they worked alongside experienced staff until they felt competent to deliver appropriate care. This meant that people could be assured that staff were supported, supervised and trained to carry out their roles and meet people's needs effectively.

We saw that people had access to equipment appropriate to their specific needs, this included hoists wheelchairs, walking frames and trollies. Staff told us that the larger equipment was serviced and that a maintenance team was in place to address issues that arose around the home. Staff told us that they had resolved an issue of people taking the wrong walking aids which could place them at risk by adding discreet coloured tags. Staff were able to use these to identify which equipment belonged to which person. We observed staff collecting the correct frame for one person and encouraging them to use that as opposed to someone else's frame.

Are services caring?

Our findings

The staff at this service demonstrated a caring and compassionate attitude where people were cared for as individuals and were shown respect and treated with dignity.

The people we spoke with were all, except one person, complimentary and positive about the caring attitude of the staff. One person said, "I'm very happy. They're wonderful. I'd rather be home of course, but they are keen to look after you. They always give you something to eat if you're hungry." The staff when asked were fully aware of the needs of the one person who disagreed with the positive views of others and these related to their dementia.

One relative we spoke with said," I couldn't thank the home enough. The staff are exemplary and I feel very comfortable leaving my family member here."

We spoke with a volunteer who ran a dementia group at the home and visited people there at least weekly and attended events. They said, "The staff are very caring and kind. The staff help people and they are lovely."

People were treated with dignity and respect. We observed the interactions between people and the staff. We saw that staff were attentive by physically getting down to people's level and interacting in a kind, warm manner and giving explanations of care in a way that could be easily understood. We heard staff using people's preferred names as recorded in their care plans. The atmosphere on all three floors was calm and welcoming.

We observed positive and caring interactions. One example occurred on Chelwood floor when one staff member was particularly attentive, ensuring a resident was comfortable sitting in the lounge, that they had the call bell close by and asking if there was anything else they needed. We also saw a different member of staff respond to the calls of another person and they used eye contact and reassurance and ensured the person had a drink as this person had limited verbal communication. We saw other examples of warm, caring and compassionate interactions throughout the inspection. On occasions staff used humour and appropriate touch to encourage people to interact and respond to them.

People's privacy was respected and we observed staff knocking and awaiting a response before they entered rooms. In one instance a couple had access to one bedroom and a nearby room that they used as a lounge. This afforded them privacy. We saw there were many areas where people could meet in private with their families or representatives. People had access to their own telephones in their rooms if they chose.

We observed that people who had been assessed as being able to safely move around unaccompanied by staff were able to do so. People who required assistance were being helped to move around and to access the garden. The staff told us that they had been trained to understand the principles of care and respect. They said this had been reinforced during a recent course in dementia awareness. We saw that policies were available which offered guidance to the staff related to privacy, dignity, respect, human rights and equality. People and their relatives had been made aware of the standard of service they should expect through the home's brochure and service guide which they had been given and which was available in the reception area.

The way staff described people's needs demonstrated that they knew each person well. The care records also included individual information about people's histories, likes and dislikes. The key worker (a nominated member of care staff with particular responsibility for a certain person) system in operation meant that staff were assigned a small group of people and ensured all their requirements were met. This meant that the key worker got to know people and their relatives very well. We were told by people and their relatives that the staff were very approachable and several relatives and people were aware of whom their nominated key worker was. This meant that people were comfortable seeking reassurance or care from the staff and the staff knew them well enough to respond to their needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that the service was responsive to people's needs. We saw and heard that people were asked for their views but these had not always been recorded. We found that there was a wide range of activities, although there could be more opportunities for people to usefully occupy their day, especially for those people with dementia.

Although there was good recorded evidence that relatives were involved in aspects of their relative's care, the level of involvement of the people themselves was not clear or well recorded. Relatives were encouraged to visit and make use of the facilities. Records showed good evidence of the contacts people had with their families and the contacts the service had with families. Staff said that people were listened to and gave an example of a resident who did not want to use a sensor mat because they found it too 'slippery' underfoot and made them feel unsteady. An alternative type of mat was sourced which the person found better to stand on and was happy for the new mat to be in place. We saw this information had been included in the care plan.

Staff told us that there were activities happening for people which they thought were good considering there was not an activities co-ordinator in place at the time of the inspection. The manager informed us that a new activities coordinator had been employed and was starting work the week after the inspection. During the inspection a pets for therapy dog visited people. The notice board advertised a range of activities and there were facilities including a cinema and café. There was a wide range of equipment including, games, books, puzzles and a bowl of old coins available for people to use but we did not observe the staff initiating the use of these . We observed that staff gave one person had a hand massage. We did not observe any spontaneous or small group activities that may have allowed people, especially those with dementia to usefully occupy their time, although interactions between staff and the people in the home were very positive. When we asked the senior staff about activities tailored to suit the individual needs of people they said that people were involved in activity both in groups and individually. They said people, especially those with dementia were encouraged and enabled to do daily tasks that met their need for occupation during the day. They were able to give individual examples of people who chose to wash up and lay tables. They said one person regularly went to an office at the home where they sat with staff who typed letters with her because her previous occupation had involved office work. This meant that although we did not observed these activities for people with dementia during the inspection the provider assured us that they did take place. Therefore, we were told that people did have the opportunity and were encouraged to take part in activity which enabled them to maintain their independence and remain busy.

People and their relatives told us that there could be more to do rather than the group activities. One person said, "Not much, we watch television." A relative agreed and said that whilst the staff were doing an excellent job he felt that smaller more intimate groups would work well perhaps focusing on personal interests and that "Maybe this was something the volunteers could carry out." One relative told us that they took their family member out a lot therefore they were happy to sit and rest when they got back to the home. We did speak to a volunteer who came to the home at least once a week. They said that they chatted to anyone who wanted their company. Therefore there were differing views between the staff team, the people using the service and their relatives related to whether there could be more daily occupation to suit people's individual interests. We did see minutes from the last two relatives' meetings and there was a record that group activities and outings were discussed.

We observed lunch time in one area of the home. We saw that people were sitting in small groups at tables appropriately set with table cloths, cutlery and those that needed them, using aids such as plate guards. People were offered a choice of menu. Some people had chosen to have lunch in their rooms and one person was sitting in a wheelchair in the lounge. We saw that staff reassured people, for example, by saying, "You don't have to eat it all if it's too much" And, "Would you like me to cut up your potato?" Some staff were sitting with people eating their lunch although there was little interaction. People were encouraged to be independent and one person who did have difficulty was supported by a member of staff.

All bedrooms we saw were personalised with photographs, pictures, and personal belongings and frames positioned on the wall in the corridor next to their door displayed personalised photos, pictures or objects to help identify their room.

Are services responsive to people's needs?

(for example, to feedback?)

Staff spoken with demonstrated an awareness of advocacy and had referred a person to an independent advocacy service. No one identified at the time of inspection had been assessed as needing this service or had requested an advocate.

We viewed eight records of people with 'Do not resuscitate' DNACPR authorisations in place. We found these were completed correctly. In all but one of these people had capacity to understand the decision and this was made with their involvement and agreement. We saw that in the case of a person without capacity their next of kin had been consulted with and agreed to the decision. All DNACPR forms were signed and dated by the authorising doctor.

The care plans included any discussions about people's wishes after their death and any family contributions to these discussions. People who had more complex nursing needs had a record of their end of life plan where this was appropriate and the staff we spoke with were aware of these plans and their content. A nurse told us that staffing was arranged flexibly so that staff could respond to people's needs at the end of life stage of their care. Staff described one example when extra staff had worked at the home and spent time with a person so they were never alone. This meant that the provider responded to people's needs and provided staff to meet those needs.

Are services well-led?

Our findings

We found that this service was well led by the manager and they were supported by the provider's representatives who monitored the quality of the service.

The manager had been in post since February 2014 and they had submitted their application to register with the commission at the time of this inspection. This application is in the process of being considered prior to the managers registration being confirmed.

Staff spoken with at all levels had an understanding of the management structure and their roles and responsibilities. They understood who they should report to regarding different issues or for advice. Staff, both at team leader and care assistant level commented positively about the improvements implemented by the new manager. Staff reported that the new manager made an appearance on every unit every day. They added that the manager spoke with the staff to ensure that they had the resources they needed to meet people's needs. They also spoke with people who use the service to find out if they were satisfied with their care.

The staff told us they felt there were opportunities to express their views through the implementation of the staff meetings and they felt their views were listened to. One example given was the use of clinical waste bins which were taken down from the units each day which staff had informed senior staff was time consuming as the bins were difficult to manoeuvre. This had been raised at the latest staff meeting and the manager was looking into alternative arrangements with the clinical lead. Staff at all levels felt there were good relationships between team leaders and care assistants. A new staff member said they felt supported throughout their induction which lasted two weeks during which they were supernumerary and shadowed other experienced staff. This was an improvement on a staff member's experience of induction last year which they said had felt disorganised and not as helpful as it could have been.

Staff said that if someone went sick it was sometimes too late to provide immediate cover and staff managed with the remaining staff on the rota. We reviewed records related to the use of agency staff and the numbers of agency staff had reduced since January 2014. The manager told us that the agency staff that were used came to the home regularly so they knew people's needs and what was expected of them to meet those needs. Some people and their relatives told us that they did not always feel there were enough staff to sit and chat. The staff had a different view and felt that usually once they had met everyone's care needs they did have some time to spend with people. We asked the manager how they assessed if there were enough staff with the right skills to meet people's needs. They told us that they met with the senior team daily to discuss if each area was staffed adequately. These discussions had not been recorded. We saw from the staff rotas that each area had a mix of nurses and care staff and that this was different according to the needs of people. The manager had recently recruited permanent staff which, when they had completed their induction, would increase the stability of the staff team.

Staff told us they did not always receive feedback on incidents they raised and would welcome this. We reviewed the incident forms and although it was clear what action had been taken it was not recorded whether the original staff who reported the incident had been involved in the review to see if any lessons could have been learnt.

Care assistant staff said they did not always feel involved in the planning of people's care. We made the manager aware of this and they said they would review this and there was no reason why care assistants could not be more involved after they had received relevant training. They made a plan to speak to the care assistance about how they could be supported to take a more active role in care planning and reviewing care plans. This showed that the manager was responsive to the requests of the staff and sought ways to train and develop the staff team's skills and understanding.

Staff we spoke with knew where to access policies and procedures if they needed to make reference or seek guidance. They said the manager discussed policies with them during meetings and training to ensure they understood the expected standards of care. This means the provider and manager made the policies available to the staff and ensured they knew where the information they required could be found.

We reviewed the action plans that the provider had developed to improve the service quality and the audits that had been used to assess the service. These were comprehensive and they gave the manager and the provider's representative clear guidance on what actions to take, who was responsible and the timescales for achieving

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the outcomes. We saw that actions had been taken to achieve improved outcomes for people who used the service. These had included: improving the quality of the care planning so that staff were fully aware of people's care and health needs, ensuring that comprehensive wound care plans were in place and ensuring that relatives who were unable to attend meetings received the minutes. The records demonstrated that the provider representative visited the service at least monthly. We saw they had sought people's views about the quality of the service, spoken to staff, reviewed the on going action plan and discussed the quality and safety of the service with the manager.

The manager and the senior management team had an awareness of the shortfalls in the service and had plans to address these.