

# Yorkshire Parkcare Company Limited

# Meadow View

## Inspection report

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## Ratings

### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



## Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 and 25 November 2014 in which breaches of the legal requirements were found. This was because people were not protected against the risks associated with the unsafe use and management of medicines did not receive care or treatment in accordance with their wishes and there was not always enough staff on duty to meet people's needs. During that inspection we also issued two warning notices for breaches in relation to regulations 9 (care and welfare) and 10 (assessing and monitoring the quality of the service provision) of The Health and Social Care Act 2008

(Regulated Activities) Regulations 2010. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook a focused inspection on 26 March 2015 to check that they had made the improvements in regard to the warning notices issued. We did not look at other breaches at that inspection as the provider was still in the process of implementing their action plan and

# Summary of findings

embedding these improvements into practice. At the focused inspection we found that action had been taken to improve the responsiveness and the management of the service.

You can read the report from our last inspections, by selecting the 'all reports' link for 'Meadow View' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Meadow View is a care home providing accommodation for older people who require personal care and nursing care. It also accommodates people who have a diagnosis of dementia. It can accommodate up to 48 people over two floors, which is divided into three units. The floors are accessed by a passenger lift. The service is situated in Kilnhurst near Rotherham.

There was a new manager at the time of our comprehensive inspection in November 2014 and they have now registered. 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.

We carried out this comprehensive inspection on the 12 and 14 May 2015, we found that the provider had followed their plan which they had told us would be completed by the 30 March 2015. We found that improvements had been implemented and legal requirements in relation to the breaches we had identified at our inspection in November 2014 had been met.

People were kept safe at the home. We found that staff we spoke with had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice. The Mental Capacity Act 2005 sets out how to act to support people who do not have the capacity to make some or all decisions about their care.

People's physical health was monitored as required. This included the monitoring of people's health conditions

and symptoms, so appropriate referrals to health professionals could be made. The home involved dieticians and tissue viability nurses to support people's health and wellbeing. However we found there was not always enough stimulation or activities to meet people's social needs.

People were supported with their dietary requirements. We found a varied, nutritious diet was provided. However, the meal time experience could still be improved for people who used the service.

We found staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with told us that they were encouraged to make decisions about their care and how staff were to support them to meet their needs.

People were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines. We found new systems had been introduced and regular checks were being carried out.

There were robust recruitment procedures in place, staff had received formal supervision. Qualified nursing staff had also received a monthly clinical supervision. Annual appraisals had been scheduled. These ensured development and training to support staff to fulfil their roles and responsibilities was identified. We found generally there were enough staff to meet people's needs.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it

The provider had introduced new systems to monitor the quality of the service provided. We saw these were more effective. Since our focused inspection in March 2015 we found these systems had been further embedded into practice and were sustainable.

# 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 still needed some improvements to make them safe.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the home's procedures in place to safeguard adults from abuse.

Individual risks had been assessed and identified as part of the support and care planning process. Medicines were stored and administered safely.

We found there were enough qualified, skilled and experienced staff to meet people's needs.

Systems were in place to manage infection, prevention and control, however we found these had not always been followed in practice.

**Requires improvement**



### Is the service effective?

The service still needed some improvements to make them more effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

People were kept safe at the home. We found that staff we spoke with had a good understanding of the legal requirements as required under the Mental Capacity Act (2005) Code of Practice.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home. However the meal time experience could still be improved. The environment did not fully meet the needs of people who used the service living with dementia type.

**Requires improvement**



### Is the service caring?

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and available to answer questions they may have had.

It was clear from our observations and from speaking with people who used the service, staff and relatives that all staff had a good understanding of people's care and support needs and knew people well. We found that staff spoke to people with understanding, warmth and respect, and took into account people's privacy and dignity.

**Good**



### Is the service responsive?

The service still needed some improvements to make them more responsive.

**Requires improvement**



# Summary of findings

People's health, care and support needs were assessed and reviewed. We found staff were knowledgeable on people's needs and people's needs were being met.

A new activities co-ordinator had been employed and the hours increased to ensure people's needs could be met. However people who used the service and relatives told us there was a lack of stimulation and activities provided.

There was a complaints system in place, and when people had complained their complaints were thoroughly investigated by the provider. The complaints procedure was displayed in the entrance hall for people who used the service and visitors to access.

## Is the service well-led?

The service was well led; however the new systems still needed to be fully embedded into practice to ensure improvements were sustained.

The registered manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, we saw these had been identified and were being addressed and followed up to ensure continuous improvement.

Staff meetings were held to ensure good communication and sharing of information. The meetings also gave staff opportunity to raise any issues. People who used the service also had opportunity to attend meetings to ensure their views were listened to. The provider also asked people, their relatives and other professionals what they thought of the service.

**Requires improvement**



# Meadow View

## 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 checked 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 12 and 14 May 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of older people in particular 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 our inspection we reviewed all the information we held about the service. The provider had not completed a provider information return (PIR) as we had not requested one. This was because the provider had completed one for the inspection in November 2014. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority, commissioners, safeguarding vulnerable adults authority and Rotherham Clinical Commissioning Group. The local authority was continuing to closely monitor the service and conduct visits to ensure the action plan in place was being followed.

At the time of our inspection there were 41 people living in the home. The service consisted of two floors. The downstairs unit provided care and support for people living with dementia.

We used the Short Observation Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at other areas of the home including some people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care, including care plans, risk assessments and daily records. We looked at four people's support plans. We spoke with eleven people living at the home and nine relatives.

During our inspection we also spoke with thirteen members of staff, which included nurses, care workers, domestics, deputy manager, head of care, registered manager and regional manager. We also looked at records relating to medicines management and how the home monitored the quality of services.

# Is the service safe?

## Our findings

At our previous inspection in November 2014 we found the management of medicines was not safe. This was a breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan of what improvements they planned to make and by when, to ensure they met the legal requirements. The provider did this and said they would be compliant by 31 January 2015.

At this comprehensive inspection we looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for five people.

We found people were protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements were in place for the recording, safe keeping and safe administration of medicines.

The medicines were administered by staff, who were trained to administer medication. Staff had also received competency assessments in medication administration to ensure they followed procedures and administered medicines safely.

Following our inspection in November 2014 new systems had been introduced. We saw all medication was accurately recorded when received on the MAR. Medicines were signed for when given and any hand written entries on the MARs were accurately recorded and checked by two staff. We found disposal of medicines followed procedures and that controlled drugs which are medicines controlled under the Misuse of Drugs legislation, were also administered following robust procedures to ensure safety.

We spoke with staff about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance. They said they would report anything straight away to the nurse or the manager.

People who used the service and visiting relatives told us they felt safe in the home. One person told us, "The home is alright, comfortable."

Staff had a good understanding about the whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

At our previous inspection in November 2014, we found people there was not always adequate staff on duty to meet people's needs. This was a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan of what improvements they planned to make and by when, to ensure they met the legal requirements. The provider did this and said they would be compliant by 14 January 2015.

We looked at the number of staff that were on duty on the days of our visit and checked the staff rosters to confirm the number was correct with the staffing levels they had determined. The registered manager told us they used a dependency tool to determine numbers of staff required. We found predominantly the required staff were on duty to meet people's needs. We also saw that the registered manager was dealing appropriately with the sickness, to ensure staff followed procedures to enable cover to be provided.

Staff we spoke with said that when the required staff were at work there was generally enough staff to meet people's needs. However when there was sickness and they could not get cover they struggled. On the first day of our visit there had been one staff who had called in sick so they were working short. On the upstairs unit there were two new staff who were supernumerary as they were on their induction this meant on this unit there were only three experienced staff. We found this meant at times people's needs were not met in a timely way, particularly at the meal time. On the second day of our inspection the staffing was correct on this unit and we found at the meal time, which we observed there were enough staff to meet people's needs.

Some people we spoke with told us at times there was not enough staff on duty. One person told us, "There has been many a time there's just one on all night, if I need the

## Is the service safe?

commode at night they have to ring downstairs – I have to wait ages.” A visitor also told us, “Sometimes there are not enough staff, say at meal times (my relative) gets a cold dinner because the lasses have other people to feed. Sometimes there are only two on. They say there’s a third but we don’t see it they are always running around. It’s not the lasses’ fault they have so much to do.” However, all people we spoke with regarding staffing levels said “It is getting better; we can see the improvements happening.”

Another visitor told us, “Staff do as much as they can but they can only do so much, they are sometimes understaffed. Once I walked from top to bottom and I couldn’t find anybody.”

All relatives and people we spoke with did acknowledge that the occasions when it was short staffed were much fewer and things had greatly improved however continued improvements are required to ensure staffing levels are consistently maintained.

One care worker told us, “The levels are alright there might be odd days when we’re down but they get someone in within a couple of hours.” Another care worker said, “Things are much better the manager has had to deal with high levels of sickness and poor practices, which he has and it is a much better place to work. I actually want to come to work now.”

A visitor told us, “They have recruited new staff and I feel they are trying.”

During our visit we saw staff respond promptly to people who used the service. For example a person asked for a drink and the care worker responded promptly and provided a drink. The care staffs’ attitude was kind and considerate.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people’s safety in the event of a fire or other emergency at the home. Risks associated with personal care were well managed. We saw care records included risk assessments to manage risks of falling, risk of developing pressure sores and risks associated with nutrition and hydration. The registered manager had improved the monitoring of information in relation to accidents and incidents which had helped to reduce the number of falls occurring.

We looked at two staff recruitment files. The files we saw were well organised and easy to follow. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that ensured they were competent to carry out their role. Staff we spoke with confirmed the procedure they went through before they commenced employment. The new staff we spoke with confirmed they were on their induction and did not support people on their own until they were competent and had received the appropriate training to meet people’s need safely.

The registered manager told us that staff at the service did not commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service.

As part of this inspection we looked at infection, prevention and control as we had at a previous inspection identified a number of areas that required improvement.

People’s bedrooms, lounges and dining areas were maintained in a clean condition. However, we found a number of areas required cleaning; these included the kitchenette, radiator covers in bathrooms, toilets and sluice rooms. In a toilet on the first floor we saw that the sink was dirty, pipework was stained and dirty and the flush mechanism was missing, meaning the toilet could only be flushed using a protruding screw. There were no paper towels in the dispenser, although there was a pile of paper towels sitting on a radiator. We saw that in another bathroom which was apparently not used, but had a working toilet, there was a linen trolley standing next to the toilet, the clean linen was touching the toilet bowl. There were dirty laundry baskets next to the clean linen trolley and there was a duvet stored or drying in the bath. This posed a potential risk of cross contamination.

We also identified that the sluice rooms were being used for the domestic store. This meant the sluice rooms were cluttered, making it very difficult to be able to thoroughly clean. There was a sign on the door; ‘Sluice room only things that should be in here is as follows; Bed Pans,

## Is the service safe?

Urinals, Yellow Bags, Bin for dirty pads, Catheter stands. Nothing Else'. Yet we found in two sluice rooms domestic trolleys, mops, buckets, cleaning chemicals and unused equipment.

The domestic staff told us they had nowhere to store their equipment or fill their buckets with water; they either used a cup to fill from the hand wash basin in the sluice rooms or would need to use the bathrooms. There was also nowhere to dispose of the water when they finished cleaning and one staff member told us, "some put it down the toilets." This put people at risk of cross contamination. The domestics also told us they were short staffed, they had previously had evening hours for domestics but these at present were not covered.

We also identified that that that commode pots and urine bottles were being cleaned by hand in the bathrooms as there was no mechanical sluice, instead macerators had been installed and the service did not use disposable

products, therefore these were not used. The registered manager had identified this and was in the process of requesting mechanical sluices, this was approved during our visit and the macerators were being taken out by the maintenance person.

The registered manager also told us that they were looking at decommissioning a bathroom that was not used or required to create more store areas so a dedicated domestic room could be provided. This would ensure they had a proper sluice sink to fill buckets and dispose of waste water. The registered manager also explained that a domestic staff had left, which meant they were short staffed. Other staff were covering but they had not been able to provide domestic hours in the evenings. They were recruiting and intended to reinstate the evening domestic hours.

This was a breach of Regulation 12 (2) (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

# Is the service effective?

## Our findings

At our previous inspection in November 2014, we found people did not receive care or treatment in accordance with their wishes. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11 and Regulation 9(5)(6) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan of what improvements they planned to make and by when, to ensure they met the legal requirements. The provider did this and said they would be compliant by 30 March 2015.

At this inspection we found staff had received Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

The MCA includes decisions about depriving people of their liberty so that if a person lacks capacity they get the care and treatment they need where there is no less restrictive way of achieving this. The DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. As Meadow View is registered as a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff we spoke with were aware of the legal requirements and how this applied in practice. The registered manager was aware of the new guidance and had already reviewed people who used the service, they told us no one was subject to a DoLS, but would review again if anyone's circumstances changed.

The registered manager told us they had identified champions. For example, staff had been identified to take on the roles of champions in dignity, infection control and safeguarding. This would help to ensure those allocated staff would be given time to attend training, focus groups and access information to ensure latest guidance and best practice were followed.

Staff said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included infection control, mental capacity, fire safety and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. We saw records that staff had received regular supervision and all staff told us they felt supported by the management team.

We looked at staff records used to record supervisions. We saw most staff had received formal supervision since November 2014, when the new registered manager commenced. The registered manager told us they were looking to complete supervisions every two months and these were all booked in over the year. This would ensure staff were adequately supported to be able to fulfil their roles and responsibilities. Staff we spoke with told us they felt supported and listened to since the new management team had been in post.

Annual appraisals for staff had also commenced. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and attended staff meetings to discuss work practice. One member of staff we spoke with said, "It is so much better I feel much more supported with the new manager and, things are continuing to improve." Another member of staff said, "We are able to discuss our concerns and we are listened to. I now know that things will be sorted and I enjoy coming to work."

The manager told us that the nursing staff attended specific training which ensured they could demonstrate how they were meeting the requirements of their nursing qualifications. They also received monthly clinical supervision to ensure their competency.

We used SOFI to observe people who were being supported to eat lunch. On the first day of our inspection we found depending on where people ate their meal the quality of the experience varied. On the downstairs unit where we undertook the SOFI it was a very positive experience. The experience for people was relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly

## Is the service effective?

prepared food. The manager had changed the meal time downstairs and there were two sittings, this did ensure people who required support were given time and the appropriate support to enable them to eat and enjoy their meal. However this made the second sitting very late. We discussed this with the registered manager who agreed to look at this arrangement again.

On the upstairs unit we found the meal time was unorganised, chaotic and a poor experience for people. We found staff did not know what people wanted for lunch, drinks were not offered before lunch and were only available after lunch was served, but there were no glasses to serve juice in and tea cups were used. We also observed shouting between staff over the heads of people who were eating, staff were laughing together and this was observed by a person who was eating and they seemed confused as to what was happening. On the second day of our inspection we again observed lunch on the upstairs unit and found a completely different experience. The service was organised and pleasant. The registered manager explained to us that on our first day there were two new staff on this unit and one member of staff had called in sick, they said, "I should have ensured the two new staff were split between units to ensure there were enough experienced staff on each unit." They told us they would ensure in future there was not a repeat of the first day's experience.

People we spoke with told us, "The food is pretty good really." A relative we spoke with said, "My (relative) likes the food, it is just a bit too much sometimes."

During our meal observations we saw staff individually asked people what they wanted. We observed staff did this in a kind and patient way. We saw one staff member kneeling down to explain things to a person who used the service this was done in a kind caring manner. The meals were hot and appetising, although the portion sizes were very large. Three people when they were given their meals

all commented that it was a lot and they wouldn't be able to eat it all. The registered manager agreed to look into this to ensure smaller portions were given, which meant people would not feel they could not eat the meal.

We found, although some improvements had been made, the environment did not fully lend itself to people who used the service living with dementia. Corridors and doors were all similar colours, which meant people would find it difficult to locate a bathroom or toilet. Handrails in some areas were the same colour as the walls making them hard to see for people who were visually impaired. We did not see any sensory areas, sensory displays, reminiscence areas, rummage boxes, posters, pictures, photo boards or resources that would make the environment more appropriate, accessible and enjoyable for people living with dementia. The registered manager told us they were in the process of decorating the corridors and had started to paint toilet doors a different colour for people to be able to easily locate. They had provided large signs to signpost people to different areas. They assured us they were looking at best practice guidance and would provide an environment that meets the needs of people living with dementia.

We observed the daily board did not display up to date information, they did not have the correct date or activities that were taking place. The menu boards were also very small and were not in all dining areas. This did not help people living with dementia understand what was happening.

We also identified there was lack of storage facilities. The hairdresser's room was being used as storage. Therefore the hairdresser was using the lounge. We observed the lounge area was chaotic while the hairdresser was at the service. Two of the occasional tables were covered in hairdressing equipment and products and a number of chairs had hairdressing equipment and products on them. This meant the room was not easily accessible or safe to people who used the service.

# Is the service caring?

## Our findings

Without exception all people who used the service and their relatives whom we spoke with told us that staff were caring. One visitor said, “The care has been great, fantastic, if you have a problem they listen. The staff are brilliant, I can’t praise them enough, they talk to people nicely. (My relative) seems happy, she’d let me know if she wasn’t. They can get her smiling, laughing. She knows them.”

Another visitor told us, “The staff are brilliant.” A person who used the service said, “They are very good, in fact they are great, they help you.”

Although relatives said they staff were always very caring they also told us they were at times very rushed and missed the little things. For example had found their relatives with incorrect glasses on, finding no batteries in hearing aids and not always getting a shower. The relatives told us that they had raised this with the manager and they always tried to sort things and always listened.

Interactions we observed between staff and people who used the service were kind, patient, caring and not over familiar. We also saw staff treated people with respect and dignity. Staff knocked before entering rooms and then asked if they could come in. We saw that staff closed bedroom and bathroom doors when dealing with people’s personal care.

We observed a care worker handle a confrontation between two people who used the service. The care worker dealt with the situation in a calm professional manner. They spoke calmly and reassuringly. They distracted one person discreetly and quietly persuaded her to move away with another care worker who came to assist.

We observed a member of the domestic staff talking to a resident in her room. She did this in a reassuring, caring, manner. This showed staff understood people’s needs and how to reassure people to ensure they did not get distressed.

During the afternoon we saw one care worker sitting in the lounge comforting and reassuring a person who used the service. The care worker did this in a kind, gentle way with appropriate contact, holding and stroking the person’s hand. The care worker also included other people in the

lounge in conversation when we later asked the care worker about this they told us the person had a recent bereavement and was distressed and liked someone to sit with her, this showed the staff understood people’s feelings and were caring and compassionate.

One person told us the staff were lovely and were very sensitive and discreet. They told us, “I occasionally have accidents in bed, but staff are very good, they just sit me down in my chair and they are pretty quick in changing the sheets and everything. They always tell me not to worry.”

We looked at four individuals’ care files to see if they gave some background information about the person. We saw a ‘This is your life’ document which had sections about how the person liked their care delivered. It also identified people that were important to them, their life history and likes and dislikes. We spoke with staff about how they delivered care to the people that they were keyworker to. It was clear that staff knew the people very well. They also knew relatives that visited very well and we saw that staff spoke to people using their preferred names.

We observed staff using mobility equipment such as a hoist in the lounge areas. The staff spoke to people during the process and managed to assist them in a very discreet manner. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

The service had a strong commitment to supporting people and their relatives, before and after bereavement. People had end of life care plans in place, we saw that relatives and significant others had been involved as appropriate. Although these could have been in more detail. We discussed this with the registered manager who agreed they still required work and was in the process of ensuring staff were aware of what should be included so that people’s needs were documented and could be met. We saw ‘Do not attempt cardio-pulmonary resuscitation’ (DNACPR) decisions were included and they were reviewed appropriately by the persons GP.

People had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

# Is the service responsive?

## Our findings

At the previous inspection in November 2014 we found care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9(3) (b)-(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection in March 2015 and found that action had been taken to improve the responsiveness of the service. People's health, care and support needs were assessed and reviewed and staff were meeting people's needs. The new systems that had been implemented were being embedded into practice

At this inspection we looked at four care and support plans in detail. We found the person's care plan outlined areas where they needed support and gave instructions of how to support the person. Care plans we looked at showed individual risks had been assessed and identified as part of the support and care planning process.

We saw that when people were at risk, health care professional advice was obtained and followed. The registered managers also told us that staff identified problems promptly because they knew the people well. Relatives and people who used the service also confirmed this.

We observed staff throughout the two days of this inspection and it was clear that people's views were sought before any assistance was given. Staff told us that if they thought a person's needs had changed they would discuss the changes with the nurse on duty.

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. However the activity co-ordinator was not at the service at the time of our visits. The registered manager told us they were leaving. They also said they were trying to ensure care staff arranged some activities. We were also informed that the post had been advertised and they had recruited. On the second day of our visit the new co-ordinator had started we spoke with them and they were enthusiastic and willing to learn the role to ensure they provided activities that people wanted.

However relatives and people who used the service who we spoke with said there was very little stimulation. One

person told us, "I just sit in my chair or wheelchair all day. They play bingo, I'm not interested, I can't hold a pen and I'm losing my eyesight. They have a keep fit man come once a month but I can't do what he wants us to do." A relative we spoke with said, "No-one seems to do activities now, except a few musical things."

Another visitor told us, "There's no-one doing activities now though they had two women singers the other day. They used to take them out but they don't anymore."

During the afternoon we saw that there was a care worker in the first floor lounge playing music and talking to people who used the service. She later told us that she had been asked to cover the role of Activity Co-ordinator for the afternoon.

We saw that the Activity Boards were out of date and did not reflect what was being provided. We did see a poster advertising the start of a new "Activity Forum" with a first meeting scheduled for 5th June. It was hoped the forum would consist of staff, relatives and the Activity Co-ordinator. The registered manager told us this was to ensure the activities provided were what people would like and be interested in.

Relatives we spoke with had concerns that some people were left in bed as this was at the convenience of staff. We discussed this with the registered manager who told us this would be looked into and if people were able to get up and wished to get up this would be facilitated.

The manager told us that he operated an open door policy which encouraged visitors and relatives to raise any concerns they may have. Relatives we spoke with complimented the manager's style of leadership and they said they had confidence in his ability to manage any concerns appropriately.

We saw that copies of the complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. People told us they had raised concerns with the manager and they had always been dealt with.

One person said, "The management and staff are approachable and do listen." Another relative said, "We've had issues, but that was dealt with. I took it to Head Office, it has just been resolved. They were brilliant; they phoned me up and kept me up to date with what they were doing."

# Is the service well-led?

## Our findings

At our inspection previous, we found the provider did not have effective systems to regularly assess and monitor the quality of service that people receive. The provider did not have effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We carried out a focused inspection in March 2015 and found that action had been taken to improve the management of the service.

At this inspection we found improvements had continued, however some areas still required fully embedding into practice. The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The registered manager and the regional manager told us the ethos was to provide the very best care, support and appropriate environment to people to ensure their needs were met.

The registered manager and the regional manager told us that they had started to look more closely at the environment which included making areas more dementia friendly. This included looking at appropriate colours they intended to us for bedroom doors and corridors. Some of this had commenced to ensure they met people's needs who were living with dementia.

It was clear from the feedback from staff, relatives and the people who used the service that everyone felt standards of service had greatly improved, and they were confident that the improvements were sustainable.

Residents, relatives and staff told us that they felt the management team were good, were approachable and did listen.

A staff member told us, "The new management are making a big difference, sorting staff out, some staff were quite complacent. Before a lot of staff didn't like change. We've had too many changes in managers, it felt like staff were running the home."

Another care worker told us, "The head of Care and Deputy have made a difference, it is more organised, they listen to you." And another said, "It's better, there was no routine before."

Staff told us, "The manager is brilliant, very approachable, he is lovely."

The registered manager told us that they were working hard to communicate their values and beliefs with relatives and people who used the service. Meetings for people who used the service and their relatives were scheduled and had taken place to ensure people were kept informed of changes and improvements. The meetings also gave an opportunity to people to voice their opinions and raise any concerns.

We also found the provider communicated with people who used the service and their relatives by questionnaires. Relatives told us they had previously completed questionnaires. Relatives also told us they had attended meetings. One relative told us, "There are regular meetings and one is soon." They then showed us notes they had made regarding points they wanted to raise at the meeting. They said the meetings were very positive and people who attended were listened to.

We found improvements had been made to ensure effective systems were implemented to regularly assess and monitor the quality of service that people received. These included administration of medicines, health and safety, infection control, and the environmental standards of the building. These audits and checks highlighted improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place. We looked at the audits undertaken by the regional manager and they identified remedial action that the manager was expected to address. For example the lack of storage facilities and showers had been identified and this was being rectified. Although we found significant improvements had been made in monitoring the quality of services, these were not yet fully effective to ensure improvements in practice were embedded. For example we found infection control issues that still required to be addressed.

## Is the service well-led?

Accidents and incidents were monitored by the registered manager to ensure any trends were identified and appropriately recorded. We saw accidents had reduced as result of the monitoring, as additional safety measures had been put in place.

The service had good working relationships with other organisations and health agencies. The local council, who also monitors the service delivered, told us that they had seen significant improvements in the home.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	<b>People who use services and others were not protected against the risks associated with inadequate infection, prevention and control measures.</b>
Treatment of disease, disorder or injury	Regulation 12 (2) (h)