

Leyton Healthcare (No 10) Limited

Beech Tree Care Home

Inspection report

Sprents Lane, Overton, Basingstoke, Hampshire,
RG25 3HX

Tel: 01256 771353

Website: www.leytonhealthcare.com

Date of inspection visit: 21 and 22 May 2015

Date of publication: 30/07/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 21 and 22 May 2015. Beech Tree Care Home provides accommodation and nursing care for up to 60 people who have nursing needs. At the time of our inspection there were 25 people living at the service. The home consisted of three floors, with bedrooms and bathrooms on each floor, and a communal lounge on the ground floor. Stairs and a lift provided access between floors. At the time of our inspection the third floor was closed for refurbishment.

The previous registered manager resigned in January 2015 and there was no registered manager in post at the time of our inspection. The provider appointed an interim

manager to replace the registered manager and a new home manager was appointed on 2 March 2015. The newly appointed home manager has begun the process to become registered with the Care Quality Commission (CQC), which was confirmed by records. A registered manager is a person who has registered with the CQC 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 last inspected Beech Tree Care Home on 8 and 9 December 2014 and judged the provider to be in breach

Summary of findings

of 10 regulations. We issued warning notices for the breaches in relation to staffing, cleanliness and infection control, meeting people's nutritional needs and assessing and monitoring the quality of the service. We issued compliance actions for breaches relating to the care and welfare of people, people's consent to care, respecting and involving people, supporting workers, complaints and records. The provider was required to meet the regulations relating to the warning notices by 31 March 2015. The provider informed us that they would meet the requirements of the breaches relating to the compliance actions by 31 March 2015. During this inspection we found the provider had taken action to ensure the requirements of the Regulations had been met.

The provider had taken action to keep the home clean and hygienic. Cleaning staff were diligent and understood how their role was important to people's safety. People were protected from the harm of acquired infections.

There was a robust system to ensure staffing levels were always appropriate to meet people's needs. The provider had recruited more nurses and had not used agency nurses since January 2015. The home manager completed a weekly staffing analysis based on people's dependency and changing needs. They ensured that staffing deployed was now at least 10% above that identified as a requirement to meet people's needs. This ensured short notice absences did not affect people's support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which applies to care homes. DoLS provide a lawful way to deprive someone of their liberty, where it is in their best interests or is necessary to protect them from harm. The Mental Capacity Act 2005 (MCA) provides a legal framework that sets out how to support people who do not have capacity to make a specific decision. We found that staff had completed training in relation to DoLS and MCA 2005. The provider ensured that people understood and had given valid consent to their care and treatment. Where people lacked the capacity to consent to their care, legal requirements were followed by staff when decisions were made on their behalf. The home manager had taken the necessary action to ensure staff recognised and maintained people's rights.

People's needs and risks had been identified and care was planned and delivered to meet them, with the

exception of the management of diabetes. The provider had not taken all practical steps to manage identified risks to people. The safety of people living with diabetes had been compromised because staff had not made appropriate referrals to health professionals in response to results from blood glucose monitoring. People identified to be at risk of pressure ulcers, falls and malnutrition had specific plans to manage these risks, which had been reviewed by senior staff monthly or more frequently where required. These plans were effective in addressing people's identified health needs.

People were protected from the risks of malnutrition and dehydration. People's nutritional needs were assessed and there was guidance for staff to support people in the way they required. Where necessary people had been referred to appropriate health professionals for dietary advice, which was then implemented by staff. All care and catering staff had received training in relation to managing the risks of malnutrition and dehydration from a dietician in January 2015.

The provider had deployed sufficient staff to provide stimulating activities for people. The activities programme had been revised, and there were a range of events arranged. This ensured people were supported to pursue social activities and protected from social isolation.

Staff had completed training in relation to meeting people's nutritional needs, MCA and infection control, in addition to other required training. The provider supported staff to meet people's needs with an effective programme of supervision and appraisal.

People told us they knew how to complain and that the new home manager encouraged them to raise concerns with her. When complaints were made they were investigated and action was taken by the provider in response. Complaints were analysed by the home manager to identify themes, and where these had been identified action had been taken to address concerns raised.

The home manager was providing clear and direct leadership and was effectively operating systems to assure the quality of the service and the health and safety of people.

People at Beech Tree Care Home told us they trusted all the staff and said they made them feel safe. Staff had

Summary of findings

completed safeguarding training and had access to relevant guidance. They were able to recognise if people were at risk and knew the actions to follow to address safeguarding concerns.

People's safety was promoted through individualised risk assessments. Risks had been identified, and plans were in place to manage these effectively. Staff understood the risks to people's health and welfare, and followed guidance to safely manage them.

Staff recruitment processes were robust. They were responsive to people's specific needs and tailored the care delivered for each individual to meet their wishes.

We observed medicines were administered safely in a way people preferred, by trained staff who had their competencies assessed by supervisors.

The provider aimed to enable people to maintain their independence as much as possible. People's dignity and privacy were respected and supported by staff who were skilled in using people's unique communication methods.

The manager promoted a culture of openness and had made changes in the home to improve people's care and staff morale. There was a clear management structure and systems in place to drive improvements.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The provider did not always take action to address identified risks to people. A person living with diabetes had not been referred to relevant health professionals in response to changes in blood glucose levels.

People were protected from abuse because staff understood how to recognise and manage risks that may lead to safeguarding incidents.

People were cared for safely because there were enough skilled staff deployed to meet their needs. Staff had undergone thorough and relevant pre-employment checks to ensure their suitability.

People's medicines were safely administered by staff

Requires improvement



Is the service effective?

The service was effective.

The provider had made improvements to ensure people needs were being met effectively by staff with the appropriate training and support to do so.

The provider had made improvements to ensure that people consented to their care and were supported to make their own decisions and choices. Staff demonstrated an understanding of consent, mental capacity and deprivation of liberty issues.

People were provided with nutritious food and drink of their choice, which met their dietary requirements. People were supported to eat a healthy diet.

Good



Is the service caring?

The service was caring.

People were satisfied with the care and support they received. They felt their individual needs were met and understood by staff. They told us that they felt they were listened to and that they mattered.

The provider had made improvements to ensure people were treated with dignity and respect. Staff developed positive and caring relationships with people, and encouraged them to make choices about their care and how they wished to spend their time.

People had opportunities to express their views about their support and the running of the home.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's care was personalised and based on their wishes and preferences. Staff understood people's specific needs and provided care in accordance with their wishes.

The provider had taken action to ensure people were supported to pursue social activities to protect them from social isolation.

The home manager and staff were committed to listening to people's views, and made changes to the home in accordance with their comments and suggestions.

People's views were sought through surveys, residents meetings and comments. Complaints were listened to, investigated and acted upon promptly by the provider.

Is the service well-led?

The service was well led.

The home manager provided clear and direct leadership to staff, who understood their roles and responsibilities.

The leadership and management of the service promoted a caring and inclusive culture. Care staff told us the home manager was approachable and very supportive.

The provider had taken action to ensure the home manager monitored the quality of the service and took action as required to improve people's experience and drive improvements to the service.

Good



Beech Tree Care Home

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 was 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 of Beech Tree Care Home took place on 21 and 22 May 2015 and was unannounced. The inspection team consisted of two CQC inspectors and two specialist advisors. The specialist advisors had clinical experience and knowledge regarding nutrition and infection control.

Before the inspection we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

We had not asked the provider to complete a Provider Information Return (PIR) before our inspection, but the manager produced any information we required promptly. A PIR is a form we sometimes ask providers to complete, which includes key information about the service, what the service does well and any improvements they plan to make.

Prior to our inspection we spoke with local authority commissioners and a healthcare professional, who were involved in the support of people living at the home. During our inspection we spoke with 12 people and five of their relatives to obtain their views on the quality of care provided at Beech Tree Care Home.

We used a range of different methods to help us understand the experiences of people using the service who had limited verbal communication and were not always able to tell us about their experience. These included observations and pathway tracking. During our inspection we observed how staff interacted and cared for people across the course of the day, including activities and when medicines were administered. We pathway tracked the care of six people. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home.

In addition, we spoke with the home manager and 19 members of staff. We reviewed eight people's care records including their daily notes, care plans and medicine administration records (MARs). We looked at recruitment files for six staff. We also examined records relating to the management of the home. These included maintenance reports, audits and minutes of meetings.

Following the inspection we spoke with four staff and four health professionals who were involved in the support of people living at the home.

Is the service safe?

Our findings

During our inspection in December 2014, we identified risks to people's health had not always been suitably managed by staff to reduce the risk of harm. Where care plans identified people to be at risk of pressure ulcers, falls and malnutrition there were no management plans in place to address these risks. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection all people identified to be at risk of pressure ulcers, falls and malnutrition had specific plans in place to manage these risks. These had been reviewed monthly or more frequently where required. The provider had followed their action plan to meet the legal requirements.

However, the provider had not taken all practical steps to manage specific risks for people living with diabetes. The safety of one person living with diabetes had been compromised because staff had not made appropriate referrals to relevant health professionals in response to high blood glucose levels recorded since the beginning of April 2015. The risk of hypoglycaemia had not been identified. Hyperglycaemia is a condition characterised by an abnormally high level of glucose in the blood. Not ensuring all practicable measures had been taken to reduce identified risks in relation to people with diabetes was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. When we informed the provider they immediately arranged for the person to be referred to their GP and diabetes clinic.

Our inspection in December 2014 identified there were poor standards of cleanliness and hygiene control which were putting people, staff and visitors to the home at significant risk of acquiring or transferring infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had followed their action plan and had made the necessary improvements to meet the legal requirements and ensure people were protected by the prevention and control of infection. During this inspection people and their relatives told us there had been a

“Remarkable transformation”. One relative said, “It is amazing. The whole place was filthy and there was always a horrible smell. Now it smells clean and fresh. You can see there are more cleaners now who are always smiling.”

The home manager and housekeeper told us about measures they had implemented to ensure improvements were sustained. They began their day with a walk through the home to identify and prioritise any infection control risks and cleaning requirements. This was confirmed by a range of monthly audits completed since January 2015 by the provider, including a mattress audit, a kitchen audit, and an environment audit. Required improvements highlighted during these audits had been implemented, for example the use of kitchen screens, colour coded signs in the domestic store room, eyewash in the laundry room and wall cleaning in the dining room.

All domestic staff told us the cleanliness of the home had improved because they were allowed to focus on their job and were not used to cover care or kitchen duties. Domestic staff told us they felt valued by the provider and had completed training in relation to infection control. Records confirmed this.

Domestic staff had monthly meetings to discuss and embed best practice, such as the correct contact times for cleaning chemicals and use of anti-bacterial agents. Staff understood their roles and responsibilities in relation to infection control and hygiene, and fulfilled them diligently.

The provider had a comprehensive infection control policy based on guidance from the Department of Health, which clearly detailed the procedures to manage outbreaks of diarrhoea and vomiting. Staff demonstrated a clear understanding of these procedures. There were hand sanitizers strategically placed around the home, and the provider had a hand hygiene policy that we observed staff followed. The provider maintained and followed cleanliness and infection control policies and procedures in accordance with current national guidance to protect people from the risks of poor hygiene and infection.

During the last inspection the provider had not ensured that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff to safeguard the health, safety and welfare of people. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

During this inspection we found the provider had followed their action plan and had made necessary improvements to meet the legal requirements. There were enough suitable staff deployed to care for people safely and meet their needs. Staff told us there were enough staff to keep people safe, and that they had time to support people with their individual care requirements. The home manager told us that staff skills were balanced as far as possible on shifts, which helped staff work efficiently. People told us there had been an increase in staff, and they worked well as a team. One staff member told us, “You wouldn’t think it was the same place. All the staff are happy which means we are working as a team.” One person told us “Before, you were left alone for long periods of time because the carers were rushed off their feet. Now the carers are always coming to me asking me if I’m alright or if I need anything.” A relative told us, “Everything has improved. Call bells are answered really quickly and there are definitely more staff who have time to stop and talk to people.”

A weekly evaluation of staffing levels had been carried out by the provider since January 2015 to ensure safe staffing levels were sustained. As a result the numbers of care staff on duty had been increased. The provider had recruited additional staff, including a chef, a cook, four kitchen assistants and seven care staff. The home manager said that they conducted a weekly staffing needs analysis, which accounted for any increase in people’s dependency. They ensured that staffing deployed was now at least 10% above that identified required to meet people’s needs. This ensured short notice absences did not affect the quality of people’s support. When there was a need for additional staff to cover sickness or annual leave, temporary staff familiar with people’s needs were used. Rotas demonstrated that the provider had not used agency nurses since January 2015. Duty rotas confirmed that the level of staffing identified by the home manager as a requirement to meet people’s needs had been met and sustained since January 2015.

The provider had an on-going staff recruitment programme. Robust recruitment procedures ensured people were supported by staff with appropriate experience and suitable character. Staff had undergone relevant recruitment checks as part of their application and these were documented. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from

working with people who use care and support services. Suitable references confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Recruitment files showed that a thorough system was in place for pre-employment checks and the required records were available to confirm these had taken place.

People were kept safe as staff understood their role in relation to safeguarding procedures. Records showed safeguarding incidents had been reported, recorded and investigated in accordance with the provider’s safeguarding policies and local authority guidance. All of the staff had received safeguarding training and knew how to recognise and report potential signs of abuse. They described how they would deal with a safeguarding concern, including reporting issues outside of the provider’s organisation if necessary. Staff told us they had access to safeguarding policies and relevant telephone numbers to enable them to report any safeguarding concerns. Staff told us they would have no hesitation in reporting abuse and were confident the home manager would act on their concerns. Staff knew about the provider’s whistle blowing policy and said they would use it to keep people safe if they needed to.

When people required equipment to support their independence or safety, such as walking aids, specialist chairs, slings or bed sides, the use of these was risk assessed by staff appropriately. We observed staff using equipment correctly and considering risks to people’s health and safety. All equipment used to support people had been serviced regularly in accordance with the manufacturer’s guidance, to ensure it was safe, clean and fit for purpose.

People had their medicines at the times they needed them, in the correct dose and in a safe way, administered by staff who had the required competency and skills. We observed medicines administered safely in a way people preferred, in accordance with their medicine management plans. Records confirmed that staff had received medicines management training which was updated annually. Their competence to administer medicines was also assessed by the home manager. The provider had systems for ordering, receiving, storing and disposing of all medicines safely. The home manager had developed an effective relationship with the provider’s dispensing pharmacist who had

Is the service safe?

completed two audits in the previous three months. People were protected from the misuse of medicines, as procedures were in place for the safe management of medicines.

Is the service effective?

Our findings

At our last inspection the provider had not completed annual appraisals or regular staff supervisions in accordance with their policy. Staff had not been supported to deliver care and treatment to people safely through the provision of supervision and appraisals. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,

During this inspection we found the provider had followed their action plan and had made necessary improvements to meet the legal requirements. Since our last inspection all staff had received two supervisions in accordance with the provider's policy and had supervisions scheduled every two months. Supervision records identified staff concerns and aspirations, and agreed actions were reviewed at the start of the next supervision. Supervisions provided staff with the opportunity to communicate any problems and suggest ways in which the service could improve. Staff told us they were encouraged to speak with the management team immediately if they had concerns about anything, particularly in relation to people's needs. Staff had received an annual appraisal or had one scheduled in the near future. The home manager told us they had arranged training for heads of department to deliver appraisals to their staff. A programme of scheduled supervisions also ensured improvements were sustained. People received effective care from staff who were supported by the home manager to carry out their roles and responsibilities.

At our inspection in December 2014 the provider had not always ensured that valid consent had been obtained from people. Mental capacity assessments had not been carried out appropriately to lawfully support people with decision-making. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had followed their action plan and had made the necessary improvements to meet the legal requirements. Staff had completed training in the Mental Capacity Act 2005 (MCA) in January 2015. Where people lacked the capacity to consent to their care, lawful guidance had been followed to make best interest decisions on their behalf. Staff demonstrated an understanding of the principles of the MCA 2005 and described how they supported people to make decisions. The provider had ensured these improvements were

sustained by discussing the MCA 2005 during individual staff and group supervisions since January 2015. Where people's needs and risk assessments required to be reviewed, for instance if the person had experienced a fall, the home manager accompanied staff and encouraged them to consider the MCA 2005 in relation to all such reviews. The home manager had selected staff to be involved in all processes where best interest assessors had completed assessments of people. Staff told us this consolidated the training provided in relation to the MCA 2005 and made them more confident in its application.

We observed people being asked for their consent before they were provided with support. People told us that they were involved in discussions with their GP and staff before decisions were made to change their treatment.

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care home services. The registered manager was aware of a Supreme Court judgement which widened and clarified the definition of a deprivation of liberty. They told us how they were working with social services to identify if applications should be made for people. Social services confirmed this. At the time of our inspection one person was subject to a DoLS authorisation and decisions were awaited for five others. People's human rights were protected by staff who understood the DoLS.

During our last inspection people were not provided with suitable food and drink to meet their dietary needs. Food was not prepared in a hygienic environment, and kitchen staff had not been appropriately trained. Where people had been identified to be at risk of malnutrition or hydration they had not been referred to dietetic specialists. This was a breach of Regulation 14 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had followed their action plan and had made necessary improvements to meet the legal requirements. During this inspection we found people were protected from the risks of malnutrition and dehydration. People and relatives told us the food was "Brilliant" and "It's worth visiting just to try the food, especially the chef's home baked bread." A relative said, "I shouldn't say it but the food used to be terrible but now I'm jealous because it's better than I get at home."

The provider had appointed a nurse as the "Nutrition Lead" responsible for embedding the improvements since

Is the service effective?

January 2015. During the home manager's morning walk through the service they spoke with people about the quality of their care, including the provision of breakfast. During the week they completed observations of the lunch service and ate from the home's menu to ensure the improvements made were sustained.

People's nutritional needs were assessed and there was guidance for staff on how to support people in the way they needed, to eat and drink sufficient amounts. All care and catering staff had received training in relation to managing the risks of malnutrition and dehydration from a dietician in January 2015. Staff followed nutritional guidance based on people's preferences and any professional assessments undertaken by dieticians or speech and language therapists. This guidance was detailed in their care files. The chef was involved in ensuring people received suitable foods of the correct consistency to mitigate against the risk of choking.

However, there was no written documentation in the kitchen to show what modified texture of food people required. We observed catering staff prepared texture modified food and drinks from their experience and knowledge of the person, and that the texture was in accordance with their identified nutritional needs. Recognised descriptions for texture modified foods were not used by catering or care staff to define the correct texture of meals required for each person. People may not receive food of the right texture if catering staff unfamiliar with people's specific nutritional needs prepare their food. .

We recommend the provider refers to best practice issued by the National Patient Safety Agency in relation to texture modified foods.

Information about people's nutritional needs was on display in the kitchen. Where people were identified at risk of malnutrition or dehydration, staff monitored their daily intake of food and fluids.

We saw that staff discreetly offered support to people to make food and drink choices and checked when they had finished their meals. Monitoring records of all people's

weight had been analysed monthly by the interim and home manager since January 2015, to ensure that improvements were sustained. This identified that people had either maintained a healthy weight or had gained weight where this had been desired. People were supported to have sufficient to eat and drink to maintain a healthy, balanced diet.

Newly recruited staff completed an induction course based on nationally recognised standards and spent time working with experienced staff. This ensured they had the appropriate knowledge and skills to support people effectively. Staff told us they had received a thorough induction that gave them the skills and confidence to carry out their role. There was a record of the induction process and training for the use of specific aids and equipment to ensure that staff knew how to use them safely. Staff had received the required training for the role for which they had been employed. Those subjects included moving and handling, food safety, person centred care, dementia awareness, communication, fire safety, first aid and tissue viability. Staff had effective training to support them to deliver safe care to meet people's needs. Staff were also encouraged to complete additional training to support people at the home. For example, one member of staff wished to improve the provider's response to issues relating to continence. The home manager arranged for the staff member to attend a training event regarding continence, and they have been appointed as the continence lead for the home.

With the exception of one person with diabetes, people were supported to stay healthy. Records showed that people had regular access to healthcare professionals such as GPs, district nurses, dieticians, occupational therapists, physiotherapists, opticians and dentists. People requiring specialist advice or specific care to meet their changing needs were referred to an appropriately qualified health care professional. For example, on the first day of our inspection one person had been identified to have an infection, which was immediately referred to their GP.

Is the service caring?

Our findings

During our last inspection staff had not always treated people with dignity and respect whilst providing personal care or support during mealtimes and activities. Staff had shown a lack of respect for people's diversity and had not considered their faith and culture when planning end of life care. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had followed their action plan and had made the necessary improvements to meet the legal requirements. During this inspection people were supported by staff who were kind and attentive. People told us they were happy at Beech Tree Care Home and were proud to live there. One person said, "It's lovely here, the carers are so kind and gentle like Florence Nightingale." Another person said, "The carers are so cheerful that it rubs off on us." One relative told us how staff supported their loved one who's behaviour sometimes challenged staff. They told us how they admired the patience of staff who often reassured their loved one when they were confused by kneeling beside them and stroking their hand.

We observed a warm atmosphere in the home with people readily smiling whilst engaging staff and each other in conversation. Staff always spoke in an inclusive manner, enquiring about people's welfare and feelings. Staff treated people in a gentle supportive way and took their time whilst delivering support so people did not feel rushed. Staff were attentive and provided appropriate support with people's mobility, for example, walking to the dining table and when they decided to leave.

We reviewed people's end of life care plans and noted people's faith and culture had been considered. People were treated with dignity and staff showed respect for people's diversity. Staff told us they had completed training in relation to equality and diversity, which was confirmed by records. The provider's interim manager had completed two monthly staff supervisions since January 2014 to ensure equality and diversity training had been embedded. The interim manager had then completed observations of staff practice throughout the home to ensure improved staff behaviours were consistent with the training provided.

Staff were knowledgeable about people's needs. Some staff had established a close bond with people over many years. Health professionals told us that relationships between people and staff were 'caring and compassionate'.

Staff ensured they used language the person understood and continually reminded them of their positive achievements. People and staff had general conversations that did not just focus on the person's support needs. Some people had limited verbal communication, whilst others had sensory impairments. Staff clearly understood how people showed dislike, displeasure, and discomfort, and addressed identified issues in a sensitive manner. People were comfortable with the staff supporting them and chose to spend time in their company.

People's privacy and dignity were respected. We observed staff knocked and asked for permission before entering their rooms and spoke courteously with people. People said staff were polite and respectful when providing personal care and they were given a choice of male or female carers. Staff gave examples of how they supported people in a dignified way with their personal care, by ensuring doors were closed and curtains drawn when necessary.

People's rooms were personalised with their belongings, furniture and photographs. One person told us, "I have treasured possessions in my room which make me happy and make me feel at home."

Staff understood their obligation to support people's freedom and independence. People had access to all parts of the home, and chose how they spent their time. When staff offered people options, for example, in relation to activities, meals, drinks or clothing, they gave people time to decide and respected their decisions.

Staff were very knowledgeable about people's needs and had developed caring relationships with them. Health professionals told us that relationships between people and staff were 'caring and compassionate'. We spoke with two people who had returned to work at the home since our last inspection who said, "When we left it was heart breaking. We went to work at a really nice place but missed people here so much we had to come back."

People were involved in planning their care. People told us they had visited the home before they moved in, which had reassured them. Initial assessments were completed before people moved into the home to ensure the provider was

Is the service caring?

able to meet people's needs. Care documents showed needs and risk assessments were completed and reviewed with the involvement of the person, their relatives or advocate where required. Care plans captured people's individual preferences and identified how they wished to spend their time and live their lives. People were supported to be involved in decisions about their care.

Some people had expressed their wishes for end of life care and these were noted in people's records. When people were nearing the end of their life they received kind, compassionate care and staff were supported by palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness. The provider had monthly meetings with other local health professionals, including the ambulance service, to discuss the quality of the service and embed best practice in relation to end of life care. Where appropriate, people were given support when making decisions about their preferences for end of life care.

At our last inspection the provider had not kept people's personal records securely to assure confidentiality. This

was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. During this inspection all care records were kept securely in a locked cabinet in the clinical room, which was locked when not in use by staff. When the clinical room was in use, we observed the cabinet containing confidential records remained locked at all times, other than to afford access to the records. The provider had made the necessary improvements to meet the legal requirements. Since January 2015 the interim manager and home manager had checked the clinical room daily to ensure it was locked when not in use by the nursing staff. This was to ensure the improvements regarding confidential records had been sustained.

During this inspection staff told us about the importance of treating people's personal information confidentially. One staff member said, "Personal information must be protected so people can be confident their privacy is respected". Staff had completed training and demonstrated knowledge in relation to their responsibility to maintain the confidentiality of people's care records.

Is the service responsive?

Our findings

At our last inspection there were insufficient numbers of staff to provide meaningful activities or to spend time talking with people to prevent them feeling socially isolated. This was a breach of Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had made necessary improvements to meet the legal requirements. During this inspection there were sufficient staff to provide stimulating activities for people. One person told us, "There is a lot more going on now but the biggest change is carers can just sit and chat to me, which means the world to me."

The activities programme had been revised and there were a range of social events arranged in the home, which included visiting entertainers, quizzes, arts and crafts, parties and music. People enjoyed the activities on offer and staff enabled people to participate at their own pace. We observed a game of music where nine people shared jokes and engaged in humorous banter with the activities coordinator. People were very positive about the activities programme and the enthusiasm of the staff encouraging their involvement. People's participation was monitored in order to improve the programme and identify if people were at risk of becoming socially isolated. On the first day of our inspection people who wished to go had a trip to the local pub. We spoke with one person who said, "I didn't fancy going to the pub but had a lovely time at the garden centre recently." We spoke with the activities coordinator who told us they were now allowed to focus on activities for people rather than covering care duties. People were supported to pursue social activities and protect them from social isolation.

The interim manager and home manager had completed weekly reviews of the activities provided and the analysis by the activities coordinator to ensure the improvements were sustained. The provision of meaningful activities was an agenda item at monthly residents meetings and was discussed in supervisions with the activities coordinator to ensure improvements were embedded.

At our last inspection care plans had not been reviewed to identify people's changing needs and the provider had not listened to people's concerns. This was a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider had followed their action plan to meet the legal requirements. During this inspection we found that all people had their needs reviewed monthly by the home manager and nurses, or more frequently if required. The home manager told us they had created new care plans which were more comprehensive, and important information was more accessible to staff. Four people's records had not been converted to the new format at the time of our inspection, but their needs and risk assessments had been reviewed monthly using the old format.

People were satisfied with the care they received. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions. People said they could chat with staff if they were not happy with something. Feedback was sought by the provider and home manager in various ways including provider surveys and residents' meetings. The manager ensured this feedback was acted upon. People commented on changes that had been made as a result of feedback such as the new chef, menus and seating arrangement at lunchtime. One person told us, "The new manager always listens and follows up on our ideas to improve things".

People had a copy of the provider's complaints procedure in a format which met their needs. This was also prominently displayed on the home noticeboard together with the CQC ratings of the service. This had been explained to them and, where necessary, their relatives. Staff knew the complaints procedure but told us they dealt with small concerns as soon as they arose to prevent them escalating. Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved.

The manager maintained a record of complaints, but said that most issues were brought to her attention verbally and were addressed swiftly. This open approach was confirmed by people, relatives and staff. There had been two complaints since our last inspection, which had been promptly resolved to the satisfaction of the complainant.

Is the service responsive?

Care documents included information about individual's support needs. Information was presented in a personalised way and included details such as how people liked to be supported when they were distressed or unhappy. Detailed care plans guided staff to support the behavioural and emotional needs of people living with dementia. Information regarding their personal histories was linked within their care plans to explain actions and behaviours.

People's care plans included guidance for staff on supporting their specific health conditions and how to support them if they became unwell. Staff demonstrated their knowledge of people's needs and risk assessments;

this was consistent with the guidance contained within people's support plans. Assessments included risks relating to moving, falling, skin breakdown, choking and malnutrition. When risks were identified, staff developed and followed risk management plans to help keep people safe from harm. They did this with minimal restrictions on people's movement and choices. For example, people were encouraged to be as independent as possible.

Care plans also described how people communicated and any care needs associated with this. People recently discharged from hospital had all aspects of their care re-assessed and reviewed before or upon their return to the home.

Is the service well-led?

Our findings

During our last inspection the provider was failing to effectively operate systems to regularly assess and monitor the quality of the service and to identify, assess and manage risks to people's health, welfare and safety. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection the provider had followed their action plan to make necessary improvements to meet the legal requirements. The home manager was regularly assessing and monitoring the quality of the service to identify, assess and manage risks to people's health, welfare and safety.

The provider's regional managers and operations director carried out monthly reviews of the home, each assessing different aspects of quality. These helped to identify areas for improvement and prioritise the audit programme. The regional manager told us that the home received a monthly audit from a different regional manager to ensure good standards of auditing were maintained to ensure improvements at the home were constantly driven and sustained. The interim manager and home manager completed a range of monthly audits, including infection control, medicine management, health and safety, care planning and fire safety.

We reviewed the monthly audits between January and May 2015 to confirm the improvements made had been sustained. These audits clearly identified action required to improve the service together with a date for completion and the person responsible. We noted that results to the actions required had been checked by the home manager to ensure they had been completed, such as the implementation of guidelines relating to the Control of Substances Hazardous to Health (COSHH), the correct use of colour coded waste bins in different areas of the home and the maintenance of equipment, for example bedrails.

Staff told us there was an open culture and they had been encouraged to suggest improvements to the quality of service provided. Domestic and care staff had the opportunity to audit improvements in the home which they had suggested, for instance processes relating to continence care and infection control measures. One care staff member said, "The manager wants to know when something needs improving but also ideas about how to do it so we're all involved."

People and relatives made comments about the positive changes to staff morale and communication embedded by the provider. One person said, "The manager is like a breath of fresh air. She always has time to speak to you, even when she is really busy" and "The manager is a good listener and makes you feel that your opinion is valued." Another person told us, "The manager comes round every morning to see us to find out how we are and if there is anything we need." A relative said "You can see it as soon as you walk in. The home is a happy warm place with lots of happy smiling faces, where it used to be doom and gloom."

The provider had addressed staff recruitment and retention, including the return of seven experienced members of staff. Staff told us the home manager had improved morale which had created a better team spirit. They said the home manager always provided feedback in a constructive and motivating way, whilst ensuring staff knew what action they needed to take. Staff told us they were proud of the changes and improvements that had been made. One staff member told us they were all committed to "Looking after people and making them happy". Another staff member told us "I'm really happy because I am proud to work here again and look forward to being here."

The home manager understood their role and responsibilities and ensured staff understood theirs. The home manager believed senior staff should be highly visible and not sat in their offices, which we observed in practice. We spoke with the operations director who told us the home manager was supported by the regional manager with weekly visits. Regular minuted staff meetings and shift handovers enabled staff to share and discuss key issues relating to people and events.

There was an open and transparent culture in the service and people felt able to express their views freely to the home manager. People attended resident meetings that enabled them to make suggestions for improvements, and to hear about planned changes, such as an extensive redecoration programme within the home. We observed people and staff approaching the home manager and senior staff to ask questions or chat. Staff told us the home manager was always available if they needed guidance. They told us that the support the manager and management team provided was flexible and the level of their support was increased during challenging periods.

Is the service well-led?

Visiting health professionals, staff and relatives confirmed management arrangements for communicating important events and tasks were effective. Daily shift handovers and regular staff meetings, as well as meetings for specific staff groups, emphasised the person-centred approach to care, areas for development and any issues that needed to be addressed.

The provider had a system for reporting, recording, and monitoring adverse incidents, which was operated effectively by the home manager. The interim manager and home manager had created an open and honest culture where care staff were confident of fairness and support if they made a mistake. This culture was promoted at all staff meetings and training events by the home manager who encouraged staff to sustain the improvements made.

Records contained relevant details about the incident and identified action taken and lessons which might be learnt to prevent a future recurrence. Staff understood the importance of escalating concerns to keep people safe, and they were offered additional support and training when necessary. One member of staff told us, “We know we can talk to the new manager without worrying and that she will support us. She has high standards but encourages us to let her know if we make a mistake.” People were cared for by staff who practised the values of the service in the provision of their care. There was now a culture of reporting errors, omissions and concerns.

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 and nursing or personal care in the further education sector | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment |
| Diagnostic and screening procedures | Care and treatment had not been provided in a safe way for all service users, as all practicable measures had not been taken to reduce identified risks to people with diabetes. |
| Treatment of disease, disorder or injury | Regulation 12 (1) (2)(b) Social Care Act 2008 (Regulated Activities) Regulations 2014. |

This section is primarily information for the provider

Enforcement actions

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