

Minster Care Management Limited

# Ashgrove Care Home - Humberstone

## Inspection report

Whitehall Farm  
North Sea Lane  
Cleethorpes  
Lincolnshire  
DN35 0PS

Tel: 01472210770

Website: [www.minstercaregroup.co.uk](http://www.minstercaregroup.co.uk)

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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?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Ashgrove Care Home is registered with the Care Quality Commission (CQC) to provide accommodation for up to 45 older people some of whom are living with dementia. Accommodation is provided on the ground floor. The service has private grounds and separate secure gardens and patio areas for people to use. Local amenities and a bus route are accessible. Onsite parking is available. An extension to the service has been completed but has not been registered for use with the Care Quality Commission.

This inspection was undertaken on 9 and 10 June 2016, and was unannounced.

We had previously inspected the service on 16 and 18 December 2016 when we found the registered provider was in breach of eight regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to, person centred care, need for consent and working within the requirements of the Mental Capacity Act (MCA) 2005, safe care and treatment, safeguarding people from abuse, cleanliness and infection control, medicine management, staffing levels, staff skills and training, meeting nutritional and hydration needs, complaints and assessing and monitoring the quality of service provision. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 for non-notification of incidents.

The breach regarding cleanliness and infection control was a continued breach from our inspection which was undertaken on 15 May 2015. Due to these shortfalls the service was rated inadequate in all areas and was placed in 'special measures'. The registered provider agreed to undertake a voluntary suspension on admissions to give them time to correct the issues we found.

The registered provider sent an action plan in response to our inspection findings telling us what measures they were going to take to address the issues. This inspection was undertaken to check if the improvement action planned had been completed in regards to the shortfalls that we found. We wanted to see if the service was being managed appropriately to maintain and protect people's health and wellbeing.

We found person centred care was in place. People gave their consent to receive care and treatment, or where this was not possible; the principles of the Mental Capacity Act (MCA) 2005 were followed to protect people's rights. People received safe care and treatment and were protected from abuse.

Cleanliness had vastly improved and appropriate infection control measures were in place. Medicine management was robust. Staffing levels had been increased and staff had undertaken training to develop their skills. People's nutritional needs were known and only staff who had received training assisted people to eat and drink.

A robust complaints system was in place and issues raised were dealt with thoroughly. The registered provider had implemented new auditing systems, which helped them monitor the service effectively and helped to ensure any issues were dealt with in a timely and thorough way because action plans were put in

place and these were reviewed by the higher management team. This ensured appropriate action was taken to maintain the quality of the service. The registered provider and manager had systems in place to make sure they were notified of all incidents.

We found the registered provider had improved all areas of the service and the previous breaches of regulation had been addressed. The service now met all relevant requirements. However, we are keeping all areas under review and monitoring them to make sure the improvement made are maintained consistently over time.

The service is required to have a registered manager. '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.' There was a manager present; at the time of our inspection they had submitted their application to become the registered manager of this service with the Care Quality Commission. This application had not yet been approved at the time of our inspection. The manager was present throughout our inspection. They were skilled, knowledgeable and managed the service effectively.

## 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 safe. There were enough skilled and experienced staff to meet people's needs.

Staff were fully aware of people's current needs. People were protected from abuse.

Robust systems were in place for the receipt, storage and administration of medicines. The service was clean and infection control was maintained.

We saw improvements had been made. We have changed the rating from inadequate to requires improvement for this key question; however, we could not rate this service higher than requires improvement for 'safe,' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** 

### Is the service effective?

The service was effective. Staff were provided with training; supervision and appraisal which helped maintain and develop the staff's skills.

People's mental capacity was assessed and monitored. People gave their consent to receive care and support where this was not possible, the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's nutritional needs were monitored effectively and corrective action was taken to ensure people's nutritional needs were met.

Staff gained advice from health care professionals to maintain people's health and wellbeing.

We saw improvements had been made. We have changed the rating from inadequate to requires improvement for this key question; however, we could not rate this service higher than requires improvement for 'effective,' because to do so requires consistent improvement over time. We will check this during our

**Requires Improvement** 

next planned comprehensive inspection.

### **Is the service caring?**

The service was caring. People told us they were well cared for by kind attentive staff. Relatives we spoke with confirmed this.

Staff were observant and spent quality time interacting with people.

People were treated with dignity and respect.

We saw improvements had been made. We have changed the rating from inadequate to requires improvement for this key question; however, we could not rate this service higher than requires improvement for 'caring,' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### **Is the service responsive?**

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded to people's needs, they listened to what people said and acted upon it.

A robust complaints procedure was in place which was used to deal with any issues raised.

We saw improvements had been made. We have changed the rating from inadequate to requires improvement for this key question; however, we could not rate this service higher than requires improvement for 'responsive,' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### **Is the service well-led?**

The service was well-led. The management of the service was robust.

New quality monitoring systems had been introduced. Issues found were acted upon immediately to help maintain people's health and safety.

People's care records were up to date and reflected their current needs. Staff supported people effectively.

**Requires Improvement** ●

People living at the service, their relatives and staff were asked for their views and these were listened too and were acted upon.

Staff understood the management structure in place and felt well supported by the management team.

Notifications were made, as required, to the Care Quality Commission.

We saw improvements had been made. We have changed the rating from inadequate to requires improvement for this key question; however, we could not rate this service higher than requires improvement for 'well-led,' because to do so requires consistent improvement over time. We will check this during our next planned comprehensive inspection.

# Ashgrove Care Home - Humberstone

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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 9 and 10 June 2016 and was unannounced. It was carried out by an adult social care inspector and a Contracts Officer, from Procurement and Compliance, North East Lincolnshire Clinical Commissioning Group (CCG).

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. We also looked at the notifications received and reviewed all the intelligence the Care Quality Commission (CQC) held to help inform us about the level of risk for this service. We contacted the local authority to gain their views about this service. We reviewed all of this information to help us to make a judgement.

We had previously inspected this service on 16 and 18 December 2015, when we found multiple breaches of regulation had occurred. We gave the service a rating of 'inadequate' and it was placed in 'special measures'. The registered provider submitted an action plan which set out the action they would take to address the issues we had found. The registered provider agreed to undertake a voluntary suspension of admissions with the CQC to allow them time to improve the service. This inspection was undertaken to see what progress had been made to improve the service and to deal with the breaches of regulation.

We spoke with four people using the service and with five relatives. We interviewed five staff the manager, operations manager and registered provider.

We looked at the care records for five people who used the service and inspected a range of medication administration records (MAR). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held, in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, three staff supervision records and appraisals, training records, staff rotas, minutes of meetings with staff, resident and relatives, quality assurance audits, training information, complaints and compliments, maintenance and quality assurance records. We also undertook a tour of the building.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us.



# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the service. They told us generally things had improved, which made them feel they were safe now. We asked people living at the service about the staffing levels, cleanliness and medicine management. Comments we received included; "The cleanliness has got better. I had my room spring cleaned. We have a lot of different staff now. I get on alright with them. There are a few more senior staff. I have a good few tablets, it is all okay now." "I think it is a lot better now. The girls [staff] have more time for you. You were left at breakfast, we didn't like this, it is not like that now. Cleanliness is very good, it has improved. We get our rooms cleaned every day, floors cleaned and everything. Last Tuesday we had a spring clean in the room, this included windows, curtains and bedding. Staff help me with medicine, it is given on time. It really is good here." and "There seems to be plenty of staff, they are nice. I am not frightened. I am safe here in this home."

Relatives we spoke with told us they felt their relations were safe and were looked after by staff who had people's wellbeing in mind. We received the following comments; "It is safer now. I went away for two weeks, previously I would ring every day, I felt at ease. There are more staff. They are better trained and attentive. Cleanliness is a lot better; on the whole, it is much cleaner. They have introduced 'resident of the day' they have a deep clean of their room once a month it has really had a knock on effect, there are no smells. Staff know what they are doing." "It is very safe here." and "It has changed a lot, it is absolutely brilliant. It is a lot cleaner, the carers are far better than the last lot. Mum is safer now; it takes the weight off my mind."

Staff we spoke with told us they felt the changes made since our last inspection had improved the service. A member of staff said, "Now there is enough staff, standards are really on top form. The atmosphere is much better. We have six cleaners instead of two, more time with people and better standards. It is lovely." Another member of staff said, "Things have changed quite a lot. There are enough staff we get a lot more quality time with people. It is a lot cleaner than before. It is a nicer, happier, safer place to work."

At the last inspection on 16 & 18 December 2015, we found that people were not safeguarded from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection, the registered provider made sure all staff including the handyman undertook safeguarding training. The staff's understanding about the action they must take if they suspected people were being abused was tested to make sure the safeguarding training had been effective. Action was taken to make sure people living with dementia were not being chemically sedated. We found staffing levels had been increased so that people were able to be supported effectively. This has produced a sharp decline in safeguarding issues occurring within the service.

At the last inspection on 16 and 18 December 2015, we found there was a discrepancy in the reporting incidents to the Care Quality Commission (CQC). This was a breach of Regulation 18 of the Registration Regulations 2009 regarding the non-notification of incidents. We found at this inspection robust systems had been implemented to make sure the CQC were notified of all incidents that occurred. The senior management team monitor issues to ensure corrective action is taken to maintain people's health, safety and wellbeing.

At the last inspection on 16 and 18 December 2015, we found staffing levels were inadequate to meet people's needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not getting their breakfast timely. People were not able to get up when they wished to because staff were not available to assist them. At this inspection, we saw the time people wanted to get up was recorded in their care records. People told us there were enough staff available to assist them to get up and have their breakfast, when they chose to. Staff we spoke with confirmed this and they ensured people had been given their breakfast. At the last inspection we saw kitchen staff were assisting people to eat and drink when they had not been trained to undertake this safely. Now kitchen staff had been trained to assist people to eat and drink safely, they only undertook this if they were requested to do so by the care staff. This ensured people's choices were respected and their safety was maintained.

In December 2015 people were not receiving pressure relief by staff in a timely way. This placed people at risk of harm from developing pressure damage to their skin. Since the last inspection staff had undertaken further training in relation to this. People's needs had been reassessed and new supplementary charts had been introduced by the management team for each person who required monitoring in this area. Every shift the senior staff checked the supplementary charts to make sure they were completed correctly and they checked staff had undertaken pressure area care within the correct time frame. This helped to protect people's health and wellbeing. The manager undertook regular audits of this issue. This information was shared with the higher management team on a monthly basis. An external health care professional had assessed the service as being compliant in this area through undertaking an in depth audit of people's care.

During our last two inspections on 15 May 2015 and 16 and 18 December 2016 we found the registered provider was in breach of Regulation 12, safe care and treatment because suitable systems were not in place regarding the prevention, detection and to control the spread of infection. During this inspection, we found compliance had been achieved. We saw regular audits of the cleanliness of the service were in place. An external health care professional had assessed the service as being compliant in this area. Twice a day senior staff conducted a walk round assessment of the service to look for any infection control issues, any issues found were acted upon straight away. Hoist slings in use for people were named and were stored in plastic containers, which helped to maintain infection control. Commodes and urinals were cleaned after use. We inspected the communal bathrooms and toilets, boiler room and all areas of the service. We found all areas were clean and hygiene was robustly maintained. This included the treatment room where medicines were stored. No building work was being undertaken in the areas of the service used by people. We found the laundry was clean and tidy. On the last two inspections we found the iron had been left switched on whilst staff were not present. This was not found during this inspection. This helped to maintain people's safety.

Since our last inspection the service had opened a new kitchen. This was inspected and was found to be clean. During our last inspection there were issues with freezers needing to be de-frosted and with the cleanliness of the freezers, which had been stored in areas where building dust was present. On this inspection, we found the freezers had been de-frosted and a new dry food storage cupboard was about to be used. We were informed prior to this new kitchen being used the environment agency had visited the service and had awarded the food services a three star quality rating. The registered provider had invited the environmental health officer back to the service to assess the standard of the food services now the new kitchen was in use. This re-assessment had not yet taken place.

At our previous two inspections we had found issues with medicine management at the service. At the last inspection we found a breach of Regulation 12(1), (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Issues were found with all aspects of the medicine management and administration systems. At this inspection, we found all aspects of medicine management were robust. Daily

audits of medicine balances were undertaken to help maintain improvements made to the medicine management system. Medicines were stored appropriately and securely, there was no excess stock. People were given their medicines as prescribed by staff who had undertaken training in regard to this. We observed staff undertaking medicine administration. We saw staff were competent in medicine management. Medicines that required cold storage were kept in a fridge within the treatment room. Maximum and minimum temperatures were recorded daily of the medicine fridge and treatment room to make sure medicines were stored within the correct temperature range to remain effective. There were no medical samples stored within the medicine fridge. Medicines were recorded in a 'returns book' before they were sent back to the supplying pharmacy. When eye drops were opened the date of opening was recorded, staff discarded them within the correct time frame to help maintain people's wellbeing. There were no gaps on people's medication administration records (MAR). Variable dose medicines were recorded to ensure staff knew what dose of these items people had received. People received their medicine as prescribed.

We inspected staff recruitment files. These contained application forms, references from previous employers and disclosure and barring service (DBS). DBS checks return information from the Police national Database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with vulnerable people. checks. We saw that gaps in potential staffs' employment history were looked into and their past experience and qualifications were recorded. The identity of potential staff was checked. The recruitment processes helped to protect people from staff who may not be suitable to work with vulnerable adults. Staff we spoke with confirmed they filled in application forms and had to attend an interview, provide references and undertake a police check (DBS) before they were offered a position working at the service. They confirmed that a period of induction took place, which included 'shadowing' a more senior carer; staff were shown how to support people before they were allowed to work unsupervised.

At the last inspection on 16 and 18 December 2016, we had found that a volunteer working at the service had not had a police check undertaken. This person no longer worked as a volunteer within the home. We were informed by the manager that there were no volunteers at the service. We were told if they gained volunteers in the future the appropriate checks would be undertaken to make sure people were protected from people who may not be suitable to work in the care industry.

The manager and registered provider monitored and analysed accidents and incidents that occurred. They looked for trends or patterns and took corrective action to help prevent further incidents from occurring. This information was shared with staff and relevant health care professionals to reduce the risk to people's safety.

We saw that maintenance and safety checks of the property were undertaken. Records confirmed these checks were up to date and promoted people's health and safety. People had personal evacuation plans in place as well as risk assessment for issues such as falls, choking, or becoming agitated or anxious. This helped to maintain people's wellbeing.

## Is the service effective?

### Our findings

People we spoke with and their relatives told us effective care and support was provided by the staff, manager and registered provider. People we spoke with said, "It is a lot better. We have a few more senior staff. I go to bed and get up when I like. I get up early; they [the staff] follow my wishes." "The girls [staff] have more time for you. If you want to get up early you can do, if you want a lie in you can, we are not restricted." and "We seem to have plenty of staff they are all nice. If I want to do something I do it, I choose what to do, when and how I like to spend my time."

Relatives we spoke with told us the service was effective at meeting their relations needs. A relative said, "There are not many staff here who were here before. Some had been here a long time and were not following procedures. Those still here are more proactive and issues are dealt with. Staff are so attentive now. Staff have adjusted to management and have shone. People are cared for now."

At our last inspection on 16 and 18 December 2015 there were not enough staff, People were not supported in line with their preferences. People said they did not always feel supported by staff because staff had no time to spend with them. Staff had not received effective training in essential areas such as; health and safety, moving and handling, fire safety, safeguarding, dementia, mental capacity, deprivation of liberty, first aid, medicine administration and infection control. There was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were also issues with equipment that had been assessed for people to maintain their safety not being in place.

We also had found the registered manager and staff had a poor understanding of the principles of the Mental Capacity Act 2005 (MCA) they could not describe how they supported people to make their own decisions. Staff lacked the skills and knowledge needed to complete mental capacity assessments. Staff did not always ensure people had consented to their care and treatment. Best interest meeting had not been undertaken to help protect people's rights. We found generally relatives were consulted with or made decisions on behalf of people who lacked capacity. However, they did not have power of attorney for health and welfare in place; therefore this was unlawful. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Also, people's nutritional needs were not met. Information about people's preferred foods and drinks, food allergies, likes and dislikes were not always recorded. Some people, on occasions, had missed breakfast because staff had not realised it had not been provided to them. People who were at risk of losing weight did not have their dietary needs monitored effectively and advice was not sought from relevant health care professionals to maintain people's nutritional needs. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw there were enough staff available to meet people's needs. Staffing levels had been increased and a new 'twilight shift' had been introduced to cover peak times of activity later in the day so people received prompt care and support at tea time and when they wished to get ready for bed. We inspected the staffing rotas and saw there were consistent staffing levels in place throughout the service.

The manager informed us there were now six cleaners employed at the service, instead of two and all ancillary departments were monitored to make sure they were appropriately staffed.

People chose how to spend their time and were supported by staff who were able to sit with them and take as long as they needed to help people. Staff we spoke with said, "We have quality time with people," and "There are enough staff. We get a lot more quality time with people."

The manager and registered provider had taken all the staff back through a programme of training to make sure they had the skills required to be able to meet people's needs. Staff were tested on their knowledge to make sure they had understood the training and this was looked at during staff supervision to make sure training was put into practice when delivering care and support to people.

We saw the training that had been undertaken covered subjects such as; health and safety, moving and handling, fire safety, safeguarding, dementia, mental capacity and deprivation of liberty, first aid, medicine administration, dignity and respect, infection control, nutrition, consent to care and treatment and effective record keeping. Staff we spoke with said, "I have just completed thirteen training courses we have to undertake reflection and evaluation. We have to pass the tests." Another member of staff said, "I have undertaken pressure area care, continence care, safeguarding and infection control training recently." We inspected the staff training planner and saw compulsory training was in place for all staff regarding the Mental Capacity Act 2005 and DoLS, health and safety, infection control, moving and handling, first aid, food hygiene and fire safety. The manager confirmed one hundred percent of staff had completed infection control, moving and handling, fire safety and medicine training. All others had nearly completed all their training. An ultra violet light box had been used to make sure staff understood the importance of maintaining effective hand hygiene. This helped to make sure staff had the skills they needed to support people. The breach of regulation in this area has now been dealt with.

We saw regular supervisions were in place for all staff and yearly appraisals were taking place. This allowed the staff and management team to discuss performance issues and provide any further support or training needed to develop their skills.

People's nutritional needs were monitored effectively and corrective action was taken to ensure people's nutritional needs were met. We found that staff now gained advice from health care professionals to maintain people's health and wellbeing. People were only assisted to eat and drink by staff who had undertaken training which helped to maintain people's wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that people had their capacity assessed as necessary. Detailed information was present and those who lacked capacity had information recorded about relations who held power of attorney (legal authority) for finances and health and welfare to make sure people's rights were protected.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed staff had completed MCA and DoLS training. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. Fourteen applications for DoLS had been made for people who met the criteria and they were awaiting authorisation by the local authority. Three DoLS applications had been authorised. We

found the breach of regulation in this area had now been dealt with.

## Is the service caring?

### Our findings

People we spoke with told us they felt well cared for by the staff, manager and registered provider. They said the staff were attentive, respectful, professional and kind. One person said, "The girls [staff] are lovely." Another person said, "The manager is very good. I don't think we could be in a better place. It really is good in here. Staff have time to really listen to me. Staff are polite and courteous." We observed people engaged in friendly banter with staff and looked relaxed and happy in their company.

Relatives we spoke with told us they were pleased with the staff's caring approach and that of the management team. They all said the staff were fantastic. A relative said, "There is lots of care and attention from staff." Another relative said, "Anything you ask is done, now they (the staff) are absolutely fantastic." Relatives we spoke with told us the management team were caring and made sure people were well cared for.

A health care professional we spoke with told us they felt the staff were caring and supportive of people living at the service. Staff working at the service said they enjoyed working there and were able to care for people appropriately. They told us they treated people as they would wish to be treated. A member of staff said, "It is a nicer place to work now. I love the place, residents and care staff. It is so much more relaxed with happier staff who don't have long faces." Another member of staff said, "It is very pleasant working here. I am very happy with the team. I feel like I am 'at home' and feel joy. Management fully support me. It feels like a nice big family."

The registered provider had policies and procedures in place to inform staff about the importance of treating people with dignity and respect and valuing their diversity. A confidentiality policy was in place for staff to adhere to. The registered provider said, "We have good staff, good teamwork and a good manager and deputy manager. We have worked hard to get everything in place. We are in a better place. We will build on this now."

Staff treated people with dignity and respect. We saw throughout our inspection staff were available to assist people in a timely way, they were attentive and kind. People did not have to wait for help and support staff acted upon people's needs and displayed compassion whilst assisting people. Staff had a good understanding of people's physical and psychological needs. For example, they were aware of a person living with dementia and knew on a Friday after they had seen the hairdresser they became more agitated and wanted to 'go home' to take care of their children. We observed staff at all levels, including the management team supported this person by using distraction techniques and by spending time with them. This enabled the person to feel calm and cared for.

Staff were seen to spend time to speak with people. For those living with dementia, staff made sure they gained eye contact and gave people time to respond. They rephrased questions to help people understand what was being said. Reassurance in the form of gentle touch and a smile was used by staff to engage with people living with dementia even if they gained no response. Staff were seen to go out of their way to make sure people were comfortable and content. For example, if staff were passing through the communal areas

of the service they spoke with people who were sitting there and spent time with them to make sure they were alright.

Since our last inspection 'rummage boxes' had been provided in the communal areas of the service. These contained item of reminiscence with different textures and colours that people living with dementia could pick up and use to help stimulate their memory. All staff, including the handyman had undertaken dignity training. Staff engaged with people in a meaningful supportive manner.

Staff respected people's preferences for their care. This included observing people's preference for the time they wished to get up and go to bed. This had not been in place at our last inspection. We saw staff made sure people received their meals in a timely way in line with their preferences. We saw people who needed help were supported and encouraged to eat and drink by patient staff.

At the last inspection we had found people's care records and personal information was not stored securely or orderly. During this inspection, we saw people's personal information was stored securely which enabled information to be found easily by staff and health care professionals. This helped to promote effective care for people.

Staff we spoke with told us they had time to care for people in an unhurried manner and in a dignified way. They told us since our last inspection the staffing numbers had increased and the management systems in place had changed to make sure the service was managed in a robust manner. This had helped to make sure people received the care and support they required. Staff appeared relaxed and happy when delivering care to people. Staff we spoke with told us they thoroughly enjoyed working at the service now because they had the time they needed to be able to care for people appropriately.



## Is the service responsive?

### Our findings

People we spoke with told us staff responded to their needs in a timely way. We observed staff listened to and acted upon what people said. People we spoke with said they were able to raise issues or complaints. We received the following comments from people and their relations; "Staff are more than happy to fetch the care files and they discuss things with me. If I do have a concern I talk with the staff and get a good result." "Mum is safe now here, we look at the charts she is checked regularly, there is equipment in place and staff do move her every two hours. I am invited to care reviews. The new team of staff put together new care records with a senior carer. I feel they contain everything needed. I have had three meetings for this." "Now staff are present, quick to respond, buzzers are not going off like they used to be. If anything is wrong they [staff] ring you, they are brilliant." "The staff are good, anything that you want you ask and you get it."

At our inspection on 16 and 18 December 2015 we found care records were not up to date with care plans and risk assessments, they lacked detail about people's life, family histories, and preferred social activities. We were unable to determine if people were receiving the care they required because there was insufficient record keeping in place to demonstrate if people's health or wellbeing had been maintained improved or deteriorated. Care plans and risk assessments were not updated as people's needs changed or following emergencies. People's needs in relation to the prevention of pressure damage was poorly assessed, planned and reviewed and staff did not ensure people received the care they needed to prevent pressure damage to their skin. Moving and handling records were not detailed enough about the equipment to be used. People's continence needs were not clearly recorded. Health care professionals reported staff did not alert them to issues or gain timely advice to help maintain people's wellbeing. These issues demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at five people's care records, they were well organised and easy to follow. We found people's individual preferences for their care and support were described in detail and information about people's life and family history was present. This information was repeated several times to ensure staff were fully informed. Preferred social activities were documented along with people's hobbies and interests.

We saw people had up to date individualised care plans and risk assessments in place for all their needs. These were reviewed with people and with their chosen representatives on a regular basis or as people's needs changed. We saw information was gained in a timely way from relevant healthcare professionals and advice was acted upon to help maintain people's wellbeing. Information about equipment and continence products required to be used was described clearly in the care records and staff confirmed these items were in use. We saw people who required pressure area care to prevent them from developing skin damage received this care in a timely way. Senior staff on duty monitored people's care and supplementary charts for pressure area care and nutrition along with medicines, this information was checked each shift to make sure all relevant care had been delivered and was recorded correctly to maintain people's needs. The breach of regulation in this area had been addressed.

A health care professional we spoke with said the staff informed them of any changes in people's condition

and kept them informed. This helped to maintain people's health.

During our inspection an emergency occurred. Staff contacted the emergency services and an ambulance and responders attended. The person's care records were kept up to date with the issues that were found and care and support was provided promptly and efficiently to meet the person's changing needs.

Staff prioritised the delivery of care to people. For example, we saw a person was getting agitated, staff acted immediately to divert the person's attention by speaking to them and spending time with them. This stopped the person from feeling anxious and upset and showed us that staff were responsive to people's needs.

There had been no new admissions to the service because the registered provider had agreed to undertake a voluntary suspension on admissions until the service had improved. We were unable to assess the pre admission assessment process during this inspection.

The service had an activities co-ordinator in place. A programme of activities was displayed so people were informed. Activities included bingo, board games, quizzes and other social event. We saw staff spent time reminiscing with people about their lives and family. The manager told us a second activities co-ordinator was being recruited to provide social stimulation for people seven days a week. During our inspection, a couple celebrated their wedding anniversary, staff were attentive and congratulated the couple on this achievement. Rummage boxes were provided in communal areas for people living with dementia. These contained items of reminiscence and of different textures to help stimulate people's senses. In the communal areas of the service people were asked if they wished to watch television or listen to music. Music playing was appropriate for people living at the service and people chose what they wanted to do any how they wished to spend their time. Relatives were encouraged and supported to take people out into the local community. We observed people sitting with their visitors in the secure gardens that had been created since our last inspection.

At our previous inspection we found complaints had not been appropriately investigated or responded to in line with the registered provider's policy. The information contained in the complaints had not been used to develop or improve the service. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found robust systems were in place for recording, monitoring and responding to complaints. All issues raised were reported via the 'provider portal' a new computer system for data to be sent to the registered provider so they could monitor all action taken to address the issues raised, along with the outcomes. This information was used to improve the service. This breach of regulation had now been addressed.

The complaints procedure was available to people and their relatives. People we spoke with told us they had no complaints to raise. Staff said if anyone wished to complain they would inform the management team so the issue could be dealt with. A person we spoke with said, "If I had a complaint I would raise it." Another person said, "I have no complaints."

## Is the service well-led?

### Our findings

People we spoke with and their relatives told us the service was run effectively and that vast improvements had been made to all areas. We received the following comments; "I don't mind it now, [living here]." "It is much better now, I used to have issues. I am kept informed on a daily basis. There is a big, big difference. I am not fobbed off for being a nuisance. They [staff] give very good care. They [managers] are aware and attentive. There are resident and relatives meetings." "It has changed a lot, it is absolutely brilliant, it is a lot cleaner, carers are far better than the last lot, anything you ask is done, any complaints go to the manger she is brilliant and asks is there anything that needs doing?" A relative told us they went to see the new manager and they told her, 'If you want support for what you are trying to do, I am here'. They went on to say, "I have found this care home fantastic." "The manager is amazing and has turned this home around she is a miracle worker aptly assisted by the deputy who does things immediately.

A social worker we spoke with passed on compliments about the service prior to our inspection and told us there had been many positive changes made to the service people received.

At the last inspection on 16 and 18 December 2015 quality monitoring was found to be inadequate, there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found checks on how the service was operating were not being completed and they lacked detail. The risk of harm to people was not being assessed, managed or kept under review. Staffing levels were inadequate to meet people's needs, staff lacked leadership. Staff did not know key information about people's care needs or their legal responsibilities in terms of the Mental Capacity Act 2005. Effective systems were not in place to ensure people's needs were assessed, monitored and reviewed. People's care records were not detailed enough or kept up to date; monitoring charts for pressure relief and nutrition were not completed in a timely way. The management team had not addressed these shortfalls and people were not receiving the care and support they required due to ineffective auditing.

Shortfalls related to infection control, kitchen cleanliness, food hygiene, medicine administration and recording poor care records and cleanliness could have been addressed if effective auditing and governance had been in place. Implementation of effective pressure area care was absent. Staff had not received appropriate and effective training in areas necessary to protect people's health safety and wellbeing and training was not up to date. This meant staff delivered care to people when they were not trained or safe to do so and lead to the service being placed in special measures.

During this inspection, we found there were enough improvement to take the registered provider out of special measures. A new manager was in place who had experience and knowledge of correcting a failing service. A deputy manager had also been appointed and there were senior carers and heads of department who made up the management team. The operations manager visited the service along with the registered provider on a regular basis.

Staffing levels had been increased. There were now six cleaning staff instead of two. Care staff numbers had been maintained when the numbers of people living at the service had decreased which allowed people to

be supported whilst corrective action was undertaken. The range of audits had been reviewed they, had been replaced with detailed robust audits and systems including the introduction of 'flash meetings' held by all heads of department every day at 11.00am. This allowed any issues to be discussed and acted upon in a timely manner. Audits of people's care files demonstrated these needed to be re-evaluated and they had all been re-written to reflect people's full and current needs. Medicine audits were in place and were now undertaken on a daily basis at each staff handover, weekly and monthly. The supplying pharmacist undertook an independent review of the medicine systems in place on a regular basis and any action required to be taken was recorded in an action plan and was overseen by the manager, deputy, operations manager and registered provider.

Audits were in place for health and safety, cleanliness and infection control, staff sickness and absence, tissue viability, nutrition, staffing levels, staff training supervision and appraisal. External health care professionals had conducted audits of pressure area care and cleanliness and infection control. These audits confirmed a vast improvement had been made at the service in both areas, which helped to maintain the health and safety of people living at the service.

The registered provider had introduced a 'provider portal' this was a new computer system, which allowed information to be shared immediately with the higher management team. Information about staffing levels, training and issues were reported along with safeguarding issues, accidents, incident, compliments and complaints. These issues were monitored via this portal along with departmental audit information. The registered provider requested this information regularly and checked the progress made, if issues were identified action plans were put in place and monitored for completion. The operations manager undertook a review of this information on their visits to the service. Accidents, incidents and safeguarding issues were reviewed to identify any patterns or trends which may help prevent further issues from occurring.

The registered provider had introduced a system whereby a manager from another service inspected the care home against the Care Quality Commissions regulations. This helped the registered provider gain compliance with the regulations.

A system called 'Resident of the day' had been introduced. Each month people living at the service became the resident of the day. The heads of department met with them or their relatives to make sure they were satisfied with the service they received and to generally spend quality time with people. It also meant that the person's room was given a deep spring clean, this included carpets and curtains.

Quality assurance questionnaires were sent out in May 2016. This included gaining feedback from people using the service, from staff and health care professionals. Issues raised were acted upon, for example, relatives mentioned there were pot holes in the car park. The registered provider was gaining quotes to have this work undertaken.

Staff training, supervision and appraisal were undertaken to help guide staff about the standards of service expected to be delivered to people. Training in key areas such as safeguarding people from abuse, fire safety, pressure area care, nutrition and deprivation of liberty safeguards and safe medicine management had been completed. Staff knowledge from the training undertaken was checked and monitored to make sure training was effective and that it had been understood.

There were in-house training champions for the delivery of moving and handling training to staff. Dignity champions, infection control and safeguarding champions. This helped to raise the standards of care provided.

Meeting were held, this included resident and relatives meetings and staff meetings. The minutes were made available for those who could not attend to help keep them informed. Resident and relative meetings were held at different times to allow people and their relatives who worked a chance to attend.

The management team actively co-operated with the local authority and contacted the Care Quality Commission in regard to notifications that were being sent in. These were provided to us in a timely manner.

The registered provider confirmed there were no clinical leads in place within the company responsible for ensuring that key essential areas of the service were provided at an agreed standard. For example, for training, infection control, mental capacity or DoLS. However they said they hoped to implement this in due course.

We found the service provided had vastly improved in all areas and the positive changes were due to robust and effective management. All breaches of regulation had been addressed. The service is required to have a registered manager. The manager had applied to the Care Quality Commission to become registered and, at the time of our inspection was currently waiting for the progression of this application.