Pages Homes Limited

Woodville Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 5 and 6 April 2016. It was unannounced. There were 10 people living at Woodville Rest Home when we inspected. People cared for were all older people who were living with dementia, some of whom could show behaviours which may challenge others. People were living with a range of care needs, including arthritis, stroke and heart conditions. Some people needed support with all of their personal care, eating and drinking and mobility needs. The service also provided end of life care.

Woodville Rest Home is a large domestic-style house which had been extended. People's bedrooms were provided over three floors, with a passenger lift in-between. Single story accommodation was provided in an extension to the rear. There were sitting/dining rooms on the ground and third floors. The sitting/dining room on the third floor was not being used because only 10 people were living at the home. There was a wheelchair accessible enclosed patio/garden area to the rear.

A new manager had been in post for four weeks at the time of the inspection. The previous registered manager left during the autumn 2015. A prospective manager had been appointed after the previous registered manager left, but they had not remained in post. 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.

Woodville Rest Home was last inspected on 21 and 24 July 2015. It was rated as inadequate after that inspection and the CQC took enforcement action. Following the inspection, the provider sent in an action plan. In this plan they outlined how they would address breaches in regulations and stated that all areas would be addressed by 31 March 2016.

The provider had made considerable progress to address the breaches identified at the previous inspection.

At the last inspection, people were not always treated with dignity and respect. Some matters still needed to be addressed. Some care workers did not support people in an individual way, including not taking appropriate action when a person may have been in discomfort, and not consistently interacting with people in an approachable way. Other care workers showed a respectful, kindly approach towards people. The new manager reported they were aware of the variance in approach between different care workers and they were taking action to address matters.

At the last inspection people's care was not provided in an appropriate way to reflect their needs and preferences. Appropriate assessment of people's needs were not carried out and care was not designed to meet their needs. This included planning people's care with relevant healthcare professionals and having regard to their nutritional and hydration needs. The provider had taken action, and only some areas still needed to be addressed. The new manager had introduced a new system for assessment and care planning, they were about half way through this process of re-writing people's care plans. The older systems were not

always effective, for example in relation to people's continence needs. The new systems showed improvements, with person-centred assessments and care plans, for example where people had dementia care needs. People's dietary needs were now fully assessed and where risks were identified, care plans which care workers followed, were in place. Effective systems had been developed to ensure people were supported by external healthcare professionals.

At the last inspection, staff did not have appropriate training and support to meet people's needs. Action had been taken but the new manager had not been in post long enough to ensure all areas had been addressed. This included ensuring all staff were trained in supporting people who were living with dementia and providing regular supervision for staff. Staff were trained in other areas, including the safe moving and handling of people, fire safety and infection control.

At the last inspection, care was not provided in a safe way because risks to people's health and safety were not assessed and relevant actions taken to mitigate these risks. People were not protected by the proper and safe management of medicines. People were also not protected by systems for prevention of spread of infection. The provider had taken action in this area and only a few areas still needed to be addressed, mainly in relation to systems for prevention of pressure wounds. Improvements in other areas included where people were at risk of falling. Systems for management of medicines had been much improved. The home was now clean, with safe systems to ensure hygiene and prevent risk of cross infection.

At the last inspection, systems did not operate effectively to assess, improve and monitor the safety of services or mitigate risk to people and others. Some issues still needed to be addressed in relation to audits of some areas such as reviews of accidents and incidents, and record-keeping. The provider had taken action to ensure the safety of the home, including systems for regular maintenance. The provider had fully revised all their policies and procedures and the new policies followed current guidelines.

The provider continued to maintain appropriate staffing levels. The two newly appointed staff had been safely recruited. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. All staff, including sub-contractors were aware of their responsibilities for safeguarding people who may be at risk of abuse.

We found a three continued breaches 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 the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some systems for ensuring people's safety were not fully ensured. Other systems were in place.

Management of medicines and was much improved.

Systems for hygiene were safe and ensured people were protected from risk of infection.

Methods of staff employment had been improved. Staffing levels were safe for the number of people in the home.

Staff were aware of their own responsibilities for supporting people at risk of abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Training and supervision systems were being developed, but had not all areas had been fully actioned.

Improvements had been made to support people with nutrition and dehydration, but a few areas still needed to be addressed.

People were consistently referred to relevant external healthcare professionals when needed.

There were systems to ensure the requirements of the Mental Capacity Act and Deprivation of Liberties Safeguards were followed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some staff did not always support and respect people's individuality.

People were involved in decisions about their care and were

supported in
making choices.

People who were at the end of their lives and who experienced pain were supported in a caring and dignified manner.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Systems to ensure all people had full assessments and care plans were not consistent.

Activities provision to meet people's individual needs had been developed and improved.

People said when they raised issues, they were responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service did not have a registered manager. A new manager had been in post for four weeks at the time of the inspection.

Audits were in the process of being developed. Some areas, including record-keeping still needed to be fully addressed.

The provider had made improvements to the service to make it more dementia-friendly.

Staff appreciated the inclusive management style of the provider and new manager.

Woodville Rest 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 6 April 2016 and was unannounced. The inspection was undertaken by two inspectors.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met with all 10 people who lived at Woodville Rest Home and observed their care, including the lunchtime meal, medicines administration and activities. We spoke with five people's relatives. As some people had difficulties in verbal communication, 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 could not talk with us. We inspected the home, including the laundry, bathrooms and some people's bedrooms. We spoke with six of the care workers, external contractors, the new manager and the provider.

We 'pathway tracked' five of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accident and incident records, quality audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe in the home. One person told us they felt safe when they were indoors and they were always supported by a care worker when they went out of the home, because they didn't feel safe going out on their own. People commented on the improvements in hygiene. A person's relative told us "Their room and en-suite are always very clean." Another relative told us "The home is always clean, people comment it doesn't smell."

At the last inspection on 21 and 25 July 2015 we found care was not provided in a safe way because risks to people's health and safety were not assessed and relevant actions taken to mitigate these risks. People were also not protected by the proper and safe management of medicines. Additionally people were not protected by systems for prevention of spread of infection. We found the provider had made significant improvements in these areas and only a few still needed to be addressed.

Several of the people were frail and were likely to have been at risk of pressure damage. One of the people we met with, who some care workers confirmed was at risk of pressure damage, did not have any assessment of this risk or care plan to outline how risk was to be reduced. Two other people did have risk assessments for pressure damage but their assessments had not accurately considered all their risk factors. This meant their assessments indicated they were at lower risk than they would have been if their assessments had been accurately completed. Some of the care workers did not understand these people's degree of risk of pressure damage, although other care workers did. Pressure wounds, once developed can be very painful, take an extended period to heal and may present a risk of infection. Due to this, guidelines place an emphasis on accurate identification of risk, so pressure wounds can be prevented before they occur.

There was a lack of full systems to ensure care was provided in a safe way to ensure all risks to people were assessed and relevant actions taken to mitigate these risks. Although there were improvements from the previous inspection, this was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other areas relating to people's safety had been fully addressed. A person had experienced several falls recently. Their falls risk assessment and care plan had been updated. Care workers knew about the person's risk. They showed us the person had an aid which alerted care workers when they stood up from their bed or chair. They said the person had forgotten they had a difficulty in walking and by using this aid, they could ensure the person was appropriately supported as soon as they chose to move. Where people sustained bruising and skin marking, this was documented on a body chart. Such records were dated to show when the bruising was first observed, and the person's changing condition was monitored.

Care workers now supported people in a safe way when they needed assistance to move. Care workers were both gentle and communicative with people when they helped them to move. Where people needed to be moved using a mechanical hoist and sling, the sling size they needed was documented in their records. This meant all care workers were made aware of the correct size of sling the person had been assessed as

needing, to ensure their safety.

All areas which could present risk to people across the home were now locked. This included the cleaners' cupboard and cupboards for storing chemicals which could be hazardous to people's health. The provider had installed camera points which were sensitive to movement, in corridors and in the garden. This meant people who wished to move about the entire home independently could do so in safety and care workers were promptly alerted if people got into any form of difficulty when they chose to walk about different parts of the home.

Systems for management, storage and recording of medicines and been revised. Only a few areas still needed to be addressed. All people who were prescribed 'as required' (PRN) medicines had individual protocols. Information on these protocols was brief and did not fully ensure all care workers would give the PRN medicines in the same way or for the same reasons. For example one person who had difficulties with verbal communication was prescribed a painkiller. The protocol stated the medicines was prescribed 'for pain,' with no information on the type of pain the person experienced or where they felt pain. Another person was prescribed a mood altering medicine which stated it was 'for agitation.' It also had no information on how the person's agitation presented itself or other strategies which were to be used before giving the person this medicine. We discussed with the care worker who led on medicines that clearer information would ensure all care workers knew more about why and when they were to give people such medicines.

All other areas relating to medicines management had been improved. We saw a care worker supporting a person to take their medicine. They sat down with the person, ensuring they had their full attention, before they started explain what the tablet was for, and helping them to take the tablet. They then made sure the person had fully swallowed their medicine, before they signed the medicines administration (MAR) record. All MARs were fully completed. There was a full record of medicines brought into the home and disposed of from the home. Where people refused medicines, there was a safe system to ensure any tablets were returned to the pharmacist for destruction. A full record was maintained of when this happened, so such occurrences could be reviewed.

The care worker who led on medicines said they had been fully trained in their role by their supplying pharmacist. They said the supplying pharmacist had "Taught us a lot." For example they described how the supplying pharmacist had told them about the importance of rotating where they placed pain patches on people's skin, to ensure good uptake of the medicine. A person who was prescribed pain patches had a clear, fully completed record of the rotation of their pain patches.

The provider had made marked improvements in hygiene and cleanliness. The home presented as clean throughout, including hard to clean areas like the underside of shower chairs, corners behind toilets and under people's beds. There were wall-mounted alcohol gel dispensers provided at various locations. All toilets and shower rooms we inspected had liquid soap and towels in the dispensers and all rubbish bins were lined, to ensure hygienic and safe disposal of refuse. The laundry room was now clean, tidy and organised in a way which reduced risks of cross infection.

People said there were enough staff to meet their needs. We looked at the duty rotas and saw the provider had continued to provide two waking care workers at night, although there were only 10 people living in the home. On occasions during March 2015, the roster documented that the provider was working as the second care worker. On these shifts, the rota documented that the provider was sleeping in. Several of the people living in the home needed their positions changing every two hours, to prevent risk of pressure damage. We discussed with the new manager that they did not have a protocol so they could outline the responsibilities

of any member of staff who slept in, to ensure all people received the care they needed at night.

The new manager had ensured all staff had been trained and up-dated in their responsibilities in relation to safeguarding people from abuse. All staff we spoke with were aware of their responsibilities. This included sub-contractors. We described a range of scenarios which could indicate a person was at risk of being abused with one of the sub-contractors. They were fully aware of what do, including contacting the local authority if they needed to. A care worker told us "I feel really comfortable going to [the new manager], about any concerns relating to safeguarding people."

At the last two inspections we identified issues relating to safe recruitment of staff. The new manager said they had found the recruitment records showed a range of deficits in documentation when they came into post. They had checked all current members of staffs' police checks and taken relevant action where necessary. This included one member of staff where the new manager had ensured they were no longer working unsupervised, until the correct police checks had been returned. The new manager had also identified where there were gaps in the employment records of individual members of staff. They were taking action to ensure all relevant information was in place. The two new members of staff who had been recently recruited had all relevant information on their files to show they were safe to work with vulnerable people, including proof of identity, past working history, at least two references, as well as relevant police checks.

Requires Improvement

Is the service effective?

Our findings

People said the service was effective in meeting their needs, particularly in relation to nutrition. People told us the food "Is excellent," with "Improved choice and quality". One person's relative told us "There has been immense improvement in the kitchen." A person's relative told us they were so pleased they were able to have a meal with their relative when they visited. We observed a care worker assisting a person to have their breakfast. The care worker made sure the person was aware of where everything they wanted was, saying "Enjoy it, I'll be back later." They returned shortly afterwards and supported the person in the way they wanted, chatting with them comfortably.

At the last inspection we found staff did not have appropriate training and support to meet people's needs. The new manager had reviewed staff training records and commenced a staff training programme. Care workers records showed that not all staff had been recently trained in supporting people who were living with dementia. They also showed none had been trained in supporting people with recreational activities, although this was part of their role. This was confirmed by the staff we spoke with. The new manager said they had identified this and a training programme in supporting people who were living with dementia had been commenced, but they had not yet had time, since they came in post, to ensure all staff had been trained. The new manager said they were aware many staff had not recently been supported by one to one supervision. This was an area which they needed to develop to ensure all of the staff working in the home were fully supported in their roles. They would be starting to work on this area when they had been in post for longer
Staff employed continued not to have relevant appropriate training and support to meet people's needs. There were improvements from the previous inspection but there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had been effectively trained in other areas, including food hygiene and fire safety. A care worker, when asked about if the new manager was supportive of training said enthusiastically "Oh yes." The health and safety officer was training a care worker in health and safety and infection control during the inspection. Afterwards, the care worker told us how useful this individual training session had been. Staff were also being trained in safe moving and handling of people during the inspection, this included the provider, as well as care workers. All newly employed care workers worked shadow shifts before they were placed on duty as a permanent member of staff. This was clearly shown on the staff rota. All care workers we spoke with understood their roles in relation to supporting new members of staff when they were on duty.

At the last inspection, we found care in relation to people's nutrition and hydration was not provided in a safe way because risks to people's health and safety were not assessed and relevant actions taken to mitigate these risks. We found the provider had taken action to address these areas, but a few still needed attention. Many of the people had fluid charts so care workers could ensure they drank sufficient amounts of fluids. The majority of these charts had not been totalled in 24 hours, and people's total fluid intake was not considered during daily or other reviews of people's care. We discussed this with the new manager. They said they had already identified this as an area which needed addressing and, together with staff, they were working on improving this.

The new manager had addressed other areas in relation to people's nutrition. We met with a person who was assessed as being at risk of malnutrition. Their care plan had been regularly reviewed and their records showed their weight was now stable. The person's records of what they had eaten were fully documented. These records also showed the person was regularly given additional snacks as directed in their care plan.

A person had difficulties with swallowing. They had been seen regularly by the speech and language therapist (SALT), who had provided clear and detailed instructions on how the person was to be supported in swallowing their meals safely. Care workers supported the person in the way set out by the SALT. The person's relative confirmed that care workers always followed this care plan. All of the care workers we spoke with reported how they followed the person's care plan to ensure the person swallowed safely, and took in the food and fluids they needed.

Support given by care workers to people at mealtimes varied. We observed a person being supported to eat their lunch. The care worker who sat with them supported the person in a safe way, but they did not engage the person in conversation throughout the time they supported them, apart from asking functional questions such as if they were ready for their next mouthful. This did not make the meal a social occasion. On another occasion, a care worker put a person's mid-morning fruit snack on the table next to them. The person looked sleepy. They did not tell the person the snack was next to them and walked away without any interaction with them.

This was not reflected in other practice. At lunchtime, a person who was in the middle of their meal became distracted, they stood up abruptly from the table and walked away. This was noticed within a few seconds by a care worker, who gently supported the person, reminded them of where they were and what they had been doing. They then supported the person in continuing to eat their meal, which they clearly wished to do. We observed a care worker supporting a person to eat in a gentle, unhurried way. They smiled at the person and gave them plenty of eye contact, talking with them and encouraging them. A person's relative told us "I've noticed with people, if they have to feed them, or just talking or comforting them, they always sit on the level and make the person feel special." We observed the kitchen area was in continuous use with care workers offering people hot and cold drinks and snacks throughout both days of our inspection. We asked the new manager about ensuring all care workers supported people appropriately. They said, since they had come in post, this was an area which they had identified and were working on, with staff so all people were appropriately supported to enjoy their meals.

At the last inspection we found people were not protected by timely care planning together with other healthcare professionals. The provider had made many improvements in this area and there was clear evidence that staff now worked closely with external healthcare professionals to ensure people received effective care. This included a person who care workers had identified tended to eat food very fast and not remember to swallow, so was at risk of choking. The person had been referred to a SALT. Following this, a care plan had been put in place to ensure the person's risk of choking was reduced. We observed care workers followed this plan. A person who was at risk of falling had been referred to an external healthcare professional. Relevant equipment had been provided, which the care workers were fully aware of and used in accordance with the external healthcare professional's instructions. Care workers had referred a person who had a difficulty in swallowing back to their GP to ensure they were prescribed the minimum number of medicines they needed to maintain their health and welfare. Care workers reported the person was much more comfortable now they were prescribed a reduced number of medicines. This information was fully documented in their records.

The new manager was introducing revised mental capacity assessments for people. Care workers we spoke with had a clear understanding of their responsibilities under the Mental Capacity Act (2005) (MCA). A care

worker told us about a person who showed by their body language that they did not want to have their eye drops. They had respected this person's wishes and referred them back to their GP, so their wishes were understood and respected. A different care worker described a person who had capacity to make decisions about some areas of their life but not about others. They also said they could consent to certain matters, but they knew the information needed to be given to the person in a way which was accessible to them. The new documentation system, once it had been fully introduced would support staff in assessing people's capacity.

The new manager had made referrals to the local authority where people at risk of being deprived of their liberties. They were awaiting a response about some people at the time of the inspection.

Requires Improvement

Is the service caring?

Our findings

People were positive about how caring the staff were. A person's relative told us "Staff are already such a comfort to residents," they described a care worker who they said was "Really good at talking to them." Another person's relative said "I can't express how much love and compassion they show. I spend a lot of time here and I always go away reassured. They've done wonders." A different person's relative said "I don't know how they do it, they are just so calm and always so positive with people." A new care worker told us "The care here is second to none."

At the last inspection we found people were not always treated with dignity and respect. The provider had made a wide range of improvements in some areas, but there remained some areas which needed to be addressed. On the first day, we observed care workers did not use opportunities to communicate with people, this included care workers walking through the sitting room and not acknowledging the people there. Care workers did not take action when a person gradually leaned over to one side in their chair during the morning, so their head was resting on the wall. Throughout this time, no care worker offered the person a pillow or change in their position. We observed a care worker who put meals in front of people at the dining table without orientating them to it, with no discussion about what the meal was or any other interaction.

The second day provided a full contrast to our observations on the first day. On this day the care workers on duty made frequent contact with people in the sitting room, taking all opportunities to engage with them. We saw a care worker sharing jokes with a person and both the care worker and person were laughing at the shared joke. A care worker spent one to one time with a person, reminding them of their relative's visit the day before, how their relative had been and talking with them and of how they had shared time together with their relative during the visit. We discussed these contrasts with the new manager and provider. They said since the new manager came in post, they had been working with care workers to support them in changing to new ways of supporting people. It was taking time to embed these new ways of working across all the groups of care workers.

People's care plans did not always consistently reflect their individuality. A person's care plan described a close friendship they had developed with another person who lived at the home and how staff supported the relationship. We did not see the two people together. We asked a care worker about the situation. They told us the person's friend no longer lived in the home, and had not done so for the past three months. The person's care plan had not been up-dated to reflect this matter and how the person was to be supported in the light of this.

However other people's care and records showed a much more caring approach. A care worker described a person who they were now giving far fewer mood-altering medicines to. This was because they had observed that some of their more complex behaviours which may challenge related to when they needed support with management of their pain. The care worker showed us the person's pain management assessment and showed us how the person was involved in their pain assessments. This changed approach towards supporting the person in remaining pain-free had reduced their behaviours which could challenge

themselves and others, and improved their quality of life. All this was documented in their records. When we met with a different person, their accent indicated they came from a specific area in the United Kingdom. They told us something about their life when they were young. What they told us was documented. All of the care workers we talked with knew about the person's life and where they came from. What they told us clearly showed they knew the person as an individual. The new manager told us they were mid-way through a full review of people's care plans. The revised care plans ensured people's individuality was taken into account.

Staff supported people in making choices.. A person had eaten their lunch in their room, not the dining area. They told us they chose to spend time in their room and were "Not one for crowds." They said staff came and had a chat with them, which they enjoyed. They told us they did go out of their room at times and thought overall they had a balance between time on their own and with others. They told us how important their clothes were to them. Both their clothes and appearance showed evidence of good personal care. People could choose where to eat. A person came in for breakfast at 10 am, they chose which table they wanted to eat at and the care worker with them set it out for breakfast at the time. We saw a person was still in bed, fast asleep at 10:15am. Their records documented that they liked to lie in during the morning. Their daily records showed they were able to lie in mornings as and when they wanted to.

People said their independence was supported. A person told us "I was always on the go" telling us they appreciated the way care workers supported them in remaining being able to walk about the home as and when they wanted to. A person's relative told us they were pleased with the way care workers supported their relative in remaining mobile.

People were respected as individuals. A person's relative told us "They put an emphasis on maintaining people's dignity." A person was sitting in a chair in their room by a window, there was bright sunlight coming in. A care worker noticed this and asked the person if they wanted their curtain shutting, to avoid glare from the window. The person was very firm in responding "No," and that they preferred the sun coming in. The person's decision was fully respected by the care worker. A person did not want to get dressed on one of the days of the inspection. They remained in a comfortable-looking dressing gown throughout the day. The dressing gown fitted them well, and their dignity was fully preserved throughout their day in the sitting room.

One of the people was at the end of their life. The person looked peaceful and comfortable in their bed. They had fresh, attractive bed linen provided. The person received regular personal care from care workers to ensure their comfort. Their relatives told us they could visit whenever they wanted. They told us how supportive the care workers were of their relative, and also how supportive the care workers were to them. We saw care workers greeted the person's relatives in a welcoming way when they visited and spent time with them when it was needed.

People's care records had been moved out of the main sitting areas into a separate office since the last inspection. The office was kept locked when not in use. This ensured confidentiality of people's personal information.

Requires Improvement

Is the service responsive?

Our findings

People said the service was responsive to them. A person's relative told us "I'm always notified of anything affecting them, even though I'm a long way away." A relative told us "Staff must communicate very well," describing the consistent care their relative received. We observed a person who spent much of their time walking about the home. They were very relaxed, stopping to chat to people and staff when they wanted, picking objects up and putting them down as they chose. Staff responded to the person if they wanted, or to ensure their safety, but otherwise they walked about as they wanted to.

At the last inspection, we found people's care was not provided in an appropriate way which reflected their needs and preferences. This because people did not have assessments of their needs and care was not designed to meet these needs. The new manager had introduced new assessments and care planning systems since they came in post. They were approximately mid-way through completing full assessments and care plans for the people living in the home.

We met with people, observed how their care was provided and reviewed their records. There was a contrast between people's assessments and care plans, depending on whether their assessments and care plans had been revised. A person whose records were completed using the older system had a dependency profile which showed their continence needs were changing. We asked care workers about the person's needs and were given different reasons as to why they thought this was happening. The person did not have a care plan to support them in maintaining continence, and ensure all care workers supported them in a consistent way. We observed a person who scratched their skin at times. Their care plan documented their skin care needs. Some of the care workers we spoke with knew about recent changes in their skin care needs. These changes had not been documented in their care plan, to ensure consistency in approach between all care workers.

However where people had been re-assessed using the new system, their care plans were responsive and appropriate to their needs. A person's plan for behaviours which may challenge others, referred to rummage boxes as a specific resource to help meet their need. Care workers followed the person's care plan. For example, we saw a care worker spent a significant time with the person, this included the use of their rummage box and responding to what they said. The person also continued to interact with the rummage box for a long time after the care worker went to support another person, clearly showing enjoyment in what they were doing. A different person who was living with continence needs had a clear assessment of these needs and how staff were to promote their continence. We saw care workers supported the person in going to the toilet when they needed, in a discrete way, following their care plan.

The new manager said they had identified that the previous care planning systems were not person-centred and they were also asking people's families to provide in-put into care planning. They said "Staff need an overview of who the person really is and what their needs are." We looked at the records of a person who had a recent assessment and care plan developed using the new system. Their 'this is me' section outlined their typical day and night routines and preferences. It identified as 'triggers', 'being stopped doing what I want to do', and described ways of de-escalate behaviours which may challenge. The person's likes showed

specific details for the person, including their favourite TV programmes and musical preferences. The person's dislikes were not only about for example, food choices, but also included behaviours or perceived attitudes of others, and of being alone. The record showed good links between the person's life history and current perceptions. We saw a care worker supporting the person to move to a chair opposite the TV. This fitted with their care plan, which listed the programme they were watching as one of their favourites.

The new manager also said they were working to develop activities for people. On the first day of the inspection, an external activities provider visited with some new-born lambs, which people clearly enjoyed. A relative told us how the person enjoyed going out of the home and into the garden, telling us "I know they get taken outside." We saw a person was sitting at a table with a book, a care worker sat with them and showed positive interest in the book, asking them relevant things about the page they were on. The care worker read out a portion with them. The new manager said they were planning to develop gardening-related activities and would be going to a meeting later in the week for advice and ideas about how to set such activities up.

People's relatives told us they got good information about people, and about the home generally. A person' relative said they always looked at the notice boards which gave them a range of information of interest. A person's relative told us they had complained to the provider about communication shortfalls. They said the provider had taken them seriously and there had been no further issues. A care worker said about the new manager that they "Listen and do something about it straight away," if people, their relatives or staff had any concerns.

People said they felt listened and responded to. A relatives' meeting was taking place during the inspection. The new manager introduced the meeting saying it was an opportunity to formally introduce themselves and to exchange views. People clearly felt able to contribute and make suggestions. The new manager listened and responded to what people's relatives told them. A person's relative who lived at some distance away said they were pleased to receive emails when necessary, so they could keep in touch with what was happening in the home.

The provider's complaints procedure was clearly displayed in the front hall. There was also a book for people to document any concerns they had which was available in the front hall. We looked at the complaints log. There were no records of formal complaints in the log. The new manager said they were aware there may have been issues of concern raised with managers in the past. They were planning to log any such issues in the future so they could review and respond to any issues raised informally by people.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the service was now being well-led by the provider and because of the appointment of the new manager. A person's relative told us "We've seen a lot of change. I don't think staff change helps but they have all developed excellent working relationships with each other. There has been clear change for the better over recent months. We all know about the last manager, they were hopeless." A different person's relative told us "The only negative has been the last manager, they were unprofessional and didn't tell you anything." A person's relative told us "I never have any doubts about the quality of care."

Staff told us about improvements, one care worker saying "We're now all one big family." A care worker told us they thought there were improvements because the provider was in the home much more than they used to be. They described the provider as "Now so approachable, and they want to help."

At the last inspection we found systems did not operate effectively to assess, improve and monitor the safety of services or mitigate risk to people and others. We judged the service to be inadequate. We found there was an open acknowledgement amongst people's relatives, management and staff that the home had been found to be inadequate and also that managers were now working to change this.

The new manager was aware of the areas where they needed to develop and make improvements. This included no system for the auditing of accidents and incidents to people, to identify any risk factors. They said they were in the process of setting up a system. They were also aware staff had not received regular supervision in the past and said this was a priority for them to set up. They were currently reviewing all staff records to ensure they now included all appropriate information and documents.

The completion of people's records was mixed. For example when we visited a person at 4:04 pm, their record stated they were sitting up, when they were lying, tilted towards their right side. A person chose to eat only macaroni for lunch and refused to eat any vegetables, however their record stated they had eaten all of their vegetables. Their record also stated they had eaten their lunch at the same time as the other people, when they had chosen to eat their lunch much later, after everyone had finished all of their lunch.

Some systems did not always operate effectively to assess, improve and monitor the safety of services or mitigate risk to people and others. People also did not always have an accurate, complete and contemporaneous record of their care. There were improvements from the previous inspection but there remained a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other people's records were accurately completed. We saw a care worker carefully documenting what they had given a person to eat and drink and the position they had been placed in, in bed. They did this immediately after supporting the person. A different person was very sleepy on the first day of the inspection and more awake on the second day. Their differing conditions for these two days were clearly and accurately documented in their daily records. We discussed records with the new manager. They said they had already identified that some care workers needed support to ensure they accurately documented the

care people were given, at the time they gave care. They said they were working with care workers to ensure improvements were made.

The service had three different managers during 2015. The provider appointed the third manager with support from an external consultancy firm. The provider's audits showed that during the end of 2015 and beginning of 2016, this manager was not ensuring necessary improvements in service provision were made. The provider was transparent with us and advised us of their concerns about the performance of this manager, before the inspection. They also informed us that to ensure people received quality care, they had decided not complete the appointment of this manager, after their probationary period. They informed us before the inspection that they had asked the registered manager from their sister home in Bexhill on Sea to become the new manager. The new manager had taken up this appointment four weeks before the inspection. This new manager had made considerable improvements in developing the quality of care provision to people in the short period they had been in post, across a range of areas. This included making sure people were supported with their nutrition, appropriate contacts made with external healthcare providers and developments in activities provision.

The provider had also ensured they made improvements since the last inspection. They had appointed a person to make improvements in health, safety and maintenance of the home. We met with this person who clearly had experience in the area. Their improvements included comprehensive risk assessments, which related to people and staff, as well as the environment. Controls included individual bathing risk assessments and checks on the air and water temperature. There was now a full maintenance infrastructure, with records of maintenance of equipment, tests for Legionella and guidelines on equipment such as bed rails, as recommended the Health and Safety Executive. Regular fire drills had taken place, including at night.

The provider had reviewed and revised all their policies and procedures to ensure they complied with current guidelines. For example the home now had a full and detailed infection control policy which documented what we saw about the home, for example the provision of single use soap and hand drying, and the provision of disposables when staff were providing care. The provider had a duty of candour policy, which complied with the regulations. It was displayed in the front entrance, so all people could read it if they wanted to.

The provider had made a range of improvements in the home, to ensure it reflected the needs of people living there. This included redecoration of corridors to provide a much more homely atmosphere. Additional lighting had been provided in darker areas of the corridors, which supported people in safely moving around such areas. Improvements included dementia-friendly features such as easily recognisable signage, large attractive pictures on corridor walls and appropriate warnings about the flights of stairs. There was a wall-mounted magazine rack in lounge and also a trellis with scarves and hats for picking up. People's rooms had clear names to support people who were living with dementia in identifying their own room. A person whose first language was not English had signage provided in their own language. There was music playing in the lounge at an appropriate volume. There were also two clocks, both were clear and showed the right time, one of them had the date and day of week in large writing.

Care workers told us about the approachability of the new manager. They said there had been regular meetings since they came in post, so they felt involved and were kept up to date with progress towards making improvements. Care workers completed a handover form which had a section on 'yourselves,' so they could record matters of concern to them personally during their shift of duty. Care workers were positive about the changes. Care workers said they particularly liked the idea of taking on responsibilities for different areas of care provision, such as infection control or management of medicines. They said this made

them feel more involved and that their skills and knowledge were more appreciated by management.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not always ensuring care was provided in a safe way for people. This was because they were not always assessing the risks to people and doing all that was reasonably practicable to mitigate any such risks. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always ensure they had established systems which operated effectively to assess, monitor, mitigate and improve the quality and safety of the services provided. They also did not always maintain an accurate, complete and contemporaneous record in respect of each person. Regulation 17 (1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not always ensure that staff received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)